RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

April 16, 2021

Austin R. Evers, Executive Director
American Oversight
1030 15th Street Northwest, Suite B255
Washington, D.C. 20005
(via FedEx)

Mr. Evers:

Enclosed is a USB containing the Agency's complete response to your April 14, 2020 and April 28, 2020 public records requests.

Sincerely,

Richard J. Shoop
Agency Clerk

Enc:

cc: Jennifer S. Blohm, Esquire (via email without enclosed USB)

2727 Mahan Drive • Mail Stop #3
Tallahassee, FL 32308
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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AHCA PUBLIC RECORDS REQUEST

REQUESTOR: American Oversight (American Oversight uses the information gathered, and its analysis of it, to educate the public through reports, press releases, or other media. American Oversight also makes materials it gathers available on its public website and promotes their availability on social media platforms, such as Facebook and Twitter.)

REQUEST:

All email communications (including email messages, complete email chains, email attachments, calendar invitations) sent by the government officials specified below containing any of the following key terms:

Government Officials:

- Mary Mayhew, Secretary
- Toby Philpot, Chief of Staff
- Stefan Grow, General Counsel
- Anyone serving in the role of Deputy Secretary, Division Operations
- Anyone serving in the role of Communications Director

Key Terms:

- "Community spread"
- Cluster
- Clusters
- "Travel-related"
- "Travel related"
- "Travel history"
- Spreading
- Transmission
- Seeded
- Nile
- "River cruise"
- "Port Everglades"
- "Atria Willow Woods"
- "Camellia"
- "Mar-a-Lago"
- "Mar a Lago"
- "Trump Victory"
- FL-ACHA-20-0902 2
- Gaetz

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- Bolsonaro
- Guilfoyle
- "Diaz-Balart"
- Symptomatic
- Asymptomatic
- Fauci
- VPOTUS
- Pence
- POTUS

American Oversight has limited its request to sent messages to reduce the volume of potentially responsive records. American Oversight still requests complete email chains. So, for example, if a government official sent a response to an incoming message containing one of the key terms above, the email chain containing the initially received message and the response is responsive to this request. Please provide all responsive records from March 1, 2020, to March 18, 2020.

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:42 PM
To: ""Miller"","" James; James.Miller@ahca.myflorida.com
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

---

From: Philpot, Toby
Sent: Sunday, March 15, 2020 1:35:38 PM
To: Meyer, Brian <Brian.Meyer@ahca.myflorida.com>; Cooper, Matthew <Matthew.Cooper@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: FW: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Sunday, March 15, 2020 1:33 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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ɔn Center on COVID-19 for the State of Florida
em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

'lorida Department of Health has announced 39 new positive cases of coronavirus disease (COVID-19). Earlier firmed the death of a 77-year old male in Lee County who had previously tested positive for COVID-19. Yesterc lealth and Human Services requesting the release of 61 Florida residents from Georgia, many of whom are eld s voyage outside of California.

and visitors safe and aware about the status of the virus, the Department is issuing regular updates as informat

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le in Clay County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

le from Connecticut has tested positive for COVID-19 in Baker County. This individual is isolated and will contin
ealth officials. The epidemiological investigation is ongoing.
le in Lee County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

le in Citrus County has tested positive for COVID-10. This individual is isolated and will continue to remain isola

unty has tested positive for COVID-19. This individual is isolated and will continue to remain isolated until clear
tails to follow.
le in St. Johns County has tested positive for COVID-19. This individual is isolated and will continue to remain is
ls.
in Volusia County has tested positive for COVID-19. This is a travel related case. This individual is isolated and
d by public health officials.
le in Orange County has tested positive for COVID-19. This individual is isolated and will continue to remain iso
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in Clay County has tested positive for COVID-19. This individual is isolated and will continue to remain isolated

unty has tested positive for COVID-19. This individual is isolated and will continue to remain isolated until clear
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in Hillsborough County has tested positive for COVID-19. This is a domestic travel related case. This individual
isolated until cleared by public health officials.
in Pasco County has tested positive for COVID-19. This is a domestic travel related case. This individual is isol
il cleared by public health officials.
le in Hillsborough County has tested positive for COVID-19. This is a domestic travel related case. This individu
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from Cuba has tested positive in Hillsborough County. This individual is isolated and will continue to remain iso
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in Miami-Dade County has tested positive for COVID-19. This individual is isolated and will continue to remain
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le from New York has tested positive for COVID-19 in Alachua County. This individual is isolated and will conti
ealth officials. The epidemiological investigation is ongoing.
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in Collier County has tested positive for COVID-19. This is a travel related case. This individual is isolated and
d by public health officials.

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d: A known history of exposure to COVID-19 associated with travel outside of Florida.

– *Global Level 3 Health Advisory*

tate advises U.S. citizens to reconsider travel abroad due to the global impact of COVID-19. Many areas throu
utbreaks and taking action that may limit traveler mobility, including quarantines and border restrictions. Even c
ıot been reported may restrict travel without notice.

f Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized bel

visory: CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social d
in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact you
lth care provider.
visory and Cruises: Travelers should monitor their health and limit interactions with others for 14 days after re
ne symptomatic, immediately self-isolate and they should call ahead to a health care professional or their coun
tment.
CDC, a cruise ship is defined as a passenger vessel involving the movement of large numbers of people in clo

on regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-nc

a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after t
and any other destination under CDC travel advisory should call ahead to their health care provider or local Co
ecent travel or close contact, unless they are experiencing an emergency.

contact with someone showing these symptoms who has recently traveled from areas or been in contact with a
should call ahead to a health care professional and the County Health Department. The health care professio
if the person should be tested for COVID-19.

f Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or Mar
e of return to the United States, and if ill, immediately contact their CHD or health care provider. Several passe
oms and have been confirmed to be infected with COVID-19, including over 10 positive cases in Florida.

y

an extensive epidemiological investigation, has identified multiple, positive COVID-19 cases that are connecte
unty, Florida.

commends all individuals experiencing symptoms who have recently traveled through Port Everglades to imme
ider and self-isolate for 14 Days.
so recommends employees of Metro Cruise Services at Port Everglades with any association to these cases se
working to connect with all employees at Metro Cruise Services who may have come into contact with the three
COVID-19 to provide the employees with the appropriate guidance and monitoring.
working in close consultation with the CDC on this investigation.
that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop sympt
their CHD or health care provider.

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e and Call Center

nt's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

lated to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(8**
urs a day. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

ida has taken on COVID-19:

antis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
antis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's res
antis issued Executive Order 20-51directing the State Surgeon General to declare a Public Health Emergency.
eral Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
dent Management Team to coordinate response operations.
ed incident command post for on-site response activities.
ealth and health care stakeholder conference calls to provide statewide updates on the current outbreak situati
mic planning. Over five hundred participants joined these calls.
e Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

c call center for questions regarding COVID-19.
ributed an updated COVID-19 presentation to CHDs for use at community meetings.
cols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
nisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
terim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic cl
e or non-home residential settings to CHDs.
ated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enh
COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
g at all three State Public Health Laboratories.
l CDC guidance for schools to CHDs and the Department of Education.
l Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
ment of Education in partnership with FLVS is training an additional 10,000 teachers statewide on the Virtual Te
tendents who are interested in offering their teachers the Virtual Teacher Training for COVID-19 should work w
e a list of teachers to FLVS through: https://www.flvs.net/FLVSTeacherTraining.
directed the Florida Division of Emergency Management and the Agency for Health Care Administration to take
ations for those who may have been exposed to COVID-19. The Governor also directed the Florida Departmen
at state prisons for 30 days.
requested that Health and Human Services send home the 61 Floridians that were previously aboard the Gran
from Dobbins Air Reserve Base, Georgia.
has directed the Department of Health to hire additional epidemiologists from university health programs to hel
has directed the Agency for Health Care Administration (AHCA) to extend all existing nursing home and ALF li
from patient care.
directed Director Moskowitz to expand his emergency order and prohibit all visitation to nursing homes, assiste
long-term care facilities and adult group homes to all visitors for the next 30 days.
directed the Department of Highway Safety and Motor Vehicles to suspend drivers' license renewal requiremer
directed all agencies to suspend for 30 days licensing and registration renewal requirements for existing proce

has recommended that local authorities strongly consider canceling mass gatherings and follow Centers for Di
guidance. CDC has issued recommendations for implementation of mitigation strategies in Florida, including rec
more than 250 people and smaller gatherings that may bring persons together from multiple parts of the countr

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of Education Commissioner Richard Corcoran has provided strong recommendations for extending spring bre
d Prevention (CDC) issuing guidance specific to COVID-19 in Florida. In addition, the Department of Educatio
be delayed by a minimum of two weeks.

n person to person through small droplets from the nose or mouth, including when an individual coughs or sne
es. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nos

re fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days
ID-19 without needing special treatment. The elderly and those with underlying medical problems like high bloc
e more likely to develop serious illness.

ine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Departme
stop the spread of respiratory diseases, including:

tact with people who are sick;
n you are sick and avoiding contact with persons in poor health;
our eyes, nose and mouth with unwashed hands;
gh or sneeze with a tissue, then disposing of the tissue;
ls often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after
ng;
re not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands wit
d
ecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

mend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, inc
d by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of
ople who are taking care of someone in close settings (at home or in a health care facility).

a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after t
and any other destination under CDC travel advisory should call ahead to their health care provider and local C
act.

contact with someone showing these symptoms who has recently traveled from this area or been in contact wit
ID-19, they should call ahead to a health care professional and the CHD. The health care provider will work wit
ould be tested for COVID-19.

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ɔu at no charge by the Florida Division of Emergency Management.

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 11:55 AM
To: ""Miller"","" James; James.Miller@ahca.myflorida.com
Subject: FW: COVID-19 Isolation Facility Plan
Attachments: FL COVID-19 Contingency Plan.xlsx

From: Doug Burr
Sent: Friday, March 13, 2020 9:16 PM
To: 'mary.mayhew@ahca.myflorida.com'
Cc: Harris Schwartzberg
Subject: COVID-19 Isolation Facility Plan

Secretary Mayhew –

Attached - per our discussion – is the file that breaks down the multi-facility SNF companies in Florida by AHCA Planning Districts in which each company has clusters of facilities. Each company was then "selected" as "Primary" (shaded in light red) or "Secondary" (shaded in light orange) for one or more Planning Districts in an effort to (as best as possible) spread out the "Isolation Centers" across companies so that none were burdened with an excessive number of facilities relative to the total number of facilities they had in the State of Florida. Most companies were selected to "participate" in this COVID-19 Emergency Isolation Center Program in 1, 2 or 3 Districts with the exception being Consulate that had 5 Primary and 1 Secondary Directs due to the large volume of SNFs (76 in total) they operate in clusters across Florida. Individual facilities from each company were not chosen because there are likely operational considerations that would be known only to the companies themselves that would make certain facilities better or worse choices for use as a COVID Isolation Center.

I have spoken to Staff from FHCA since our call earlier this evening because this needs to be viewed as a public-private partnership with general industry "buy-in". I may have helped to develop the analysis because I felt from my position as FHCA Reimbursement Committee Chair that it would eventually be necessary, but FHCA staff had been in the loop and kept apprised all along the way.

The first tab in the attached file provides grids that summarize the information. You will notice that there are a couple Districts in which Consulate was not either Primary or Secondary despite Consulate having 10+ SNFs. This was because they may have been the ONLY District in which another company had a large enough cluster of SNFs to be included OR there were other Districts in which there would not have been at least 2 Companies without Consulate being included (and clearly it would be patently unfair to ask Consulate to bear a disproportionate burden should it even become necessary to implement this type of program state-wide). The second tab actually lists the individual facilities (sorted by Planning District and multi-facility organization) for each of the multi-facility organizations that are either "Primary" or "Secondary" in the various District on the first tab.

I will send the conceptual draft Memorandum of Understanding materials once I have received authorization to do so. My commitment is to get this authorization over the weekend.

I truly hope and pray that the need to implement dedicated "Isolation Centers" does not arise, but given what you already know about the lack of negative pressure environments in most SNFs I do fear that it may be better to plan for safety as opposed to being sorry.

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Sincerely,
HEALTH CARE NAVIGATOR, LLC

Douglas G. Burr

Doug Burr

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1185 Wilde Run Court
Roswell, GA 30075

Corporate Office:
4 West Red Oak Lane, Suite 201
White Plains, NY 10604-3603

Work Email: dburr@hcnavigator.net
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PROV NUM	PROVNAME	CITY
105445	UNIVERSITY HILLS HEALTH AND REHABILITATION	PENSACOLA
105935	CONSULATE HEALTH CARE OF PENSACOLA	PENSACOLA
106028	SHOAL CREEK REHABILITATION CENTER	CRESTVIEW
105862	DESTIN HEALTHCARE AND REHABILITATION CENTER	DESTIN
105267	BAYSIDE HEALTH AND REHABILITATION CENTER	PENSACOLA
105532	ARCADIA HEALTH & REHABILITATION CENTER	PENSACOLA
NEW CON	DELUNA HEALTH & REHABILITATION CENTER	PENSACOLA
105747	ROSEWOOD HEALTHCARE AND REHABILITATION CENTER	PENSACOLA
105751	SPECIALTY HEALTH AND REHABILITATION CENTER	PENSACOLA
106117	OLIVE BRANCH HEALTH AND REHAB CENTER	PENSACOLA
105487	BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER	GULF BREEZE
105612	SILVERCREST HEALTH AND REHABILITATION CENTER	CRESTVIEW
105601	GRAND BOULEVARD HEALTH AND REHABILITATION CENTER	MIRAMAR BEACH
105860	CENTURY HEALTH AND REHABILITATION CENTER	CENTURY
105328	SANTA ROSA HEALTH & REHABILITATION CENTER	MILTON
105552	SANDY RIDGE HEALTH AND REHABILITATION	MILTON
105148	EMERALD SHORES HEALTH AND REHABILITATION	CALLAWAY
105391	SEA BREEZE HEALTH CARE	PANAMA CITY
105433	HERITAGE HEALTHCARE CENTER AT TALLAHASSEE	TALLAHASSEE
105764	CONSULATE HEALTH CARE OF TALLAHASSEE	TALLAHASSEE
105631	MARSHALL HEALTH AND REHABILITATION CENTER	PERRY
106043	RIVERCHASE HEALTH AND REHABILITATION CENTER	QUINCY
105729	CHIPOLA HEALTH AND REHABILITATION CENTER	MARIANNA
105152	PANAMA CITY HEALTH AND REHABILITATION CENTER	PANAMA CITY
105775	GLENCOVE HEALTH AND REHABILITATION CENTER	PANAMA CITY
106045	BRYNWOOD HEALTH AND REHABILITATION CENTER	MONTICELLO
105662	SIGNATURE HEALTHCARE OF NORTH FLORIDA	GRACEVILLE
105970	SIGNATURE HEALTHCARE AT THE COURTYARD	MARIANNA
105727	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY
106084	AVANTE AT OCALA, INC	OCALA
105308	AVANTE AT INVERNESS INC	INVERNESS
105304	AVANTE AT LEESBURG, INC	LEESBURG
105333	AVANTE AT MT DORA, INC	MOUNT DORA
105846	BAYA POINTE NURSING AND REHABILITATION CENTER	LAKE CITY

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105460	NORTH FLORIDA REHABILITATION AND SPECIALTY CARE	GAINESVILLE
105461	HEALTH CENTER AT BRENTWOOD	LECANTO
105413	HERON POINTE HEALTH AND REHABILITATION	BROOKSVILLE
105996	SPRING HILL HEALTH AND REHABILITATION CENTER	BROOKSVILLE
106008	OSPREY POINT NURSING CENTER	BUSHNELL
105193	PARK MEADOWS HEALTH AND REHABILITATION CENTER	GAINESVILLE
106046	TERRACE HEALTH & REHABILITATION CENTER	GAINESVILLE
106095	CLUB HEALTH AND REHABILITATION CENTER AT THE VILLA	THE VILLAGES
105488	RIVERWOOD HEALTH & REHABILITATION CENTER	STARKE
105196	THE LODGE HEALTH AND REHABILITATION CENTER	OCALA
106036	GROVE HEALTH & REHABILITATION CENTER, THE	HERNANDO
106003	LADY LAKE SPECIALTY CARE CENTER	LADY LAKE
105401	AYERS HEALTH AND REHABILITATION CENTER	TRENTON
105437	CYPRESS COVE CARE CENTER	CRYSTAL RIVER
105297	BROOKSVILLE HEALTHCARE CENTER	BROOKSVILLE
106058	WOODLAND GROVE HEALTH & REHABILITATION CENTER	JACKSONVILLE
106065	ISLE HEALTH & REHABILITATION CENTER	ORANGE PARK
105580	CARLTON SHORES HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105822	GARDENS HEALTH & REHABILITATION CENTER, THE	DAYTONA BEACH
105930	VILLA HEALTH & REHABILITATION CENTER	DELAND
106061	RIDGECREST NURSING AND REHABILITATION CENTER	DELAND
106064	LIFE CARE CENTER OF JACKSONVILLE	JACKSONVILLE
105756	LIFE CARE CENTER OF HILLIARD	HILLIARD
105928	LIFE CARE CENTER OF ORANGE PARK	ORANGE PARK
105962	LIFE CARE CENTER AT WELLS CROSSING	ORANGE PARK
105666	LANIER REHABILITATION CENTER	JACKSONVILLE
105710	JACKSONVILLE NURSING AND REHAB CENTER	JACKSONVILLE
105548	MOULTRIE CREEK NURSING AND REHAB CENTER	SAINT AUGUSTINE
105735	ORANGE CITY NURSING AND REHAB CENTER	DEBARY
105776	PORT ORANGE NURSING AND REHAB CENTER	PORT ORANGE
105547	FLAGLER HEALTH AND REHABILITATION CENTER	BUNNELL
105052	SEASIDE HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105565	COASTAL HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105514	DEBARY HEALTH AND REHABILITATION CENTER	DEBARY
105145	PARKSIDE HEALTH AND REHABILITATION CENTER	DELAND
105274	CLEARWATER CENTER	CLEARWATER
105690	HIGHLAND PINES REHABILITATION CENTER	CLEARWATER
105271	BOCA CIEGA CENTER	GULFPORT
105117	SOUTH HERITAGE HEALTH & REHABILITATION CENTER	SAINT PETERSBURG
105713	ALPINE HEALTH AND REHABILITATION CENTER	SAINT PETERSBURG
105714	CONCORDIA MANOR	SAINT PETERSBURG
105749	ABBEY REHABILITATION AND NURSING CENTER	SAINT PETERSBURG
106041	HARBOURWOOD CARE CENTER	CLEARWATER
105486	GATEWAY CARE CENTER	PINELLAS PARK
105228	LAURELLWOOD CARE CENTER	SAINT PETERSBURG
105890	BAYWOOD CARE CENTER	SAINT PETERSBURG
105275	SOUTHERN PINES HEALTHCARE CENTER	NEW PORT RICHEY
106103	GULFPORT REHABILITATION CENTER	PASADENA
105409	GOLFVIEW HEALTHCARE CENTER	SAINT PETERSBURG
105451	PENINSULA CARE AND REHABILITATION CENTER	TARPON SPRINGS
105744	SYLVAN HEALTH CENTER	CLEARWATER
105412	SEMINOLE PAVILION REHABILITATION & NURSING SERVICE	SEMINOLE
106042	FREEDOM SQUARE REHABILITATION & NURSING SERVICES	SEMINOLE

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105234	REHABILITATION AND HEALTHCARE CENTER OF TAMPA	TAMPA
105299	WHISPERING OAKS	TAMPA
105553	CARROLLWOOD CARE CENTER	TAMPA
105327	CASA MORA REHABILITATION AND EXTENDED CARE	BRADENTON
105780	OAKS AT AVON	AVON PARK
105286	BARTOW CENTER	BARTOW
105176	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN
105520	CONSULATE HEALTH CARE OF BRANDON	BRANDON
105718	CENTRAL PARK HEALTHCARE AND REHABILITATION CENTER	BRANDON
105951	BRANDON HEALTH AND REHABILITATION CENTER	BRANDON
105417	HABANA HEALTH CARE CENTER	TAMPA
105644	FLETCHER HEALTH AND REHABILITATION CENTER	TAMPA
106017	BRADENTON HEALTH CARE	BRADENTON
105482	CONSULATE HEALTH CARE OF LAKELAND	LAKELAND
105693	CONSULATE HEALTH CARE OF LAKE PARKER	LAKELAND
106002	WEDGEWOOD HEALTHCARE CENTER	LAKELAND
105998	CONSULATE HEALTH CARE OF WINTER HAVEN	WINTER HAVEN
106120	SCOTT LAKE HEALTH AND REHABILITATION CENTER	LAKELAND
105891	YBOR CITY HEALTHCARE AND REHABILITATION CENTER	TAMPA
105629	SURREY PLACE HEALTHCARE AND REHABILITATION	BRADENTON
105301	VALENCIA HILLS HEALTH AND REHABILITATION CENTER	LAKELAND
105736	PALM GARDEN OF SUN CITY	SUN CITY CENTER
105591	PALM GARDEN OF TAMPA	TAMPA
105566	PALM GARDEN OF WINTER HAVEN	WINTER HAVEN
105701	SOLARIS HEALTHCARE MERRITT ISLAND	MERRITT ISLAND
105967	SOLARIS HEALTHCARE LAKE BENNET	OCOEE
105960	SOLARIS HEALTHCARE WINDERMERE	ORLANDO
105734	SOLARIS HEALTHCARE OSCEOLA	SAINT CLOUD
105904	ATLANTIC SHORES NURSING AND REHAB CENTER	MELBOURNE
105793	ROYAL OAKS NURSING AND REHAB CENTER	TITUSVILLE
105868	METRO WEST NURSING AND REHAB CENTER	ORLANDO
105987	HUNTERS CREEK NURSING AND REHAB CENTER	ORLANDO
105307	PARKVIEW REHABILITATION CENTER AT WINTER PARK	WINTER PARK
105872	TUSKAWILLA NURSING AND REHAB CENTER	WINTER SPRINGS
105782	ADVENTHEALTH CARE CENTER APOPKA NORTH	APOPKA
105783	ADVENTHEALTH CARE CENTER ORLANDO EAST	ORLANDO
106024	ADVENTHEALTH CARE CENTER ORLANDO NORTH	ORLANDO
105353	ADVENTHEALTH CARE CENTER APOPKA SOUTH	APOPKA
105861	CONSULATE HEALTH CARE OF MELBOURNE	MELBOURNE
105325	ISLAND HEALTH AND REHABILITATION CENTER	MERRITT ISLAND
105985	PALMS REHABILITATION AND HEALTHCARE CENTER, THE	PALM BAY
105530	VISTA MANOR	TITUSVILLE
105471	PARKS HEALTHCARE AND REHABILITATION CENTER	ORLANDO
105480	ROSEWOOD HEALTH AND REHABILITATION CENTER	ORLANDO
105564	RIO PINAR HEALTH CARE	ORLANDO
105440	COLONIAL LAKES HEALTH CARE	WINTER GARDEN
106011	CONSULATE HEALTH CARE OF KISSIMMEE	KISSIMMEE
106074	KEYSTONE REHABILITATION AND HEALTH CENTER	KISSIMMEE
105888	PLANTATION BAY REHABILITATION CENTER	SAINT CLOUD
105843	CONSULATE HEALTH CARE AT WEST ALTAMONTE	ALTAMONTE SPRINGS
106029	LAKE MARY HEALTH AND REHABILITATION CENTER	LAKE MARY
105982	CONSULATE HEALTH CARE OF PORT CHARLOTTE	PORT CHARLOTTE
105588	CORAL TRACE HEALTH CARE	CAPE CORAL
105238	HERITAGE PARK REHABILITATION AND HEALTHCARE	FORT MYERS
105507	CONSULATE HEALTH CARE OF NORTH FORT MYERS	FORT MYERS

AMERICAN OVERSIGHT

106000	EVANS HEALTH CARE	FORT MYERS
105452	ENGLEWOOD HEALTHCARE AND REHAB	ENGLEWOOD
105416	BENEVA LAKES HEALTHCARE AND REHABILITATION CENTER	SARASOTA
105983	CONSULATE HEALTH CARE OF SARASOTA	SARASOTA
106032	MAGNOLIA HEALTH AND REHABILITATION CENTER	SARASOTA
105443	BAY BREEZE HEALTH AND REHABILITATION CENTER	VENICE
105421	MANORCARE NURSING AND REHABILITATION CENTER	NAPLES
105499	MANORCARE AT LELY PALMS	NAPLES
105723	HEARTLAND HEALTH CARE CENTER FORT MYERS	FORT MYERS
106020	MANORCARE HEALTH SERVICES	FORT MYERS
105389	HEARTLAND HEALTH CARE CENTER - NORTH SARASOTA	SARASOTA
105454	MANORCARE HEALTH SERVICES SARASOTA	SARASOTA
105842	HEARTLAND HEALTH CARE & REHABILITATION CENTER	SARASOTA
105965	MANORCARE HEALTH SERVICES	VENICE
105779	HEALTHPARK CARE CENTER	FORT MYERS
106113	LEE MEMORIAL HOSPITAL SKILLED NURSING UNIT	FORT MYERS
106122	GULF COAST MEDICAL CENTER SKILLED NURSING UNIT	FORT MYERS
106019	LODGE AT CYPRESS COVE, THE	FORT MYERS
105342	REHAB & HEALTHCARE CENTER OF CAPE CORAL	CAPE CORAL
105882	WINKLER COURT	FORT MYERS
105155	SARASOTA HEALTH AND REHABILITATION CENTER	SARASOTA
105481	MANORCARE HEALTH SERVICES	BOCA RATON
105852	HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF	BOCA RATON
105496	MANORCARE HEALTH SERVICES BOYNTON BEACH	BOYNTON BEACH
105755	HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	BOYNTON BEACH
106005	MANORCARE HEALTH SERVICES	DELRAY BEACH
105762	HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS	PALM BEACH GARDENS
105911	MANORCARE HEALTH SERVICES WEST PALM BEACH	WEST PALM BEACH
105921	GARDENS COURT	PALM BEACH GARDENS
105268	LAKESIDE HEALTH CENTER	WEST PALM BEACH
105516	DARCY HALL OF LIFE CARE	WEST PALM BEACH
106012	LIFE CARE CENTER OF PORT SAINT LUCIE	PORT SAINT LUCIE
106111	HEALTH CENTER AT SINAI RESIDENCES	BOCA RATON
105083	BROWARD NURSING & REHABILITATION CENTER	FORT LAUDERDALE
105175	PLANTATION NURSING & REHABILITATION CENTER	PLANTATION
105686	SPRINGTREE REHABILITATION & HEALTH CARE CENTER	SUNRISE
105680	NSPIRE HEALTHCARE LAUDERHILL	LAUDERHILL
105519	NSPIRE HEALTHCARE PLANTATION	PLANTATION
105609	NSPIRE HEALTHCARE TAMARAC	TAMARAC
105503	PARK SUMMIT AT CORAL SPRINGS	CORAL SPRINGS
105691	FORUM AT DEER CREEK	DEERFIELD BEACH
105627	COURT AT PALM AIRE, THE	POMPANO BEACH
105469	GOLDEN GLADES NURSING AND REHABILITATION CENTER	MIAMI
105500	SOUTH DADE NURSING AND REHABILITATION CENTER	MIAMI
105502	NORTH DADE NURSING AND REHABILITATION CENTER	NORTH MIAMI
106021	PONCE PLAZA NURSING & REHABILITATION CENTER	MIAMI
106034	JACKSON PLAZA NURSING AND REHABILITATION CENTER	MIAMI
106100	UNIVERSITY PLAZA REHABILITATION AND NURSING CENTER	MIAMI
105008	ARCH PLAZA NURSING & REHABILITATION CENTER	NORTH MIAMI
105331	AVENTURA REHAB AND NURSING CENTER	NORTH MIAMI BEACH
192	TOTAL	

AMERICAN OVERSIGHT

Count of NFs	
4	1-PRIMARY-CONSULATE (CMC II LLC)
9	1-PRIMARY-GULF COAST HEALTH CARE LLC
3	1-SECONDARY-SUMMITT CARE II INC
5	2-PRIMARY-CONSULATE (CMC II LLC)
5	2-PRIMARY-GULF COAST HEALTH CARE LLC
3	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
4	3-PRIMARY-AVANTE GROUP, INC.
6	3-PRIMARY-CONSULATE (CMC II LLC)
7	3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3	3-SECONDARY-Health Services Mgt., Inc.
6	4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4	4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
5	4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
5	4-SECONDARY-GULF COAST HEALTH CARE LLC
7	5-PRIMARY-AIRAMID
4	5-PRIMARY-Senior Care Group, Inc.
4	5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
3	5-SECONDARY-AMERICAN RETIREMENT CORPORATION
7	6-PRIMARY-AIRAMID
10	6-PRIMARY-CONSULATE (CMC II LLC)
1	6-PRIMARY-SUMMIT CARE II INC
3	6-PRIMARY-SUMMITT CARE II INC
3	6-SECONDARY-PALM HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Solaris Foundation, Inc.
6	7-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Sunbelt Health Care Centers,Inc.
13	7-SECONDARY-CONSULATE (CMC II LLC)
10	8-PRIMARY-CONSULATE (CMC II LLC)
8	8-PRIMARY-HCR MANOR CARE SERVICES LLC
3	8-PRIMARY-LEE MEMORIAL HEALTH SYSTEM
1	8-PRIMARY-LEE MEMORIAL HOSPITAL INC
3	8-SECONDARY-AIRAMID
7	9-PRIMARY-HCR MANOR CARE SERVICES LLC
4	9-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
1	9-PRIMARY-LIFE CARE SERVICES LLC
3	10-PRIMARY-HBA HEALTH SYSTEM LLC
3	10-PRIMARY-NSPRMC, LLC
3	10-SECONDARY-FiveStar Quality Care Inc
3	11-PRIMARY-Adirhu Associates, LLC
5	11-PRIMARY-HEBREW HOMES HEALTH NETWORK INC

AMERICAN OVERSIGHT

County name	LEVEL	DISTRICT	Planning Direct & Subdistrict	Management Company	Landlord	BED CERT
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		119
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC		150
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	155
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Santa Rosa	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Okaloosa	PRIMARY	1	1.2	GULF COAST HEALTH CARE LLC	Omega	60
Walton	PRIMARY	1	1.3	GULF COAST HEALTH CARE LLC	Omega	97
Escambia	SECONDARY	1	1.1	SUMMITT CARE II INC		88
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		110
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		60
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		77
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		120
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		180
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		120
Taylor	PRIMARY	2	2.5	CONSULATE (CMC II LLC)		120
Gadsden	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Argent	120
Jackson	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Omega	60
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Omega	120
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Argent	115
Jefferson	PRIMARY	2	2.5	GULF COAST HEALTH CARE LLC	Argent	97
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Washington	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Alachua	PRIMARY	3	3.2	AVANTE GROUP, INC.		133
Citrus	PRIMARY	3	3.5	AVANTE GROUP, INC.		104
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Columbia	PRIMARY	3	3.1	CONSULATE (CMC II LLC)		90

AMERICAN OVERSIGHT

Alachua	PRIMARY	3	3.2	CONSULATE (CMC II LLC)		120
Citrus	PRIMARY	3	3.5	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Sumter	PRIMARY	3	3.7	CONSULATE (CMC II LLC)		60
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		154
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		132
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		68
Bradford	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Marion	PRIMARY	3	3.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		99
Citrus	PRIMARY	3	3.5	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Lake	PRIMARY	3	3.7	GREYSTONE HEALTHCARE MANAGEMENT CORP		145
Gilchrist	SECONDARY	3	3.2	Health Services Mgt., Inc.		120
Citrus	SECONDARY	3	3.5	Health Services Mgt., Inc.		120
Hernando	SECONDARY	3	3.6	Health Services Mgt., Inc.		180
Duval	PRIMARY	4	4.1	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Clay	PRIMARY	4	4.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		118
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		150
Duval	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Nassau	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		180
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		163
St. Johns	PRIMARY	4	4.3	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Flagler	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	118
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	192
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	122
Pinellas	PRIMARY	5	5.2	AIRAMID		109
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		69
Pinellas	PRIMARY	5	5.2	AIRAMID		57
Pinellas	PRIMARY	5	5.2	AIRAMID		39
Pinellas	PRIMARY	5	5.2	AIRAMID		132
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		60
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		59
Pasco	PRIMARY	5	5.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		126
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		56
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		60
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		116

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Hillsborough	PRIMARY	6	6.1	AIRAMID	174
Hillsborough	PRIMARY	6	6.1	AIRAMID	236
Hillsborough	PRIMARY	6	6.1	AIRAMID	120
Manatee	PRIMARY	6	6.2	AIRAMID	240
Highlands	PRIMARY	6	6.4	AIRAMID	104
Polk	PRIMARY	6	6.5	AIRAMID	120
Polk	PRIMARY	6	6.5	AIRAMID	140
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	110
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	150
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Manatee	PRIMARY	6	6.2	CONSULATE (CMC II LLC)	105
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	SUMMIT CARE II INC	120
Hillsborough	PRIMARY	6	6.1	SUMMITT CARE II INC	80
Manatee	PRIMARY	6	6.2	SUMMITT CARE II INC	74
Polk	PRIMARY	6	6.5	SUMMITT CARE II INC	249
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Polk	SECONDARY	6	6.5	PALM HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	Solaris Foundation, Inc.	180
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Osceola	PRIMARY	7	7.3	Solaris Foundation, Inc.	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	116
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	138
Seminole	PRIMARY	7	7.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC	98
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Seminole	PRIMARY	7	7.4	Sunbelt Health Care Centers,Inc.	222
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	167
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	116
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	120
Charlotte	PRIMARY	8	8.1	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120

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Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	81
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	117
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	87
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	178
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	140
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	129
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	112
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	18
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	75
Lee	PRIMARY	8	8.5	LEE MEMORIAL HOSPITAL INC	64
Lee	SECONDARY	8	8.5	AIRAMID	120
Lee	SECONDARY	8	8.5	AIRAMID	120
Sarasota	SECONDARY	8	8.6	AIRAMID	144
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	107
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	220
St. Lucie	PRIMARY	9	9.5	LIFE CARE CENTERS OF AMERICA, INC.	123
Palm Beach	PRIMARY	9	9.4	LIFE CARE SERVICES LLC	60
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	198
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	152
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	110
Broward	PRIMARY	10	10	NSPRMC, LLC	109
Broward	PRIMARY	10	10	NSPRMC, LLC	120
Broward	PRIMARY	10	10	NSPRMC, LLC	151
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	35
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	245
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	147
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	120
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	148
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	98
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	86
					23,400

Beds

AMERICAN OVERSIGHT

District	Beds per SNF	Empty Beds		BED CERT
1	119.75	39		479
1	111.33	148		1,002
1	86.00	23		258
2	123.40	168		617
2	102.40	255	Panama City & GlenCove = 235 beds	512
2	160.00	47		480
3	117.25	58		469
3	105.00	33		630
3	119.71	42		838
3	140.00	53		420
4	120.67	45		724
4	135.00	31		540
4	128.60	59		643
4	134.40	91		672
5	92.29	74		646
5	89.75	79		359
5	105.50	101		422
5	98.67	38		296
6	162.00	90		1,134
6	120.50	88		1,205
6	120.00	49		120
6	134.33	41		403
6	120.00	26		360
7	135.00	26		540
7	118.67	121		712
7	145.50	70		582
7	132.54	141		1,723
8	116.10	98		1,161
8	126.38	230		1,011
8	68.33	49		205
8	64.00	8		64
8	128.00	33		384
9	137.14	124		960
9	142.50	70		570
9	60.00	2		60
10	153.33	97		460
10	126.67	47		380
10	51.67	28		155
11	201.67	35		605
11	119.80	23		599

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	CERTIFICATION	INHOSP	PARTICIPATION DATE	FAC AGE (YEARS)	CCRC FACIL	SFF Status
110.0	91.7%	Medicare & Medicaid	N	01/03/1984	36.5	N	
111.7	93.1%	Medicare & Medicaid	N	01/08/1997	23.5	N	
111.6	93.0%	Medicare & Medicaid	N	04/27/2000	20.2	N	
106.7	89.7%	Medicare & Medicaid	N	08/11/1994	25.9	N	
115.6	96.3%	Medicare & Medicaid	N	01/01/1981	39.6	N	
140.5	93.7%	Medicare & Medicaid	N	12/21/1985	34.6	N	
2.0	2.2%	Medicare & Medicaid	N	NEW CON	-	N	
139.4	89.9%	Medicare & Medicaid	N	04/01/1991	29.3	N	
113.8	94.8%	Medicare & Medicaid	N	12/16/1991	28.6	N	
85.6	95.1%	Medicare & Medicaid	N	03/07/2018	2.4	N	
113.0	94.2%	Medicare & Medicaid	N	09/01/1984	35.9	N	
55.7	92.8%	Medicare & Medicaid	N	08/04/1988	32.0	N	
88.9	91.6%	Medicare & Medicaid	N	02/24/1988	32.4	N	
84.0	95.5%	Medicare & Medicaid	N	08/12/1994	25.9	N	
95.9	87.2%	Medicare & Medicaid	N	05/01/1978	42.2	N	
55.1	91.8%	Medicare & Medicaid	N	04/24/1987	33.2	N	
70.9	92.1%	Medicare & Medicaid	N	08/21/1967	52.9	N	
-	0.0%	Medicare & Medicaid	N	08/01/1981	39.0	N	
159.7	88.7%	Medicare & Medicaid	N	07/06/1983	37.0	N	
106.3	88.6%	Medicare & Medicaid	N	04/01/1992	28.3	N	SFF Candidate
111.8	93.2%	Medicare & Medicaid	N	12/21/1988	31.6	N	
109.9	91.6%	Medicare & Medicaid	N	05/07/2002	18.2	N	
57.4	95.7%	Medicare & Medicaid	N	05/07/1991	29.2	N	
-	0.0%	Medicare & Medicaid	N	10/05/1967	52.8	N	
-	0.0%	Medicare & Medicaid	N	09/16/1992	27.8	N	
90.1	92.9%	Medicare & Medicaid	N	05/28/2002	18.1	N	
159.8	88.8%	Medicare & Medicaid	N	09/01/1989	30.9	N	
116.4	97.0%	Medicare & Medicaid	N	08/27/1997	22.9	N	
156.8	87.1%	Medicare & Medicaid	N	06/01/1991	29.1	N	
117.5	88.3%	Medicare & Medicaid	N	01/05/2010	10.5	N	
95.1	91.4%	Medicare & Medicaid	N	10/01/1980	39.8	N	
97.6	84.1%	Medicare & Medicaid	N	10/01/1980	39.8	N	
100.6	86.7%	Medicare & Medicaid	N	10/01/1980	39.8	N	
85.4	94.9%	Medicare & Medicaid	N	01/25/1994	26.5	N	

AMERICAN OVERSIGHT

114.6	95.5%	Medicare & Medicaid	N	03/13/1984	36.4	N
110.2	91.8%	Medicare & Medicaid	N	04/13/1984	36.3	N
113.8	94.8%	Medicare & Medicaid	N	08/17/1982	37.9	N
117.0	97.5%	Medicare & Medicaid	N	10/07/1998	21.8	N
56.1	93.5%	Medicare & Medicaid	N	07/02/1999	21.1	N
147.0	95.5%	Medicare & Medicaid	N	11/20/1968	51.7	N
128.5	97.3%	Medicare & Medicaid	N	06/27/2002	18.1	N
61.7	90.7%	Medicare & Medicaid	N	10/18/2012	7.8	N
112.5	93.8%	Medicare & Medicaid	N	11/01/1984	35.7	N
94.9	95.9%	Medicare & Medicaid	N	06/01/1982	38.1	N
112.8	94.0%	Medicare & Medicaid	N	07/12/2001	19.0	N
138.8	95.7%	Medicare & Medicaid	N	03/30/1999	21.3	N
106.7	88.9%	Medicare & Medicaid	N	03/05/1982	38.4	N
111.5	92.9%	Medicare & Medicaid	N	06/14/1983	37.1	N
149.3	82.9%	Medicare & Medicaid	N	10/20/1976	43.7	N
111.7	93.1%	Medicare & Medicaid	N	02/20/2004	16.4	N
103.8	96.1%	Medicare & Medicaid	N	03/11/2005	15.4	N
106.6	90.3%	Medicare & Medicaid	N	10/19/1987	32.8	N
104.6	96.9%	Medicare & Medicaid	N	07/14/1993	27.0	N
116.5	97.1%	Medicare & Medicaid	N	09/27/1996	23.8	N
136.1	90.7%	Medicare & Medicaid	N	11/03/2004	15.7	N
117.2	97.7%	Medicare & Medicaid	N	01/04/2005	15.5	N
113.3	94.4%	Medicare & Medicaid	N	02/01/1992	28.5	N
163.8	91.0%	Medicare & Medicaid	N	09/19/1996	23.8	N
114.6	95.5%	Medicare & Medicaid	N	07/31/1997	23.0	N
110.4	92.0%	Medicare & Medicaid	N	10/01/1989	30.8	N
150.9	92.6%	Medicare & Medicaid	N	10/31/1990	29.7	N
106.1	88.4%	Medicare & Medicaid	N	12/09/1986	33.6	N
108.4	90.3%	Medicare & Medicaid	N	06/26/1991	29.1	N
107.9	89.9%	Medicare & Medicaid	N	10/09/1992	27.8	N
102.4	86.8%	Medicare & Medicaid	N	05/01/1986	34.2	N
139.6	72.7%	Medicare & Medicaid	N	01/01/1967	53.6	N
108.3	90.3%	Medicare & Medicaid	N	02/06/1987	33.5	N
115.0	95.8%	Medicare & Medicaid	N	07/01/1985	35.1	N
115.7	94.8%	Medicare & Medicaid	N	06/02/1967	53.1	N
97.6	89.5%	Medicare & Medicaid	N	08/22/1973	46.9	N
105.5	87.9%	Medicare & Medicaid	N	02/01/1990	30.5	N
97.1	80.9%	Medicare & Medicaid	N	11/01/1973	46.7	N
61.4	89.0%	Medicare & Medicaid	N	06/01/1982	38.1	N
54.8	96.1%	Medicare & Medicaid	N	03/01/1991	29.4	N
35.6	91.3%	Medicare & Medicaid	N	03/01/1991	29.4	N
120.3	91.1%	Medicare & Medicaid	N	01/01/1992	28.6	N
114.3	95.3%	Medicare & Medicaid	N	10/17/2001	18.8	N
111.9	93.3%	Medicare & Medicaid	N	12/21/1984	35.6	N
52.5	87.5%	Medicare & Medicaid	N	03/01/1979	41.4	N
1.0	1.7%	Medicare & Medicaid	N	08/01/1995	25.0	N
89.2	74.3%	Medicare & Medicaid	N	10/27/1978	41.7	N
68.2	54.1%	Medicare & Medicaid	N	11/24/2013	6.7	N
48.0	85.7%	Medicare & Medicaid	N	06/01/1982	38.1	N
115.8	96.5%	Medicare & Medicaid	N	01/27/1984	36.5	N
52.6	87.7%	Medicare & Medicaid	N	10/07/1991	28.8	Y
103.8	86.5%	Medicare & Medicaid	N	07/16/1982	38.0	Y
101.8	87.8%	Medicare & Medicaid	N	02/19/2002	18.4	Y

AMERICAN OVERSIGHT

160.2	92.1%	Medicare & Medicaid	N	06/23/1970	50.1	N
227.4	96.4%	Medicare & Medicaid	N	06/01/1980	40.1	N
114.9	95.8%	Medicare & Medicaid	N	01/09/1987	33.5	N
202.7	84.5%	Medicare & Medicaid	N	06/05/1978	42.1	N
91.6	88.1%	Medicare & Medicaid	N	01/06/1993	27.5	N
113.5	94.6%	Medicare & Medicaid	N	08/01/1975	45.0	N
133.7	95.5%	Medicare & Medicaid	N	06/01/1982	38.1	N
108.9	90.8%	Medicare & Medicaid	N	09/24/1985	34.8	N
112.9	100.0%	Medicare & Medicaid	N	02/25/1991	29.4	N
111.9	93.3%	Medicare & Medicaid	N	05/07/1997	23.2	N
138.4	92.3%	Medicare & Medicaid	N	10/01/1982	37.8	N
111.9	93.3%	Medicare & Medicaid	N	03/01/1989	31.4	N
98.3	93.6%	Medicare & Medicaid	N	12/09/1999	20.6	N
111.3	92.8%	Medicare & Medicaid	N	12/28/1984	35.6	N
105.2	87.7%	Medicare & Medicaid	N	05/14/1990	30.2	N
113.2	94.3%	Medicare & Medicaid	N	03/26/1999	21.3	N
105.2	87.7%	Medicare & Medicaid	N	10/02/1998	21.8	N
70.6	58.8%	Medicare & Medicaid	N	10/16/2018	1.8	N
73.4	91.8%	Medicare & Medicaid	N	08/28/1995	24.9	N
62.1	83.9%	Medicare & Medicaid	N	02/08/1989	31.4	N
226.6	91.0%	Medicare & Medicaid	N	02/16/1977	43.4	N
111.5	92.9%	Medicare & Medicaid	N	06/28/1991	29.1	N
110.6	92.2%	Medicare & Medicaid	N	11/19/1987	32.7	N
111.5	92.9%	Medicare & Medicaid	N	07/09/1987	33.0	N
166.5	92.5%	Medicare & Medicaid	N	08/01/1990	30.0	N
115.6	96.3%	Medicare & Medicaid	N	09/12/1997	22.9	N
116.9	97.4%	Medicare & Medicaid	N	06/18/1997	23.1	N
114.8	95.7%	Medicare & Medicaid	N	06/26/1991	29.1	N
92.4	77.0%	Medicare & Medicaid	N	01/31/1996	24.5	N
109.5	91.3%	Medicare & Medicaid	N	04/09/1993	27.3	N
108.3	90.3%	Medicare & Medicaid	N	10/21/1994	25.7	N
110.5	95.3%	Medicare & Medicaid	N	05/29/1998	22.1	N
98.7	71.5%	Medicare & Medicaid	N	01/01/1978	42.6	N
72.0	73.5%	Medicare & Medicaid	N	11/07/1994	25.7	N
115.1	95.9%	Medicare & Medicaid	N	02/09/1993	27.4	N
115.1	95.9%	Medicare & Medicaid	N	02/08/1993	27.4	N
114.6	95.5%	Medicare & Medicaid	N	07/27/2000	20.0	N
167.2	75.3%	Medicare & Medicaid	N	10/01/1979	40.8	N
143.8	86.1%	Medicare & Medicaid	N	08/19/1994	25.9	N
95.5	79.6%	Medicare & Medicaid	N	07/01/1978	42.1	N
114.0	95.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
104.0	86.7%	Medicare & Medicaid	N	09/16/1985	34.8	N
112.7	93.9%	Medicare & Medicaid	N	09/20/1984	35.8	N
109.8	91.5%	Medicare & Medicaid	N	11/06/1984	35.7	N
174.3	96.8%	Medicare & Medicaid	N	02/19/1987	33.4	N
167.6	93.1%	Medicare & Medicaid	N	09/12/1983	36.9	N
112.5	93.8%	Medicare & Medicaid	N	08/25/1999	20.9	N
110.3	91.9%	Medicare & Medicaid	N	10/19/2006	13.8	N
116.9	97.4%	Medicare & Medicaid	N	07/20/1995	25.0	N
103.8	89.5%	Medicare & Medicaid	N	02/17/1994	26.4	N
116.7	97.3%	Medicare & Medicaid	N	11/08/2000	19.7	N
111.6	93.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
107.7	89.8%	Medicare & Medicaid	N	11/03/1987	32.7	N
115.7	96.4%	Medicare & Medicaid	N	08/31/1970	49.9	N
113.4	94.5%	Medicare & Medicaid	N	06/13/1985	35.1	N

SFF Candidate

AMERICAN OVERSIGHT

106.9	89.1%	Medicare & Medicaid	N	12/14/1998	21.6	N	
104.7	87.3%	Medicare & Medicaid	N	09/02/1983	36.9	N	
111.5	92.9%	Medicare & Medicaid	N	09/10/1982	37.9	N	
74.2	91.6%	Medicare & Medicaid	N	02/18/1998	22.4	N	
106.3	88.6%	Medicare & Medicaid	N	02/01/2001	19.5	N	
111.1	92.6%	Medicare & Medicaid	N	12/29/1983	36.6	N	
88.2	73.5%	Medicare & Medicaid	N	10/22/1982	37.7	N	
107.0	91.5%	Medicare & Medicaid	N	05/22/1984	36.2	N	
101.9	84.9%	Medicare & Medicaid	N	04/25/1991	29.2	N	
86.1	71.8%	Medicare & Medicaid	N	04/07/2000	20.3	N	
72.0	82.8%	Medicare & Medicaid	N	08/01/1981	39.0	N	
144.5	81.2%	Medicare & Medicaid	N	01/05/1984	36.5	N	
85.8	61.3%	Medicare & Medicaid	N	11/23/1993	26.7	N	
95.3	73.9%	Medicare & Medicaid	N	06/05/1997	23.1	N	
103.3	92.2%	Medicare & Medicaid	N	12/30/1992	27.6	N	
16.6	92.2%	Medicare	Y	06/20/2017	3.1	N	
36.6	48.8%	Medicare	Y	02/07/2019	1.5	N	
56.2	87.8%	Medicare	N	04/26/2000	20.2	Y	
116.0	96.7%	Medicare & Medicaid	N	03/16/1979	41.3	N	
116.5	97.1%	Medicare & Medicaid	N	04/12/1995	25.3	N	
118.5	82.3%	Medicare & Medicaid	N	10/01/1971	48.8	N	
169.0	93.9%	Medicare & Medicaid	N	09/18/1984	35.8	N	
80.6	67.2%	Medicare & Medicaid	N	01/12/1995	25.5	N	
151.1	83.9%	Medicare & Medicaid	N	03/05/1985	35.4	N	
116.5	97.1%	Medicare & Medicaid	N	01/16/1992	28.5	N	
107.9	89.9%	Medicare & Medicaid	N	02/19/1999	21.4	N	
106.1	88.4%	Medicare & Medicaid	N	03/27/1992	28.3	N	
104.8	87.3%	Medicare & Medicaid	N	04/02/1996	24.3	N	
107.1	89.3%	Medicare & Medicaid	N	08/13/1996	23.9	N	
102.5	95.8%	Medicare & Medicaid	N	07/01/1979	41.1	N	
178.1	81.0%	Medicare & Medicaid	N	11/01/1985	34.7	N	
112.1	91.1%	Medicare & Medicaid	N	09/09/1999	20.9	N	
58.3	97.2%	Medicare	N	12/20/2016	3.6	Y	
157.8	79.7%	Medicare & Medicaid	N	09/01/1976	43.9	N	
101.9	67.0%	Medicare & Medicaid	N	03/01/1974	46.4	N	
103.5	94.1%	Medicare & Medicaid	N	03/06/1990	30.4	N	
106.2	97.4%	Medicare & Medicaid	N	12/27/1989	30.6	N	
104.9	87.4%	Medicare & Medicaid	N	09/23/1985	34.8	N	
121.6	80.5%	Medicare & Medicaid	N	07/07/1988	32.0	N	
32.1	91.7%	Medicare & Medicaid	N	06/13/1985	35.1	Y	
47.7	79.5%	Medicare & Medicaid	N	06/04/1990	30.1	N	
47.6	79.3%	Medicare & Medicaid	N	11/30/1988	31.6	Y	
177.2	98.4%	Medicare & Medicaid	N	09/06/1984	35.9	N	
173.5	96.4%	Medicare & Medicaid	N	05/15/1985	35.2	N	
218.9	89.3%	Medicare & Medicaid	N	04/01/1985	35.3	N	
140.6	95.6%	Medicare & Medicaid	N	04/21/2000	20.2	N	
116.5	97.1%	Medicare & Medicaid	N	01/26/2001	19.5	N	
142.6	96.4%	Medicare & Medicaid	N	08/22/2013	6.9	N	
96.3	98.3%	Medicare & Medicaid	N	04/01/1971	49.3	N	SFF Candidate
80.1	93.1%	Medicare & Medicaid	N	07/01/1978	42.1	N	
20,521.8	87.7%				30.1		

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	
440	91.9%	26.6
855	85.3%	26.1
235	91.1%	33.8
449	**72.7%**	37.8
257	**50.3%**	29.2
433	90.2%	27.6
411	87.6%	32.5
597	94.8%	30.0
796	95.0%	27.4
368	87.5%	39.7
679	93.8%	21.8
509	94.2%	22.7
584	90.8%	30.2
581	86.5%	41.9
572	88.6%	35.7
280	77.9%	30.2
321	76.1%	30.8
258	87.2%	28.4
1,044	92.1%	39.5
1,117	92.7%	28.6
71	58.8%	1.8
362	89.9%	33.3
334	92.7%	31.6
514	95.1%	26.2
591	83.1%	28.0
512	88.0%	28.9
1,582	91.8%	28.7
1,063	91.6%	31.5
781	77.2%	31.1
157	76.3%	10.7
56	87.8%	20.2
351	91.4%	38.5
836	87.1%	28.5
500	87.7%	30.1
58	97.2%	3.6
363	79.0%	40.2
333	87.6%	32.5
127	82.2%	32.3
570	94.1%	35.5
576	96.2%	27.6

AMERICAN OVERSIGHT

ABUSE ICON	Old Survey	CHOW LAST 12 MOS	RES FAM COUNCIL	SPRINKLER STATUS	Overall Rating	SURVEY RATING	Quality Rating	LS Quality Rating	SS Quality Rating
N	N	N	Both	Yes	1	1	4	3	5
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	2	1	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	4
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	NEW	NEW	NEW	NEW	NEW
N	N	N	Both	Yes	4	4	4	5	4
N	N	N	Resident	Yes	5	4	5	4	5
N	N	N	None	Yes	5	4	5		5
N	N	N	Resident	Yes	3	2	3	3	3
N	N	N	Both	Yes	4	4	3	1	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	2	2	2
N	N	N	Resident	Yes	4	4	3	4	3
N	N	N	Both	Yes	4	4	3	4	1
N	N	N	Both	Yes	2	2	4	3	5
N	Y	N	Both	Yes	2	2	3	4	1
N	N	N	Both	Yes	1	1	3	4	1
N	N	N	Resident	Yes	1	1	2	2	2
N	N	N	Resident	Yes	1	1	3	2	4
N	N	N	Both	Yes	5	5	5	5	5
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Resident	Yes	5	5	5	5	
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	5	4	5
N	N	N	Resident	Yes	3	3	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	2	2	2	2
N	N	N	Both	Yes	3	2	4	4	4
N	N	N	Both	Yes	3	2	2	3	1
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	2	2	4	4	4

AMERICAN OVERSIGHT

N	N	N	Both	Yes	1	1	3	3	4
N	N	N	Both	Yes	4	3	5	5	3
N	N	N	Both	Yes	5	4	5	4	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	3	3	4	5	4
Y	N	N	Both	Yes	2	1	3	3	3
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	5	4	5		5
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	5	3	5	5	5
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	5	4	4	5
N	N	N	Both	Yes	5	5	4	4	5
N	N	N	Both	Yes	2	2	4	5	4
N	N	N	Resident	Yes	5	5	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	3	4	4	5
N	N	N	Both	Yes	3	2	4	2	5
N	N	N	Resident	Yes	3	3	3	2	4
N	N	N	Resident	Yes	3	3	3	3	4
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	4	4	4	3	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	5	3	5	5	4
N	N	N	Resident	Yes	4	3	4	2	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	4	4	3	5
N	N	N	Resident	Yes	3	3	2	4	1
N	N	N	Resident	Yes	2	3	1	1	1
N	N	N	Both	Yes	3	3	3	5	1
N	N	N	Both	Yes	4	4	2	2	2
N	N	N	Both	Yes	5	5	4	5	2
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	4	4	3	3	2
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	2	2	1	2	1
N	N	N	Resident	Yes	1	1	1	1	1
N	N	N	Resident	Yes	1	1	4	4	
N	N	N	Both	Yes	3	2	4	5	2
N	N	N	Resident	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	3	2	2	2
N	N	N	Both	Yes	1	1	4	4	3
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	4	5	3
N	N	N	Resident	Yes	2	1	5	4	5

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	2	2	4	4	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Both	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	4	4	5	3
N	N	N	Both	Yes	2	2	4	4	3
N	N	N	Both	Yes	2	2	3	3	2
N	N	N	Both	Yes	1	1	3	4	2
N	N	N	Resident	Yes	3	2	4	5	4
N	N	N	Resident	Yes	1	1	4	5	3
N	N	N	Both	Yes	2	1	4	5	3
N	N	N	Both	Yes	2	1	5	4	5
N	N	N	Both	Yes	5	4	5	5	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	2	1	5	5	3
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Both	Yes	1	1	2	1	3
N	N	N	None	Yes					
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Resident	Yes	2	1	4	5	3
N	N	N	Resident	Yes	3	3	4	3	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	4	4	4	4
N	N	N	Resident	Yes	5	5	4	3	5
N	N	N	Resident	Yes	2	2	2	2	1
N	N	N	Resident	Yes	2	2	4	5	2
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Both	Yes	3	2	5	5	4
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Both	Yes	2	1	3	2	4
N	N	N	Both	Yes	2	2	4	5	3
N	N	N	Both	Yes	2	1	3	3	3
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	5	3	5	5	3
N	N	N	Resident	Yes	2	2	3	5	1
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	2	1	3	3	2
N	N	N	Both	Yes	3	3	4	5	2
N	N	N	Both	Yes	5	3	5	5	4
Y	N	N	Resident	Yes	2	1	2	1	4
N	N	N	Resident	Yes	2	2	4	4	4
N	N	N	Both	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	2	5	4	5
N	N	N	Resident	Yes	2	2	4	3	4
N	N	N	Resident	Yes	2	1	4	5	2

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	3	3	3	5	1
N	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Both	Yes	1	1	4	5	3
N	N	N	Resident	Yes	1	1	3	4	3
N	N	N	Resident	Yes	4	3	4	5	4
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Resident	Yes	2	2	4	5	3
N	N	N	Resident	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	2	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	5
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	None	Yes	5	5	5		5
N	N	N	None	ata Not Available					
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	5	5	5
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	3	3	3	4	2
N	N	N	Resident	Yes	5	3	5	5	4
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Both	Yes	2	1	3	4	3
N	N	N	None	Yes	4	4	2	4	1
N	N	N	Resident	Yes	3	2	3	4	3
N	N	N	Resident	Yes	5	5	2	4	1
N	N	N	Resident	Yes	4	3	2	3	2
N	N	N	Resident	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	2	2
Y	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Resident	Yes	3	2	4	4	5
N	N	N	None	Yes	5	4	4	2	5
N	N	N	Resident	Yes	4	3	4	4	3
N	N	N	Both	Yes	4	4	3	5	2
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	4	1
N	N	N	Resident	Yes	1	1	3	4	2
N	N	N	Resident	Yes	2	1	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	2	2	3	4	2
N	N	N	Both	Yes	5	5	4	4	4
N	N	N	None	Yes	5	4	5	5	
N	N	N	Both	Yes	4	4	4	3	4
N	N	N	Resident	Yes	2	2	1	2	1
N	N	N	Resident	Yes	3	2	4	5	3
Y	N	N	Resident	Yes	2	1	4	5	2
N	N	N	Both	Yes	3	2	4	5	2
					3.20	2.64	3.84	3.92	3.49

AMERICAN OVERSIGHT

2.50	2.00	4.00	3.75	4.25
3.56	2.78	3.89	3.11	3.89
4.00	3.67	2.67	3.33	2.00
1.40	1.40	3.00	3.00	2.60
4.60	4.20	4.80	4.80	3.80
4.00	3.67	4.33	4.67	4.00
3.25	2.00	3.25	3.50	3.00
3.17	2.67	4.33	4.33	4.17
3.43	2.57	4.14	3.43	4.29
5.00	4.00	5.00	5.00	4.67
4.00	4.00	4.00	4.17	4.33
3.00	2.50	3.75	3.00	4.50
4.20	3.80	4.40	4.40	4.20
4.40	3.40	4.60	4.00	4.80
3.57	3.71	2.57	3.14	1.71
1.50	1.50	2.00	2.25	1.00
2.25	2.00	3.25	3.75	2.50
3.33	2.33	4.67	4.67	4.33
3.00	2.86	4.00	4.29	3.29
2.20	1.60	4.10	4.30	3.70
-	-	-	-	-
3.67	3.00	4.33	5.00	3.67
4.00	3.33	4.67	4.33	4.67
4.00	3.75	3.75	3.50	3.75
3.00	2.17	4.67	4.67	4.33
3.25	2.75	3.50	3.00	3.75
2.77	2.00	3.85	4.08	3.23
2.10	1.60	3.90	4.30	3.30
2.88	1.88	4.50	4.63	4.38
3.33	3.00	3.33	1.67	3.33
5.00	4.00	5.00	5.00	5.00
4.00	3.33	4.33	4.67	4.00
4.00	3.29	3.00	4.14	2.57
2.75	1.75	3.25	3.50	3.25
5.00	4.00	4.00	2.00	5.00
4.00	3.33	3.67	4.33	3.00
1.67	1.00	3.00	4.00	2.00
4.00	3.33	4.33	4.33	4.33
4.00	3.67	4.00	4.33	2.00
2.80	2.20	3.40	4.00	2.40

AMERICAN OVERSIGHT

Staffing Rating	RN staffing rating	AIDHRD	VOCHRD	RNHRD	TOTLICHRD	TOTHRD	PTHRD	CM AIDE
3	2	2.660	0.923	0.415	1.338	3.998	0.049	1.8515
3	3	2.595	0.777	0.557	1.335	3.930	0.050	1.9278
3	2	2.613	0.915	0.449	1.364	3.977	0.049	2.0477
4	4	2.195	0.709	0.600	1.309	3.504	0.046	1.8945
4	4	2.847	0.546	0.801	1.348	4.195	0.031	1.9651
4	4	2.634	0.842	0.771	1.613	4.247	0.071	2.0831
NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW
4	4	2.555	0.905	0.589	1.494	4.049	0.037	1.9956
4	4	2.598	0.789	0.707	1.496	4.094	0.049	2.1364
4	4	2.766	1.179	1.359	2.538	5.303	0.277	2.2559
4	4	2.762	0.854	0.691	1.545	4.307	0.037	1.9919
3	2	2.638	1.294	0.393	1.687	4.325	0.031	1.9472
3	3	2.630	0.958	0.649	1.607	4.237	0.082	2.1193
4	4	2.561	0.907	0.708	1.615	4.176	0.026	1.8531
4	4	2.678	0.950	0.633	1.584	4.262	0.054	1.8434
4	4	2.657	0.951	0.586	1.537	4.193	0.110	1.9640
3	3	2.619	0.960	0.581	1.541	4.160	0.077	2.0271
3	2	2.680	0.808	0.410	1.218	3.898	0.067	1.9981
2	1	2.565	1.291	0.206	1.497	4.062	0.062	2.0211
3	2	2.553	1.015	0.341	1.355	3.909	0.051	1.8993
4	4	2.692	0.898	0.573	1.471	4.163	0.051	1.9824
4	4	2.498	1.013	0.672	1.685	4.184	0.057	2.0940
3	3	2.601	0.804	0.473	1.277	3.878	0.074	2.0121
3	2	2.563	0.953	0.391	1.344	3.907	0.040	1.9965
3	3	2.633	0.874	0.478	1.353	3.986	0.042	2.0205
3	2	2.551	1.002	0.395	1.397	3.948	0.047	1.9552
4	4	2.688	0.919	0.819	1.738	4.426	-	2.0200
4	4	2.511	0.936	0.643	1.579	4.090	-	2.1378
4	4	2.624	0.643	0.750	1.393	4.016	-	2.0976
4	4	2.783	0.638	0.856	1.494	4.277	-	2.0777
3	2	2.589	1.193	0.486	1.679	4.268	0.112	2.1150

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2	1	2.550	1.196	0.285	1.481	4.031	0.049	1.9024
2	2	2.578	1.061	0.432	1.493	4.071	0.108	2.1904
3	3	2.630	0.856	0.450	1.306	3.936	0.044	2.0338
3	3	2.511	0.618	0.741	1.359	3.870	0.105	2.3569
3	3	2.589	0.935	0.520	1.456	4.044	0.096	2.1107
4	3	2.534	1.007	0.520	1.527	4.061	0.116	1.9000
2	2	2.568	0.977	0.453	1.429	3.997	0.249	2.2204
3	3	2.477	1.072	0.934	2.006	4.483	0.571	2.2389
2	2	2.590	0.904	0.349	1.253	3.843	0.136	2.0694
4	4	2.554	0.804	0.711	1.515	4.069	0.281	1.9719
4	4	2.530	0.975	0.693	1.668	4.198	0.195	2.2221
2	2	2.472	0.913	0.387	1.300	3.772	0.146	2.1711
3	2	2.666	1.008	0.456	1.464	4.130	0.083	2.0278
3	3	2.725	0.764	0.499	1.262	3.988	0.044	2.1025
2	2	2.609	1.044	0.391	1.435	4.044	0.041	2.2180
3	3	2.472	0.842	0.427	1.269	3.741	0.039	2.0353
3	3	2.429	0.640	0.675	1.315	3.744	0.204	2.1538
3	3	2.584	0.850	0.624	1.474	4.058	0.218	1.9461
3	2	2.674	0.991	0.465	1.456	4.130	0.245	2.0705
3	3	2.582	0.837	0.507	1.344	3.926	0.085	2.2350
3	3	2.488	0.948	0.526	1.475	3.963	0.139	1.9349
4	4	2.507	0.681	0.857	1.537	4.045	0.163	2.2110
3	3	2.541	0.770	0.553	1.324	3.865	0.111	1.9770
3	3	2.572	1.030	0.555	1.585	4.157	0.213	2.0901
3	3	2.508	0.962	0.748	1.710	4.218	0.188	2.0940
2	1	2.678	1.152	0.216	1.368	4.045	0.147	1.9641
3	3	2.705	0.859	0.523	1.382	4.086	0.145	2.0986
3	2	2.752	1.095	0.460	1.555	4.307	0.177	2.2053
3	3	2.718	0.839	0.736	1.575	4.293	0.193	2.1597
3	3	2.758	0.867	0.674	1.541	4.299	0.170	1.9854
2	2	2.541	0.821	0.517	1.338	3.878	0.060	2.1620
4	3	2.629	0.884	0.464	1.348	3.977	0.001	1.7737
4	4	2.655	0.840	0.756	1.596	4.251	0.095	1.8731
3	3	2.629	0.865	0.673	1.538	4.167	0.058	2.1473
4	3	2.592	0.901	0.488	1.389	3.982	0.049	1.8446
2	2	2.493	0.952	0.323	1.274	3.768	0.088	1.9365
2	2	2.538	0.717	0.462	1.179	3.717	0.050	2.0069
3	3	2.557	0.608	0.636	1.244	3.801	0.082	1.9314
3	3	2.557	0.723	0.565	1.287	3.845	0.060	2.0967
3	2	2.514	0.879	0.437	1.316	3.831	0.069	1.8938
4	4	2.383	0.742	0.705	1.448	3.830	0.047	2.0971
3	3	2.477	0.748	0.537	1.284	3.761	0.099	1.9457
2	2	2.529	0.931	0.399	1.330	3.859	0.107	2.0889
4	3	2.573	0.730	0.556	1.286	3.859	0.098	1.7732
4	4	2.603	0.780	0.596	1.375	3.978	0.154	1.7629
4	4	2.558	0.844	0.663	1.507	4.064	0.056	1.9815
3	2	2.631	1.229	0.344	1.572	4.203	0.100	2.0726
3	3	2.572	0.747	0.707	1.455	4.026	0.178	1.9412
3	3	2.598	0.829	0.518	1.347	3.945	0.090	2.0660
5	5	2.711	0.617	1.223	1.840	4.550	0.198	2.2172
4	4	2.732	0.905	0.887	1.792	4.524	0.143	2.1020
3	3	2.700	1.042	0.746	1.789	4.489	0.138	2.1499

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3	3	2.568	0.634	0.738	1.372	3.940	0.091	2.2850
4	5	2.544	0.276	1.017	1.294	3.838	0.046	2.0390
3	4	2.502	0.277	0.978	1.255	3.758	0.089	2.3751
2	2	2.509	0.784	0.428	1.212	3.721	0.070	2.0145
1	1							
2	2	2.540	0.953	0.311	1.263	3.803	0.065	2.2001
2	2	2.522	0.850	0.385	1.235	3.757	0.057	2.1397
3	3	2.411	0.726	0.685	1.411	3.822	0.104	2.1595
4	5	2.564	0.583	0.988	1.571	4.135	0.089	2.1841
3	3	2.566	0.902	0.759	1.661	4.227	0.106	2.2415
5	5	2.650	0.413	1.193	1.606	4.257	0.039	2.0458
4	4	2.552	0.630	0.760	1.389	3.942	0.049	2.1188
3	3	2.548	0.666	0.806	1.472	4.020	0.077	2.1698
2	1	2.488	0.998	0.205	1.203	3.692	0.081	2.1633
3	2	2.627	1.048	0.421	1.468	4.095	0.050	1.9563
3	3	2.546	0.880	0.522	1.402	3.948	0.085	2.0959
3	3	2.655	0.927	0.489	1.416	4.071	0.068	2.1779
		2.920	1.011	0.754	1.765	4.685	0.162	2.0726
4	3	2.624	1.079	0.522	1.602	4.226	0.039	1.9606
3	2	2.820	1.523	0.568	2.090	4.910	0.168	2.2779
4	3	2.657	0.999	0.626	1.624	4.281	0.069	2.0301
3	3	2.577	1.022	0.547	1.568	4.145	0.056	2.0867
3	3	2.651	1.105	0.531	1.636	4.287	0.067	2.0780
3	3	2.537	0.764	0.674	1.438	3.976	0.090	2.1566
4	4	2.664	1.113	0.755	1.868	4.532	0.110	2.0899
4	4	2.696	0.885	0.769	1.654	4.350	0.141	2.0294
3	3	2.662	1.148	0.634	1.782	4.444	0.147	2.0986
3	2	2.705	1.088	0.346	1.434	4.139	0.090	2.0682
3	3	2.768	1.051	0.548	1.599	4.367	0.170	2.2341
3	3	2.964	1.008	0.581	1.589	4.553	0.183	2.2099
3	3	2.770	0.867	0.619	1.486	4.257	0.116	2.2012
3	3	2.860	0.986	0.682	1.668	4.528	0.189	2.3022
4	4	2.624	0.562	0.887	1.449	4.074	0.134	2.1364
4	3	3.111	1.518	0.573	2.091	5.202	0.281	2.2735
3	3	2.720	1.154	0.661	1.815	4.536	0.087	2.1731
3	2	2.722	1.458	0.689	2.147	4.869	0.134	2.3698
4	3	2.657	1.139	0.569	1.708	4.365	0.076	2.0466
4	3	3.048	1.199	0.807	2.006	5.053	0.061	2.1303
3	3	2.465	0.997	0.467	1.464	3.929	0.043	1.9759
4	3	2.596	0.853	0.620	1.472	4.068	0.086	1.8787
2	2	2.569	0.979	0.500	1.480	4.049	0.081	2.1816
4	4	2.089	0.731	0.598	1.329	3.418	0.041	1.8456
2	2	2.345	0.844	0.368	1.213	3.557	0.055	2.0107
2	2	2.552	0.891	0.366	1.257	3.808	0.055	2.0832
4	4	2.627	0.634	0.698	1.332	3.959	0.049	2.0988
3	2	2.545	0.918	0.371	1.289	3.834	0.064	1.9636
4	4	2.534	0.439	0.932	1.371	3.905	0.126	2.1398
5	5	2.769	0.400	0.992	1.392	4.161	0.108	2.0528
3	3	2.515	0.705	0.652	1.357	3.872	0.102	2.0015
4	3	2.652	1.037	0.447	1.484	4.136	0.047	1.9976
3	3	2.562	0.878	0.647	1.525	4.087	0.113	2.0911
2	2	2.603	1.013	0.419	1.432	4.034	0.059	2.1740
4	4	2.547	0.526	0.815	1.341	3.888	0.056	2.1293
2	2	2.570	0.863	0.357	1.219	3.789	0.050	2.0853
4	4	2.507	0.521	0.733	1.254	3.761	0.053	1.9493

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2	2	2.597	0.851	0.430	1.281	3.878	0.055	2.0841
3	3	2.633	0.897	0.574	1.472	4.105	0.038	2.0071
3	3	2.510	0.867	0.496	1.363	3.873	0.045	1.8110
4	3	2.557	0.909	0.582	1.491	4.048	0.030	1.9537
3	2	2.573	0.994	0.394	1.388	3.961	0.053	1.8543
3	2	2.682	0.925	0.320	1.245	3.926	0.048	1.9824
4	4	2.715	0.716	0.758	1.473	4.189	0.101	2.1799
4	4	2.612	0.498	1.017	1.516	4.127	0.181	2.3775
3	3	2.513	0.731	0.754	1.485	3.998	0.153	2.1402
5	5	2.602	0.574	1.069	1.642	4.244	0.187	2.2114
4	4	2.483	0.858	0.684	1.542	4.025	0.079	2.0694
3	3	2.542	0.899	0.513	1.412	3.954	0.082	2.1470
4	4	2.412	0.713	0.971	1.683	4.095	0.210	2.1856
2	2	2.556	0.997	0.480	1.476	4.032	0.118	2.3007
5	5	2.966	1.493	1.295	2.788	5.754	0.431	2.1415
5	5	2.916	-	3.665	3.665	6.581	1.019	2.1690
		2.753	-	4.601	4.601	7.353	1.011	2.2519
4	4	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2	2	2.501	0.825	0.510	1.335	3.836	0.102	2.2290
2	2	2.528	0.718	0.413	1.131	3.659	0.071	2.1905
3	3	2.498	0.619	0.654	1.273	3.771	0.076	1.9111
4	5	2.540	0.464	0.891	1.355	3.895	0.073	2.1000
4	3	2.724	1.334	0.753	2.088	4.812	0.267	2.1918
4	5	2.486	0.267	1.164	1.431	3.917	0.125	2.1761
4	4	2.556	0.417	0.827	1.244	3.800	0.038	2.2512
4	5	2.470	0.137	1.340	1.477	3.947	0.137	2.2945
4	4	2.491	0.800	0.784	1.584	4.075	0.137	2.1263
4	4	2.595	0.687	0.799	1.485	4.081	0.073	2.2224
5	5	2.506	0.321	1.361	1.682	4.188	0.197	2.1851
4	5	2.578	0.273	1.094	1.367	3.945	0.083	2.1623
5	5	2.631	0.389	1.067	1.456	4.087	0.119	2.1437
4	4	2.367	0.438	1.123	1.561	3.928	0.218	2.2618
5	5	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
4	4	2.915	1.318	0.822	2.140	5.055	0.049	2.0652
3	3	2.554	1.196	1.373	2.569	5.123	0.145	2.3341
4	3	2.749	1.040	0.666	1.706	4.455	0.104	2.0005
4	4	2.445	0.379	0.792	1.171	3.615	0.052	2.1432
3	3	2.554	0.735	0.620	1.355	3.909	0.050	2.1877
4	4	2.487	0.752	0.775	1.527	4.014	0.041	2.1924
4	3	2.944	1.235	0.591	1.826	4.770	0.159	2.1368
5	5	2.674	0.363	1.689	2.051	4.725	0.161	2.1350
4	4	2.738	0.879	0.856	1.734	4.472	0.115	2.3026
3	3	2.727	0.878	0.452	1.331	4.058	0.054	1.9988
4	4	2.529	0.449	0.740	1.189	3.718	0.034	2.1103
4	4	2.472	0.698	0.744	1.442	3.914	0.008	1.8768
4	4	2.707	0.659	0.990	1.649	4.357	0.094	2.2578
5	5	2.612	0.677	1.177	1.854	4.466	0.068	2.1814
5	5	2.879	0.195	1.645	1.840	4.718	0.070	2.1491
4	4	2.890	0.724	0.911	1.635	4.525	0.088	2.0576
4	4	3.148	1.182	0.851	2.032	5.181	0.067	2.2596
3.25	3.08	2.597	0.832	0.668	1.501	4.098	0.097	2.0744

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3.25	2.75	2.519	0.832	0.505	1.337	3.856	0.048	1.9310
3.33	3.22	2.669	0.880	0.746	1.626	4.295	0.072	2.0553
4.00	4.00	2.631	0.935	0.649	1.584	4.215	0.057	1.8751
2.20	1.60	2.611	0.998	0.371	1.369	3.981	0.063	1.9835
2.20	2.20	2.617	0.891	0.560	1.451	4.068	0.060	2.0177
3.00	2.33	2.577	0.950	0.416	1.366	3.943	0.043	1.9880
4.00	4.00	2.655	0.789	0.771	1.559	4.214	-	2.0798
2.67	2.33	2.572	0.968	0.484	1.452	4.024	0.083	2.1196
3.00	2.86	2.534	0.947	0.541	1.489	4.023	0.212	2.1034
2.67	2.33	2.661	0.948	0.443	1.391	4.052	0.054	2.1277
3.00	2.83	2.536	0.856	0.535	1.391	3.927	0.152	2.0590
3.25	3.25	2.536	0.876	0.668	1.544	4.080	0.173	2.0936
2.80	2.40	2.721	0.955	0.521	1.476	4.196	0.165	2.0830
3.40	3.00	2.611	0.864	0.574	1.438	4.049	0.050	1.9487
2.86	2.71	2.511	0.763	0.507	1.270	3.781	0.075	1.9736
2.50	2.25	2.551	0.819	0.497	1.316	3.867	0.112	1.8939
3.25	3.00	2.590	0.906	0.549	1.455	4.045	0.096	2.0253
4.00	4.00	2.715	0.900	0.900	1.800	4.515	0.152	2.1444
2.43	2.71	2.310	0.553	0.609	1.161	3.471	0.062	1.9605
3.30	3.20	2.563	0.767	0.696	1.464	4.026	0.074	2.1295
-	-	2.920	1.011	0.754	1.765	4.685	0.162	2.0726
3.67	2.67	2.678	1.105	0.595	1.700	4.378	0.079	2.0585
3.00	3.00	2.588	0.963	0.584	1.547	4.135	0.071	2.1072
3.50	3.25	2.680	1.064	0.639	1.703	4.384	0.121	2.0734
3.33	3.17	2.840	0.972	0.652	1.624	4.464	0.174	2.2248
3.50	2.75	2.813	1.234	0.695	1.928	4.741	0.087	2.1750
3.31	3.08	2.529	0.794	0.584	1.377	3.906	0.073	2.0273
3.00	2.70	2.578	0.833	0.509	1.342	3.920	0.049	2.0049
3.63	3.63	2.556	0.753	0.765	1.518	4.074	0.137	2.2044
3.33	3.33	2.911	0.985	2.320	3.305	6.215	0.629	2.1702
4.00	4.00	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2.33	2.33	2.509	0.720	0.526	1.246	3.755	0.083	2.1089
4.00	4.29	2.542	0.534	0.951	1.485	4.027	0.113	2.1875
4.50	4.75	2.534	0.362	1.148	1.510	4.044	0.151	2.1828
5.00	5.00	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
3.67	3.33	2.767	1.204	0.932	2.137	4.903	0.091	2.1222
3.67	3.67	2.494	0.627	0.732	1.359	3.853	0.047	2.1752
4.33	4.00	2.766	0.775	1.101	1.876	4.642	0.143	2.1981
3.67	3.67	2.569	0.678	0.652	1.330	3.899	0.030	1.9859
4.40	4.40	2.822	0.631	1.157	1.789	4.611	0.078	2.1822

AMERICAN OVERSIGHT

CM LPN	CM RN	CM TOTAL	ADJ AIDE	ADJ LPN	ADJ RN	ADJ TOTAL	CYCLE 1 SURVEY DATE	cycle 1 defs
0.6780	0.3223	2.8518	2.9859	1.0238	0.4848	4.4957	04/19/2019	22
0.6967	0.3338	2.9582	2.7982	0.8390	0.6284	4.2601	10/25/2019	7
0.7343	0.3379	3.1199	2.6519	0.9370	0.5002	4.0874	05/31/2019	3
0.6495	0.2961	2.8401	2.4077	0.8203	0.7633	3.9559	10/10/2019	8
0.6704	0.3118	2.9473	3.0116	0.6126	0.9672	4.5641	08/22/2019	8
0.7227	0.3388	3.1446	2.6284	0.8757	0.8570	4.3312	07/18/2019	3
NEW	NEW	NEW	NEW	NEW	NEW	NEW		
0.6781	0.2955	2.9692	2.6606	1.0033	0.7505	4.3725	06/27/2019	5
0.7299	0.3403	3.2066	2.5270	0.8132	0.7817	4.0937	03/28/2019	3
1.0543	0.5894	3.8997	2.5478	0.8410	0.8676	4.3610	02/08/2019	3
0.6857	0.2978	2.9754	2.8819	0.9362	0.8736	4.6417	01/10/2019	4
0.7229	0.3197	2.9898	2.8156	1.3458	0.4629	4.6387	01/25/2019	7
0.7208	0.3375	3.1776	2.5793	0.9996	0.7237	4.2761	11/07/2019	3
0.6477	0.2849	2.7856	2.8726	1.0526	0.9355	4.8071	09/19/2019	6
0.6541	0.3086	2.8061	3.0196	1.0927	0.7721	4.8702	05/09/2019	2
0.6310	0.2942	2.8892	2.8112	1.1334	0.7490	4.6538	04/05/2019	4
0.7737	0.3793	3.1801	2.6850	0.9325	0.5767	4.1943	02/21/2019	3
							09/28/2017	7
0.7061	0.3436	3.0478	2.7870	0.8606	0.4491	4.1007	02/08/2019	13
0.7268	0.3489	3.0968	2.6378	1.3362	0.2217	4.2063	10/17/2019	24
0.6697	0.3037	2.8727	2.7939	1.1395	0.4220	4.3630	10/03/2019	7
0.6524	0.2805	2.9153	2.8225	1.0349	0.7687	4.5790	10/31/2019	2
0.7317	0.3453	3.1709	2.4796	1.0415	0.7324	4.2308	03/08/2019	1
							04/12/2018	-
							01/10/2018	4
0.6401	0.2938	2.9459	2.6871	0.9445	0.6059	4.2216	08/09/2019	16
0.6742	0.2977	2.9684	2.6678	1.0631	0.4941	4.2204	08/15/2019	9
0.6995	0.3159	3.0358	2.7085	0.9401	0.5698	4.2101	02/28/2019	-
0.7201	0.3395	3.0148	2.7112	1.0463	0.4379	4.1988	02/14/2019	4
0.7463	0.3501	3.1163	2.7659	0.9261	0.8804	4.5545	02/28/2019	8
0.7130	0.3226	3.1734	2.4414	0.9870	0.7498	4.1327	10/17/2019	10
0.7089	0.3077	3.1143	2.5996	0.6815	0.9175	4.1354	07/25/2019	13
0.7269	0.3620	3.1666	2.7837	0.6603	0.8898	4.3311	12/20/2018	11
0.8011	0.4268	3.3428	2.5444	1.1196	0.4290	4.0946	11/22/2019	5

AMERICAN OVERSIGHT

0.7211	0.3705	2.9939	2.7859	1.2477	0.2895	4.3179	05/16/2019	8
0.7961	0.3975	3.3839	2.4461	1.0023	0.4091	3.8578	03/14/2019	5
0.7100	0.3137	3.0576	2.6872	0.9063	0.5401	4.1276	07/25/2019	2
0.8353	0.4311	3.6232	2.2142	0.5565	0.6472	3.4253	09/19/2019	3
0.7613	0.3524	3.2244	2.5493	0.9238	0.5556	4.0222	11/26/2019	3
0.6934	0.3340	2.9273	2.7719	1.0922	0.5860	4.4487	03/21/2019	10
0.8417	0.4297	3.4918	2.4036	0.8725	0.3964	3.6708	02/21/2019	6
1.0174	0.6064	3.8627	2.2992	0.7923	0.5797	3.7215	06/20/2019	3
0.7109	0.3396	3.1199	2.6011	0.9565	0.3870	3.9503	12/20/2018	2
0.7185	0.3320	3.0223	2.6918	0.8411	0.8067	4.3173	06/14/2019	3
0.6997	0.3396	3.2614	2.3661	1.0474	0.7687	4.1274	10/17/2019	5
0.7370	0.3461	3.2543	2.3665	0.9317	0.4204	3.7168	01/30/2019	7
0.7213	0.3578	3.1070	2.7329	1.0507	0.4794	4.2627	06/14/2019	3
0.7454	0.3470	3.1949	2.6938	0.7704	0.5408	4.0021	05/09/2019	4
0.7455	0.3601	3.3236	2.4447	1.0527	0.4091	3.9017	05/02/2019	2
0.6736	0.2879	2.9968	2.5246	0.9404	0.5576	4.0032	08/01/2019	3
0.7681	0.3697	3.2915	2.3437	0.6270	0.6868	3.6473	10/31/2019	4
0.7291	0.3534	3.0286	2.7595	0.8771	0.6642	4.2965	11/30/2018	10
0.7586	0.3523	3.1815	2.6840	0.9826	0.4964	4.1626	10/25/2018	1
0.6915	0.3407	3.2671	2.4012	0.9099	0.5605	3.8536	08/16/2018	-
0.6927	0.3267	2.9543	2.6725	1.0293	0.6064	4.3012	11/01/2018	3
0.7509	0.3410	3.3029	2.3567	0.6816	0.9456	3.9266	03/14/2019	9
0.6757	0.3098	2.9625	2.6716	0.8573	0.6725	4.1837	02/21/2019	6
0.7414	0.3368	3.1683	2.5576	1.0444	0.6202	4.2072	08/15/2019	5
0.7789	0.3962	3.2691	2.4892	0.9286	0.7106	4.1373	08/30/2018	3
0.7047	0.3357	3.0045	2.8337	1.2292	0.2417	4.3176	08/22/2019	-
0.6871	0.3274	3.1130	2.6786	0.9401	0.6009	4.2092	10/17/2019	3
0.7731	0.3766	3.3549	2.5932	1.0653	0.4601	4.1167	03/28/2019	5
0.7715	0.4007	3.3319	2.6156	0.8179	0.6910	4.1315	09/26/2019	4
0.7783	0.3957	3.1595	2.8873	0.8375	0.6408	4.3630	12/20/2018	5
0.7791	0.3883	3.3294	2.4424	0.7919	0.5012	3.7353	09/27/2018	2
0.6222	0.2722	2.6681	3.0806	1.0681	0.6422	4.7802	02/07/2019	10
0.7050	0.3378	2.9159	2.9464	0.8964	0.8418	4.6753	09/19/2019	7
0.7438	0.3497	3.2408	2.5445	0.8745	0.7248	4.1235	10/18/2018	10
0.6811	0.3107	2.8364	2.9209	0.9951	0.5910	4.5013	04/25/2019	7
0.7129	0.3623	3.0117	2.6761	1.0037	0.3355	4.0119	01/25/2019	4
0.7494	0.3572	3.1135	2.6286	0.7196	0.4865	3.8283	07/26/2019	6
0.7375	0.3568	3.0256	2.7512	0.6198	0.6713	4.0283	03/08/2019	7
0.7153	0.3338	3.1459	2.5349	0.7599	0.6366	3.9191	08/14/2019	2
0.7215	0.3366	2.9518	2.7593	0.9166	0.4886	4.1613	11/01/2018	1
0.6709	0.3328	3.1008	2.3612	0.8322	0.7979	3.9612	06/12/2019	4
0.6964	0.3178	2.9599	2.6457	0.8073	0.6355	4.0747	09/14/2018	2
0.7290	0.3266	3.1444	2.5159	0.9603	0.4602	3.9353	04/26/2019	8
0.6509	0.2988	2.7228	3.0155	0.8432	0.7005	4.5443	01/11/2019	12
0.6721	0.3056	2.7406	3.0686	0.8724	0.7336	4.6549	09/14/2018	24
							06/29/2018	14
0.6698	0.3088	2.9601	2.6826	0.9474	0.8078	4.4028	09/20/2018	5
0.7315	0.3638	3.1678	2.6380	1.2629	0.3556	4.2545	10/04/2019	9
0.7519	0.3758	3.0689	2.7535	0.7474	0.7084	4.2072	09/07/2018	6
0.7389	0.3506	3.1555	2.6130	0.8441	0.5559	4.0087	04/18/2019	10
0.7788	0.3870	3.3830	2.5411	0.5956	1.1892	4.3133	09/06/2019	1
0.7107	0.3549	3.1676	2.7012	0.9577	0.9402	4.5794	03/15/2019	9
0.7718	0.3976	3.3193	2.6101	1.0155	0.7064	4.3362	10/05/2018	15

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0.8150	0.3926	3.4925	2.3357	0.5853	0.7076	3.6178	07/11/2019	11
0.6962	0.3199	3.0551	2.5936	0.2985	1.1970	4.0287	10/10/2019	4
0.8820	0.4393	3.6963	2.1897	0.2362	0.8382	3.2598	04/18/2019	4
0.7285	0.3574	3.1005	2.5887	0.8094	0.4503	3.8485	03/14/2019	10
							03/07/2019	4
0.7461	0.3677	3.3139	2.3998	0.9600	0.3178	3.6803	10/04/2019	7
0.7100	0.3362	3.1859	2.4495	0.9001	0.4309	3.7812	10/18/2018	10
0.7687	0.3754	3.3036	2.3205	0.7098	0.6870	3.7098	08/22/2019	8
0.7574	0.3530	3.2944	2.4395	0.5789	1.0534	4.0244	01/31/2019	5
0.8594	0.4539	3.5548	2.3793	0.7896	0.6291	3.8131	11/22/2019	10
0.6782	0.3128	3.0368	2.6926	0.4582	1.4358	4.4950	02/28/2019	8
0.7210	0.3379	3.1777	2.5036	0.6566	0.8462	3.9775	03/22/2019	6
0.8024	0.4219	3.3941	2.4406	0.6243	0.7190	3.7981	08/23/2019	5
0.7315	0.3422	3.2370	2.3906	1.0260	0.2257	3.6570	08/09/2019	3
0.7013	0.3216	2.9792	2.7908	1.1235	0.4923	4.4081	10/11/2019	5
0.7395	0.3694	3.2047	2.5246	0.8949	0.5324	3.9508	05/30/2019	10
0.7609	0.3521	3.2909	2.5337	0.9162	0.5229	3.9671	09/27/2019	25
0.7899	0.4146	3.2771					10/16/2018	
0.6714	0.2991	2.9311	2.7818	1.2090	0.6570	4.6231	05/31/2019	2
0.8310	0.4226	3.5315	2.5733	1.3777	0.5055	4.4588	11/08/2019	2
0.6962	0.3401	3.0665	2.7201	1.0785	0.6925	4.4771	04/05/2019	11
0.7652	0.3535	3.2054	2.5663	1.0039	0.5818	4.1463	07/03/2019	5
0.7747	0.3601	3.2128	2.6517	1.0726	0.5546	4.2788	09/28/2018	6
0.7561	0.3771	3.2898	2.4452	0.7602	0.6727	3.8752	02/14/2019	9
0.7573	0.3698	3.2171	2.6497	1.1049	0.7686	4.5178	03/07/2019	-
0.7174	0.3472	3.0940	2.7609	0.9280	0.8337	4.5086	01/10/2019	3
0.7835	0.3885	3.2707	2.6365	1.1019	0.6139	4.3572	10/24/2019	2
0.7300	0.3338	3.1320	2.7186	1.1213	0.3896	4.2380	08/22/2019	1
0.7754	0.3869	3.3963	2.5750	1.0193	0.5329	4.1229	06/07/2019	11
0.8278	0.4175	3.4552	2.7873	0.9158	0.5235	4.2252	08/15/2019	4
0.7857	0.3882	3.3751	2.6157	0.8299	0.6003	4.0441	04/05/2019	6
0.8126	0.4254	3.5403	2.5820	0.9124	0.6032	4.1012	11/08/2018	7
0.7283	0.3456	3.2103	2.5531	0.5800	0.9664	4.0690	10/04/2018	5
0.7934	0.3765	3.4434	2.8441	1.4385	0.5728	4.8443	06/14/2019	11
0.7710	0.3822	3.3262	2.6017	1.1254	0.6513	4.3725	10/17/2019	1
0.9060	0.5719	3.8477	2.3870	1.2099	0.4538	4.0578	10/18/2018	3
0.6959	0.3207	3.0632	2.6979	1.2311	0.6675	4.5692	12/20/2018	14
0.7666	0.4862	3.3830	2.9733	1.1757	0.6250	4.7900	07/26/2019	9
0.7092	0.3255	3.0106	2.5930	1.0569	0.5397	4.1846	01/10/2019	8
0.7161	0.3512	2.9460	2.8715	0.8953	0.6640	4.4277	08/16/2018	7
0.8165	0.4173	3.4154	2.4477	0.9020	0.4514	3.8017	05/16/2019	12
0.6692	0.3003	2.8151	2.3524	0.8212	0.7494	3.8931	06/27/2019	9
0.6775	0.3235	3.0117	2.4237	0.9374	0.4283	3.7877	02/07/2019	12
0.7278	0.3696	3.1805	2.5456	0.9202	0.3731	3.8397	06/20/2019	9
0.7029	0.3262	3.1279	2.6017	0.6778	0.8060	4.0591	09/19/2019	6
0.6984	0.3306	2.9926	2.6940	0.9883	0.4220	4.1081	06/20/2019	9
0.7938	0.3931	3.3268	2.4614	0.4160	0.8919	3.7640	10/12/2018	4
0.7312	0.3375	3.1215	2.8035	0.4115	1.1061	4.2745	11/02/2018	22
0.7730	0.3782	3.1526	2.6119	0.6854	0.6489	3.9382	11/08/2018	6
0.6869	0.3209	3.0054	2.7596	1.1349	0.5242	4.4130	09/12/2019	6
0.7875	0.3923	3.2709	2.5465	0.8383	0.6207	4.0067	05/23/2019	3
0.6982	0.3363	3.2085	2.4882	1.0906	0.4688	4.0319	03/27/2019	5
0.6915	0.3190	3.1398	2.4858	0.5722	0.9618	3.9708	02/07/2019	10
0.7049	0.3255	3.1156	2.5611	0.9202	0.4124	3.8995	04/11/2019	10
0.7116	0.3537	3.0146	2.6726	0.5506	0.7800	4.0003	05/16/2019	12

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0.7318	0.3449	3.1608	2.5902	0.8742	0.4695	3.9347	07/25/2019	13
0.7248	0.3326	3.0645	2.7267	0.9310	0.6497	4.2952	08/08/2019	16
0.7012	0.3484	2.8606	2.8802	0.9297	0.5359	4.3412	04/03/2019	6
0.6737	0.3080	2.9354	2.7199	1.0144	0.7115	4.4220	05/16/2019	12
0.7000	0.3385	2.8928	2.8844	1.0676	0.4382	4.3913	11/07/2019	13
0.6561	0.3011	2.9396	2.8113	1.0596	0.4004	4.2831	01/10/2019	12
0.7611	0.3669	3.3078	2.5889	0.7071	0.7775	4.0607	01/17/2019	6
0.8050	0.3955	3.5779	2.2832	0.4655	0.9682	3.6991	08/08/2019	6
0.7985	0.4074	3.3461	2.4400	0.6884	0.6968	3.8313	09/26/2019	14
0.7796	0.3758	3.3669	2.4455	0.5533	1.0701	4.0424	03/28/2019	8
0.7054	0.2996	3.0743	2.4935	0.9149	0.8594	4.1983	12/13/2018	3
0.7031	0.3268	3.1769	2.4605	0.9613	0.5914	3.9912	06/28/2019	9
0.8663	0.4624	3.5143	2.2934	0.6185	0.7903	3.7368	08/15/2019	10
0.7769	0.3755	3.4531	2.3087	0.9649	0.4806	3.7443	06/13/2019	8
0.8667	0.4405	3.4487	2.8782	1.2950	1.1067	5.3497	01/17/2019	3
1.0300	0.5609	3.7599	2.7946	-	2.4592	5.6128	04/17/2019	2
1.0751	0.5777	3.9047					02/07/2019	
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	02/21/2019	2
0.8301	0.4248	3.4838	2.3323	0.7473	0.4520	3.5312	10/10/2019	6
0.8210	0.3959	3.4075	2.3986	0.6577	0.3925	3.4434	08/15/2019	8
0.7117	0.3421	2.9649	2.7165	0.6539	0.7199	4.0785	08/01/2019	5
0.6944	0.3160	3.1104	2.5136	0.5022	1.0612	4.0150	04/04/2019	4
0.8550	0.4434	3.4901	2.5832	1.1736	0.6394	4.4209	08/29/2019	3
0.7459	0.3609	3.2829	2.3743	0.2691	1.2144	3.8263	04/25/2019	10
0.6702	0.3010	3.2224	2.3593	0.4679	1.0343	3.7810	10/03/2019	3
0.7901	0.3853	3.4699	2.2372	0.1308	1.3086	3.6474	10/25/2019	4
0.7519	0.3400	3.2181	2.4349	0.7997	0.8678	4.0600	02/07/2019	1
0.7415	0.3475	3.3114	2.4272	0.6962	0.8653	3.9517	01/10/2019	8
0.7586	0.3569	3.3006	2.3832	0.3186	1.4348	4.0686	04/11/2019	7
0.7042	0.3296	3.1960	2.4780	0.2917	1.2488	3.9579	03/27/2019	14
0.6711	0.2946	3.1093	2.5508	0.4361	1.3632	4.2150	09/12/2019	13
0.8268	0.4216	3.5102	2.1751	0.3986	1.0022	3.5883	05/09/2019	13
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	12/05/2019	3
0.7032	0.3374	3.1058	2.9340	1.4091	0.9172	5.2196	09/26/2019	5
0.9365	1.0157	4.2863	2.2741	0.9601	0.5088	3.8324	12/06/2018	4
0.7248	0.3470	3.0722	2.8560	1.0794	0.7222	4.6501	05/23/2019	5
0.7075	0.3231	3.1738	2.3705	0.4026	0.9225	3.6526	04/18/2019	11
0.7518	0.3473	3.2867	2.4259	0.7351	0.6725	3.8137	03/07/2019	18
0.7596	0.3562	3.3082	2.3575	0.7441	0.8191	3.8906	02/21/2019	18
0.7236	0.3430	3.2033	2.8635	1.2830	0.6486	4.7745	08/22/2019	3
0.7668	0.3929	3.2947	2.6029	0.3557	1.6176	4.5989	11/07/2019	4
0.7420	0.3606	3.4051	2.4711	0.8904	0.8932	4.2114	11/15/2019	3
0.7340	0.3297	3.0625	2.8359	0.8997	0.5164	4.2489	03/06/2019	9
0.7195	0.2865	3.1163	2.4904	0.4693	0.9720	3.8254	09/27/2018	3
0.6388	0.2816	2.7972	2.7372	0.8216	0.9947	4.4869	07/19/2018	1
0.7744	0.3609	3.3932	2.4922	0.6403	1.0320	4.1170	02/07/2019	2
0.6872	0.2971	3.1657	2.4890	0.7408	1.4911	4.5242	08/23/2018	16
0.8268	0.4293	3.4051	2.7841	0.1770	1.4423	4.4434	04/04/2019	14
0.7461	0.3977	3.2013	2.9192	0.7295	0.8621	4.5322	10/25/2018	13
0.7541	0.3575	3.3712	2.8960	1.1782	0.8957	4.9279	09/20/2018	13
0.7348	0.3562	3.1653	2.5832	0.8482	0.6965	4.1138		6.83

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0.6901	0.3228	2.9440	2.7133	0.9055	0.5927	4.2015	10.00
0.7358	0.3458	3.1368	2.6984	0.8986	0.8062	4.3860	4.00
0.6464	0.2968	2.8183	2.9182	1.0879	0.8251	4.7969	4.00
0.7126	0.3406	3.0367	2.7373	1.0541	0.4086	4.2059	10.80
0.6658	0.2996	2.9830	2.6986	1.0047	0.7036	4.3762	4.60
0.6976	0.3177	3.0033	2.6945	1.0240	0.4941	4.2098	4.33
0.7250	0.3366	3.1414	2.6556	0.8170	0.8613	4.3026	10.50
0.7704	0.3829	3.2729	2.5356	0.9532	0.4744	3.9621	4.33
0.7564	0.3740	3.2338	2.5140	0.9501	0.5501	4.0076	5.14
0.7385	0.3555	3.2216	2.6039	0.9665	0.4695	4.0370	3.00
0.7167	0.3374	3.1131	2.5668	0.9017	0.5949	4.0534	3.50
0.7374	0.3451	3.1762	2.5213	0.8931	0.7271	4.1216	5.75
0.7386	0.3641	3.1857	2.7193	0.9759	0.5315	4.2269	3.40
0.7011	0.3279	2.9777	2.8052	0.9346	0.6607	4.3909	7.20
0.7188	0.3437	3.0361	2.6469	0.7997	0.5591	3.9952	3.71
0.6844	0.3104	2.8887	2.8105	0.8935	0.6060	4.2999	14.50
0.7201	0.3455	3.0909	2.6586	0.9472	0.6061	4.2000	7.50
0.7486	0.3783	3.2713	2.6327	0.9067	0.8987	4.4293	8.33
0.6872	0.3307	2.9784	2.2415	0.5576	0.6387	3.4230	7.14
0.7499	0.3624	3.2417	2.5054	0.7692	0.7343	3.9929	8.50
0.7899	0.4146	3.2771	-	-	-	-	-
0.7143	0.3460	3.1188	2.7074	1.1563	0.6532	4.5036	5.00
0.7653	0.3636	3.2361	2.5541	0.9452	0.6032	4.0996	6.67
0.7482	0.3609	3.1826	2.6871	1.0681	0.6634	4.4167	1.50
0.7883	0.3918	3.4049	2.6522	0.9232	0.6338	4.2022	7.33
0.7831	0.4450	3.4031	2.6963	1.1845	0.6019	4.4821	6.75
0.7285	0.3497	3.1055	2.5940	0.8244	0.6296	4.0384	8.69
0.7001	0.3316	3.0365	2.6800	0.8967	0.5775	4.1459	10.90
0.7716	0.3750	3.3510	2.4126	0.7425	0.7636	3.9048	8.00
0.9327	0.4854	3.5884	2.1962	0.8548	0.9913	4.1265	1.67
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	2.00
0.7871	0.3873	3.2833	2.4840	0.6860	0.5227	3.6868	6.33
0.7414	0.3502	3.2791	2.4171	0.5341	1.0273	3.9378	4.71
0.7315	0.3436	3.2580	2.4157	0.3729	1.2741	3.9903	11.75
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	3.00
0.7748	0.5304	3.4274	2.7266	1.1891	0.7471	4.6681	4.67
0.7405	0.3428	3.2585	2.3832	0.6322	0.8059	3.7904	15.67
0.7466	0.3682	3.3129	2.6193	0.7891	1.1028	4.4984	3.33
0.6930	0.2981	2.9769	2.6927	0.7386	0.8390	4.2113	4.33
0.7622	0.3706	3.3150	2.6913	0.6356	1.1790	4.4623	11.60

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cycle 1 N from Defs	cycle 1 N from Comp	cycle 1 defs score	cycle 1 NumRevis	cycle 1 Revisit Score	cycle 1 Total Score	CYCLE 2 SURVEY DATE
10	12	200	2	100	300	04/27/2018
6	1	28	1	-	28	10/05/2018
2	1	24	1	-	24	06/14/2018
3	5	96	1	-	96	11/30/2018
3	5	312	1	-	312	08/23/2018
3	-	58	1	-	58	07/27/2018
5	-	20	1	-	20	06/21/2018
2	1	16	1	-	16	02/01/2018
3	-	24	1	-	24	03/07/2018
1	3	48	1	-	48	10/26/2017
7	-	40	1	-	40	02/15/2018
3	-	12	1	-	12	12/20/2018
5	1	40	1	-	40	09/14/2018
1	1	8	1	-	8	05/11/2018
4	-	16	1	-	16	04/19/2018
3	-	12	1	-	12	12/21/2017
7	-	28	1	-	28	11/04/2016
12	1	56	1	-	56	11/17/2017
6	18	393	1	-	393	10/04/2018
2	5	174	1	-	174	04/12/2019
2	-	4	-	-	4	12/20/2018
1	-	4	1	-	4	01/18/2018
-	-	-	-	-	-	03/29/2017
4	-	16	1	-	16	03/10/2017
14	2	64	1	-	64	09/13/2018
7	2	44	1	-	44	07/19/2018
-	-	-	-	-	-	12/14/2017
4	-	12	1	-	12	11/09/2017
6	2	52	1	-	52	12/21/2017
7	3	56	1	-	56	01/10/2019
10	4	72	1	-	72	05/10/2018
11	-	56	1	-	56	12/15/2017
5	-	24	-	-	24	09/13/2018

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6	2	32	1	-	32	03/16/2018
5	-	24	1	-	24	05/03/2018
2	-	8	1	-	8	04/26/2018
3	1	28	1	-	28	01/10/2019
3	-	24	-	-	24	11/21/2018
5	5	232	1	-	232	01/11/2018
6	-	36	1	-	36	11/16/2017
3	-	16	1	-	16	04/19/2018
2	-	20	1	-	20	09/21/2017
3	-	20	1	-	20	03/15/2018
5	-	40	1	-	40	11/29/2018
7	-	44	1	-	44	10/26/2017
3	-	16	1	-	16	03/22/2018
4	-	28	1	-	28	03/29/2018
2	-	8	1	-	8	02/15/2018
2	1	12	1	-	12	04/12/2018
4	-	16	1	-	16	07/12/2018
10	3	48	1	-	48	10/12/2017
1	-	4	1	-	4	09/21/2017
-	-	-	-	-	-	07/27/2017
1	2	12	1	-	12	09/28/2017
9	1	40	1	-	40	01/11/2018
6	-	24	1	-	24	12/29/2017
4	1	20	1	-	20	04/19/2018
3	-	28	1	-	28	07/20/2017
-	-	-	-	-	-	04/26/2018
2	1	28	1	-	28	06/28/2018
5	-	20	1	-	20	02/22/2018
3	1	16	1	-	16	06/01/2018
5	-	32	1	-	32	12/07/2017
2	-	8	1	-	8	08/24/2017
7	3	44	1	-	44	12/14/2017
1	6	28	1	-	28	05/24/2018
9	1	44	1	-	44	08/10/2017
7	-	28	1	-	28	02/01/2018
3	1	16	1	-	16	10/26/2017
3	3	24	1	-	24	04/13/2018
4	3	32	1	-	32	02/23/2018
2	-	8	1	-	8	04/26/2018
1	-	4	1	-	4	09/28/2017
3	1	16	1	-	16	03/22/2018
2	-	8	1	-	8	07/28/2017
7	1	52	1	-	52	02/02/2018
6	6	52	1	-	52	07/11/2018
12	12	144	1	-	144	07/28/2017
12	2	72	1	-	72	07/07/2017
3	2	24	1	-	24	08/11/2017
8	2	44	1	-	44	07/27/2018
4	2	24	1	-	24	08/23/2017
6	4	169	1	-	169	03/22/2018
1	-	4	1	-	4	05/24/2018
7	2	52	1	-	52	02/09/2018
15	2	80	2	40	120	09/29/2017

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9	2	52	1	-	52	04/06/2018
4	-	24	-	-	24	08/10/2018
3	1	16	1	-	16	01/26/2018
7	3	48	1	-	48	01/12/2018
3	1	16	1	-	16	01/19/2018
5	2	48	1	-	48	06/14/2018
4	6	48	1	-	48	07/28/2017
7	1	32	1	-	32	04/27/2018
5	-	24	1	-	24	11/03/2017
7	3	52	-	-	52	08/10/2018
8	-	32	1	-	32	11/16/2017
3	3	24	1	-	24	08/03/2018
4	1	24	1	-	24	11/08/2018
1	2	12	1	-	12	04/19/2018
3	2	20	1	-	20	04/11/2019
8	2	60	1	-	60	01/26/2018
9	16	168	1	-	168	01/11/2019
2	1	8	1	-	8	03/30/2018
2	-	8	-	-	8	08/03/2018
6	5	189	1	-	189	01/05/2018
5	-	24	1	-	24	05/04/2018
5	1	24	1	-	24	08/17/2017
8	1	36	1	-	36	11/03/2017
-	-	-	-	-	-	03/22/2018
3	-	12	1	-	12	09/28/2017
2	-	12	1	-	12	07/12/2018
1	-	4	1	-	4	01/31/2019
11	-	56	1	-	56	03/29/2018
2	2	16	1	-	16	06/14/2018
1	5	48	1	-	48	12/21/2017
7	-	28	1	-	28	07/29/2017
4	1	44	1	-	44	06/15/2017
7	4	165	1	-	165	02/23/2018
1	-	4	1	-	4	08/23/2018
3	-	12	1	-	12	06/29/2017
11	3	80	1	-	80	09/22/2017
3	6	231	1	-	231	06/20/2018
4	4	40	1	-	40	07/19/2018
2	5	28	1	-	28	05/25/2017
8	4	236	1	-	236	02/15/2018
6	3	40	1	-	40	04/12/2018
6	6	84	1	-	84	11/02/2017
5	4	40	1	-	40	04/05/2018
2	5	28	1	-	28	03/01/2019
8	1	36	1	-	36	03/22/2018
4	4	24	1	-	24	06/22/2017
10	12	414	1	-	414	07/20/2017
4	2	28	1	-	28	07/21/2017
-	6	316	-	-	316	05/24/2018
3	-	12	1	-	12	02/22/2018
5	-	20	1	-	20	03/22/2018
9	1	64	1	-	64	08/16/2018
9	2	44	1	-	44	02/09/2018
9	3	72	1	-	72	04/26/2018

AMERICAN OVERSIGHT

9	5	68	1	-	68	08/09/2018
11	7	88	2	44	132	06/28/2018
6	-	28	1	-	28	10/04/2018
12	-	88	1	-	88	04/05/2018
11	2	80	-	-	80	09/20/2018
12	3	92	1	-	92	01/11/2018
5	1	24	1	-	24	03/08/2018
6	-	60	1	-	60	07/19/2018
8	6	64	1	-	64	07/26/2018
3	8	52	1	-	52	09/27/2018
3	-	12	1	-	12	01/08/2018
8	1	278	1	-	278	05/10/2018
7	3	88	1	-	88	07/26/2018
8	-	40	1	-	40	05/03/2018
3	-	16	1	-	16	01/11/2018
2	-	8	1	-	8	05/17/2018
2	-	8	1	-	8	03/15/2018
6	-	36	1	-	36	08/23/2018
3	5	32	1	-	32	08/02/2018
5	-	40	1	-	40	08/30/2018
4	-	16	1	-	16	02/01/2018
3	-	12	1	-	12	07/19/2018
9	1	56	1	-	56	03/15/2018
3	-	16	1	-	16	07/12/2018
4	-	16	1	-	16	08/09/2018
1	-	8	1	-	8	12/21/2017
6	2	36	1	-	36	11/02/2017
7	-	24	1	-	24	02/15/2018
14	-	76	1	-	76	03/22/2018
9	5	272	1	-	272	06/28/2018
13	-	60	1	-	60	04/26/2018
3	-	16	-	-	16	09/27/2018
5	-	20	1	-	20	08/16/2018
3	1	16	1	-	16	10/19/2017
5	-	20	1	-	20	04/05/2018
7	4	52	1	-	52	02/23/2018
14	4	80	1	-	80	01/11/2018
11	7	88	1	-	88	01/05/2018
3	-	16	1	-	16	06/14/2018
4	-	44	-	-	44	09/07/2018
3	-	12	-	-	12	09/13/2018
5	4	52	1	-	52	01/26/2018
2	1	12	1	-	12	08/25/2017
1	-	4	1	-	4	06/23/2017
2	-	8	-	-	8	04/19/2018
9	7	64	1	-	64	08/10/2017
14	-	56	1	-	56	02/22/2018
7	6	390	1	-	390	09/21/2017
10	3	52	1	-	52	08/18/2017
5.09	1.88	51.48	0.91	0.96	52.44	

AMERICAN OVERSIGHT

5.25	4.75	87.00	1.25	25.00	112.00
3.00	1.00	58.89	0.89	-	58.89
3.33	0.67	21.33	1.00	-	21.33
6.00	4.80	132.60	1.00	-	132.60
4.20	0.40	17.60	0.60	-	17.60
3.67	0.67	18.67	0.67	-	18.67
8.50	2.25	59.00	1.00	-	59.00
4.00	0.50	23.33	0.67	-	23.33
4.43	0.71	58.29	1.00	-	58.29
3.00	-	17.33	1.00	-	17.33
3.00	1.00	15.33	0.83	-	15.33
5.50	0.50	28.00	1.00	-	28.00
3.00	0.40	19.20	0.80	-	19.20
5.20	2.00	30.40	1.00	-	30.40
2.57	1.14	15.43	1.00	-	15.43
9.25	5.25	80.00	1.00	-	80.00
5.25	2.50	65.25	1.00	-	65.25
7.67	1.33	45.33	1.33	13.33	58.67
5.00	2.14	36.00	0.86	-	36.00
5.50	3.00	44.80	0.90	-	44.80
-	-	-	-	-	-
3.33	2.00	68.33	0.67	-	68.33
6.00	0.67	28.00	1.00	-	28.00
1.50	-	7.00	0.75	-	7.00
5.33	2.00	59.50	1.00	-	59.50
4.50	2.25	81.75	1.00	-	81.75
4.77	4.31	102.00	0.92	-	102.00
9.30	2.30	64.40	1.00	4.40	68.80
6.00	2.38	77.25	1.00	-	77.25
1.67	-	8.00	0.67	-	8.00
2.00	-	8.00	1.00	-	8.00
4.67	1.67	36.00	1.00	-	36.00
4.29	0.43	22.86	1.00	-	22.86
10.75	1.25	108.00	1.00	-	108.00
3.00	-	16.00	-	-	16.00
4.33	0.33	18.67	1.00	-	18.67
10.67	5.00	73.33	1.00	-	73.33
3.33	-	24.00	0.33	-	24.00
2.67	1.67	22.67	1.00	-	22.67
8.40	3.20	114.00	0.80	-	114.00

AMERICAN OVERSIGHT

cycle 2 defs	cycle 2 N from Defs	cycle 2 N from Comp	cycle 2 defs score	cycle 2 Num Revis	cycle 2 Revisit Score	cycle 2 Total Score	CYCLE 3 SURVEY DATE
8	8	-	32	1	-	32	05/11/2017
13	11	2	68	1	-	68	07/21/2017
3	3	-	12	1	-	12	04/27/2017
3	3	-	12	1	-	12	08/24/2017
2	2	-	8	1	-	8	06/02/2017
3	3	-	12	1	-	12	06/08/2017
4	4	-	16	1	-	16	08/03/2017
5	5	-	20	1	-	20	03/09/2017
1	-	1	4	-	-	4	
8	8	-	44	1	-	44	11/17/2016
1	1	-	4	1	-	4	03/01/2017
3	2	1	24	1	-	24	01/25/2018
3	2	1	12	1	-	12	08/18/2017
7	5	2	28	1	-	28	03/23/2017
4	4	-	16	1	-	16	05/04/2017
11	8	3	60	2	30	90	10/28/2016
15	8	7	68	1	-	68	08/20/2015
11	9	2	80	1	-	80	01/13/2017
10	7	3	60	1	-	60	07/28/2017
14	12	5	68	1	-	68	04/27/2018
-	-	-	-	-	-	-	10/25/2017
-	-	-	-	-	-	-	03/15/2017
4	2	2	16	1	-	16	04/14/2016
3	2	1	8	1	-	8	12/04/2015
1	-	1	4	-	-	4	12/08/2017
5	1	4	20	1	-	20	05/25/2017
8	5	3	40	1	-	40	12/15/2016
4	4	-	24	1	-	24	10/13/2016
7	7	-	32	1	-	32	12/22/2016
5	5	-	36	1	-	36	09/28/2017
5	5	-	16	1	-	16	06/23/2017
11	11	-	44	1	-	44	03/09/2017
8	7	1	44	1	-	44	08/10/2017

AMERICAN OVERSIGHT

21	9	12	108	1	-	108	04/27/2017
6	5	1	24	1	-	24	06/15/2017
5	5	-	28	1	-	28	05/18/2017
3	3	-	8	1	-	8	09/28/2017
5	5	-	32	1	-	32	08/17/2017
9	9	-	48	1	-	48	02/09/2017
7	6	1	52	1	-	52	11/10/2016
2	2	-	20	1	-	20	05/25/2017
5	4	1	20	1	-	20	08/04/2016
9	9	-	40	1	-	40	04/20/2017
3	3	-	24	1	-	24	08/24/2017
9	9	-	60	1	-	60	08/18/2016
2	2	-	8	1	-	8	05/04/2017
1	1	-	4	1	-	4	05/04/2017
4	4	-	16	1	-	16	03/23/2017
1	1	-	4	1	-	4	02/16/2017
1	-	1	4	-	-	4	05/18/2017
5	3	2	24	1	-	24	09/15/2016
4	4	-	16	1	-	16	11/10/2016
7	7	-	32	1	-	32	09/09/2016
15	12	3	64	1	-	64	12/08/2016
13	13	-	60	1	-	60	11/10/2016
4	4	-	44	1	-	44	10/14/2016
7	7	-	36	1	-	36	03/16/2017
9	9	-	56	1	-	56	06/09/2016
8	5	3	32	1	-	32	03/23/2017
2	2	-	8	1	-	8	04/27/2017
-	-	-	-	-	-	-	03/30/2017
9	9	-	36	1	-	36	04/07/2017
3	2	1	12	1	-	12	10/12/2016
9	9	-	36	1	-	36	09/15/2016
2	1	1	8	1	-	8	10/20/2016
7	7	-	28	1	-	28	07/20/2017
5	5	-	20	1	-	20	06/30/2016
3	3	-	12	1	-	12	01/06/2017
11	10	1	44	1	-	44	08/31/2016
10	2	8	48	1	-	48	07/07/2017
6	5	1	24	1	-	24	05/12/2017
6	3	3	44	1	-	44	05/26/2017
-	-	-	-	-	-	-	02/09/2017
1	1	-	4	1	-	4	03/16/2017
4	4	-	24	1	-	24	04/14/2016
7	7	-	32	1	-	32	04/07/2017
4	4	-	20	1	-	20	01/12/2018
10	8	2	52	2	26	78	08/12/2016
6	2	4	32	1	-	32	04/01/2016
14	13	1	84	1	-	84	05/27/2016
10	10	-	48	1	-	48	06/09/2017
6	2	4	32	1	-	32	02/03/2017
6	5	1	48	1	-	48	04/07/2017
8	6	2	40	1	-	40	07/28/2017
10	10	-	48	1	-	48	02/16/2017
12	8	4	48	1	-	48	01/06/2017

AMERICAN OVERSIGHT

8	7	1	44	1	-	44	03/31/2017
3	3	-	12	1	-	12	08/04/2017
2	2	-	12	1	-	12	01/20/2017
7	5	2	28	1	-	28	04/05/2017
4	2	2	12	1	-	12	12/15/2016
12	8	4	60	1	-	60	05/18/2017
8	8	-	36	1	-	36	04/27/2016
8	6	2	32	1	-	32	05/05/2017
10	7	3	56	1	-	56	06/15/2017
18	11	7	80	1	-	80	08/17/2017
10	8	2	40	2	20	60	10/21/2016
8	7	1	36	1	-	36	01/26/2018
1	-	1	4	-	-	4	08/04/2017
14	7	7	68	2	34	102	03/31/2017
22	10	12	271	1	-	271	06/22/2018
11	4	7	52	1	-	52	12/09/2016
13	10	3	60	1	-	60	09/22/2017
3	3	-	12	1	-	12	04/28/2017
2	2	-	8	1	-	8	06/15/2017
13	11	2	88	2	44	132	12/15/2016
6	6	-	24	1	-	24	05/05/2017
2	2	-	12	1	-	12	05/27/2016
5	2	3	24	1	-	24	05/18/2017
11	11	-	48	1	-	48	09/28/2017
8	5	3	28	1	-	28	12/15/2016
-	-	-	-	-	-	-	04/20/2017
3	3	-	12	1	-	12	06/28/2018
10	8	2	52	1	-	52	02/02/2017
4	4	-	16	1	-	16	03/09/2017
4	4	-	20	1	-	20	09/15/2016
4	4	-	28	1	-	28	08/11/2016
8	8	-	44	1	-	44	04/07/2016
3	2	1	12	1	-	12	11/04/2016
6	6	-	24	1	-	24	05/11/2017
4	4	-	16	1	-	16	04/28/2016
4	4	-	20	1	-	20	01/12/2017
8	8	-	48	1	-	48	04/13/2017
3	3	-	16	1	-	16	02/02/2018
16	11	5	68	2	34	102	03/04/2016
4	4	-	28	1	-	28	01/26/2017
3	3	-	24	1	-	24	02/11/2017
4	4	-	20	1	-	20	09/22/2016
4	4	-	40	1	-	40	10/19/2017
10	7	3	100	1	-	100	08/16/2018
1	-	1	4	-	-	4	10/05/2017
10	7	3	44	1	-	44	04/14/2016
14	10	4	140	1	-	140	06/11/2016
4	4	-	68	1	-	68	05/26/2016
7	5	2	28	1	-	28	03/03/2017
14	10	4	68	1	-	68	12/08/2016
4	4	-	32	1	-	32	02/23/2017
9	8	1	36	1	-	36	03/29/2018
5	2	3	32	1	-	32	01/12/2017
7	6	1	64	1	-	64	04/27/2017

AMERICAN OVERSIGHT

7	6	1	52	2	26	78	10/26/2017
3	1	2	24	2	12	36	05/25/2017
8	7	1	40	1	-	40	05/24/2018
8	8	-	68	1	-	68	03/30/2017
18	14	4	92	1	-	92	10/12/2017
10	7	3	108	1	-	108	03/02/2017
2	-	2	8	-	-	8	02/23/2017
3	3	-	24	1	-	24	06/15/2017
6	6	-	24	1	-	24	08/24/2017
7	3	4	191	1	-	191	08/17/2017
8	8	-	72	1	-	72	12/15/2016
2	1	1	8	1	-	8	04/27/2017
4	4	-	16	1	-	16	06/29/2017
3	3	-	24	1	-	24	04/13/2017
2	2	-	20	1	-	20	12/08/2016
-	-	-	-	-	-	-	04/13/2017
6	6	-	28	2	14	42	04/13/2017
1	-	1	4	-	-	4	07/13/2017
2	1	2	8	1	-	8	08/03/2017
3	3	-	28	1	-	28	03/01/2018
5	4	1	36	1	-	36	11/17/2016
1	1	-	4	1	-	4	06/08/2017
10	10	-	80	1	-	80	01/12/2017
1	1	-	8	1	-	8	05/18/2017
8	7	1	44	1	-	44	06/29/2017
3	1	2	12	1	-	12	11/03/2016
6	3	3	24	1	-	24	09/29/2016
7	7	-	32	1	-	32	12/15/2016
9	8	1	48	1	-	48	01/20/2017
5	5	-	20	1	-	20	05/19/2017
9	6	3	44	1	-	44	03/23/2017
3	3	-	24	1	-	24	10/12/2017
9	9	-	40	1	-	40	06/23/2017
3	2	1	16	1	-	16	08/11/2016
3	3	-	24	1	-	24	03/02/2017
11	11	-	80	1	-	80	01/26/2017
13	10	3	72	1	-	72	10/20/2016
12	12	-	92	1	-	92	10/11/2016
2	2	-	12	1	-	12	06/15/2017
6	3	3	24	1	-	24	07/27/2017
5	5	-	36	1	-	36	08/17/2017
11	10	1	52	1	-	52	06/16/2017
1	1	-	8	1	-	8	06/09/2016
4	4	-	20	1	-	20	03/17/2016
5	5	-	24	1	-	24	04/20/2017
13	13	-	52	1	-	52	08/18/2016
9	8	1	48	1	-	48	01/26/2017
8	8	-	32	1	-	32	06/16/2016
12	12	-	48	1	-	48	05/26/2016
6.30	5.13	1.19	35.28	0.96	1.25	36.53	

AMERICAN OVERSIGHT

6.75	6.25	0.50	31.00	1.00	-	31.00
3.00	2.78	0.22	14.67	0.78	-	14.67
4.67	3.67	1.00	18.67	1.00	-	18.67
12.20	8.80	4.00	67.20	1.20	6.00	73.20
1.60	0.80	0.80	5.60	0.40	-	5.60
5.67	3.33	2.33	28.00	1.00	-	28.00
7.00	7.00	-	32.00	1.00	-	32.00
8.00	5.67	2.33	40.67	1.00	-	40.67
6.29	6.00	0.29	37.71	1.00	-	37.71
2.33	2.33	-	9.33	1.00	-	9.33
5.50	4.50	1.00	24.00	0.83	-	24.00
8.25	8.25	-	49.00	1.00	-	49.00
4.40	3.60	0.80	17.60	0.80	-	17.60
5.20	5.00	0.20	20.80	1.00	-	20.80
5.43	3.57	1.86	26.86	0.86	-	26.86
6.75	5.25	1.50	34.00	1.25	6.50	40.50
9.00	7.50	1.50	53.00	1.00	-	53.00
10.00	8.00	2.00	45.33	1.00	-	45.33
6.29	5.00	1.29	29.14	1.00	-	29.14
11.50	7.00	4.50	69.90	1.10	5.40	75.30
-	-	-	-	-	-	-
6.00	5.33	0.67	36.00	1.33	14.67	50.67
4.33	3.33	1.00	20.00	1.00	-	20.00
5.50	4.75	0.75	22.00	0.75	-	22.00
5.50	5.00	0.50	28.67	1.00	-	28.67
5.50	5.50	-	27.00	1.00	-	27.00
7.23	5.54	1.69	49.85	1.00	2.62	52.46
7.90	6.30	1.60	54.80	1.20	3.80	58.60
4.38	3.50	0.88	45.88	0.88	-	45.88
0.67	0.67	-	6.67	0.33	-	6.67
6.00	6.00	-	28.00	2.00	14.00	42.00
2.00	1.33	1.00	13.33	0.67	-	13.33
4.86	3.86	1.00	29.71	1.00	-	29.71
7.50	6.50	1.00	36.00	1.00	-	36.00
3.00	3.00	-	24.00	1.00	-	24.00
5.00	4.67	0.33	26.67	1.00	-	26.67
12.00	11.00	1.00	81.33	1.00	-	81.33
4.33	3.33	1.00	24.00	1.00	-	24.00
5.33	5.00	0.33	26.67	1.00	-	26.67
9.40	9.20	0.20	40.80	1.00	-	40.80

AMERICAN OVERSIGHT

cycle 3 defs	cycle 3 N from Defs	cycle 3 N from Comp	cycle 3 defs score	cycle 3 Num Revis	cycle 3 Revisit Score	cycle 3 Total Score	WEIGHTED ALL CYCLES SCORE	INCIDENT CNT	CMPLNT CNT
14	4	10	140	1	-	140	184	1	19
7	4	3	40	3	28	68	48	2	5
2	2	-	8	1	-	8	17	-	1
3	3	-	16	1	-	16	55	-	1
4	3	1	16	1	-	16	161	1	1
4	4	-	16	1	-	16	36	-	-
5	5	-	20	1	-	20	19	-	-
-	-	-	-	-	-	-	15	-	3
							16	-	1
2	2	-	8	1	-	8	40	-	1
2	2	-	8	1	-	8	23	-	-
1	-	1	4	-	-	4	15	-	2
5	5	-	20	1	-	20	27	-	2
4	4	-	16	1	-	16	16	2	4
2	2	-	8	1	-	8	15	-	-
3	3	-	12	1	-	12	38	-	1
6	3	3	24	1	-	24	41	-	6
16	5	11	136	1	-	136	77	2	10
11	6	5	60	1	-	60	227	-	31
15	6	9	68	1	-	68	121	-	18
1	1	-	4	1	-	4	3	-	-
1	1	-	4	1	-	4	3	-	-
2	2	-	8	1	-	8	7	-	1
2	2	-	8	1	-	8	12	-	1
7	7	-	28	1	-	28	38	-	1
-	-	-	-	-	-	-	29	1	3
3	3	-	12	1	-	12	15	-	1
2	2	-	8	1	-	8	15	-	-
7	7	-	36	1	-	36	43	1	1
9	9	-	40	2	20	60	50	1	3
12	11	1	72	1	-	72	53	-	5
5	5	-	44	1	-	44	50	-	-
12	12	-	60	1	-	60	37	-	-

AMERICAN OVERSIGHT

15	10	5	68	1	-	68	63	-	6
7	5	2	68	1	-	68	31	-	1
6	6	-	36	1	-	36	19	-	-
9	8	1	60	1	-	60	27	-	1
9	9	-	52	1	-	52	31	-	-
11	8	3	60	1	-	60	142	1	3
7	6	1	32	1	-	32	41	-	1
3	3	-	24	1	-	24	19	-	-
8	8	-	56	1	-	56	26	-	3
2	1	1	8	1	-	8	25	-	1
7	7	-	32	1	-	32	33	-	-
4	3	1	28	1	-	28	47	-	1
3	3	-	12	1	-	12	13	-	-
3	3	-	24	1	-	24	19	-	-
6	6	-	36	1	-	36	15	-	-
5	5	-	24	1	-	24	11	-	1
-	-	-	-	-	-	-	9	-	1
20	16	4	88	1	-	88	47	-	5
5	5	-	20	1	-	20	11	-	-
2	2	-	8	1	-	8	12	-	-
12	10	2	48	1	-	48	35	-	5
2	2	-	12	1	-	12	42	-	1
-	-	-	-	-	-	-	27	-	-
3	1	2	12	1	-	12	24	-	2
5	5	-	20	1	-	20	36	-	-
4	2	2	24	1	-	24	15	-	3
4	2	2	16	1	-	16	19	1	1
4	4	-	20	1	-	20	13	-	-
3	3	-	12	1	-	12	22	-	-
6	3	3	36	1	-	36	26	-	1
1	1	-	4	1	-	4	17	-	-
1	1	-	4	1	-	4	25	1	4
1	1	-	4	1	-	4	24	-	4
5	5	-	24	1	-	24	33	1	-
1	1	-	4	1	-	4	19	-	-
4	2	2	16	1	-	16	25	-	4
4	1	3	24	1	-	24	32	-	13
4	3	1	16	1	-	16	27	1	3
5	3	2	20	1	-	20	22	-	3
3	3	-	12	1	-	12	4	-	-
4	3	1	24	1	-	24	13	-	2
8	8	-	32	1	-	32	17	-	-
8	7	1	36	1	-	36	43	4	4
8	7	1	36	1	-	36	39	2	6
14	13	1	96	1	-	96	114	-	14
14	13	1	88	2	44	132	69	-	4
4	4	-	24	1	-	24	44	-	1
5	3	2	20	1	-	20	41	-	5
1	1	-	16	1	-	16	25	-	4
5	5	-	24	1	-	24	105	1	2
-	-	-	-	-	-	-	15	-	3
9	4	5	44	1	-	44	49	1	6
7	7	-	32	1	-	32	81	-	3

AMERICAN OVERSIGHT

17	8	9	76	1	-	76	53	-	15
4	2	2	24	1	-	24	20	-	1
6	4	2	36	1	-	36	18	-	7
5	4	1	28	1	-	28	38	-	6
8	4	4	40	1	-	40	19	-	5
2	1	1	8	1	-	8	45	-	11
6	5	1	28	1	-	28	41	-	4
12	8	4	201	1	-	201	60	-	4
12	7	5	48	1	-	48	39	-	4
11	4	7	52	1	-	52	61	-	21
18	8	10	92	2	46	138	59	-	11
13	5	8	328	1	-	328	79	-	11
7	-	7	28	-	-	28	18	-	11
7	5	2	28	1	-	28	45	-	12
19	13	6	88	1	-	88	115	-	9
5	3	2	20	1	-	20	51	-	12
17	7	10	84	2	42	126	125	1	20
.	.	.	.	.	.	.	.	-	-
8	6	2	36	1	-	36	14	-	1
8	8	-	36	1	-	36	13	-	-
7	6	1	44	1	-	44	146	4	3
10	6	4	40	1	-	40	27	-	4
4	3	1	16	1	-	16	19	-	4
10	6	4	40	1	-	40	33	-	9
1	1	-	16	1	-	16	19	-	-
3	3	-	16	1	-	16	18	-	2
4	4	-	20	1	-	20	9	-	-
9	5	4	249	1	-	249	48	2	-
1	1	-	8	1	-	8	47	-	1
2	2	-	8	1	-	8	15	-	1
3	2	1	12	1	-	12	33	1	4
10	5	5	120	1	-	120	43	-	2
2	2	-	20	1	-	20	40	1	-
1	1	-	4	1	-	4	87	2	5
4	4	-	24	1	-	24	14	-	-
1	1	-	4	1	-	4	12	-	-
5	4	1	24	1	-	24	51	2	1
8	4	4	32	1	-	32	137	1	2
15	10	5	168	1	-	168	53	-	7
22	14	8	120	1	-	120	68	1	6
4	4	-	16	1	-	16	130	1	2
5	5	-	32	1	-	32	33	-	3
3	3	-	12	1	-	12	51	-	3
-	-	-	-	-	-	-	33	-	1
11	6	5	104	1	-	104	65	1	3
8	8	-	36	1	-	36	25	-	2
7	7	-	28	2	14	42	34	-	1
19	18	1	88	1	-	88	268	-	10
6	6	-	36	1	-	36	43	-	3
8	8	-	36	1	-	36	173	1	1
5	4	1	36	1	-	36	35	-	2
8	8	-	44	1	-	44	28	-	-
2	2	-	8	1	-	8	45	-	1
14	8	6	96	1	-	96	49	-	12
12	6	6	80	2	40	120	77	-	9

AMERICAN OVERSIGHT

2	2	-	12	1	-	12	62	-	7
6	6	-	56	1	-	56	87	1	4
6	3	3	44	1	-	44	35	-	4
6	5	1	28	1	-	28	71	-	2
5	3	2	32	1	-	32	76	-	10
7	7	-	32	2	16	48	90	-	4
8	7	1	56	1	-	56	24	-	2
1	1	-	16	1	-	16	41	-	-
-	-	-	-	-	-	-	40	1	5
9	6	3	44	1	-	44	97	-	11
8	6	2	40	1	-	40	37	-	2
5	5	-	36	1	-	36	148	-	1
5	5	-	16	1	-	16	52	1	-
6	6	-	28	1	-	28	33	-	-
3	3	-	12	1	-	12	17	-	-
3	3	-	28	1	-	28	9	-	-
-	-	-	-	-	-	-	18	-	-
6	6	-	40	1	-	40	26	-	2
-	-	-	-	-	-	-	19	-	7
7	5	2	32	1	-	32	35	-	5
7	4	3	40	1	-	40	27	-	3
2	2	-	12	1	-	12	9	-	-
3	1	2	12	1	-	12	57	-	5
3	3	-	20	1	-	20	14	-	-
12	12	-	80	1	-	80	36	-	1
3	3	-	20	1	-	20	11	-	1
6	3	3	36	1	-	36	32	-	6
13	13	-	72	1	-	72	35	-	-
1	1	-	4	1	-	4	55	-	1
9	9	-	44	1	-	44	150	2	-
5	5	-	24	1	-	24	49	-	3
3	3	-	12	1	-	12	18	-	-
8	8	-	36	1	-	36	29	-	-
7	5	2	32	1	-	32	19	-	3
5	5	-	40	1	-	40	25	-	-
5	5	-	36	1	-	36	59	1	-
9	8	1	44	1	-	44	71	-	5
1	1	-	4	1	-	4	75	1	7
6	6	-	28	1	-	28	17	-	-
4	3	1	32	1	-	32	35	-	2
4	4	-	12	1	-	12	20	-	-
6	4	2	28	1	-	28	48	-	3
2	1	1	12	1	-	12	11	-	2
5	4	1	32	1	-	32	14	-	2
9	9	-	48	1	-	48	20	-	-
6	6	-	24	1	-	24	53	1	3
6	4	2	24	1	-	24	48	-	2
8	8	-	32	1	-	32	211	2	1
6	6	-	28	1	-	28	47	-	2
5.92	4.54	1.38	35.51	0.97	1.30	36.81	44.55	0.27	3.29

AMERICAN OVERSIGHT

6.50	3.25	3.25	51.00	1.50	7.00	58.00	76.00	3	26
2.00	1.78	0.22	8.00	0.56	-	8.00	35.96	1	8
3.67	3.67	-	14.67	1.00	-	14.67	19.33	2	6
10.20	4.60	5.60	60.00	1.00	-	60.00	100.70	2	66
2.60	2.60	-	10.40	1.00	-	10.40	12.40	-	3
1.67	1.67	-	6.67	0.67	-	6.67	19.78	1	4
8.25	8.00	0.25	48.00	1.25	5.00	53.00	49.00	2	9
9.67	8.33	1.33	57.33	1.00	-	57.33	34.78	-	8
6.00	5.14	0.86	34.29	1.00	-	34.29	47.43	1	9
4.00	4.00	-	24.00	1.00	-	24.00	15.78	-	-
7.33	6.33	1.00	31.33	0.83	-	31.33	20.89	-	12
2.50	2.00	0.50	11.00	0.75	-	11.00	32.17	-	3
4.20	2.80	1.40	21.60	1.00	-	21.60	19.07	1	5
1.80	1.80	-	8.00	1.00	-	8.00	23.47	2	8
4.57	3.29	1.29	20.57	1.00	-	20.57	20.10	1	25
11.00	10.00	1.00	64.00	1.25	11.00	75.00	66.00	6	28
3.75	3.25	0.50	21.00	1.00	-	21.00	53.79	1	12
5.33	3.67	1.67	25.33	0.67	-	25.33	48.67	1	12
6.86	4.00	2.86	34.29	1.00	-	34.29	33.43	-	49
12.10	6.00	6.10	96.90	1.10	8.80	105.70	65.12	1	115
-	-	-	-	-	-	-	-	-	-
7.67	6.67	1.00	38.67	1.00	-	38.67	57.50	4	4
8.00	5.00	3.00	32.00	1.00	-	32.00	26.00	-	17
4.25	3.25	1.00	75.25	1.00	-	75.25	23.38	2	2
3.17	2.17	1.00	28.67	1.00	-	28.67	44.08	4	13
4.50	3.25	1.25	21.00	1.00	-	21.00	53.38	3	3
8.69	7.15	1.54	54.77	1.00	1.08	55.85	77.79	4	44
6.80	5.00	1.80	43.20	1.20	5.60	48.80	62.07	1	53
5.25	4.50	0.75	29.50	0.88	-	29.50	58.83	2	21
2.00	2.00	-	13.33	0.67	-	13.33	8.44	-	-
-	-	-	-	-	-	-	18.00	-	-
4.33	3.67	0.67	24.00	0.67	-	24.00	26.44	-	14
5.14	4.00	1.14	31.43	1.00	-	31.43	26.57	-	16
7.00	7.00	-	36.00	1.00	-	36.00	72.00	2	4
3.00	3.00	-	12.00	1.00	-	12.00	18.00	-	-
6.67	6.00	0.67	36.00	1.00	-	36.00	24.22	-	3
5.00	4.67	0.33	28.00	1.00	-	28.00	68.44	2	12
4.67	4.33	0.33	24.00	1.00	-	24.00	24.00	-	2
4.33	3.00	1.33	24.00	1.00	-	24.00	24.22	-	7
7.00	6.60	0.40	31.20	1.00	-	31.20	75.80	3	8

AMERICAN OVERSIGHT

FINE CNT	FINE TOT	PAY DENIAL CNT	TOT PENLTY CNT	FILEDATE	Baseline Period: FY 2016 Risk-Standardized Readmission Rate	Performance Period: FY 2018 Risk-Standardized Readmission Rate
5	236,871	2	7	01/01/2020	0.2011	0.2070
2	53,739	1	3	01/01/2020	0.1893	0.2144
-	-	-	-	01/01/2020	0.1770	0.1907
1	7,963	-	1	01/01/2020	0.1726	0.2081
-	-	-	-	01/01/2020	0.1915	0.1806
1	9,623	-	1	01/01/2020	0.1987	0.1917
-	-	-	-	01/01/2020	0.1870	0.1982
-	-	-	-	01/01/2020	0.2054	0.1735
-	-	-	-	01/01/2020	-	0.1932
1	88,595	-	1	01/01/2020	0.2159	0.2214
-	-	-	-	01/01/2020	0.1700	0.2068
-	-	-	-	01/01/2020	0.2136	0.1721
1	9,623	-	1	01/01/2020	0.1893	0.2219
1	3,318	-	1	01/01/2020	0.2067	0.1948
-	-	-	-	01/01/2020	0.1710	0.1949
2	16,000	-	2	01/01/2020	0.1788	0.1967
-	-	-	-	01/01/2020	0.1891	0.1842
2	103,994	-	2	01/01/2020	0.1989	0.2065
3	29,375	-	3	01/01/2020	0.2030	0.1908
3	48,914	-	3	01/01/2020	0.2247	0.2190
-	-	-	-	01/01/2020	0.1845	0.1954
-	-	-	-	01/01/2020	0.1890	0.2401
-	-	-	-	01/01/2020	0.1915	0.1839
-	-	-	-	01/01/2020	0.2081	0.1833
-	-	-	-	01/01/2020	0.2125	0.1972
1	15,990	-	1	01/01/2020	0.1628	0.1678
-	-	-	-	01/01/2020	0.1696	0.1703
-	-	-	-	01/01/2020	0.1982	0.1951
1	7,963	-	1	01/01/2020	0.1913	0.2181
-	-	-	-	01/01/2020	0.2107	0.1973
-	-	-	-	01/01/2020	0.2126	0.1812
-	-	-	-	01/01/2020	0.1730	0.1892
-	-	-	-	01/01/2020	0.2121	0.2251

AMERICAN OVERSIGHT

-	-	-	-	01/01/2020		0.2433	0.2184
-	-	-	-	01/01/2020		0.1686	0.1861
-	-	-	-	01/01/2020		0.2011	0.1959
-	-	-	-	01/01/2020		0.1879	0.1864
-	-	-	-	01/01/2020		0.2149	0.2036
-	-	-	-	01/01/2020		0.2084	0.2098
-	-	-	-	01/01/2020		0.2507	0.2245
-	-	-	-	01/01/2020		0.2119	0.2367
-	-	-	-	01/01/2020		0.2089	0.2130
-	-	-	-	01/01/2020		0.1905	0.2102
-	-	-	-	01/01/2020		0.2345	0.2188
-	-	-	-	01/01/2020		0.2236	0.2164
-	-	-	-	01/01/2020		0.2332	0.2415
-	-	-	-	01/01/2020		0.1857	0.1949
-	-	-	-	01/01/2020		0.2168	0.1942
-	-	-	-	01/01/2020		0.1717	0.2136
-	-	-	-	01/01/2020		0.2215	0.2192
-	-	-	-	01/01/2020		0.1832	0.2216
-	-	-	-	01/01/2020		0.1708	0.2278
-	-	-	-	01/01/2020		0.1786	0.2128
-	-	-	-	01/01/2020		0.1951	0.1829
1	4,549	-	1	01/01/2020		0.2019	0.1955
1	1,623	-	1	01/01/2020		0.1777	0.1882
-	-	-	-	01/01/2020		0.1874	0.2218
-	-	-	-	01/01/2020		0.1938	0.2204
-	-	-	-	01/01/2020		0.1915	0.1943
1	9,760	-	1	01/01/2020		0.1748	0.1905
-	-	-	-	01/01/2020		0.2040	0.1899
-	-	-	-	01/01/2020		0.2323	0.1848
-	-	-	-	01/01/2020		0.1910	0.1577
-	-	-	-	01/01/2020		0.1645	0.1870
-	-	-	-	01/01/2020		0.2024	0.1859
-	-	-	-	01/01/2020		0.1828	0.1831
-	-	-	-	01/01/2020		0.1594	0.1976
-	-	-	-	01/01/2020		0.2086	0.1889
-	-	-	-	01/01/2020		0.2071	0.2230
1	13,501	-	1	01/01/2020		0.1748	0.2179
1	38,026	-	1	01/01/2020		0.2307	0.2045
1	13,627	-	1	01/01/2020		-	0.1858
-	-	-	-	01/01/2020		0.1802	0.2129
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1918	0.1937
1	9,922	-	1	01/01/2020		0.1816	0.1971
1	4,419	-	1	01/01/2020		0.2079	0.1849
1	24,175	-	1	01/01/2020		-	-
1	67,680	-	1	01/01/2020		0.1924	-
-	-	-	-	01/01/2020		0.2043	0.1951
1	4,163	-	1	01/01/2020		0.2070	0.1973
-	-	-	-	01/01/2020		0.1669	0.1735
1	6,662	-	1	01/01/2020		0.1791	0.2116
-	-	-	-	01/01/2020		0.1833	0.1629
-	-	-	-	01/01/2020		0.2468	0.1931
1	13,878	-	1	01/01/2020		0.1877	0.2018

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1	22,386	1	2	01/01/2020		0.2261	0.1882
-	-	-	-	01/01/2020		0.1644	0.1862
1	12,490	-	1	01/01/2020		0.2060	0.1950
1	49,600	-	1	01/01/2020		0.2261	0.2061
-	-	-	-	01/01/2020		0.1874	0.2007
1	21,393	-	1	01/01/2020		0.1852	0.1917
-	-	-	-	01/01/2020		0.2175	0.1858
2	91,225	-	2	01/01/2020		0.2402	0.2405
-	-	-	-	01/01/2020		0.2071	0.2316
1	13,904	-	1	01/01/2020		0.2414	0.2324
1	21,158	-	1	01/01/2020		0.1934	0.1943
1	188,268	1	2	01/01/2020		0.1796	0.1981
1	1,363	-	1	01/01/2020		0.2248	0.2179
3	24,410	1	4	01/01/2020		0.1879	0.2153
3	231,882	2	5	01/01/2020		0.1634	0.1930
2	33,947	1	3	01/01/2020		0.1903	0.2269
4	83,256	1	5	01/01/2020		0.2199	0.2201
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1798	0.2139
-	-	-	-	01/01/2020		0.2220	0.2431
3	189,577	-	3	01/01/2020		0.2058	0.2142
2	13,355	-	2	01/01/2020		0.2042	0.2325
-	-	-	-	01/01/2020		0.1927	0.2127
-	-	-	-	01/01/2020		0.2150	0.1942
-	-	-	-	01/01/2020		0.2094	0.1906
-	-	-	-	01/01/2020		0.2306	0.2012
-	-	-	-	01/01/2020		0.1921	0.2430
1	269,511	1	2	01/01/2020		0.2391	0.2424
-	-	-	-	01/01/2020		0.1722	0.1964
-	-	-	-	01/01/2020		0.1999	0.2301
1	14,040	-	1	01/01/2020		0.1911	0.1990
1	8,128	-	1	01/01/2020		0.2144	0.2090
1	8,099	-	1	01/01/2020		0.2444	0.2145
-	-	1	1	01/01/2020		0.2505	0.1706
-	-	-	-	01/01/2020		0.2196	0.2204
-	-	-	-	01/01/2020		0.2198	0.1911
-	-	-	-	01/01/2020		0.1797	0.1771
1	158,487	-	1	01/01/2020		0.1958	0.1684
2	731,206	1	3	01/01/2020		0.2058	0.1848
2	6,145	-	2	01/01/2020		0.1774	0.1942
-	-	-	-	01/01/2020		0.1573	0.1778
-	-	-	-	01/01/2020		0.1681	0.2253
2	35,058	-	2	01/01/2020		0.1650	0.1956
-	-	-	-	01/01/2020		0.2118	0.2125
3	222,034	-	3	01/01/2020		0.1926	0.1979
-	-	-	-	01/01/2020		0.1812	0.2106
-	-	-	-	01/01/2020		0.1951	0.2452
2	89,401	-	2	01/01/2020		0.1960	0.1988
1	7,027	-	1	01/01/2020		0.1725	0.1977
1	258,516	1	2	01/01/2020		0.2007	0.1989
-	-	-	-	01/01/2020		0.2039	0.2286
-	-	-	-	01/01/2020		0.2167	0.1801
2	108,789	1	3	01/01/2020		0.2162	0.2296
-	-	-	-	01/01/2020		0.1722	0.1988
2	55,916	-	2	01/01/2020		0.2142	0.2031

AMERICAN OVERSIGHT

2	6,253	-	2	01/01/2020		0.1946	0.2199
2	70,549	-	2	01/01/2020		0.1932	0.1765
2	463,937	1	3	01/01/2020		0.2029	0.1883
1	7,904	-	1	01/01/2020		0.1671	0.2176
1	44,747	1	2	01/01/2020		0.1720	0.1977
2	85,780	-	2	01/01/2020		0.1878	0.1995
1	1,575	-	1	01/01/2020		0.1710	0.2014
1	7,242	-	1	01/01/2020		0.2021	0.1940
-	-	-	-	01/01/2020		0.2162	0.2027
3	337,177	1	4	01/01/2020		0.1953	0.1998
1	9,412	-	1	01/01/2020		0.2022	0.1855
1	13,905	-	1	01/01/2020		0.1819	0.2012
1	68,744	-	1	01/01/2020		0.1738	0.2057
-	-	-	-	01/01/2020		0.2403	0.1820
-	-	-	-	01/01/2020		0.1963	0.1998
-	-	-	-	01/01/2020		-	0.1731
-	-	-	-	01/01/2020		-	-
1	12,659	-	1	01/01/2020		0.1826	0.1880
-	-	-	-	01/01/2020		0.1912	0.2254
-	-	-	-	01/01/2020		0.2137	0.1900
-	-	-	-	01/01/2020		0.1964	0.2030
1	13,627	-	1	01/01/2020		0.2357	0.2156
-	-	-	-	01/01/2020		0.2157	0.2348
-	-	-	-	01/01/2020		0.2292	0.2074
1	1,691	-	1	01/01/2020		0.2487	0.2689
-	-	-	-	01/01/2020		0.1658	0.2111
-	-	-	-	01/01/2020		0.1948	0.1975
-	-	-	-	01/01/2020		0.2133	0.2397
-	-	-	-	01/01/2020		0.1916	0.1949
-	-	-	-	01/01/2020		0.1915	0.1945
1	57,083	1	2	01/01/2020		0.1842	0.2059
-	-	-	-	01/01/2020		0.2524	0.2225
-	-	-	-	01/01/2020		-	0.2273
-	-	-	-	01/01/2020		0.2342	0.1836
-	-	-	-	01/01/2020		-	0.2208
-	-	-	-	01/01/2020		0.2067	0.2210
-	-	-	-	01/01/2020		0.2410	0.2027
1	2,932	-	1	01/01/2020		0.2221	0.2441
-	-	-	-	01/01/2020		0.2142	0.2205
-	-	-	-	01/01/2020		0.2094	0.2125
-	-	-	-	01/01/2020		0.1969	0.2171
-	-	-	-	01/01/2020		0.2417	0.2062
-	-	-	-	01/01/2020		0.2786	0.2437
-	-	-	-	01/01/2020		0.1887	0.1835
-	-	-	-	01/01/2020		0.2165	-
-	-	-	-	01/01/2020		0.1896	0.2075
1	9,009	-	1	01/01/2020		0.2415	0.1947
1	3,998	-	1	01/01/2020		0.1968	0.2251
-	-	-	-	01/01/2020		0.2184	0.2034
-	-	-	-	01/01/2020		0.1929	0.2274
0.58	$ 26,212	0.10	0.68			0.2011	0.2041

AMERICAN OVERSIGHT

8	298,573	3	11	0.1851	0.2050
2	98,218	-	2	0.1986	0.1919
2	12,941	-	2	0.1921	0.2045
10	198,283	-	10	0.2031	0.2044
-	-	-	-	0.1953	0.2060
1	15,990	-	1	0.1774	0.1783
1	7,963	-	1	0.1963	0.1975
-	-	-	-	0.2035	0.2014
-	-	-	-	0.2198	0.2172
-	-	-	-	0.2121	0.2081
-	-	-	-	0.1868	0.2116
2	6,172	-	2	0.1900	0.2079
1	9,760	-	1	0.1970	0.1840
-	-	-	-	0.1848	0.1885
3	65,154	-	3	0.1978	0.2068
4	106,196	-	4	0.1946	0.1910
2	10,825	-	2	0.1902	0.1983
1	13,878	-	1	0.2106	0.1904
4	105,869	1	5	0.2015	0.1931
18	689,413	6	24	0.2043	0.2165
-	-	-	-	-	-
3	189,577	-	3	0.2033	0.2191
2	13,355	-	2	0.2040	0.2131
1	269,511	1	2	0.2169	0.2165
3	30,267	1	4	0.2102	0.2054
1	158,487	-	1	0.2029	0.1871
13	1,349,387	2	15	0.1872	0.2048
14	843,875	3	17	0.1946	0.2005
8	438,055	1	9	0.1975	0.1970
-	-	-	-	0.1963	0.1961
1	12,659	-	1	0.1826	0.1880
-	-	-	-	0.2004	0.2061
2	15,318	-	2	0.2174	0.2235
1	57,083	1	2	0.2026	0.2049
-	-	-	-	-	0.2273
-	-	-	-	0.2233	0.2047
1	2,932	-	1	0.2253	0.2223
-	-	-	-	0.2168	0.2119
-	-	-	-	0.2274	0.2139
2	13,007	-	2	0.2071	0.2113

AMERICAN OVERSIGHT

11	13	15	17	Data from CMS FFY 2020 SNF QRP Data Files	S_001_01
		66th Percentile	#REF!		Denominator
ASED PAYMENT (VBP) HOSPITAL READMISSION					S 001 01 DENOMINATOR NQF # 2631
FFY 2020 Achievement Score	FFY 2020 Improvement Score	FFY 2020 Performance Score	FFY 2020 Incentive Payment Multiplier		% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - DENOMINATOR
-	-	-	0.9803449243		148
-	-	-	0.9803449243		196
23.3700	-	23.3700	0.9833597546		229
-	-	-	0.9803449243		146
49.2678	33.0223	49.2678	1.0048251289		133
20.6723	14.4150	20.6723	0.9826055225		309
-	-	-	0.9803449243		117
67.4065	69.8006	69.8006	1.0252842257		220
16.7928	-	16.7928	0.9817969140		827
-	-	-	0.9803449243		247
-	-	-	0.9803449243		145
71.0034	76.6178	76.6178	1.0281726332		186
-	-	-	0.9803449243		98
12.8618	22.1588	22.1588	0.9829988117		127
12.5021	-	12.5021	0.9811844147		122
8.0060	-	8.0060	0.9807618474		233
40.0443	13.7927	40.0443	0.9939051108		74
-	-	-	0.9803449243		160
22.9589	25.2314	25.2314	0.9839938719		155
-	4.1438	4.1438	0.9805202308		68
11.1918	-	11.1918	0.9810418991		70
-	-	-	0.9803449243		79
40.8921	21.6713	40.8921	0.9947825504		37
42.3566	49.7382	49.7382	1.0054308832		221
6.6186	25.7290	25.7290	0.9841810880		58
82.2566	-	82.2566	1.0295669685		190
75.7051	-	75.7051	1.0278740401		155
12.0140	3.8086	12.0140	0.9811292224		175
-	-	-	0.9803449243		182
6.3617	22.9449	22.9449	0.9832286817		109
47.5978	57.9518	57.9518	1.0155055126		81
27.1981	-	27.1981	0.9847813838		139
-	-	-	0.9803449243		364

AMERICAN OVERSIGHT

-	25.9527	25.9527	0.9842678479		242
35.1370	-	35.1370	0.9895073106		227
9.9072	8.4570	9.9072	0.9809185337		108
34.4433	0.9833	34.4433	0.9889811826		433
-	16.6865	16.6865	0.9817785817		197
-	-	-	0.9803449243		227
-	24.8134	24.8134	0.9838425527		546
-	-	-	0.9803449243		822
-	-	-	0.9803449243		174
-	-	-	0.9803449243		257
-	16.9295	16.9295	0.9818207745		242
-	6.7657	6.7657	0.9806741416		256
-	-	-	0.9803449243		341
12.4251	-	12.4251	0.9811755278		282
14.3777	36.9104	36.9104	0.9909597432		168
-	-	-	0.9803449243		105
-	-	-	0.9803449243		311
-	-	-	0.9803449243		242
-	-	-	0.9803449243		250
-	-	-	0.9803449243		149
43.3842	32.8788	43.3842	0.9975421958		259
10.9863	11.3041	11.3041	0.9810534179		451
29.8187	-	29.8187	0.9860458600		216
-	-	-	0.9803449243		758
-	-	-	0.9803449243		475
13.9409	-	13.9409	0.9813628468		124
23.7810	-	23.7810	0.9834911911		242
25.4767	29.4000	29.4000	0.9858259564		332
38.3486	63.2962	63.2962	1.0207536998		341
100.0000	90.0000	100.0000	1.0311913097		466
32.8504	-	32.8504	0.9878603897		326
35.5224	36.6141	36.6141	0.9907062587		97
42.7162	-	42.7162	0.9967776831		140
5.5652	-	5.5652	0.9805987697		249
27.8661	37.9102	37.9102	0.9918472308		124
-	-	-	0.9803449243		117
-	-	-	0.9803449243		137
-	33.6019	33.6019	0.9883741770		203
35.8821	-	35.8821	0.9900986219		48
-	-	-	0.9803449243		54
-	-	45.4460	1.0000000000		28
15.6366	-	15.6366	0.9816068406		193
6.9783	-	6.9783	0.9806884358		77
38.2201	45.9869	45.9869	1.0006659329		85
-	-	45.4460	1.0000000000		16
-	-	45.4460	1.0000000000		21
11.9369	17.0588	17.0588	0.9818436329		91
6.3874	16.8976	16.8976	0.9818151937		86
67.4065	-	67.4065	1.0238454682		58
-	-	-	0.9803449243		165
94.7945	90.0000	94.7945	1.0309583816		195
17.1268	58.9381	58.9381	1.0165740498		369
-	-	-	0.9803449243		264

AMERICAN OVERSIGHT

29.7417	54.8609	54.8609	1.0119105068	285
34.9829	-	34.9829	0.9893883648	179
12.3223	20.4748	20.4748	0.9825570917	299
-	26.5473	26.5473	0.9845064722	245
-	-	-	0.9803449243	309
20.7237	-	20.7237	0.9826182648	87
35.9592	52.9890	52.9890	1.0095907824	123
-	-	-	0.9803449243	339
-	-	-	0.9803449243	250
-	6.4308	6.4308	0.9806522182	388
14.1208	-	14.1208	0.9813869124	55
-	-	-	0.9803449243	205
-	6.1434	6.1434	0.9806339682	215
-	-	-	0.9803449243	161
17.4864	-	17.4864	0.9819211776	114
-	-	-	0.9803449243	222
-	-	-	0.9803449243	148
-	-	-		-
-	-	-	0.9803449243	82
-	-	-	0.9803449243	391
-	-	-	0.9803449243	294
-	-	-	0.9803449243	324
-	-	-	0.9803449243	385
14.3777	34.8851	34.8851	0.9893134988	108
23.5498	35.3859	35.3859	0.9897017476	609
-	38.4257	38.4257	0.9923241051	353
-	-	-	0.9803449243	407
-	-	-	0.9803449243	171
8.5455	-	8.5455	0.9808034228	242
-	-	-	0.9803449243	512
-	-	-	0.9803449243	299
-	5.4243	5.4243	0.9805904887	311
-	31.5821	31.5821	0.9870521922	133
75.0114	86.1339	86.1339	1.0301832780	335
-	-	-	0.9803449243	365
22.2909	45.3944	45.3944	0.9999369337	413
58.3628	10.8205	58.3628	1.0159558923	318
80.7151	78.1311	80.7151	1.0292532893	384
38.3999	43.7317	43.7317	0.9979464108	155
14.1978	-	14.1978	0.9813973531	150
56.3331	-	56.3331	1.0136655564	232
-	-	-	0.9803449243	111
10.6009	-	10.6009	0.9809832547	120
-	-	-	0.9803449243	92
-	-	-	0.9803449243	205
-	-	-	0.9803449243	118
-	-	-	0.9803449243	296
-	-	-	0.9803449243	168
5.3340	-	5.3340	0.9805852386	247
-	-	-	0.9803449243	152
-	-	-	0.9803449243	428
50.5010	62.8426	62.8426	1.0203617974	160
-	-	-	0.9803449243	190
-	-	-	0.9803449243	134
-	16.5522	16.5522	0.9817556650	123

AMERICAN OVERSIGHT

-	-	-	0.9803449243		172
59.6731	49.8143	59.6731	1.0173423202		246
29.4077	31.3183	31.3183	0.9868931454		124
-	-	-	0.9803449243		106
5.3597	-	5.3597	0.9805867268		133
-	-	-	0.9803449243		93
-	-	-	0.9803449243		293
14.7117	15.4632	15.4632	0.9815800681		618
-	20.2294	20.2294	0.9824981280		318
-	-	-	0.9803449243		310
36.5501	37.3028	37.3028	0.9913021811		120
-	-	-	0.9803449243		272
-	-	-	0.9803449243		570
45.6966	70.2515	70.2515	1.0255277418		510
-	-	-	0.9803449243		713
68.5370	-	68.5370	1.0245561969		290
-	-	-			-
30.1270	-	30.1270	0.9862123385		276
-	-	-	0.9803449243		405
25.0400	41.5555	41.5555	0.9954916549		366
-	-	-	0.9803449243		82
-	22.5569	22.5569	0.9831132423		227
-	-	-	0.9803449243		521
-	27.7913	27.7913	0.9850449960		217
-	-	-	0.9803449243		133
-	-	-	0.9803449243		470
5.8735	-	5.8735	0.9806172933		135
-	-	-	0.9803449243		144
12.5535	-	12.5535	0.9811903761		597
13.6583	-	13.6583	0.9813258462		155
-	-	-	0.9803449243		224
-	28.3631	28.3631	0.9853112701		548
-	-	-	0.9803449243		632
41.4573	65.8001	65.8001	1.0227341219		159
-	-	-	0.9803449243		44
-	-	-	0.9803449243		155
-	43.9582	43.9582	0.9982122846		74
-	-	-	0.9803449243		139
-	-	-	0.9803449243		177
-	-	-	0.9803449243		133
-	-	-	0.9803449243		155
-	39.9360	39.9360	0.9937954650		245
-	25.1252	25.1252	0.9839549045		202
41.8684	15.2468	41.8684	0.9958328344		188
-	-	45.4460	1.0000000000		16
-	-	-	0.9803449243		197
13.0417	54.4612	54.4612	1.0114224592		187
-	-	-	0.9803449243		286
-	21.8719	21.8719	0.9829187852		145
-	-	-	0.9803449243		112
30.5961	33.9782	33.4405	0.98783195184		43,961

AMERICAN OVERSIGHT

				[redacted]	
23.3700	-	23.3700	0.9811095949		719
44.1226	44.8939	45.5398	0.9951693136		2,184
12.7306	22.1588	18.6351	0.9816247699		347
16.9760	14.4217	12.8477	0.9813189431		690
9.1316	25.7290	17.7408	0.9819853123		465
55.0588	3.8086	55.0588	1.0115713670		520
27.2304	40.6754	36.0528	0.9904525839		511
26.4792	12.4228	25.2877	0.9847251105		1,571
-	15.8833	15.8833	0.9811758920		2,524
13.5429	36.9104	26.4422	0.9849092910		791
43.3842	32.8788	43.3842	0.9837904545		1,316
20.2432	11.3041	20.4048	0.9817773304		1,900
39.0230	61.0783	44.3692	0.9992507390		1,505
28.9382	37.2015	31.2007	0.9895630014		936
22.4780	33.6019	28.5142	0.9842415636		780
22.4335	45.9869	29.9425	0.9923747090		199
23.0570	16.9890	28.7711	0.9875740130		400
43.2477	69.3848	70.9972	1.0052204126		828
28.4053	38.6052	35.6093	0.9922023993		1,527
15.5742	6.2964	11.2767	0.9806786445		2,097
-	-	-	-		-
-	-	-	0.9803449243		767
14.3777	34.8851	34.8851	0.9833425144		817
23.5498	36.6315	36.6315	0.9860722586		1,540
37.6547	35.2709	28.6611	0.9876494034		1,832
57.3183	49.2024	64.0182	1.0086916740		1,480
25.9359	43.7317	27.2512	0.9844729889		2,474
36.2414	39.8862	35.0680	0.9890508961		1,481
31.2090	34.8132	34.8132	0.9873203557		3,011
68.5370	-	68.5370	0.9864659178		1,003
30.1270	-	30.1270	0.9862123385		276
25.0400	41.5555	41.5555	0.9853722580		853
5.8735	25.0278	20.2594	0.9817886144		1,847
13.0938	28.3631	18.4146	0.9818411623		1,524
-	-	-	0.9803449243		632
41.4573	65.8001	65.8001	0.9987618169		358
-	43.9582	43.9582	0.9860483017		390
-	39.9360	39.9360	0.9853704010		533
41.8684	20.2381	38.0345	0.9937391254		406
13.0417	39.7133	39.7133	0.9870597232		927

AMERICAN OVERSIGHT

S_001_01	S_001_01	S_002_01	S_002_01	S_002_01	S_002_01
Numerator	Rate	Adj Rate	Denominator	Numerator	Rate
		Short Stay	Short Stay	Short Stay	Short Stay
S 001 01 NUMERATOR	S 001 01 OBS RATE	S 002 01 ADJ RATE	S 002 01 DENOMINATOR	S 002 01 NUMERATOR	S 002 01 OBS RATE
NQF # 2631	NQF # 2631	NQF # 0678	NQF # 0678	NQF # 0678	NQF # 0678
% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - NUMERATOR	% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - ADJ RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - DENOMINATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - NUMERATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - OBSERVED RATE
148	100.00%				
196	100.00%				
228	99.56%				
146	100.00%				
132	99.25%				
306	99.03%				
110	94.02%				
217	98.64%				
809	97.82%				
247	100.00%				
141	97.24%				
182	97.85%				
98	100.00%				
127	100.00%				
122	100.00%				
233	100.00%				
73	98.65%				
159	99.38%				
153	98.71%				
68	100.00%				
68	97.14%				
79	100.00%				
37	100.00%				
219	99.10%				
56	96.55%				
190	100.00%				
155	100.00%				
174	99.43%				
177	97.25%				
108	99.08%				
80	98.77%				
139	100.00%				
364	100.00%				

AMERICAN OVERSIGHT

242	100.00%
227	100.00%
108	100.00%
433	100.00%
197	100.00%
220	96.92%
539	98.72%
819	99.64%
174	100.00%
252	98.05%
242	100.00%
253	98.83%
336	98.53%
280	99.29%
168	100.00%
105	100.00%
309	99.36%
242	100.00%
250	100.00%
149	100.00%
259	100.00%
450	99.78%
213	98.61%
732	96.57%
475	100.00%
124	100.00%
233	96.28%
324	97.59%
340	99.71%
461	98.93%
321	98.47%
97	100.00%
138	98.57%
248	99.60%
122	98.39%
117	100.00%
137	100.00%
203	100.00%
48	100.00%
54	100.00%
28	100.00%
192	99.48%
74	96.10%
84	98.82%
-	0.00%
20	95.24%
91	100.00%
84	97.67%
58	100.00%
165	100.00%
195	100.00%
366	99.19%
256	96.97%

AMERICAN OVERSIGHT

285	100.00%
179	100.00%
298	99.67%
243	99.18%
309	100.00%
87	100.00%
123	100.00%
339	100.00%
249	99.60%
388	100.00%
55	100.00%
205	100.00%
215	100.00%
161	100.00%
114	100.00%
222	100.00%
148	100.00%
-	0.00%
82	100.00%
390	99.74%
294	100.00%
323	99.69%
342	88.83%
108	100.00%
606	99.51%
347	98.30%
390	95.82%
165	96.49%
239	98.76%
512	100.00%
298	99.67%
311	100.00%
132	99.25%
335	100.00%
364	99.73%
410	99.27%
314	98.74%
384	100.00%
155	100.00%
150	100.00%
232	100.00%
111	100.00%
120	100.00%
92	100.00%
205	100.00%
118	100.00%
296	100.00%
166	98.81%
246	99.60%
152	100.00%
428	100.00%
160	100.00%
190	100.00%
134	100.00%
122	99.19%

AMERICAN OVERSIGHT

171	99.42%
246	100.00%
124	100.00%
106	100.00%
133	100.00%
92	98.92%
280	95.56%
599	96.93%
299	94.03%
306	98.71%
118	98.33%
270	99.26%
560	98.25%
510	100.00%
646	90.60%
274	94.48%
-	0.00%
271	98.19%
405	100.00%
366	100.00%
81	98.78%
225	99.12%
518	99.42%
215	99.08%
132	99.25%
464	98.72%
135	100.00%
139	96.53%
591	98.99%
147	94.84%
223	99.55%
522	95.26%
621	98.26%
157	98.74%
42	95.45%
154	99.35%
67	90.54%
125	89.93%
177	100.00%
125	93.98%
155	100.00%
242	98.78%
194	96.04%
188	100.00%
-	0.00%
194	98.48%
173	92.51%
280	97.90%
144	99.31%
109	97.32%
43,353	98.62%

AMERICAN OVERSIGHT

718	99.86%
2,144	98.17%
347	100.00%
686	99.42%
459	98.71%
519	99.81%
504	98.63%
1,571	100.00%
2,499	99.01%
784	99.12%
1,314	99.85%
1,870	98.42%
1,482	98.47%
926	98.93%
779	99.87%
178	89.45%
398	99.50%
817	98.67%
1,524	99.80%
2,096	99.95%
-	0.00%
766	99.87%
773	94.61%
1,508	97.92%
1,827	99.73%
1,472	99.46%
2,471	99.88%
1,478	99.80%
2,942	97.71%
920	91.72%
271	98.19%
852	99.88%
1,828	98.97%
1,483	97.31%
621	98.26%
353	98.60%
369	94.62%
522	97.94%
382	94.09%
900	97.09%

AMERICAN OVERSIGHT

S_004_01	S_004_01	S_004_01	S_004_01	S_004_01	S_004_01
	Observed	Observed			
S 004 01 PPR PD COMP PERF	S 004 01 PPR PD OBS	S 004 01 PPR PD OBS READM	S 004 01 PPR PD RSRR	S 004 01 PPR PD RSRR 2 5	S 004 01 PPR PD RSRR 97 5
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - COMP PERF	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED RATE	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED READMITS	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 2.5	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 97.5
-	6.42	7	7.09	5.40	8.94
-	9.88	16	7.56	5.85	9.67
-	8.77	27	7.56	5.94	9.39
-	7.61	14	7.50	5.91	9.64
-	11.00	22	8.01	6.28	9.93
-	5.42	29	6.75	5.51	8.60
-	7.89	12	7.23	5.49	9.52
-	8.11	39	7.62	6.07	9.42
-	7.19	24	7.76	6.04	9.81
-	6.41	23	7.11	5.53	9.22
-	14.72	34	9.13	7.30	11.42
-	5.75	15	6.96	5.32	8.67
-	7.81	10	7.28	5.46	9.46
-	14.12	24	8.84	6.77	11.03
-	3.75	6	6.55	5.00	8.53
-	8.64	26	7.36	5.79	9.07
-	9.91	11	7.45	5.85	9.57
-	8.93	10	7.40	5.49	9.78
-	8.15	11	7.15	5.53	9.28
-	6.90	6	7.22	5.39	9.55
-	8.89	8	7.50	5.82	9.85
-	3.92	4	6.78	5.10	8.95
-	1.52	1	6.68	4.94	8.93
-	8.61	42	7.80	6.28	9.48
-	4.23	3	6.95	5.17	9.12
-	0.93	1	6.50	4.85	8.77
-	10.06	16	7.95	6.22	10.31
-	9.79	14	7.63	5.93	9.73
-	12.05	20	8.06	6.34	10.12
-	3.09	3	6.60	5.06	8.71
-	8.70	12	7.46	5.71	9.82
-	6.02	13	6.89	5.32	8.73
-	9.85	27	7.82	6.20	9.76

AMERICAN OVERSIGHT

-	9.73	32	7.74	6.14	9.63
-	6.47	15	7.00	5.54	8.90
-	5.68	5	6.96	5.19	8.99
-	10.45	53	8.61	7.14	10.48
-	6.59	12	6.83	5.29	8.78
-	10.64	20	8.02	6.21	10.24
-	5.73	34	6.54	5.44	8.07
-	7.36	95	8.26	6.97	9.74
-	9.69	19	7.59	5.96	9.72
-	9.28	35	8.28	6.68	10.25
-	9.84	30	8.24	6.53	10.48
-	7.30	23	7.20	5.73	9.03
-	9.02	35	8.31	6.62	10.24
-	9.06	28	7.83	6.18	9.84
-	5.24	15	6.50	5.20	8.29
-	13.79	16	8.14	6.20	10.25
-	8.31	32	7.80	6.18	9.97
-	7.08	25	7.38	5.74	9.15
-	11.66	33	8.81	7.13	10.95
-	9.14	16	7.53	5.78	9.38
-	9.55	32	8.44	6.80	10.60
-	10.02	66	7.84	6.55	9.30
-	9.68	27	8.02	6.41	9.97
-	7.08	74	6.90	5.79	8.22
-	9.68	64	8.38	6.94	9.89
-	13.19	12	7.96	6.21	10.28
-	10.96	25	7.76	6.03	9.68
-	6.13	25	6.83	5.44	8.46
-	8.05	38	7.02	5.71	8.48
-	4.89	30	6.52	5.31	8.02
-	6.37	26	7.25	5.86	9.12
-	4.41	3	7.12	5.18	9.66
-	5.97	8	6.72	5.23	8.46
-	6.88	17	6.94	5.27	8.72
-	9.89	9	7.33	5.58	9.46
-	5.80	4	7.07	5.26	9.08
-	10.19	11	7.48	5.76	9.37
-	6.12	9	6.84	5.28	8.91
-	3.45	1	7.03	5.33	9.28
-	7.14	3	7.06	5.34	8.97
-	17.86	5	7.75	5.72	10.18
-	10.64	15	7.75	5.87	9.94
-	11.36	10	7.55	5.85	9.66
-	4.76	3	6.88	5.00	9.21
-	-	-	-	-	-
-	7.41	2	7.34	5.45	9.91
-	12.63	12	7.75	5.87	9.99
-	12.31	8	7.64	5.90	10.10
-	10.87	5	7.52	5.62	9.58
-	7.45	7	7.19	5.50	9.27
-	4.56	13	6.48	4.96	8.34
-	7.58	35	7.54	6.15	9.48
-	8.20	21	7.57	5.98	9.60

AMERICAN OVERSIGHT

-	11.93	21	7.92	6.27	9.90
-	10.28	11	7.49	5.75	9.77
-	9.24	28	7.82	6.31	9.74
-	8.29	17	7.50	5.66	9.54
-	9.59	35	7.71	6.27	9.67
-	8.51	4	7.25	5.43	9.32
-	4.20	5	6.62	4.96	8.43
-	12.16	36	8.44	6.82	10.52
-	4.82	8	6.58	5.06	8.24
-	10.75	40	8.18	6.66	9.99
-	10.94	7	7.61	5.78	9.90
-	8.82	18	7.35	5.74	9.33
-	9.45	24	7.91	6.11	9.84
-	14.57	22	8.26	6.45	10.48
-	14.06	18	8.09	6.28	10.38
-	8.87	18	7.48	5.86	9.71
-	10.67	16	7.52	5.85	9.58
-	-	-	-	-	-
-	7.27	4	7.03	5.37	9.06
-	4.84	28	6.69	5.27	8.38
-	7.56	26	7.47	5.92	9.26
-	10.86	38	8.80	6.87	10.95
-	8.91	31	7.89	6.23	9.86
-	7.87	10	7.14	5.54	9.30
-	7.92	65	7.79	6.58	9.35
-	6.81	26	6.74	5.45	8.31
-	7.45	35	7.25	5.90	8.91
-	9.55	19	7.77	6.02	9.92
-	7.63	19	6.99	5.45	9.17
-	9.66	57	9.00	7.47	11.16
-	7.02	12	6.83	5.30	8.69
-	9.59	35	8.10	6.44	10.02
-	8.66	11	7.57	5.74	9.79
-	8.45	36	7.82	6.26	9.67
-	8.01	37	7.68	6.17	9.48
-	9.69	40	8.14	6.47	9.88
-	6.99	26	6.93	5.40	8.71
-	8.51	33	7.66	6.16	9.50
-	7.28	11	7.22	5.62	9.35
-	7.83	13	7.22	5.40	9.07
-	6.21	11	7.01	5.43	9.07
-	8.51	12	7.51	5.67	9.65
-	12.86	9	7.78	5.95	10.25
-	13.46	7	7.74	5.84	10.11
-	7.30	10	7.22	5.59	9.45
-	6.67	4	7.10	5.38	9.25
-	6.23	16	6.75	5.33	8.42
-	12.24	12	7.91	5.94	10.45
-	8.65	23	7.45	5.81	9.53
-	4.39	5	6.83	5.11	8.98
-	7.20	34	7.37	5.90	8.98
-	8.20	15	7.17	5.54	9.21
-	11.46	29	8.08	6.41	10.14
-	12.15	13	7.79	5.96	9.90
-	6.76	10	6.95	5.19	8.83

AMERICAN OVERSIGHT

-	9.74	19	7.71	6.09	9.79
-	5.85	20	7.02	5.61	8.74
-	5.95	5	6.93	5.26	8.97
-	4.29	6	6.67	5.07	8.61
-	5.22	7	6.77	5.10	8.75
-	4.08	6	6.53	4.90	8.65
-	7.05	28	7.05	5.57	8.80
-	7.10	53	7.38	6.03	9.01
-	9.57	40	8.27	6.63	10.31
-	9.16	35	8.08	6.48	10.05
-	10.99	10	7.73	5.90	10.00
-	4.45	15	6.37	5.06	8.08
-	4.35	28	6.37	5.13	8.04
-	5.74	30	6.82	5.44	8.39
-	7.82	78	7.93	6.67	9.45
-	5.21	11	6.73	5.21	8.64
-	-	-	-	-	-
-	4.23	23	7.11	5.43	8.90
-	9.45	45	8.14	6.61	9.93
-	9.29	29	7.53	5.92	9.46
-	13.70	10	8.07	6.12	10.69
-	9.13	22	8.09	6.27	10.34
-	8.20	46	8.06	6.55	9.74
-	7.05	17	7.12	5.72	9.05
-	1.50	2	6.37	4.66	8.36
-	9.15	58	8.17	6.74	9.88
-	8.94	16	7.69	5.93	10.10
-	10.96	16	7.88	6.20	10.09
-	6.63	65	7.21	6.08	8.51
-	5.11	7	6.80	5.23	8.88
-	13.30	27	8.35	6.58	10.29
-	7.00	52	7.46	6.02	9.18
-	6.59	38	7.57	6.11	9.35
-	8.62	15	7.41	5.76	9.38
-	11.32	6	7.58	5.70	9.85
-	7.94	17	7.51	5.87	9.70
-	4.69	3	7.01	5.09	9.31
-	5.43	7	6.88	5.22	8.83
-	10.00	16	7.27	5.75	9.49
-	11.68	32	8.82	7.10	10.93
-	7.94	20	7.86	6.05	10.02
-	10.19	32	8.48	6.87	10.94
-	13.16	15	7.73	6.19	9.92
-	15.63	15	8.29	6.34	10.59
-	3.23	1	7.11	5.17	9.48
-	9.15	15	7.27	5.74	9.14
-	9.60	12	7.39	5.72	9.73
-	8.56	16	6.92	5.48	8.67
-	14.52	9	7.69	5.84	10.25
-	13.10	11	7.89	6.13	10.16
		3,979			

AMERICAN OVERSIGHT

64
198
40
64
58
31
48
144
256
78
154
231
130
63
48
15
32
69
121
207
-
58
79
145
170
136
167
130
239
89
23
84
177
151
38
38
26
84
31
63

AMERICAN OVERSIGHT

S_004_01	S_005_01	S_005_01	S_005_01	S_005_01	S_005_01
	Comp Performance	Numerator	Denominator		
S 004 01 PPR PD VOLUME	S 005 01 DTC COMP PERF	S 005 01 DTC NUMBER	S 005 01 DTC VOLUME	S 005 01 DTC OBS RATE	S 005 01 DTC RS RATE
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - COMP PERF	Rate of Scuccessful Return to Home & Community from a SNF - NUMBER	Rate of Scuccessful Return to Home & Community from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - OBSERVED RATE	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE
109	-	30	147	20.41	31.14
162	-	73	229	31.88	47.53
308	-	207	403	51.36	62.16
184	-	111	223	49.78	56.37
200	-	84	235	35.74	50.31
535	-	412	655	62.90	65.15
152	-	70	184	38.04	55.14
481	-	334	536	62.31	74.74
334	-	269	372	72.31	71.61
359	-	205	415	49.40	56.67
231	-	119	250	47.60	59.36
261	-	142	284	50.00	54.56
128	-	39	126	30.95	40.51
170	-	65	188	34.57	40.40
160	-	97	169	57.40	64.08
301	-	195	355	54.93	64.08
111	-	31	151	20.53	29.64
112	-	39	202	19.31	29.11
135	-	55	184	29.89	43.44
87	-	42	126	33.33	43.51
90	-	34	102	33.33	43.33
102	-	63	150	42.00	49.23
66	-	12	72	16.67	25.21
488	-	290	574	50.52	57.62
71	-	24	79	30.38	36.79
107	-	19	142	13.38	21.70
159	-	75	198	37.88	42.71
143	-	52	210	24.76	35.06
166	-	77	245	31.43	45.56
97	-	48	109	44.04	53.09
138	-	59	147	40.14	49.15
216	-	129	254	50.79	58.93
274	-	149	393	37.91	51.39

AMERICAN OVERSIGHT

329	-	166	417	39.81	50.06
232	-	84	258	32.56	39.97
88	-	23	117	19.66	28.45
507	-	304	604	50.33	60.04
182	-	107	224	47.77	60.23
188	-	74	258	28.68	40.12
593	-	375	779	48.14	57.49
1,290	-	1,025	1,530	66.99	65.27
196	-	102	235	43.40	56.43
377	-	244	434	56.22	57.93
305	-	138	354	38.98	48.51
315	-	182	357	50.98	60.73
388	-	239	463	51.62	53.75
309	-	169	375	45.07	51.92
286	-	147	368	39.95	49.72
116	-	39	144	27.08	40.72
385	-	272	455	59.78	64.90
353	-	238	377	63.13	64.83
283	-	147	310	47.42	54.49
175	-	74	216	34.26	43.29
335	-	208	381	54.59	56.52
659	-	393	820	47.93	58.97
279	-	174	323	53.87	62.41
1,045	-	639	1,318	48.48	55.82
661	-	451	847	53.25	59.25
91	-	43	119	36.13	50.45
228	-	74	280	26.43	38.90
408	-	209	466	44.85	52.96
472	-	295	567	52.03	59.99
613	-	452	653	69.22	67.70
408	-	236	435	54.25	57.99
68	-	14	75	18.67	32.29
134	-	61	140	43.57	56.41
247	-	136	288	47.22	56.34
91	-	50	102	49.02	61.49
69	-	10	111	9.01	20.68
108	-	16	156	10.26	19.52
147	-	23	185	12.43	22.17
29	-	6	45	13.33	30.17
42	-	13	79	16.46	35.21
28	-	9	45	20.00	35.27
141	-	44	215	20.47	34.88
88	-	23	124	18.55	28.53
63	-	10	89	11.24	22.60
23	-	1	49	2.04	15.64
27	-	1	33	3.03	20.41
95	-	36	118	30.51	44.43
65	-	28	93	30.11	41.17
46	-	12	54	22.22	33.06
94	-	39	133	29.32	39.45
285	-	222	305	72.79	81.12
462	-	311	553	56.24	63.90
256	-	150	303	49.50	61.50

AMERICAN OVERSIGHT

176	-	64	253	25.30	42.98
107	-	14	161	8.70	19.35
303	-	126	381	33.07	44.97
205	-	46	257	17.90	25.08
365	-	195	444	43.92	55.53
47	-	16	79	20.25	38.03
119	-	37	140	26.43	39.40
296	-	152	438	34.70	48.36
166	-	72	237	30.38	41.36
372	-	171	496	34.48	46.00
64	-	31	92	33.70	52.93
204	-	98	263	37.26	53.80
254	-	111	321	34.58	43.29
151	-	70	169	41.42	56.15
128	-	49	160	30.63	43.68
203	-	105	231	45.45	56.49
150	-	56	183	30.60	43.77
-	-	-	-	-	-
55	-	12	71	16.90	30.34
579	-	454	665	68.27	65.15
344	-	157	385	40.78	47.41
350	-	247	436	56.65	62.83
348	-	187	418	44.74	53.09
127	-	66	142	46.48	59.74
821	-	486	885	54.92	60.98
382	-	193	473	40.80	52.06
470	-	256	594	43.10	49.88
199	-	89	257	34.63	42.19
249	-	109	287	37.98	53.00
590	-	358	676	52.96	55.41
171	-	77	222	34.68	46.74
365	-	238	484	49.17	59.09
127	-	68	151	45.03	51.60
426	-	295	495	59.60	67.76
462	-	280	553	50.63	57.53
413	-	252	522	48.28	58.87
372	-	226	451	50.11	57.65
388	-	163	469	34.75	43.95
151	-	71	165	43.03	53.86
166	-	65	187	34.76	48.68
177	-	100	195	51.28	63.02
141	-	67	158	42.41	49.92
70	-	23	96	23.96	37.86
52	-	12	73	16.44	29.33
137	-	20	165	12.12	21.10
60	-	27	117	23.08	37.12
257	-	127	372	34.14	45.94
98	-	28	117	23.93	36.84
266	-	159	345	46.09	56.11
114	-	37	142	26.06	35.13
472	-	296	576	51.39	61.83
183	-	89	216	41.20	52.88
253	-	123	326	37.73	47.64
107	-	29	170	17.06	27.83
148	-	79	186	42.47	53.93

AMERICAN OVERSIGHT

195	-	97	240	40.42	51.10
342	-	259	418	61.96	66.95
84	-	17	127	13.39	20.93
140	-	64	169	37.87	42.63
134	-	51	181	28.18	40.10
147	-	63	173	36.42	45.23
397	-	238	463	51.40	58.76
747	-	446	828	53.86	58.83
418	-	206	462	44.59	51.21
382	-	246	442	55.66	63.52
91	-	48	143	33.57	45.71
337	-	172	409	42.05	48.44
643	-	504	764	65.97	65.77
523	-	384	604	63.58	68.79
998	-	757	1,145	66.11	68.04
211	-	166	231	71.86	71.65
-	-	-	-	-	-
544	-	445	596	74.66	63.73
476	-	326	580	56.21	66.07
312	-	152	355	42.82	56.92
73	-	14	82	17.07	29.37
241	-	130	287	45.30	52.87
561	-	393	680	57.79	59.43
241	-	131	276	47.46	57.19
133	-	24	150	16.00	24.74
634	-	398	728	54.67	63.30
179	-	105	216	48.61	57.04
146	-	85	197	43.15	55.03
980	-	690	1,099	62.78	65.09
137	-	29	175	16.57	26.62
203	-	67	259	25.87	36.81
743	-	523	912	57.35	60.80
577	-	445	642	69.31	68.10
174	-	72	207	34.78	46.50
53	-	34	66	51.52	61.02
214	-	134	246	54.47	61.58
64	-	18	88	20.45	34.80
129	-	74	198	37.37	52.03
160	-	78	236	33.05	49.33
274	-	184	282	65.25	72.89
252	-	145	278	52.16	55.57
314	-	206	352	58.52	69.77
114	-	10	259	3.86	11.94
96	-	22	153	14.38	30.01
31	-	5	53	9.43	24.76
164	-	45	220	20.45	33.90
125	-	34	188	18.09	29.51
187	-	85	284	29.93	45.17
62	-	13	105	12.38	26.97
84	-	31	120	25.83	40.47
49,207	46.87%	28,031	59,803		54.53

AMERICAN OVERSIGHT

763	42.02%	421	1,002	52.98
2,553	55.78%	1,635	2,931	63.18
458	41.61%	201	483	48.71
746	35.56%	362	1,018	45.76
817	43.30%	423	977	50.77
409	26.55%	146	550	34.36
617	41.46%	313	755	51.84
1,612	41.38%	833	2,013	51.90
3,264	54.22%	2,140	3,947	58.84
983	46.02%	555	1,206	51.95
1,647	51.94%	978	1,883	57.15
2,644	50.09%	1,657	3,308	58.12
1,812	51.46%	1,073	2,085	57.46
948	47.79%	497	1,040	55.81
564	14.47%	121	836	27.11
201	11.86%	35	295	23.69
300	28.89%	115	398	40.46
1,003	58.83%	683	1,161	67.80
1,322	29.04%	498	1,715	41.25
1,988	35.33%	915	2,590	47.97
-	#DIV/0!	-	-	#DIV/0!
978	55.58%	623	1,121	56.85
825	50.20%	500	996	58.30
1,872	46.36%	1,024	2,209	53.90
1,928	49.46%	1,145	2,315	57.44
1,635	46.17%	921	1,995	54.72
2,161	38.11%	1,032	2,708	49.16
1,733	39.48%	871	2,206	48.46
3,538	54.53%	2,244	4,115	59.73
1,209	67.08%	923	1,376	68.65
544	74.66%	445	596	63.73
861	48.38%	492	1,017	59.92
2,135	49.96%	1,266	2,534	56.96
2,063	53.54%	1,309	2,445	57.74
577	69.31%	445	642	68.10
441	46.24%	240	519	55.49
353	32.57%	170	522	47.90
840	58.66%	535	912	66.41
241	7.96%	37	465	19.35
622	22.68%	208	917	36.56

AMERICAN OVERSIGHT

S_005_01	S_005_01	S_006_01	S_006_01	S_013_01	S_013_01
				Denominator	Numerator
S 005 01 DTC RS RATE 97 5	S 005 01 DTC RS RATE 2 5	S 006 01 MSPB NUMB	S 006 01 MSPB SCORE	S 013 01 DENOMINATOR	S 013 01 NUMERATOR
				NQF # 0674	NQF # 0674
Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 97.5	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 2.5	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - VOLUME	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - SCORE	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - DENOMINATOR	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - NUMERATOR
41.01	22.60	143	1.080	148	3
56.15	39.96	214	1.190	196	1
68.28	56.85	334	0.990	229	1
63.63	49.63	210	1.030	146	-
58.57	41.99	216	0.970	133	-
68.64	61.51	590	1.010	309	6
64.83	46.51	152	0.920	117	1
79.55	69.67	506	0.910	220	1
75.92	67.13	305	0.790	827	7
62.14	51.10	388	1.070	247	2
66.55	52.83	229	0.960	144	1
60.64	48.95	266	1.040	186	2
50.66	31.45	137	0.930	98	-
47.41	33.57	170	0.920	127	-
72.08	56.00	154	0.970	122	2
69.31	59.31	366	1.080	233	4
37.78	22.29	182	0.970	74	1
37.26	22.55	162	1.140	160	1
52.22	35.52	151	1.040	155	2
53.77	34.56	119	1.100	68	-
54.55	33.20	100	1.120	70	-
58.16	41.36	118	1.250	79	2
36.58	16.81	98	1.340	37	1
62.19	53.46	548	1.050	221	-
47.62	26.81	69	0.950	58	-
30.62	15.37	174	1.530	190	2
50.15	36.14	204	1.290	155	1
43.35	28.29	192	1.440	175	4
53.72	38.44	238	1.040	182	2
63.40	43.16	117	0.940	109	-
58.12	40.98	161	1.110	81	2
65.50	52.33	277	1.200	139	1
57.36	46.07	374	1.090	364	1

AMERICAN OVERSIGHT

55.58	44.26	401	0.910	242	1
47.25	33.57	241	1.220	227	-
39.03	20.32	109	0.850	108	-
64.84	55.72	557	1.040	433	5
67.65	52.26	224	1.130	197	1
47.51	33.00	228	0.750	225	2
61.12	53.91	668	1.200	546	1
67.44	62.85	1,397	1.040	821	1
64.01	48.79	203	0.960	174	2
62.29	53.39	406	0.950	257	-
55.08	42.68	289	0.890	242	4
66.19	55.05	377	0.950	256	1
58.49	49.59	412	1.200	341	1
57.29	46.66	348	0.910	282	4
55.47	44.02	351	1.410	168	-
51.69	31.47	131	0.840	105	-
69.16	60.18	415	0.950	310	-
69.66	60.20	357	0.960	242	2
60.29	48.89	298	0.950	250	1
50.91	35.52	203	1.070	149	-
61.78	51.58	381	1.000	259	4
62.61	55.31	740	1.220	450	-
68.83	57.09	295	1.040	216	1
58.87	53.15	1,110	1.100	758	2
62.71	55.64	716	1.190	475	2
61.99	40.16	128	1.060	124	1
45.98	32.32	285	1.110	242	-
58.04	48.19	478	1.250	332	2
64.38	55.74	512	1.080	341	2
70.78	64.45	624	1.200	466	4
62.58	53.40	428	1.120	326	2
46.05	19.78	81	1.120	97	-
66.51	47.26	152	1.130	140	3
62.93	49.92	283	1.290	249	2
72.16	51.11	123	1.170	124	2
31.85	13.03	106	1.170	117	1
28.20	13.29	189	1.180	137	-
30.42	15.80	184	1.000	203	1
47.78	17.06	51	1.330	48	-
50.36	22.79	55	1.080	54	1
53.35	21.99	30	0.940	28	1
43.24	27.33	193	1.280	193	-
38.29	21.13	119	1.460	77	1
35.24	14.33	86	1.300	85	-
28.62	7.95	41	1.320	16	-
39.77	9.57	35	1.220	21	-
55.10	34.33	108	1.120	91	-
52.45	31.37	89	1.340	86	1
46.56	20.57	55	1.360	58	2
49.96	31.86	135	1.450	165	4
86.37	75.42	287	1.120	195	-
68.38	59.39	497	1.130	369	1
67.31	54.82	271	1.370	264	1

AMERICAN OVERSIGHT

51.62	34.93	256	1.290	285	-
28.59	12.66	174	1.350	178	-
51.37	39.18	357	1.280	299	3
31.18	19.90	268	1.210	245	2
60.87	50.04	382	1.130	309	-
53.26	25.86	78	1.430	87	1
49.59	29.71	155	1.170	123	1
54.24	42.71	373	1.270	339	2
48.96	34.24	213	1.090	250	-
51.01	40.77	432	1.200	388	3
68.11	41.26	96	0.990	55	3
61.99	45.98	264	1.000	205	2
49.36	37.77	296	1.230	215	1
64.44	47.02	165	0.820	161	1
53.59	34.46	169	1.010	114	1
63.58	49.17	251	1.100	222	1
52.62	35.71	163	1.120	148	-
-	-	-	-	-	-
45.38	19.10	68	1.060	82	1
68.18	61.93	586	1.120	391	2
52.51	41.79	401	1.260	294	5
67.08	57.59	409	0.960	324	2
58.39	47.87	368	0.970	385	2
70.04	49.68	143	1.170	108	1
64.33	57.52	808	0.940	609	8
58.05	46.92	440	1.140	353	2
54.30	45.41	538	1.190	407	4
49.18	35.60	238	1.170	171	1
60.89	45.86	264	1.140	242	-
59.09	52.13	602	1.210	512	2
54.78	39.55	223	1.200	299	1
63.84	54.38	464	1.100	311	-
60.07	42.56	167	1.250	133	2
72.67	62.60	451	1.270	335	1
61.87	52.80	508	1.070	365	2
63.75	54.16	475	1.230	413	2
62.53	52.59	444	0.990	318	1
49.26	38.97	430	1.050	384	1
63.03	45.32	187	1.320	155	-
58.10	40.27	190	1.100	150	1
70.54	55.39	201	1.410	232	2
58.87	41.48	193	1.080	111	-
50.32	26.90	93	0.980	120	1
42.76	19.03	87	1.440	92	1
29.93	14.26	191	1.510	205	1
48.69	27.33	130	1.550	118	1
51.62	40.55	333	1.210	296	1
47.88	27.80	144	1.260	168	2
62.16	49.88	331	1.200	247	3
44.62	26.73	145	1.210	152	2
66.62	57.27	547	1.170	428	2
60.39	45.52	187	1.080	160	-
53.81	41.69	331	1.060	190	1
36.55	20.75	186	1.620	134	1
61.73	45.49	190	1.220	123	1

AMERICAN OVERSIGHT

58.75	44.68	246	1.070	172	1
71.51	61.88	380	1.110	246	1
30.00	14.39	145	1.360	124	-
49.85	35.65	179	1.090	106	-
48.39	32.32	190	1.030	133	-
54.23	37.84	170	1.060	93	1
63.72	54.28	462	1.140	292	3
62.32	55.50	827	1.120	618	4
56.02	46.84	477	1.170	317	1
68.34	58.66	445	1.220	310	3
55.49	37.07	144	1.300	120	-
53.39	43.73	399	1.110	272	6
68.73	62.66	743	1.140	570	4
72.39	64.56	535	1.000	510	5
70.41	65.12	1,022	0.920	713	2
76.55	66.45	193	0.780	290	4
-	-	-	-	-	-
66.43	60.67	534	0.930	276	-
70.35	61.52	549	1.210	405	1
63.50	51.31	334	1.180	366	-
42.51	19.15	80	1.040	82	-
59.47	46.24	300	1.250	227	1
62.84	56.14	623	1.100	521	3
64.58	49.84	269	1.250	217	2
34.68	18.04	160	1.140	133	2
67.09	59.51	677	1.100	470	4
64.03	49.38	210	0.950	135	-
63.18	47.55	181	1.190	144	3
67.89	61.96	1,013	0.940	597	1
35.18	19.82	167	1.220	155	-
43.81	30.23	252	1.140	224	2
63.82	57.72	780	1.120	548	2
71.61	64.85	526	1.030	632	6
54.79	39.02	203	0.960	159	1
74.87	48.23	67	0.820	44	-
68.22	54.79	231	0.930	155	-
47.04	24.18	102	1.340	74	-
61.46	44.31	193	1.040	139	1
57.81	41.79	194	1.130	177	-
78.80	66.87	273	0.830	133	4
61.73	49.53	291	1.130	155	-
75.16	63.56	335	1.030	244	4
18.81	7.63	255	1.230	202	3
42.06	21.25	164	1.370	188	1
41.22	13.45	65	1.430	16	-
41.70	27.06	213	1.080	197	-
38.30	21.88	182	1.210	187	-
52.79	38.38	278	1.220	286	-
39.00	17.06	92	1.260	144	1
52.09	30.57	99	0.940	112	-
		56,380	1.1080	43,950	276

AMERICAN OVERSIGHT

901	1.0611	719	5
2,652	0.9647	2,183	20
461	0.9397	347	2
980	1.0658	690	8
933	1.1059	465	3
570	1.4138	520	7
793	1.0953	511	5
1,906	1.0449	1,571	8
3,568	1.0150	2,521	11
1,111	1.1755	791	5
1,785	0.9682	1,315	7
2,861	1.1474	1,899	5
2,027	1.1600	1,505	9
1,067	1.1723	936	9
808	1.1553	780	4
281	1.3607	199	1
387	1.3198	400	7
1,055	1.1889	828	2
1,670	1.2401	1,526	7
2,422	1.1198	2,097	14
-	#DIV/0!	-	-
1,055	1.1693	767	8
920	0.9966	817	5
2,024	1.0770	1,540	15
2,171	1.1925	1,832	6
1,857	1.0872	1,480	6
2,772	1.2450	2,474	17
2,204	1.1521	1,481	6
4,032	1.1324	3,009	26
1,215	0.8978	1,003	6
534	0.9300	276	-
963	1.1855	853	1
2,420	1.1316	1,847	15
2,212	1.0474	1,524	5
526	1.0300	632	6
501	0.9274	358	1
489	1.1383	390	1
899	1.0016	532	8
484	1.3043	406	4
864	1.1556	926	1

AMERICAN OVERSIGHT

S_013_01						
Rate						
S 013 01 OBS RATE NQF # 0674	Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - RATE	OVERALL RATING	% NFs with OVERALL STAR RATING = 5	SURVEY RATING	% NFs with SURVEY STAR RATING = 5	QUALITY RATING	% NFs with QUALITY RATING = 5
2.00	0		0		0	
0.50	0		0		0	
0.40	1		0		1	
-	0		0		1	
-	0		0		1	
1.90	0		0		1	
0.90	0		0		0	
0.50	1		0		1	
0.80	1		0		1	
0.80	0		0		0	
0.70	0		0		0	
1.10	1		0		1	
-	0		0		0	
-	0		0		0	
1.60	0		0		0	
1.70	0		0		0	
1.40	0		0		0	
0.60	0		0		0	
1.30	0		0		0	
-	0		0		0	
-	1		1		1	
2.50	1		1		0	
2.70	1		1		1	
-	1		0		1	
-	0		0		1	
1.10	0		0		0	
0.60	1		0		1	
2.30	0		0		0	
1.10	0		0		0	
-	0		0		0	
2.50	0		0		0	
0.70	0		0		1	
0.30	0		0		0	

AMERICAN OVERSIGHT

0.40	0	0	0
-	0	0	1
-	1	0	1
1.20	0	0	1
0.50	0	0	0
0.90	0	0	0
0.20	0	0	1
0.10	1	0	1
1.10	0	0	0
-	1	0	1
1.70	0	0	0
0.40	0	0	0
0.30	1	0	1
1.40	1	0	1
-	1	0	1
-	1	1	0
-	1	1	0
0.80	0	0	0
0.40	1	1	0
-	0	0	0
1.50	0	0	0
-	0	0	0
0.50	0	0	0
0.30	0	0	0
0.40	0	0	1
0.80	0	0	0
-	1	0	1
0.60	0	0	0
0.60	0	0	0
0.90	0	0	1
0.60	1	0	1
-	1	0	1
2.10	0	0	0
0.80	0	0	1
1.60	0	0	0
0.90	0	0	0
-	0	0	0
0.50	0	0	0
-	0	0	0
1.90	1	1	0
3.60	0	0	0
-	0	0	0
1.30	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
1.20	0	0	0
3.40	0	0	0
2.40	0	0	0
-	1	0	1
0.30	0	0	0
0.40	0	0	1

AMERICAN OVERSIGHT

-	0	0	0
-	1	0	1
1.00	1	0	1
0.80	0	0	0
-	0	0	0
1.10	0	0	0
0.80	0	0	0
0.60	0	0	0
-	0	0	0
0.80	0	0	0
5.50	0	0	0
1.00	0	0	1
0.50	1	0	1
0.60	0	0	0
0.90	0	0	1
0.50	0	0	1
-	0	0	0
-	0	0	0
1.20	0	0	0
0.50	1	0	1
1.70	0	0	0
0.60	0	0	0
0.50	1	0	1
0.90	0	0	1
1.30	1	0	1
0.60	0	0	0
1.00	1	1	0
0.60	0	0	0
-	0	0	0
0.40	1	0	1
0.30	0	0	1
-	0	0	1
1.50	0	0	0
0.30	0	0	1
0.50	0	0	0
0.50	0	0	0
0.30	0	0	0
0.30	0	0	0
-	0	0	0
0.70	0	0	0
0.90	0	0	1
-	1	0	1
0.80	0	0	0
1.10	0	0	0
0.50	0	0	0
0.80	0	0	0
0.30	1	0	1
1.20	0	0	0
1.20	0	0	0
1.30	0	0	0
0.50	0	0	1
-	0	0	1
0.50	0	0	1
0.70	0	0	0
0.80	0	0	0

AMERICAN OVERSIGHT

0.60	0		0		0	
0.40	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
1.10	0		0		0	
1.00	0		0		0	
0.60	0		0		0	
0.30	0		0		0	
1.00	0		0		0	
-	0		0		1	
2.20	0		0		1	
0.70	0		0		1	
1.00	0		0		1	
0.30	1		0		1	
1.40	1		1		1	
-	0		0		0	
-	1		0		1	
0.20	0		0		1	
-	1		0		1	
-	0		0		0	
0.40	1		0		1	
0.60	1		1		0	
0.90	0		0		0	
1.50	0		0		0	
0.90	0		0		0	
-	1		1		0	
2.10	0		0		0	
0.20	0		0		0	
-	0		0		0	
0.90	0		0		0	
0.40	0		0		0	
0.90	1		0		0	
0.60	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
3.00	0		0		0	
-	0		0		0	
1.60	1		0		1	
1.50	0		0		0	
0.50	1		1		0	
-	1		0		1	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
0.63%	**44**	**23.3%**	**12**	**6.3%**	**62**	**32.8%**

AMERICAN OVERSIGHT

0.70%	1	25.0%	-	0.0%	2	50.0%
0.92%	3	37.5%	-	0.0%	5	62.5%
0.58%	-	0.0%	-	0.0%	-	0.0%
1.16%	-	0.0%	-	0.0%	-	0.0%
0.65%	4	80.0%	3	60.0%	4	80.0%
1.35%	1	33.3%	-	0.0%	1	33.3%
0.98%	-	0.0%	-	0.0%	1	25.0%
0.51%	1	16.7%	-	0.0%	3	50.0%
0.44%	2	28.6%	-	0.0%	3	42.9%
0.63%	3	100.0%	-	0.0%	3	100.0%
0.53%	3	50.0%	3	50.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	1	25.0%
0.60%	1	20.0%	-	0.0%	2	40.0%
0.96%	2	40.0%	-	0.0%	3	60.0%
0.51%	1	14.3%	1	14.3%	-	0.0%
0.50%	-	0.0%	-	0.0%	-	0.0%
1.75%	-	0.0%	-	0.0%	-	0.0%
0.24%	1	33.3%	-	0.0%	2	66.7%
0.46%	2	28.6%	-	0.0%	2	28.6%
0.67%	1	10.0%	-	0.0%	4	40.0%
0.00%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1.04%	1	33.3%	-	0.0%	1	33.3%
0.61%	1	33.3%	-	0.0%	2	66.7%
0.97%	2	50.0%	1	25.0%	1	25.0%
0.33%	1	16.7%	-	0.0%	4	66.7%
0.41%	-	0.0%	-	0.0%	-	0.0%
0.69%	2	15.4%	-	0.0%	4	30.8%
0.41%	-	0.0%	-	0.0%	2	20.0%
0.86%	-	0.0%	-	0.0%	4	50.0%
0.60%	2	100.0%	1	50.0%	2	100.0%
0.00%	1	100.0%	-	0.0%	1	100.0%
0.12%	1	33.3%	-	0.0%	2	66.7%
0.81%	3	42.9%	2	28.6%	1	14.3%
0.33%	-	0.0%	-	0.0%	-	0.0%
0.95%	1	100.0%	-	0.0%	-	0.0%
0.28%	-	0.0%	-	0.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	-	0.0%
1.50%	1	33.3%	-	0.0%	1	33.3%
0.99%	2	66.7%	1	33.3%	1	33.3%
0.11%	-	0.0%	-	0.0%	-	0.0%

AMERICAN OVERSIGHT

Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
SHORT STAY QUALITY RATING	% NFs WITH SHORT STAY QUALITY RATING = 5	LONG STAY QUALITY RATING	% NFs WITH LONG STAY QUALITY RATING = 5	STAFFING RATING	% NFs with STAFFING WITH STAR RATING = 5	RN STAFFING RATING	% NFs with RN STAFFING WITH STAR RATING = 5
0		1		0		0	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		0		0	
1		0		0		0	
0		1		0		0	
0		1		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
1		0		0		0	
1		0		0		0	
1		1		0		0	
0		1		0		0	
1		0		0		0	
1		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
0		0		0		0	

AMERICAN OVERSIGHT

0	0	0	0
1	0	0	0
0	1	0	0
1	1	0	0
1	0	0	0
0	0	0	0
1	1	0	0
0	1	0	0
0	0	0	0
1	1	0	0
0	0	0	0
0	1	0	0
1	1	0	0
0	0	0	0
1	0	0	0
1	1	0	0
0	0	0	0
0	1	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	1	0	0
0	1	0	0
0	0	0	0
0	0	0	0
1	1	0	0
0	1	0	0
1	0	0	0
1	0	0	0
0	0	0	0
1	1	0	0
1	1	0	0
1	0	0	0
0	1	0	0
1	1	0	0
0	1	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	1	1	1
1	0	0	0
0	1	0	0

AMERICAN OVERSIGHT

0	0	0	0
1	1	0	1
1	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	1
1	0	0	0
1	0	1	1
0	1	0	0
1	0	0	0
0	1	0	0
1	0	0	0
1	1	0	0
0	0	0	0
0	0	0	0
1	0	0	0
1	1	0	0
1	0	0	0
0	1	0	0
1	0	0	0
1	1	0	0
0	1	0	0
1	1	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
1	1	0	0
1	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
1	0	0	0
0	0	1	1
0	0	0	0
0	0	0	0
1	0	0	0
1	1	0	0
0	1	0	0
0	0	0	0
1	0	0	0

AMERICAN OVERSIGHT

0		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
1		0		0		0	
0		1		0		0	
1		0		0		0	
0		0		1		1	
1		1		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		1		1	
0		1		1		1	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		1		0		0	
0		0		0		0	
1		0		0		1	
1		0		0		0	
0		0		0		1	
0		0		0		0	
0		0		0		1	
0		0		0		0	
0		0		0		0	
0		0		1		1	
0		0		0		1	
0		0		1		1	
0		1		0		0	
0		1		1		1	
0		0		0		0	
1		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		1		1	
0		0		1		1	
1		1		0		0	
0		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		1		1	
1		0		1		1	
1		0		0		0	
1		0		0		0	
83	**44.6%**	**62**	**33.3%**	**12**	**6.5%**	**18**	**9.7%**

AMERICAN OVERSIGHT

2	50.0%	3	75.0%	-	0.0%	-	0.0%
4	57.1%	4	50.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	1	20.0%	-	0.0%	-	0.0%
4	80.0%	3	75.0%	-	0.0%	-	0.0%
2	66.7%	1	33.3%	-	0.0%	-	0.0%
1	25.0%	1	25.0%	-	0.0%	-	0.0%
3	50.0%	2	33.3%	-	0.0%	-	0.0%
2	33.3%	4	57.1%	-	0.0%	-	0.0%
3	100.0%	2	66.7%	-	0.0%	-	0.0%
1	16.7%	3	50.0%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
3	60.0%	2	40.0%	-	0.0%	-	0.0%
3	60.0%	4	80.0%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	25.0%	-	0.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	1	33.3%	1	33.3%
3	42.9%	1	14.3%	-	0.0%	1	14.3%
6	60.0%	3	30.0%	1	10.0%	2	20.0%
-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3	100.0%	1	33.3%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
5	83.3%	4	66.7%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
7	53.8%	1	7.7%	1	7.7%	1	7.7%
4	40.0%	2	20.0%	-	0.0%	-	0.0%
6	75.0%	4	50.0%	1	12.5%	1	12.5%
1	100.0%	2	100.0%	2	100.0%	2	100.0%
1	100.0%	1	100.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	3	42.9%
-	0.0%	1	25.0%	2	50.0%	3	75.0%
-	0.0%	1	100.0%	1	100.0%	1	100.0%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	33.3%	1	33.3%	1	33.3%	1	33.3%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
3	60.0%	-	0.0%	2	40.0%	2	40.0%

AMERICAN OVERSIGHT

Count if RESTOT is >0	Data from CMS Deficiency Files	4	5	6	7	8	9	10
		Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1
		B	C	D	E	F	G	H
1		-	-	8	-	2	-	-
1		-	-	6	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	2	-	-	-	-
1								
1		-	-	5	-	-	-	-
1		-	-	1	1	-	-	-
1		-	-	2	-	1	-	-
1		-	-	1	-	-	-	-
1		-	-	6	-	1	-	-
1		-	-	3	-	-	-	-
1		-	-	4	-	-	1	-
1		-	-	1	-	-	-	-
1		-	-	4	-	-	-	-
1		-	-	3	-	-	-	-
0		-	-	7	-	-	-	-
1		-	-	12	-	-	-	-
1		-	1	-	1	-	-	-
1		-	-	2	-	-	-	-
1		1	-	1	-	-	-	-
1		-	-	1	-	-	-	-
0		-	-	-	-	-	-	-
0		-	-	4	-	-	-	-
1		-	-	14	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	-	-	-	-	-
1		-	1	3	-	-	-	-
1		-	-	5	1	-	-	-
1		-	-	6	-	1	-	-
1		-	-	8	-	1	-	-
1		-	-	10	-	1	-	-
1		-	-	4	1	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	6	-	-	-	-
1		-	-	4	1	-	-	-
1		-	-	2	-	-	-	-
1		-	-	-	1	1	-	-
1		-	-	2	-	1	-	-
1		-	-	4	1	-	-	-
1		-	-	5	-	1	-	-
1		-	-	2	1	-	-	-
1		-	-	1	-	1	-	-
1		-	1	1	-	1	-	-
1		-	-	2	2	1	-	-
1		-	-	5	1	1	-	-
1		-	-	2	1	-	-	-
1		-	-	3	-	1	-	-
1		-	-	2	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	4	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	1	-	-	-	-
1		-	-	-	-	-	-	-
1		-	-	1	-	-	-	-
1		-	-	7	1	-	-	-
1		-	-	6	-	-	-	-
1		-	-	4	-	-	-	-
1		-	-	1	1	1	-	-
1		-	-	-	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	5	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	4	-	1	-	-
1		-	-	2	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	1	-	-	-	-
1		-	-	8	1	-	-	-
1		-	-	7	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	3	1	-	-	-
1		-	-	2	-	-	-	-
1		-	-	1	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	5	1	-	-	-
1		-	-	8	1	3	-	-
1		-	-	8	4	-	-	-
1		-	-	2	1	-	-	-
1		-	-	6	1	-	-	-
1		-	-	4	-	-	-	-
1		-	-	5	-	1	-	-
1		-	-	1	-	-	-	-
1		-	-	5	1	1	-	-
1		-	-	8	5	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	8	1	-	-	-
1	[redacted]	-	-	2	2	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	2	2	-	-	-
1	[redacted]	-	-	7	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	5	2	-	-	-
1	[redacted]	-	-	8	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	3	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	6	1	-	1	-
1	[redacted]	-	-	5	3	-	1	-
1								
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	3	3	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	5	-	-	-	-
1	[redacted]	-	-	8	-	-	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	1	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	8	3	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	7	-	-	-	-
1	[redacted]	-	-	2	2	-	-	-
1	[redacted]	-	1	6	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	7	3	1	-	-
1	[redacted]	-	-	1	-	1	1	-
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1	[redacted]	-	-	3	1	-	-	-
1	[redacted]	-	-	-	-	-	-	-
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1	[redacted]	-	-	5	-	-	-	-
1	[redacted]	-	-	6	2	1	-	-
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AMERICAN OVERSIGHT

1		-	-	6	1	1	-	-
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1		-	-	5	1	-	-	-
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

11	12	13	14	15	16	17	18	19	20
Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2
I	J	K	L	TOTAL ANNUAL CYCLE 1	B	C	D	E	F
-	-	-	-	10	-	-	8	-	-
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AMERICAN OVERSIGHT

-	-	-	-	6	-	-	8	-	1
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AMERICAN OVERSIGHT

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-	-	-	-	5	-	-	2	1	1
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-	-	-	-	8	-	-	1	-	1
-	-	-	-	9	-	-	1	3	2

AMERICAN OVERSIGHT

-	-	-	-	8	-	-	4	-	2
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-	-	-	-	6	-	-	6	1	-
-	-	-	-	12	-	-	4	2	1
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-	-	-	-	9	-	-	4	2	1
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AMERICAN OVERSIGHT

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-	-	-	-	13	-	-	11	2	1
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-	-	-	-	42	-	-	44	1	1

AMERICAN OVERSIGHT

21	22	23	24	25	26	27	28	29	30
Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3
G	H	I	J	K	L	TOTAL ANNUAL CYCLE 2	B	C	D
-	-	-	-	-	-	8	-	-	2
1	-	-	-	-	-	11	-	-	3
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-	-	-	-	-	-	3	-	-	2
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-	-	-	-	-	-	7	-	-	11

AMERICAN OVERSIGHT

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-	-	-	-	-	-	4	-	-	5
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-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	9	-	-	3
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-	-	-	-	-	-	7	-	-	1
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-	-	-	-	-	-	10	-	-	3
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AMERICAN OVERSIGHT

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-	-	-	-	-	-	5	-	-	2
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	8	-	-	1
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-	-	-	-	-	-	2	-	-	7
-	-	-	-	-	-	6	-	-	3

AMERICAN OVERSIGHT

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-	-	-	-	-	-	7	1	-	1
1	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	14	-	-	2
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-	-	-	-	-	-	10	-	-	6
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-	-	-	-	-	-	13	-	-	6
-	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	8	-	-	8
-	-	-	-	-	-	12	-	-	5
10	**-**	**-**	**-**	**-**	**-**	**980**	**3**	**8**	**683**

AMERICAN OVERSIGHT

1	-	-	-	-	-	25	-	-	9
-	-	-	-	-	-	25	-	-	16
-	-	-	-	-	-	11	-	-	11
4	-	-	-	-	-	41	-	-	20
-	-	-	-	-	-	4	-	-	13
-	-	-	-	-	-	10	-	-	5
-	-	-	-	-	-	28	-	-	25
-	-	-	-	-	-	34	-	-	37
-	-	-	-	-	-	42	-	-	28
-	-	-	-	-	-	7	-	-	10
-	-	-	-	-	-	27	-	-	35
-	-	-	-	-	-	33	-	-	7
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3	-	-	-	-	-	72	-	1	71
1	-	-	-	-	-	63	1	-	35
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-	-	-	-	-	-	3	-	-	9
-	-	-	-	-	-	27	1	1	14
-	-	-	-	-	-	26	-	-	22
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-	-	-	-	-	-	14	-	1	11
-	-	-	-	-	-	33	-	-	10
-	-	-	-	-	-	10	-	1	10
-	-	-	-	-	-	15	-	-	7
-	-	-	-	-	-	46	-	-	29

AMERICAN OVERSIGHT

31	32	33	34	35	36	37	38	39	40
Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey TOTAL	Complaint Survey Cycle 1

E	F	G	H	J	K	L	TOTAL ANNUAL CYCLE 3	TOTAL ANNUAL	B
2	-	-	-	-	-	-	4	22	-
-	1	-	-	-	-	-	4	21	-
-	-	-	-	-	-	-	2	7	-
1	-	-	-	-	-	-	3	9	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	4	10	-
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-	-	-	-	-	-	-	-	7	-
-	-	-	-	-	-	-	-	3	-
-	-	-	-	-	-	-	2	11	-
-	-	-	-	-	-	-	2	10	-
-	-	-	-	-	-	-	-	5	-
-	-	-	-	-	-	-	5	12	-
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-	-	-	-	-	-	-	2	10	-
-	-	-	-	-	-	-	3	14	-
-	-	-	-	-	-	-	3	18	-
2	-	-	-	-	-	-	5	26	-
-	1	-	-	-	-	-	6	19	-
-	-	-	-	-	-	-	6	17	-
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-	-	-	-	-	-	-	1	2	-
-	-	-	-	-	-	-	2	4	-
-	-	-	-	-	-	-	2	8	-
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-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	2	10	-
2	-	-	-	-	-	-	7	20	-
1	-	-	-	-	-	-	9	21	-
-	2	-	-	-	-	-	11	25	-
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AMERICAN OVERSIGHT

2	-	-	-	-	-	-	10	25	-
1	3	-	-	-	-	-	5	15	-
-	1	-	-	-	-	-	6	13	-
1	2	-	-	-	-	-	8	13	-
1	1	-	-	-	-	-	9	17	-
1	1	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	6	18	-
-	1	-	-	-	-	-	3	8	-
-	2	-	-	-	-	-	8	14	-
-	-	-	-	-	-	-	1	13	-
1	-	-	-	-	-	-	7	15	-
-	1	-	-	-	-	-	3	19	-
-	-	-	-	-	-	-	3	8	-
-	1	-	-	-	-	-	3	8	-
-	1	-	-	-	-	-	6	12	-
1	-	-	-	-	-	-	5	8	-
-	-	-	-	-	-	-	-	4	-
2	-	-	-	-	-	-	16	26	-
-	-	-	-	-	-	-	5	10	-
-	-	-	-	-	-	-	2	9	-
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3	-	-	-	-	-	-	3	10	-
-	-	-	-	-	-	-	1	12	-
-	-	-	-	-	-	-	1	9	-
-	-	-	-	-	-	-	1	9	-
1	-	-	-	-	-	-	5	19	-
-	-	-	-	-	-	-	1	11	-
-	-	-	-	-	-	-	2	15	-
-	-	-	-	-	-	-	1	6	-
-	-	-	-	-	-	-	3	12	-
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1	-	-	-	-	-	-	5	16	-
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1	-	-	-	-	-	-	4	21	-
1	-	-	-	-	-	-	7	28	-

AMERICAN OVERSIGHT

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1	-	-	-	-	-	-	4	9	-
2	-	-	-	-	-	-	4	16	-
-	-	-	-	-	-	-	4	9	-
-	-	-	-	-	-	-	1	14	-
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1	-	-	-	-	-	-	6	10	-
1	-	-	-	-	-	-	8	12	-
1	1	-	-	-	-	-	6	23	-
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-	-	-	-	-	-	-	2	7	-
-	-	-	-	-	-	-	5	16	-
-	1	-	-	-	-	-	2	14	-
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-	1	-	-	-	-	-	4	17	-
3	-	-	-	-	-	-	8	17	-
-	-	-	-	-	-	-	2	19	-
1	-	-	-	-	-	-	8	18	-
2	1	-	-	-	-	-	6	21	-

AMERICAN OVERSIGHT

1	-	-	-	-	-	-	2	16	-
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1	-	-	-	-	-	-	3	16	-
1	-	-	-	-	-	-	5	25	-
-	1	-	-	-	-	-	3	28	-
1	-	-	-	-	-	-	7	23	-
1	2	-	-	-	-	-	7	12	-
-	1	-	-	-	-	-	1	10	-
-	-	-	-	-	-	-	-	14	-
1	-	-	-	-	-	-	6	9	-
1	-	-	-	-	-	-	6	17	-
1	1	-	-	-	-	-	5	14	-
-	-	-	-	-	-	-	5	16	-
1	-	-	-	-	-	-	6	17	-
-	-	-	-	-	-	-	3	8	-
1	1	-	-	-	-	-	3	5	-
-	-	-	-	-	-	-	-	8	-
1	1	-	-	-	-	-	6	12	-
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2	-	-	-	-	-	-	3	12	-
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-	-	-	-	-	-	-	1	23	-
2	-	-	-	-	-	-	9	22	-
1	-	-	-	-	-	-	5	24	-
-	-	-	-	-	-	-	3	9	-
2	-	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	5	10	-
2	1	-	-	-	-	-	5	13	-
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2	-	-	-	-	-	-	8	32	-
-	-	-	-	-	-	-	1	24	-
1	-	-	-	-	-	-	6	11	-
1	-	-	-	-	-	-	3	10	-
-	-	-	-	-	-	-	4	12	-
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-	-	-	-	-	-	-	8	23	-
1	-	-	-	-	-	-	6	28	-
122	51	4	-	-	-	-	871	2,802	-

AMERICAN OVERSIGHT

3	1	-	-	-	-	-	13	59	-
-	-	-	-	-	-	-	16	68	-
-	-	-	-	-	-	-	11	32	-
2	1	-	-	-	-	-	23	94	-
-	-	-	-	-	-	-	13	38	-
-	-	-	-	-	-	-	5	26	-
3	4	-	-	-	-	-	32	93	-
5	8	-	-	-	-	-	50	107	-
3	5	-	-	-	-	-	36	109	-
-	2	-	-	-	-	-	12	28	-
3	-	-	-	-	-	-	38	80	-
1	-	-	-	-	-	-	8	62	-
4	-	-	-	-	-	-	14	47	-
1	-	-	-	-	-	-	9	60	-
2	-	-	-	-	-	-	23	66	-
8	1	2	-	-	-	-	40	98	-
3	1	-	-	-	-	-	13	63	-
2	-	-	-	-	-	-	11	56	-
6	-	-	-	-	-	-	28	98	-
9	1	-	-	-	-	-	60	185	-
-	-	-	-	-	-	-	-	-	-
3	1	-	-	-	-	-	20	45	-
-	-	-	-	-	-	-	15	43	-
4	1	-	-	-	-	-	13	38	-
1	1	-	-	-	-	-	13	75	-
-	1	-	-	-	-	-	13	53	-
11	10	-	-	-	-	-	93	222	-
10	2	2	-	-	-	-	50	199	-
5	4	-	-	-	-	-	36	109	-
1	1	-	-	-	-	-	6	13	-
-	-	-	-	-	-	-	-	8	-
1	1	-	-	-	-	-	11	28	-
10	2	-	-	-	-	-	28	85	-
5	1	-	-	-	-	-	28	96	-
-	-	-	-	-	-	-	3	9	-
5	1	-	-	-	-	-	18	45	-
3	1	-	-	-	-	-	14	79	-
2	-	-	-	-	-	-	13	33	-
2	-	-	-	-	-	-	9	32	-
4	-	-	-	-	-	-	33	121	-

AMERICAN OVERSIGHT

41	42	43	44	45	46	47	48	49	50
Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1

C	D	E	F	G	H	I	J	K	L
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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1	1	5	1	-	-	-	4	-	-
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AMERICAN OVERSIGHT

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-	2	1	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
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-	6	-	-	-	-	-	-	-	-
-	5	2	1	-	-	-	-	-	-
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-	1	-	-	-	-	-	-	-	-
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-	7	-	-	-	-	-	-	-	-
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-	1	-	-	-	-	-	-	-	-
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-	7	-	-	-	-	-	-	-	-
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-	1	-	-	-	-	-	5	-	-
-	3	-	-	-	-	-	-	-	-
1	244	45	4	27	-	-	34	4	1

AMERICAN OVERSIGHT

-	7	2	1	9	-	-	-	-	-
-	2	-	-	2	-	-	5	-	-
-	2	-	-	-	-	-	-	-	-
-	15	3	-	5	-	-	-	-	1
-	2	-	-	-	-	-	-	-	-
-	1	1	-	-	-	-	-	-	-
-	5	3	-	1	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	3	-	-
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-	5	1	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	1	-	-
-	10	-	-	-	-	-	-	-	-
-	8	-	-	-	-	-	-	-	-
-	18	2	-	1	-	-	-	-	-
-	7	1	-	-	-	-	2	-	-
-	4	-	-	-	-	-	-	-	-
-	12	2	-	1	-	-	-	-	-
-	22	7	-	1	-	-	-	-	-
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-	3	-	-	1	-	-	2	-	-
-	2	-	-	-	-	-	-	-	-
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-	4	4	-	2	-	-	2	-	-
-	5	1	-	-	-	-	3	-	-
1	31	11	1	2	-	-	8	2	-
-	17	5	-	1	-	-	-	-	-
-	14	2	1	-	-	-	-	2	-
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AMERICAN OVERSIGHT

51	52	53	54	55	56	57	58	59	60
Complaint Survey Cycle 1	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2

TOTAL COMPLAINT CYCLE 1	B	C	D	E	F	G	H	I	J
12	-	-	-	-	-	-	-	-	-
1	-	-	2	-	-	-	-	-	-
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18	-	-	2	1	-	-	-	-	-
5	-	-	4	1	-	-	-	-	-
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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2	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
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4	-	-	1	-	-	-	-	-	-
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3	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
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3	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	3
1	-	-	1	-	-	-	-	-	-
4	-	-	3	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	4
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6	-	-	2	-	-	-	-	-	-
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2	-	-	3	-	-	-	-	-	-
3	-	-	1	-	-	-	-	-	-

AMERICAN OVERSIGHT

5	-	-	1	-	-	-	-	-	-
7	-	-	2	-	-	-	-	-	-
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2	-	-	2	2	-	-	-	-	-
3	-	-	-	-	-	-	-	-	3
1	-	-	2	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
8	-	-	1	-	-	-	-	-	3
-	-	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
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1	-	-	1	-	-	-	-	-	-
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4	-	-	-	-	-	-	-	-	-
4	1	-	2	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
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4	-	-	1	-	-	-	-	-	-
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7	-	-	-	-	-	-	-	-	-
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6	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
360	**3**	**1**	**185**	**21**	**2**	**1**	**-**	**-**	**16**

AMERICAN OVERSIGHT

19	-	-	2	-	-	-	-	-	-
9	-	-	2	-	-	-	-	-	-
2	-	-	3	-	-	-	-	-	-
24	-	-	15	5	-	-	-	-	-
2	1	-	3	-	-	-	-	-	-
2	-	-	7	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
3	-	-	13	-	1	-	-	-	-
5	-	-	1	-	1	-	-	-	-
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6	-	-	6	-	-	-	-	-	-
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10	-	-	1	-	-	-	-	-	-
8	-	-	9	3	-	1	-	-	-
21	-	-	5	1	-	-	-	-	-
10	-	-	5	1	-	-	-	-	-
4	-	-	6	-	-	-	-	-	-
15	1	-	8	-	-	-	-	-	-
30	-	-	38	4	-	-	-	-	3
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6	-	-	1	1	-	-	-	-	-
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12	-	-	3	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
56	-	-	15	-	-	-	-	-	7
23	-	-	10	3	-	-	-	-	3
19	-	-	4	-	-	-	-	-	3
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1	-	-	1	-	-	-	-	-	-
15	1	-	2	-	-	-	-	-	-
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5	-	-	1	-	-	-	-	-	-
16	-	-	1	-	-	-	-	-	-

AMERICAN OVERSIGHT

61	62	63	64	65	66	67	68	69	70
Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3
K	L	TOTAL COMPLAINT CYCLE 2	B	C	D	E	F	G	H
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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-	-	4	-	-	1	-	-	-	-
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AMERICAN OVERSIGHT

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-	-	4	-	-	2	-	-	-	-
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-	-	229	2	3	185	34	7	16	4

AMERICAN OVERSIGHT

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-	-	3	-	-	-	-	-	-	-
-	-	20	-	-	21	3	-	4	-
-	-	4	-	-	-	-	-	-	-
-	-	7	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	14	-	1	7	-	-	-	-
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-	-	6	-	-	6	-	-	-	-
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-	-	4	-	-	5	2	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	13	-	-	7	2	-	-	-
-	-	6	-	-	3	1	-	-	-
-	-	6	-	-	2	-	-	-	-
-	-	6	-	-	4	1	-	-	-
-	-	9	-	1	12	7	-	-	-
-	-	45	-	-	45	6	1	-	4
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-	-	1	-	-	2	-	-	-	-
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AMERICAN OVERSIGHT

71	72	73	74	75	76	77	> 0.0%
							> / = 10.0%
							> / = 20.0%
Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Annual Health Survey TOTAL	TOTAL TOTAL	
I	J	K	L	TOTAL COMPLAINT CYCLE 3	TOTAL ANNUAL	TOTAL CITATIONS	G+ Citations as a % of Total Health Citations - Cycle 1
-	-	-	-	10	22	44	0.0%
-	-	-	-	3	6	27	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	5	14	0.0%
-	-	-	-	1	6	14	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	-	14	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	1	4	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	1	2	7	0.0%
-	-	-	-	-	2	14	20.0%
-	-	-	-	-	3	13	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	3	10	28	0.0%
-	-	-	-	11	14	40	0.0%
-	-	-	-	5	26	45	66.7%
-	-	-	-	9	19	36	0.0%
-	-	-	-	-	-	3	0.0%
-	-	-	-	-	-	2	0.0%
-	-	-	-	-	2	6	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	-	6	14	0.0%
-	-	-	-	-	3	11	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	1	5	30	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	25	0.0%

AMERICAN OVERSIGHT

-	-	-	-	5	19	44	0.0%
-	-	-	-	2	3	18	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	1	2	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	3	8	30	0.0%
-	-	-	-	1	2	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	1	1	14	0.0%
-	-	-	-	-	-	15	0.0%
-	-	-	-	1	1	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	1	5	0.0%
-	-	-	-	4	9	35	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	7	30	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	2	3	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	2	5	12	0.0%
-	-	-	-	2	3	9	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	1	16	0.0%
-	-	-	-	3	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	-	6	15	0.0%
-	-	-	-	-	1	20	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	2	4	19	0.0%
-	-	-	-	3	14	20	0.0%
-	-	-	-	1	5	17	0.0%
-	-	-	-	2	5	13	0.0%
-	-	-	-	-	-	4	0.0%
-	-	-	-	1	2	9	0.0%
-	-	-	-	-	-	14	0.0%
-	-	-	-	1	2	23	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	1	15	48	0.0%
-	-	-	-	1	7	34	0.0%
-	-	-	-	-	3	23	0.0%
-	-	-	-	2	4	24	0.0%
-	-	-	-	-	6	13	0.0%
-	-	-	-	-	5	21	0.0%
-	-	-	-	-	2	9	0.0%
-	-	-	-	5	7	28	0.0%
-	-	-	-	-	6	34	0.0%

AMERICAN OVERSIGHT

-	-	-	-	9	12	36	0.0%
-	-	-	-	2	2	11	0.0%
-	-	-	-	2	3	12	0.0%
-	-	-	-	1	6	22	0.0%
-	-	-	-	4	7	16	0.0%
-	-	-	-	1	7	21	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	4	7	28	0.0%
-	-	-	-	5	8	27	0.0%
-	-	-	-	7	17	39	0.0%
-	-	-	-	10	12	36	0.0%
-	5	-	-	8	12	27	0.0%
-	-	-	-	7	9	13	0.0%
-	-	-	-	2	11	24	0.0%
-	-	-	-	6	20	46	0.0%
-	-	-	-	2	11	26	12.5%
-	-	-	-	10	29	55	11.1%
							0.0%
-	-	-	-	2	3	13	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	1	8	31	0.0%
-	-	-	-	4	4	21	0.0%
-	-	-	-	1	2	12	0.0%
-	-	-	-	4	8	24	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	6	0.0%
-	4	-	-	4	4	13	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	2	10	0.0%
-	-	-	-	1	6	13	0.0%
-	5	-	-	5	5	21	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	-	5	15	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	1	4	23	0.0%
-	-	-	-	4	10	25	33.3%
-	-	-	-	5	9	26	0.0%
-	-	-	-	8	18	45	0.0%
-	-	-	-	-	4	20	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	-	6	19	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	5	13	27	0.0%
-	-	-	-	-	2	18	0.0%
-	-	-	-	-	7	21	0.0%
-	-	-	-	1	17	55	40.0%
-	-	-	-	-	2	16	0.0%
-	-	-	-	-	8	21	0.0%
-	-	-	-	1	5	22	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	2	21	0.0%
-	-	-	-	6	11	29	0.0%
-	-	-	-	6	10	31	0.0%

AMERICAN OVERSIGHT

-	-	-	-	-	6	22	0.0%
-	-	-	-	-	9	25	0.0%
-	-	-	-	3	4	20	0.0%
-	-	-	-	1	1	26	0.0%
-	-	-	-	2	8	36	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	1	4	16	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	6	20	0.0%
-	-	-	-	3	15	24	0.0%
-	-	-	-	2	2	19	0.0%
-	-	-	-	-	2	16	50.0%
-	-	-	-	-	3	19	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	5	0.0%
							0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	13	0.0%
-	-	-	-	-	7	10	0.0%
-	-	-	-	2	2	15	0.0%
-	-	-	-	3	4	16	0.0%
-	-	-	-	-	-	6	0.0%
-	-	-	-	2	3	23	0.0%
-	-	-	-	-	-	7	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	2	7	0.0%
-	-	-	-	3	8	20	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	5	27	0.0%
-	-	-	-	-	3	27	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	-	22	0.0%
-	-	-	-	2	4	14	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	4	27	0.0%
-	-	-	-	1	8	40	0.0%
-	-	-	-	-	7	31	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	1	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	2	7	26	0.0%
-	-	-	-	1	2	6	0.0%
-	-	-	-	1	1	10	0.0%
-	-	-	-	-	-	16	0.0%
-	-	-	-	-	7	35	0.0%
-	-	-	-	2	3	29	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	-	3	31	0.0%
-	14	-	-	265	854	3,656	2.0%

AMERICAN OVERSIGHT

-	-	-	-	13	34	93	0.0%
-	-	-	-	2	13	81	**3.7%**
-	-	-	-	-	5	37	**10.0%**
-	-	-	-	28	72	166	**13.3%**
-	-	-	-	-	6	44	0.0%
-	-	-	-	-	9	35	0.0%
-	-	-	-	1	10	103	0.0%
-	-	-	-	8	25	132	0.0%
-	-	-	-	6	13	122	0.0%
-	-	-	-	-	-	28	0.0%
-	-	-	-	6	18	98	0.0%
-	-	-	-	2	4	66	0.0%
-	-	-	-	7	13	60	0.0%
-	-	-	-	-	11	71	0.0%
-	-	-	-	9	30	96	0.0%
-	-	-	-	4	31	129	0.0%
-	-	-	-	2	18	81	0.0%
-	-	-	-	5	15	71	0.0%
-	-	-	-	20	44	142	0.0%
-	5	-	-	61	136	321	**3.6%**
-	-	-	-	-	-	-	0.0%
-	-	-	-	3	11	56	0.0%
-	-	-	-	9	14	57	0.0%
-	4	-	-	4	7	45	0.0%
-	5	-	-	6	21	96	0.0%
-	-	-	-	5	14	67	**5.6%**
-	-	-	-	20	98	320	**7.0%**
-	-	-	-	18	57	256	0.0%
-	-	-	-	6	32	141	**13.3%**
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	2	10	38	0.0%
-	-	-	-	8	18	103	0.0%
-	-	-	-	-	9	105	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	4	49	0.0%
-	-	-	-	1	19	98	0.0%
-	-	-	-	1	4	37	0.0%
-	-	-	-	4	10	42	0.0%
-	-	-	-	2	19	140	0.0%

AMERICAN OVERSIGHT

> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%
> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%
> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%

G+ Citations as a % of Total Health Citations - Cycle 2	G+ Citations as a % of Total Health Citations - Cycle 3	G+ Citations as a % of Total Health Citations	G+ Citations as a % of Total Complaint Citations - Cycle 1	G+ Citations as a % of Total Complaint Citations - Cycle 2	G+ Citations as a % of Total Complaint Citations - Cycle 3
0.0%	0.0%	0.0%	41.7%	0.0%	18.2%
9.1%	0.0%	4.8%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	8.3%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12.5%	0.0%	7.1%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
22.2%	0.0%	7.7%	0.0%	0.0%	28.6%
14.3%	0.0%	26.3%	27.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	41.7%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	25.0%	0.0%
0.0%	0.0%	6.7%	0.0%	0.0%	0.0%
0.0%	0.0%	3.8%	6.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	6.7%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	75.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	33.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	23.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	10.5%	33.3%	100.0%	0.0%
75.0%	0.0%	21.4%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	33.3%	12.5%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	25.0%
12.5%	0.0%	4.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	75.0%	0.0%
12.5%	0.0%	5.9%	0.0%	0.0%	0.0%
0.0%	0.0%	28.6%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0

4.0%	0.0%	1.7%	47.4%	0.0%	11.8%
0.0%	0.0%	1.5%	77.8%	0.0%	0.0%
0.0%	0.0%	3.1%	0.0%	0.0%	0.0%
9.8%	0.0%	8.5%	25.0%	0.0%	5.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	11.1%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	7.7%	0.0%
0.0%	5.0%	2.0%	4.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	6.7%	0.0%	0.0%
0.0%	0.0%	1.1%	3.3%	6.7%	6.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	33.3%	0.0%	23.8%
0.0%	0.0%	1.9%	33.3%	0.0%	0.0%
4.2%	0.0%	3.2%	21.4%	31.8%	6.1%
1.6%	4.0%	1.5%	4.3%	18.8%	1.8%
3.6%	0.0%	6.4%	10.5%	42.9%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	5.6%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	31.3%	0.0%	0.0%

AMERICAN OVERSIGHT

> 0.0%	> 0.0%		9	11	6		10
> / = 10.0%	> / = 10.0%	Per CMS SNF PUF Stats Files					
> / = 20.0%	> / = 20.0%						
			UNDUPLICATED (DISTINCT) MEDICARE A BENEFICIARIES SERVED				A
G+ Citations as a % of Total Complaint Citations	G+ Citations as a % of Total Citations		2015	2016	2017	2018	2015
40.9%	20.5%		154	134	108		25.20
0.0%	3.7%		192	179	166		27.53
0.0%	0.0%		249	212	241		27.18
80.0%	28.6%		166	143	145		23.89
83.3%	35.7%		172	162	179		28.52
0.0%	10.0%		426	445	474		25.52
0.0%	0.0%		138	139	117		37.65
0.0%	0.0%		361	358	338		21.97
0.0%	0.0%						
66.7%	14.3%		260	237	251		25.45
0.0%	0.0%		123	112	141		27.10
0.0%	0.0%		172	152	180		24.86
0.0%	7.1%		103	102	95		27.59
0.0%	0.0%		133	137	133		20.78
0.0%	0.0%		112	104	110		22.10
0.0%	5.9%		263	253	232		26.00
0.0%	0.0%		131	107	117		32.80
28.6%	15.0%		134	153	129		28.65
19.2%	22.2%		187	142	137		31.29
5.3%	2.8%		97	104	96		31.33
0.0%	0.0%		81	75	69		28.67
0.0%	0.0%		113	100	88		29.22
0.0%	0.0%		89	64	74		35.43
0.0%	0.0%		255	307	361		34.54
0.0%	0.0%		57	49	43		31.58
0.0%	0.0%		149	126	125		48.33
0.0%	0.0%		141	154	140		30.72
0.0%	0.0%		153	148	157		39.17
50.0%	4.5%		200	174	199		25.00
0.0%	0.0%		81	86	93		26.41
0.0%	0.0%		174	109	145		25.05
0.0%	0.0%		275	236	228		33.32
0.0%	0.0%		277	267	282		27.54

AMERICAN OVERSIGHT

0.0%	0.0%	369	305	300	21.85
0.0%	0.0%	188	189	212	39.00
0.0%	0.0%	124	101	77	29.60
0.0%	0.0%	524	520	514	22.78
0.0%	0.0%	191	191	170	27.15
37.5%	10.0%	237	226	188	19.25
0.0%	0.0%	469	446	459	27.22
0.0%	0.0%	830	952	916	21.98
0.0%	0.0%	166	198	142	23.86
0.0%	0.0%	292	289	295	21.48
0.0%	0.0%	239	212	232	24.35
0.0%	0.0%	521	413	330	20.24
0.0%	0.0%	297	285	261	26.98
0.0%	0.0%	234	222	234	23.70
0.0%	0.0%	234	268	275	34.05
0.0%	0.0%	193	104	113	18.97
0.0%	0.0%	352	349	257	22.94
0.0%	0.0%	391	373	254	21.35
0.0%	0.0%	270	222	220	23.76
0.0%	0.0%	214	206	168	22.89
0.0%	0.0%	311	273	277	22.41
0.0%	0.0%	672	556	517	26.44
0.0%	0.0%	192	173	208	28.61
0.0%	0.0%	602	603	657	28.30
0.0%	0.0%	531	487	477	28.07
0.0%	0.0%	161	150	99	28.54
33.3%	11.1%	230	194	203	35.75
0.0%	0.0%	379	320	287	27.26
0.0%	0.0%	426	420	387	23.08
0.0%	0.0%	488	430	425	25.55
0.0%	0.0%	221	277	300	28.41
0.0%	0.0%	56	63	69	39.35
0.0%	0.0%	106	98	131	32.80
0.0%	0.0%	199	222	243	33.31
0.0%	0.0%	85	92	107	26.25
0.0%	0.0%	56	60	83	35.09
0.0%	0.0%	76	160	160	29.25
0.0%	0.0%	108	106	129	30.01
20.0%	7.7%	47	26	38	31.34
0.0%	0.0%	46	33	41	42.19
0.0%	0.0%	38	40	35	32.24
0.0%	0.0%	120	170	141	32.85
50.0%	4.3%	76	88	110	28.79
0.0%	0.0%	89	65	67	39.68
0.0%	4.2%	24	24	32	33.27
0.0%	0.0%	30	30	26	34.71
0.0%	0.0%	108	79	88	32.49
0.0%	0.0%	154	93	89	34.72
0.0%	0.0%	101	46	48	36.86
40.0%	9.5%	189	170	152	38.04
0.0%	0.0%	203	187	174	28.28
0.0%	0.0%	375	445	335	27.25
0.0%	0.0%	155	169	189	31.18

AMERICAN OVERSIGHT

0.0%	0.0%	313	289	193	30.92
0.0%	0.0%	128	128	136	37.47
0.0%	0.0%	310	282	292	26.54
0.0%	0.0%	188	170	147	30.36
0.0%	0.0%	228	261	269	31.72
14.3%	4.8%	84	92	95	33.46
0.0%	0.0%	96	134	131	38.93
57.1%	14.3%	247	306	334	28.43
0.0%	0.0%	248	194	193	25.90
0.0%	0.0%	556	514	339	23.57
0.0%	0.0%	114	117	84	19.78
41.7%	18.5%	256	214	185	21.98
0.0%	0.0%	288	276	254	24.81
0.0%	0.0%	131	115	126	27.84
15.0%	6.5%	187	165	138	22.22
0.0%	3.8%	377	242	198	29.87
3.4%	3.6%	177	189	129	31.82
0.0%	0.0%				
0.0%	0.0%	67	52	57	26.85
0.0%	0.0%	339	308	356	27.35
37.5%	9.7%	296	271	287	27.49
0.0%	0.0%	225	278	282	21.49
0.0%	0.0%	189	163	212	25.09
0.0%	0.0%	91	110	128	28.49
0.0%	0.0%	595	564	496	20.70
0.0%	0.0%	342	318	264	24.33
0.0%	0.0%	408	351	354	28.04
100.0%	30.8%	203	170	167	23.69
0.0%	0.0%	231	212	199	25.57
0.0%	0.0%	463	432	395	24.25
16.7%	7.7%	168	153	177	23.34
100.0%	23.8%	383	356	333	22.96
100.0%	6.7%	176	145	130	26.58
40.0%	13.3%	408	363	327	27.12
0.0%	0.0%	400	365	351	25.99
0.0%	0.0%	318	278	315	25.79
0.0%	0.0%	356	343	322	25.00
30.0%	16.0%	262	301	292	28.40
33.3%	11.5%	269	262	148	31.94
0.0%	0.0%	144	162	158	37.75
75.0%	15.0%	171	198	211	35.06
0.0%	0.0%	181	149	155	28.67
33.3%	10.5%	95	87	98	35.51
0.0%	0.0%	96	91	82	32.76
46.2%	22.2%	178	203	165	34.79
0.0%	0.0%	165	141	125	35.39
0.0%	0.0%	244	237	234	31.12
47.1%	21.8%	185	149	120	27.97
0.0%	18.8%	174	209	247	30.77
37.5%	14.3%	232	186	164	27.83
0.0%	0.0%	462	427	412	27.88
0.0%	0.0%	169	147	154	26.72
0.0%	0.0%	356	299	246	24.31
0.0%	0.0%	146	145	123	34.58
0.0%	0.0%	234	208	143	23.54

AMERICAN OVERSIGHT

0.0%	0.0%	162	195	182		27.30
0.0%	8.0%	280	286	264		28.07
25.0%	5.0%	136	112	100		30.85
0.0%	3.8%	131	143	136		31.27
12.5%	2.8%	151	127	127		30.59
50.0%	10.3%	104	97	128		28.29
0.0%	0.0%	313	264	327		28.13
0.0%	20.0%	543	576	513		28.04
0.0%	0.0%	343	389	362		29.35
20.0%	12.5%	408	367	304		27.79
0.0%	5.3%	103	125	107		29.55
0.0%	25.0%	262	291	278		28.47
66.7%	10.5%	512	560	472		27.25
0.0%	0.0%	408	345	382		25.44
0.0%	0.0%	696	658	650		21.06
0.0%	0.0%			98		
0.0%	0.0%					
0.0%	0.0%	354	310	318		19.95
0.0%	0.0%	375	361	410		28.30
0.0%	0.0%	216	195	220		32.38
0.0%	0.0%	71	70	54		29.59
25.0%	6.3%	259	235	213		25.87
0.0%	0.0%	387	391	431		23.89
0.0%	0.0%	251	237	233		31.27
0.0%	0.0%	164	150	126		30.19
0.0%	0.0%	543	486	493		25.68
0.0%	0.0%	216	146	158		23.01
0.0%	0.0%	197	170	155		23.30
0.0%	0.0%	467	562	655		26.87
0.0%	0.0%	109	115	117		37.79
80.0%	14.8%	175	191	204		29.75
0.0%	0.0%	647	574	533		25.18
0.0%	0.0%			329		
0.0%	0.0%	150	134	153		21.95
0.0%	0.0%	22	18	44		14.23
0.0%	0.0%	155	144	155		19.86
0.0%	0.0%	127	138	86		35.57
0.0%	0.0%	217	196	157		24.99
0.0%	0.0%	201	171	160		26.29
0.0%	0.0%	202	174	172		21.01
0.0%	0.0%	242	216	192		27.65
0.0%	0.0%	261	256	226		23.91
0.0%	0.0%	300	242	218		25.80
0.0%	0.0%	239	233	187		42.55
0.0%	0.0%	309	252	55		29.39
0.0%	0.0%	188	171	155		25.22
0.0%	0.0%	113	114	115		30.84
0.0%	0.0%	245	241	211		25.36
83.3%	17.2%	79	81	67		31.34
0.0%	0.0%	60	38	55		26.97
13.7%	4.1%	44,049	41,758	40,493	-	28.02

AMERICAN OVERSIGHT

38.2%	15.1%	761	668	660	-	-
53.8%	9.9%	1,652	1,605	1,680	-	-
0.0%	2.7%	348	343	338	-	-
13.9%	10.8%	812	759	711	-	-
0.0%	0.0%	595	595	635	-	-
0.0%	0.0%	443	428	422	-	-
10.0%	1.0%	730	605	665	-	-
0.0%	0.0%	1,673	1,573	1,555	-	-
23.1%	2.5%	2,754	2,736	2,562	-	-
0.0%	0.0%	765	775	770	-	-
0.0%	0.0%	1,731	1,527	1,289	-	-
0.0%	0.0%	1,997	1,819	1,859	-	-
7.7%	1.7%	1,684	1,514	1,401	-	-
0.0%	0.0%	667	752	850	-	-
3.3%	1.0%	491	595	627	-	-
3.2%	2.3%	219	207	235	-	-
11.1%	2.5%	552	388	377	-	-
0.0%	0.0%	733	801	698	-	-
2.3%	0.7%	1,347	1,356	1,263	-	-
9.6%	4.7%	2,581	2,332	1,980	-	-
0.0%	0.0%	-	-	-	-	-
27.3%	5.4%	702	631	700	-	-
0.0%	0.0%	505	551	622	-	-
57.1%	8.9%	1,548	1,403	1,281	-	-
42.9%	9.4%	1,829	1,661	1,561	-	-
21.4%	6.0%	1,336	1,287	1,280	-	-
25.5%	10.0%	2,596	2,501	2,319	-	-
8.8%	3.1%	1,869	1,759	1,603	-	-
15.6%	8.5%	2,892	2,917	2,745	-	-
0.0%	0.0%	696	658	748	-	-
0.0%	0.0%	354	310	318	-	-
0.0%	0.0%	662	626	684	-	-
5.6%	1.0%	2,017	1,815	1,809	-	-
44.4%	3.8%	1,398	1,442	1,509	-	-
0.0%	0.0%	-	-	329	-	-
0.0%	0.0%	327	296	352	-	-
0.0%	0.0%	545	505	403	-	-
0.0%	0.0%	705	646	590	-	-
0.0%	0.0%	848	727	460	-	-
26.3%	3.6%	685	645	603	-	-

AMERICAN OVERSIGHT

12 9 10

VERAGE LENGTH OF STAY			PERCENT OF BENEFICIARIES WITH < / = 7 MEDICARE A COVERED DAYS				TOTAL MEDICARE COI	
2016	2017	2018	2015	2016	2017	2018	2015	2016
27.54	28.52				12.0%			
28.25	27.98				7.0%			
23.62	25.54				8.0%			
23.56	27.96				10.0%			
28.75	22.33				14.0%			
23.73	23.85				17.0%			
24.70	25.66				*			
21.84	20.76				12.0%			
24.37	23.76				11.0%			
27.90	21.16				9.0%			
26.50	23.58				17.0%			
26.88	26.19				*			
20.51	20.81				11.0%			
25.29	27.19				16.0%			
26.40	26.21				7.0%			
35.19	23.06				10.0%			
26.65	26.99				11.0%			
26.77	26.05				*			
28.02	27.81				13.0%			
36.57	29.56				*			
27.95	27.83				*			
47.26	41.07				*			
27.62	23.81				12.0%			
29.65	20.36				*			
51.98	46.54				*			
37.09	34.27				*			
39.68	38.58				8.0%			
27.08	25.23				11.0%			
22.95	21.52				13.0%			
24.84	30.48				8.0%			
32.38	29.48				12.0%			
24.07	21.36				13.0%			

AMERICAN OVERSIGHT

23.41	**17.26**		**18.0%**
34.50	**27.76**		**10.0%**
27.75	**26.58**	*	
21.93	**21.63**		**14.0%**
26.02	**24.00**		**8.0%**
16.57	**16.39**		**13.0%**
27.30	**27.58**		**9.0%**
19.42	**19.67**		**10.0%**
19.21	**23.32**	*	
21.05	**18.74**		**16.0%**
20.66	**19.11**		**10.0%**
22.38	**21.33**		**12.0%**
25.60	26.73		8.0%
22.48	20.55		15.0%
31.91	35.35		12.0%
18.89	**15.86**		**17.0%**
19.51	**19.76**		**8.0%**
20.52	**20.95**		**11.0%**
25.17	**19.68**		**12.0%**
23.92	**22.66**		**10.0%**
23.93	**21.81**		**11.0%**
27.83	**25.60**		**9.0%**
30.03	**26.35**		**7.0%**
25.70	**22.74**		**10.0%**
26.39	**24.79**		**9.0%**
26.36	**27.16**		**17.0%**
30.76	**26.64**		**10.0%**
27.92	**30.39**		**6.0%**
22.99	**23.56**		**10.0%**
26.26	**27.43**		**10.0%**
27.97	27.78		12.0%
36.18	36.45	*	
27.20	30.07		18.0%
33.38	28.72		13.0%
26.15	28.56	*	
25.50	**29.40**	*	
34.42	**26.01**		**16.0%**
27.02	**21.85**		**12.0%**
33.21	**31.43**	*	
36.55	**23.91**	*	
24.80	**23.12**	*	
29.37	**32.53**		**11.0%**
34.68	**36.82**	*	
36.30	**37.10**	*	
24.60	**32.63**	*	
27.21	**31.79**	*	
30.25	**28.50**	*	
32.02	**30.26**		**13.0%**
42.79	**31.50**	*	
39.33	**37.81**		**9.0%**
25.15	28.34		7.0%
26.47	27.79		7.0%
34.83	31.09		12.0%

AMERICAN OVERSIGHT

32.87	31.34		11.0%
36.38	36.28	*	
27.58	28.76		12.0%
32.47	30.23	*	
28.08	28.12		15.0%
36.29	34.49	*	
32.69	28.44		15.0%
28.41	26.74		13.0%
23.15	24.69		13.0%
24.34	26.23		12.0%
18.93	27.11		18.0%
23.16	22.66		14.0%
25.92	24.28		18.0%
20.25	16.76		17.0%
23.86	22.65		12.0%
30.64	27.04		11.0%
29.58	28.14	*	
24.12	31.39	*	
25.61	26.73		11.0%
30.20	28.43		9.0%
20.70	22.38		16.0%
21.25	23.68		6.0%
29.15	29.76		13.0%
20.76	21.33		8.0%
23.32	24.84		6.0%
28.27	26.63		6.0%
24.54	24.69		8.0%
27.79	28.92		9.0%
25.14	27.39		7.0%
23.26	26.73		9.0%
25.46	24.04		18.0%
28.19	33.32		9.0%
29.16	29.18		10.0%
21.51	23.89		10.0%
26.37	26.90		10.0%
23.76	23.11		13.0%
26.32	25.44		9.0%
34.27	30.99		9.0%
30.57	28.49		11.0%
36.81	34.00		8.0%
30.21	22.94		17.0%
32.66	23.64		16.0%
38.98	33.54		20.0%
34.35	38.56	*	
39.25	36.83		11.0%
31.37	28.66		9.0%
34.64	35.14	*	
30.60	26.53		11.0%
31.32	29.29		8.0%
24.56	24.81		12.0%
27.12	27.59		8.0%
24.24	24.61		15.0%
36.93	41.32		11.0%
26.51	28.55		14.0%

AMERICAN OVERSIGHT

23.59	**20.76**					**20.0%**				
27.12	**28.03**					**11.0%**				
32.65	**35.68**				*					
30.34	**24.47**					**16.0%**				
29.82	**24.82**					**9.0%**				
30.06	**24.31**					**14.0%**				
27.30	**26.58**					**16.0%**				
25.42	**26.52**					**9.0%**				
26.58	**27.86**					**9.0%**				
27.00	**29.42**					**12.0%**				
25.77	**33.63**				*					
28.84	**26.32**					**12.0%**				
28.05	**27.28**					**11.0%**				
25.40	**22.93**					**14.0%**				
21.60	**20.48**					**15.0%**				
	21.49					**12.0%**				
20.39	**21.14**					**5.0%**				
29.76	25.10					13.0%				
33.43	24.27					15.0%				
31.42	28.77				*					
25.77	**26.35**					**12.0%**				
21.35	**21.39**					**13.0%**				
30.40	**28.22**					**12.0%**				
29.88	**25.08**					**17.0%**				
25.59	**23.15**					**16.0%**				
22.39	**21.16**					**15.0%**				
25.29	**26.33**					**7.0%**				
23.36	**21.42**					**14.0%**				
36.61	**35.93**				*					
25.27	**23.68**					**9.0%**				
25.06	**24.14**					**7.0%**				
	22.91					**13.0%**				
21.04	**23.13**					**8.0%**				
18.32	**19.08**				*					
20.43	**17.62**					**12.0%**				
31.64	**37.88**				*					
21.55	**26.15**					**11.0%**				
25.33	**23.38**					**13.0%**				
21.94	19.13					12.0%				
26.93	24.30					14.0%				
22.68	21.51					9.0%				
30.14	**31.18**					**17.0%**				
40.29	**37.93**					**10.0%**				
28.92	**41.38**				*					
28.27	**29.55**				*					
32.25	**28.17**					**12.0%**				
27.74	**26.87**					**11.0%**				
31.84	**28.53**					**19.0%**				
23.04	**21.43**				*					
27.59	**26.96**	-	**0.0%**	**0.0%**	**9.3%**	**0.0%**	**$**	-	**$**	-

AMERICAN OVERSIGHT

-	-	-	0.0%	0.0%	0.0%	0.0%	$	-	$	-

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NSURANCE AMOUNT			PERCENT OF DUAL ELIGIBLE BENEFICIARIES			AVERAGE PATIENT AGE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
$ 474,418				54.0%		71.75	71.49	74.0
$ 709,982				57.0%		73.21	71.59	73.0
$ 622,304				27.0%		76.93	76.44	78.0
$ 461,916				30.0%		76.51	76.97	76.0
$ 368,645				49.0%		77.56	76.93	76.0
$ 1,191,967				22.0%		75.61	76.12	78.0
$ 279,815				55.0%		74.19	72.86	73.0
$ 577,231				17.0%		80.47	79.85	80.0
$ 643,031				24.0%		81.35	80.92	81.0
$ 306,628				26.0%		78.81	79.75	80.0
$ 407,302				17.0%		79.63	78.89	81.0
$ 279,157				58.0%		79.17	77.88	79.0
$ 276,031				52.0%		77.34	76.75	78.0
$ 321,762				42.0%		79.46	79.66	80.0
$ 605,196				24.0%		76.32	77.31	77.0
$ 406,644				64.0%		73.53	75.93	75.0
$ 480,834				65.0%		73.01	74.20	71.0
$ 541,205				45.0%		73.79	74.97	74.0
$ 355,649				50.0%		76.96	75.89	74.0
$ 212,205				58.0%		79.19	80.33	80.0
$ 352,524				49.0%		80.53	78.89	78.0
$ 453,362				73.0%		82.11	82.64	84.0
$ 893,400				33.0%		79.29	78.59	78.0
$ 81,757				53.0%		79.28	78.53	81.0
$ 884,681				75.0%		77.42	77.16	78.0
$ 592,365				43.0%		78.86	77.56	78.0
$ 894,716				61.0%		76.22	75.77	76.0
$ 691,964				42.0%		77.57	76.93	77.0
$ 224,214				44.0%		77.54	77.86	77.0
$ 612,598				41.0%		81.79	80.70	79.0
$ 771,999				30.0%		80.11	80.12	79.0
$ 733,670				38.0%		77.23	76.03	77.0

AMERICAN OVERSIGHT

$ 467,674	31.0%	76.97	76.55	75.0
$ 751,272	43.0%	81.16	80.39	80.0
$ 292,646	58.0%	74.31	74.80	74.0
$ 1,075,172	24.0%	79.30	79.94	81.0
$ 442,341	36.0%	76.66	76.96	78.0
$ 260,075	48.0%	72.85	72.08	73.0
$ 1,514,552	20.0%	82.07	80.83	80.0
$ 1,289,680	4.0%	79.14	79.41	79.0
$ 363,216	44.0%	77.40	76.08	76.0
$ 385,917	23.0%	77.18	77.53	78.0
$ 390,852	25.0%	78.56	78.25	80.0
$ 683,498	26.0%	80.87	81.16	81.0
$ 802,102	23.0%	81.48	80.46	80.0
$ 463,890	35.0%	77.66	78.32	79.0
$ 1,356,688	33.0%	81.38	82.49	82.0
$ 146,405	42.0%	73.99	76.26	76.0
$ 425,891	20.0%	78.36	78.56	79.0
$ 457,639	25.0%	76.20	75.92	75.0
$ 413,882	30.0%	76.24	78.03	78.0
$ 418,817	40.0%	78.82	77.86	79.0
$ 513,405	27.0%	77.79	77.39	77.0
$ 1,602,395	19.0%	79.50	79.16	79.0
$ 572,460	30.0%	75.70	76.55	76.0
$ 1,721,986	16.0%	78.81	79.42	79.0
$ 1,403,679	17.0%	78.89	78.59	79.0
$ 346,437	49.0%	71.58	72.13	76.0
$ 746,008	48.0%	72.54	74.02	74.0
$ 1,223,058	26.0%	80.23	80.67	82.0
$ 1,006,082	26.0%	78.76	79.58	78.0
$ 1,218,781	12.0%	81.75	81.45	81.0
$ 992,429	25.0%	80.05	80.27	80.0
$ 324,723	65.0%	71.34	69.40	69.0
$ 500,080	48.0%	71.94	73.01	72.0
$ 935,183	30.0%	81.46	80.49	80.0
$ 460,107	47.0%	74.85	71.50	75.0
$ 380,653	71.0%	73.02	72.20	71.0
$ 622,797	73.0%	71.72	71.28	72.0
$ 397,352	61.0%	73.28	74.28	73.0
$ 204,309	95.0%	64.77	67.81	65.0
$ 164,500	80.0%	66.91	71.45	70.0
$ 87,476	74.0%	74.45	76.50	73.0
$ 725,774	72.0%	72.93	72.60	73.0
$ 610,953	63.0%	80.62	77.53	78.0
$ 394,307	79.0%	74.98	71.26	68.0
$ 184,734	81.0%	68.63	64.71	68.0
$ 164,829	88.0%	64.13	67.13	67.0
$ 340,515	55.0%	77.03	78.44	78.0
$ 393,155	40.0%	82.03	81.01	81.0
$ 232,768	63.0%	78.57	79.24	77.0
$ 840,924	44.0%	78.78	77.76	76.0
$ 523,933	11.0%	86.00	86.07	86.0
$ 1,261,715	22.0%	84.47	83.14	83.0
$ 802,102	14.0%	86.92	86.44	86.0

AMERICAN OVERSIGHT

$ 1,043,917	67.0%	75.38	75.07	73.0
$ 771,012	82.0%	69.88	70.42	71.0
$ 1,010,030	41.0%	80.75	78.94	80.0
$ 756,207	64.0%	77.28	77.10	76.0
$ 1,063,164	28.0%	78.75	79.12	78.0
$ 554,026	59.0%	74.18	72.76	73.0
$ 488,236	60.0%	73.61	72.99	74.0
$ 1,240,659	46.0%	76.60	77.13	77.0
$ 609,966	47.0%	75.49	76.97	77.0
$ 1,123,864	31.0%	77.49	77.30	77.0
$ 277,676	65.0%	69.91	73.01	70.0
$ 497,606	57.0%	74.56	72.90	73.0
$ 711,792	35.0%	78.82	77.54	81.0
$ 212,863	53.0%	77.41	73.54	74.0
$ 479,322	64.0%	74.46	73.55	75.0
$ 654,381	42.0%	78.38	77.26	77.0
$ 468,661	60.0%	79.24	75.08	75.0
$ 218,621	72.0%	74.67	74.15	77.0
$ 1,002,299	9.0%	84.14	83.95	85.0
$ 1,100,999	43.0%	80.38	79.68	79.0
$ 719,653	24.0%	82.02	81.44	81.0
$ 583,975	33.0%	79.47	78.93	81.0
$ 487,414	42.0%	77.37	75.42	79.0
$ 966,602	15.0%	81.36	81.74	82.0
$ 759,497	30.0%	78.32	79.51	80.0
$ 1,365,350	25.0%	79.76	79.75	80.0
$ 493,994	32.0%	80.72	81.07	80.0
$ 706,528	46.0%	78.53	77.95	79.0
$ 1,240,659	20.0%	79.58	79.49	79.0
$ 670,338	47.0%	74.05	72.58	74.0
$ 1,046,714	29.0%	77.44	78.60	78.0
$ 495,145	35.0%	79.34	79.34	79.0
$ 1,141,959	19.0%	82.00	82.11	83.0
$ 924,161	19.0%	79.56	78.98	79.0
$ 1,101,492	23.0%	76.23	76.80	78.0
$ 771,960	27.0%	76.31	75.67	75.0
$ 856,716	29.0%	78.35	77.80	79.0
$ 665,732	48.0%	77.77	77.13	78.0
$ 676,753	61.0%	75.81	76.35	74.0
$ 932,222	48.0%	79.27	80.25	80.0
$ 364,039	41.0%	77.65	76.48	77.0
$ 285,408	55.0%	70.35	71.05	73.0
$ 458,791	63.0%	71.88	68.44	70.0
$ 1,079,778	71.0%	77.93	77.92	78.0
$ 730,380	63.0%	74.96	71.52	70.0
$ 936,005	42.0%	78.00	76.97	78.0
$ 570,815	58.0%	76.84	76.51	77.0
$ 838,128	29.0%	79.07	79.36	78.0
$ 754,891	45.0%	75.82	75.06	77.0
$ 1,085,105	25.0%	80.01	80.22	80.0
$ 515,050	36.0%	78.71	77.16	79.0
$ 778,579	38.0%	79.28	78.38	78.0
$ 847,669	68.0%	69.10	71.17	72.0
$ 532,980	43.0%	73.89	73.54	74.0

AMERICAN OVERSIGHT

$ 413,028				36.0%		74.24	76.89	75.0
$ 841,747				18.0%		81.70	80.99	81.0
$ 497,942				69.0%		74.42	73.03	73.0
$ 449,908				43.0%		79.05	77.07	78.0
$ 448,690				50.0%		72.00	72.89	73.0
$ 403,683				38.0%		81.13	80.42	81.0
$ 983,504				25.0%		79.96	79.07	80.0
$ 1,462,734				13.0%		82.16	81.89	81.0
$ 1,051,484				14.0%		82.45	82.56	81.0
$ 1,003,286				20.0%		80.64	81.20	81.0
$ 459,449				49.0%		74.57	75.78	76.0
$ 840,431				26.0%		82.20	81.16	80.0
$ 1,487,367				12.0%		80.09	81.01	81.0
$ 871,189				14.0%		83.25	83.17	83.0
$ 1,110,984				10.0%		80.34	80.45	81.0
$ 146,405			*					78.0
$ 463,068			*			81.13	82.63	82.0
$ 1,139,656				26.0%		79.43	80.79	81.0
$ 571,631				30.0%		80.70	82.05	79.0
$ 241,322				80.0%		75.96	76.49	78.0
$ 727,255				37.0%		82.05	80.59	81.0
$ 863,790				13.0%		80.53	80.14	81.0
$ 825,132				37.0%		80.58	81.00	81.0
$ 430,497				52.0%		83.12	83.78	82.0
$ 1,291,983				17.0%		83.03	82.56	82.0
$ 339,199				30.0%		79.27	77.79	79.0
$ 567,854				52.0%		74.93	75.84	76.0
$ 1,292,946				10.0%		81.82	81.42	82.0
$ 649,940				77.0%		72.56	71.45	70.0
$ 663,758				62.0%		74.62	76.80	75.0
$ 1,373,246				15.0%		81.94	81.51	82.0
$ 641,715			*					85.0
$ 455,336				57.0%		77.99	76.66	77.0
$ 59,056				34.0%		82.00	84.06	82.0
$ 185,063				28.0%		83.73	85.30	84.0
$ 530,569				74.0%		80.17	78.49	81.0
$ 572,296				61.0%		74.90	76.37	77.0
$ 475,734				43.0%		76.19	74.75	76.0
$ 210,578				11.0%		86.72	87.71	87.0
$ 466,193				19.0%		85.84	85.42	87.0
$ 434,116				23.0%		85.14	84.71	85.0
$ 1,164,989				77.0%		62.28	62.76	69.0
$ 1,079,113				78.0%		68.53	72.14	73.0
$ 368,974				95.0%		62.15	62.65	70.0
$ 616,217				82.0%		79.69	79.26	79.0
$ 482,916				76.0%		79.32	79.84	78.0
$ 724,129				76.0%		77.92	79.44	77.0
$ 316,169				76.0%		76.51	75.37	75.0
$ 201,513				55.0%		77.50	78.05	75.0
$ 690,395	$ -	0.00%	0.00%	43.02%	0.00%	76.28	76.11	76.54

AMERICAN OVERSIGHT

$	-	$	-	0.00%	0.00%	0.00%	0.00%	-	-	-

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	AVERAGE HIERARCHICAL CLINICAL CLASSIFICATION (HCC) SCORE				AVERAGE NUMBER OF CHRONIC CONDITIONS PER PATIENT			
2018	2015	2016	2017	2018	2015	2016	2017	2018
	3.175	3.222	3.110				8.50	
	2.946	3.554	3.300				7.80	
	2.687	2.322	2.560				7.40	
	2.427	2.472	2.560				7.70	
	2.807	2.785	2.830				7.70	
	2.053	2.177	2.090				7.20	
	2.805	3.385	3.790				7.90	
	2.400	2.341	2.190				7.60	
	2.210	2.055	2.270				7.30	
	2.196	2.578	2.890				7.80	
	2.018	2.336	2.350				7.30	
	2.678	2.487	2.640				7.40	
	2.837	2.663	2.300				7.60	
	2.255	2.312	1.970				7.30	
	2.403	2.508	2.770				7.90	
	3.085	2.911	2.810				7.90	
	2.936	3.218	2.940				7.40	
	2.719	2.888	3.020				6.90	
	2.172	2.351	2.410				6.60	
	2.845	2.319	2.310				7.10	
	2.290	2.265	2.210				7.50	
	2.299	2.206	2.290				7.50	
	2.564	2.436	2.440				8.10	
	2.714	2.060	1.970				7.10	
	2.046	2.317	2.160				7.60	
	2.110	2.229	2.260				7.10	
	2.648	2.674	3.070				7.30	
	3.151	3.391	3.070				8.30	
	2.722	2.262	2.940				7.90	
	2.549	2.484	2.410				7.50	
	2.285	2.628	2.580				7.80	
	2.395	2.394	2.840				7.40	

AMERICAN OVERSIGHT

2.554	**2.627**	**2.910**	**7.50**
2.665	**2.516**	**2.420**	**7.50**
3.273	**3.230**	**2.680**	**7.20**
2.539	**2.652**	**2.560**	**7.80**
2.693	**2.342**	**2.460**	**7.60**
2.799	**2.563**	**2.730**	**7.10**
2.108	**2.433**	**2.220**	**7.50**
2.220	**2.186**	**2.340**	**7.40**
2.263	**2.739**	**2.790**	**8.00**
2.503	**2.559**	**2.220**	**7.70**
2.359	**2.721**	**2.720**	**7.60**
2.403	**2.603**	**2.600**	**7.60**
2.007	2.094	1.870	6.90
2.300	2.281	2.170	7.30
2.538	2.392	2.480	8.20
3.581	**3.788**	**3.800**	**8.10**
2.472	**2.426**	**2.400**	**7.80**
2.373	**2.585**	**2.700**	**7.30**
2.862	**2.784**	**2.760**	**7.30**
2.866	**2.982**	**2.800**	**8.00**
2.664	**2.280**	**2.390**	**7.20**
2.858	**3.117**	**3.160**	**7.80**
2.568	**2.602**	**2.350**	**7.50**
2.469	**2.460**	**2.580**	**7.90**
2.335	**2.442**	**2.730**	**7.80**
3.624	**4.203**	**3.350**	**8.00**
3.401	**3.609**	**3.840**	**7.90**
2.680	**2.599**	**2.430**	**7.50**
2.685	**2.618**	**2.780**	**7.60**
2.052	**2.112**	**2.080**	**7.10**
2.522	2.280	2.410	7.30
2.843	2.582	2.860	6.90
2.513	2.860	3.120	7.50
2.681	2.790	2.740	7.80
3.516	3.513	3.180	7.00
3.265	**3.692**	**3.240**	**7.90**
2.926	**3.565**	**3.190**	**7.50**
2.860	**3.619**	**3.000**	**7.40**
3.051	**4.416**	**4.300**	**8.10**
4.120	**3.273**	**3.460**	**7.60**
3.213	**3.582**	**3.060**	**7.90**
2.581	**3.323**	**3.360**	**7.50**
2.364	**3.004**	**3.330**	**7.30**
3.027	**3.380**	**3.260**	**7.70**
2.463	**3.442**	**3.170**	**7.60**
2.950	**2.765**	**2.650**	**7.70**
3.285	**2.714**	**3.270**	**8.50**
2.688	**3.077**	**3.070**	**6.70**
2.930	**2.658**	**2.610**	**7.40**
2.502	**2.653**	**2.690**	**6.50**
2.134	2.293	2.300	7.80
2.336	2.310	2.490	7.40
2.023	2.201	2.130	7.60

AMERICAN OVERSIGHT

3.722	**3.875**	**4.460**	**8.20**
3.446	**3.803**	**3.790**	**8.00**
2.841	**3.242**	**3.150**	**8.00**
2.829	**3.198**	**2.830**	**7.80**
2.814	**3.074**	**3.030**	**8.40**
3.061	**3.587**	**3.660**	**7.80**
3.078	**3.167**	**3.360**	**7.90**
3.207	**3.194**	**3.320**	**8.30**
3.348	**2.956**	**3.330**	**8.20**
2.777	**2.888**	**3.090**	**8.20**
3.929	**3.505**	**3.400**	**7.50**
3.397	**3.581**	**3.840**	**8.00**
2.500	**2.821**	**2.500**	**7.80**
2.767	**3.351**	**2.680**	**8.10**
3.339	**2.908**	**3.520**	**7.70**
2.492	**2.800**	**2.820**	**7.50**
3.254	**3.462**	**3.780**	**7.90**
3.764	**4.352**	**3.140**	**7.80**
1.945	**1.760**	**1.740**	**6.90**
2.612	**2.488**	**2.560**	**7.30**
2.443	2.271	2.420	7.90
2.985	3.076	2.760	7.70
3.967	2.902	2.940	7.10
2.058	**2.218**	**2.260**	**7.30**
2.919	**2.602**	**2.830**	**8.40**
2.511	**2.855**	**2.900**	**7.70**
2.407	**2.674**	**2.510**	**8.20**
2.366	**2.958**	**3.270**	**7.70**
2.416	**2.330**	**2.460**	**7.10**
3.627	**3.326**	**3.460**	**7.70**
2.687	**2.725**	**2.940**	**7.50**
2.354	**2.480**	**2.690**	**7.50**
2.259	**2.452**	**2.470**	**7.50**
2.455	**2.510**	**2.490**	**7.20**
3.324	**3.337**	**3.280**	**7.80**
3.079	**2.678**	**2.770**	**7.40**
2.371	**2.541**	**2.620**	**7.50**
2.706	2.949	2.720	7.30
2.653	2.628	3.470	7.50
2.329	2.387	2.170	7.40
2.229	2.495	3.180	7.10
3.514	3.342	3.830	7.60
3.599	3.656	3.750	7.30
2.982	2.864	2.870	7.70
2.837	3.343	3.250	7.60
2.676	3.012	2.880	7.60
3.013	3.068	3.560	7.70
2.723	2.628	2.930	7.70
2.463	3.281	3.320	7.30
2.386	2.489	2.660	7.50
2.512	**2.936**	**3.040**	**7.80**
2.476	**2.499**	**2.690**	**7.20**
3.120	**2.715**	**3.310**	**7.80**
2.523	**2.784**	**2.950**	**7.70**

AMERICAN OVERSIGHT

	3.025	3.100	3.000				7.50	
	2.171	2.190	2.350				7.50	
	2.732	3.110	2.980				7.60	
	2.533	2.604	2.670				7.20	
	3.091	3.351	3.350				7.60	
	2.414	2.237	2.550				7.40	
	2.699	2.926	2.810				7.60	
	2.228	2.254	2.470				7.70	
	2.147	2.212	2.350				7.60	
	2.107	2.402	2.560				8.00	
	2.516	2.951	3.470				7.80	
	2.416	2.285	2.380				7.40	
	2.149	2.296	2.270				7.30	
	2.192	2.304	2.350				7.50	
	2.317	2.240	2.330				7.30	
			2.070				6.90	
	1.546	1.697	1.750				6.70	
	2.694	2.640	2.410				7.30	
	2.568	2.766	3.200				7.90	
	2.808	2.944	2.640				8.10	
	2.757	2.942	2.830				7.90	
	2.439	2.670	2.310				7.50	
	2.660	2.883	2.630				8.00	
	2.114	2.099	1.940				7.50	
	2.723	2.996	2.710				8.10	
	2.485	2.866	3.020				8.00	
	3.203	2.891	2.880				7.80	
	2.152	2.270	2.300				7.50	
	2.768	2.701	2.690				7.90	
	3.148	3.128	3.200				7.70	
	2.247	2.410	2.360				7.70	
			2.030				7.50	
	2.921	3.249	3.360				8.30	
	2.801	2.056	2.320				7.80	
	2.562	2.558	2.540				8.30	
	2.143	2.299	2.640				8.20	
	3.248	3.324	3.220				7.40	
	4.580	5.080	5.290				8.60	
	2.353	2.407	2.270				8.00	
	2.295	2.500	2.430				8.30	
	2.326	2.463	2.480				7.90	
	4.525	3.754	4.390				8.40	
	3.687	3.609	4.070				7.90	
	2.797	3.191	4.540				7.70	
	3.928	3.512	3.580				8.60	
	3.627	3.459	3.440				8.40	
	3.177	3.645	3.760				8.50	
	3.855	3.210	4.090				8.40	
	3.610	3.733	4.170				8.40	
-	2.7287	2.8147	2.8810	-	-	-	7.59	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

27	29	34		28	30	35		29

PERCENT OF BENEFICIARIES WITH ATRIAL FIBRILATION				PERCENT OF BENEFICIARIES WITH ALZHEIMERS				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
18.2%	20.1%	22.0%		57.1%	61.2%	71.0%		33.1%
21.9%	12.8%	25.0%		51.0%	57.5%	61.0%		34.4%
23.7%	28.3%	27.0%		53.0%	48.6%	51.0%		26.1%
26.5%	25.9%	30.0%		50.6%	53.1%	58.0%		30.1%
25.6%	28.4%	31.0%		70.3%	67.3%	66.0%		28.5%
25.1%	24.7%	31.0%		38.3%	40.7%	47.0%		24.4%
23.9%	25.9%	20.0%		65.2%	56.8%	53.0%		29.7%
30.5%	32.7%	30.0%		56.5%	48.0%	56.0%		26.0%
35.0%	32.5%	30.0%		54.6%	49.8%	54.0%		23.1%
22.8%	30.4%	26.0%		53.7%	56.3%	62.0%		26.0%
23.8%	34.9%	37.0%		44.2%	46.7%	51.0%		21.5%
14.6%	26.5%	22.0%	*		67.6%	73.0%		24.3%
21.8%	26.3%	30.0%		54.9%	60.6%	71.0%		27.8%
26.8%	22.1%	35.0%		62.5%	60.6%	61.0%		25.9%
25.5%	26.9%	24.0%		50.6%	50.6%	52.0%		37.6%
23.7%	22.4%	18.0%		55.7%	70.1%	62.0%		39.7%
24.6%	20.3%	23.0%		62.7%	65.4%	68.0%		28.4%
25.1%	23.9%	20.0%		50.8%	58.5%	55.0%		26.2%
18.6%	22.1%	14.0%		68.0%	56.7%	57.0%		23.7%
17.3%	17.3%	22.0%		69.1%	72.0%	64.0%		23.5%
27.4%	27.0%	34.0%		52.2%	47.0%	52.0%		28.3%
28.1%	29.7%	16.0%	*	*	**			27.0%
33.7%	33.9%	24.0%		55.7%	52.8%	59.0%		40.4%
38.6%	32.7% *			66.7% *		65.0%		29.8%
23.5%	18.3%	18.0%	*	*	**			18.8%
23.4%	22.1%	26.0%		59.6%	59.1%	52.0%		26.2%
24.2%	25.7%	19.0%		62.1%	54.1%	62.0%		30.7%
29.5%	27.0%	36.0%		53.0%	57.5%	60.0%		29.5%
27.2%	27.9%	29.0%		67.9%	55.8%	68.0%		23.5%
28.2%	31.2%	29.0%		63.2%	67.9%	68.0%		23.0%
34.2%	28.0%	36.0%		53.8%	55.1%	60.0%		26.9%
24.9%	19.5%	21.0%		50.5%	57.3%	56.0%		35.7%

AMERICAN OVERSIGHT

23.3%	26.2%	21.0%	50.9%	50.8%	48.0%	32.8%
22.3%	29.1%	22.0%	56.9%	58.7%	70.0%	22.3%
24.2%	14.9%	17.0%	56.5%	60.4%	61.0%	25.0%
29.8%	28.7%	26.0%	51.3%	53.8%	57.0%	28.1%
31.9%	31.9%	26.0%	44.0%	42.9%	49.0%	27.7%
19.8%	19.9%	23.0%	56.5%	59.3%	62.0%	32.1%
28.1%	30.0%	29.0%	52.7%	58.3%	56.0%	24.1%
33.3%	36.5%	36.0%	33.1%	38.9%	40.0%	24.2%
27.1%	19.2%	24.0%	60.2%	58.1%	61.0%	29.5%
26.7%	26.3%	31.0%	45.5%	47.1%	47.0%	29.8%
28.5%	30.7%	33.0%	49.4%	54.7%	54.0%	30.1%
41.3%	35.8%	37.0%	58.0%	65.4%	58.0%	19.0%
30.3%	28.1%	28.0%	46.8%	45.3%	50.0%	30.6%
22.7%	27.0%	24.0%	40.6%	50.0%	56.0%	35.0%
35.9%	23.1%	32.0%	65.8%	66.8%	61.0%	28.6%
29.5%	28.8%	27.0%	54.9%	65.4%	61.0%	35.8%
31.8%	35.2%	33.0%	40.1%	45.3%	54.0%	32.4%
31.2%	29.8%	30.0%	34.0%	37.0%	39.0%	31.5%
36.7%	28.4%	30.0%	50.4%	49.6%	49.0%	31.9%
38.8%	33.0%	27.0%	46.3%	51.0%	63.0%	26.2%
35.7%	27.1%	26.0%	37.0%	37.0%	42.0%	28.9%
33.2%	38.0%	33.0%	44.2%	45.7%	53.0%	28.4%
29.2%	26.0%	28.0%	49.0%	45.7%	49.0%	30.2%
36.0%	32.2%	34.0%	41.9%	44.1%	45.0%	32.6%
31.8%	34.9%	34.0%	35.8%	41.5%	45.0%	32.6%
24.8%	22.7%	27.0%	62.7%	56.7%	62.0%	32.3%
20.0%	24.2%	22.0%	59.1%	54.1%	59.0%	29.6%
31.4%	29.7%	37.0%	54.6%	52.5%	58.0%	26.6%
31.0%	34.8%	33.0%	42.3%	49.0%	43.0%	30.3%
33.0%	33.0%	36.0%	38.3%	40.7%	43.0%	29.1%
28.5%	27.1%	31.0%	49.8%	49.8%	47.0%	22.2%
17.9%	19.0%	19.0%	*	66.7%	59.0%	30.4%
15.1%	26.5%	24.0%	74.5%	59.2%	48.0%	32.1%
26.6%	32.9%	33.0%	57.8%	52.7%	51.0%	25.6%
28.2%	20.7%	13.0%	61.2%	50.0%	50.0%	31.8%
25.0%	18.3%	19.0%	*	*	**	30.4%
18.4%	19.4%	21.0%	67.1%	58.1%	61.0%	42.1%
16.7%	17.0%	16.0%	72.2%	74.5%	74.0%	31.5%
10.6%	19.2% *		57.4%	61.5%	68.0%	42.6%
17.4%	18.2% *		63.0%	72.7%	71.0%	34.8%
15.8%	22.5% *		*	70.0% **		36.8%
26.7%	17.6%	15.0%	70.8%	68.2%	72.0%	38.3%
19.7%	17.0%	17.0%	67.1%	64.8%	70.0%	22.4%
27.0%	20.0%	19.0%	*	*	70.0%	38.2%
12.5%	25.0% *		66.7%	58.3% **		41.7%
13.3%	0.0% *		*	*	**	26.7%
21.3%	32.9%	39.0%	56.5%	60.8% **		25.0%
27.9%	24.7%	21.0%	70.1%	69.9%	66.0%	19.5%
22.8%	10.9%	25.0%	62.4%	56.5%	73.0%	27.7%
19.6%	17.1%	17.0%	51.3%	60.0%	51.0%	20.1%
36.0%	38.0%	36.0%	53.7%	53.5%	53.0%	22.2%
31.2%	29.7%	31.0%	53.3%	52.6%	56.0%	27.5%
31.6%	30.8%	32.0%	*	*	64.0%	21.3%

AMERICAN OVERSIGHT

23.3%	20.8%	24.0%	67.1%	69.6%	69.0%	35.1%
14.1%	10.2%	15.0% *	*	**		39.1%
23.5%	25.9%	28.0% *		74.5%	73.0%	28.7%
27.1%	24.1%	22.0%	73.4% *		74.0%	26.1%
31.6%	30.7%	30.0%	54.4%	54.4%	51.0%	33.8%
19.0%	16.3%	22.0%	65.5%	67.4%	64.0%	31.0%
15.6%	22.4%	28.0% *		70.9%	67.0%	19.8%
31.6%	29.1%	29.0%	61.9%	69.9%	68.0%	32.0%
29.0%	25.3%	26.0%	58.9%	67.0%	66.0%	36.3%
28.2%	26.5%	31.0%	52.0%	57.6%	62.0%	31.5%
12.3%	17.1% *		64.0%	70.1%	69.0%	38.6%
25.8%	27.1%	26.0%	61.3%	61.7%	65.0%	33.2%
28.1%	25.0%	35.0%	58.3%	67.0%	67.0%	30.6%
28.2%	25.2%	26.0%	61.8%	61.7%	60.0%	28.2%
18.7%	23.6%	28.0%	55.1%	59.4%	67.0%	32.6%
31.6%	24.8%	32.0%	53.1%	57.9%	62.0%	32.1%
28.2%	25.9%	26.0%	66.7%	61.4%	63.0%	26.6%
28.4%	25.0%	30.0% *		69.2%	65.0%	34.3%
37.2%	37.0%	36.0%	37.8%	42.5%	42.0%	21.2%
27.7%	22.5%	30.0%	67.2%	69.0%	61.0%	29.7%
30.7%	34.2%	37.0%	55.1%	52.9%	55.0%	32.0%
25.9%	25.2%	30.0%	60.8%	61.4%	59.0%	31.7%
33.0%	26.4%	22.0%	56.0%	50.9%	52.0%	30.8%
31.6%	30.5%	33.0%	43.0%	44.9%	49.0%	25.5%
27.8%	32.4%	37.0%	55.6%	66.0%	74.0%	25.7%
35.3%	36.5%	35.0%	48.8%	56.4%	55.0%	22.5%
35.5%	31.2%	38.0%	52.7%	60.6%	64.0%	35.5%
27.3%	27.4%	36.0%	68.8%	72.2%	70.0%	32.0%
29.4%	33.8%	36.0%	45.1%	40.5%	45.0%	32.0%
28.0%	23.5%	21.0%	64.9%	58.8%	56.0%	21.4%
23.2%	24.2%	23.0%	53.8%	61.5%	56.0%	26.1%
30.1%	26.2%	28.0%	59.7%	59.3%	48.0%	27.8%
31.1%	33.3%	35.0%	56.4%	54.5%	53.0%	28.9%
29.3%	26.0%	26.0%	52.8%	49.0%	56.0%	27.3%
30.5%	25.5%	30.0%	52.8%	51.4%	54.0%	24.8%
35.4%	28.9%	30.0%	48.6%	44.6%	52.0%	27.5%
31.7%	29.2%	25.0%	61.5%	58.8%	64.0%	24.0%
26.8%	26.7%	29.0%	67.7%	65.6%	66.0%	33.8%
17.4%	24.7%	27.0%	66.0%	64.8%	66.0%	37.5%
21.1%	28.3%	30.0% *		69.2%	72.0%	26.3%
28.7%	29.5%	28.0%	51.4%	60.4%	49.0%	21.5%
25.3%	13.8%	26.0%	57.9%	72.4%	64.0%	30.5%
24.0%	28.6%	15.0%	63.5%	52.7%	60.0%	31.3%
31.5%	26.6%	29.0% *	*	**		29.8%
21.8%	18.4%	15.0%	74.5%	73.1%	69.0%	27.3%
20.5%	22.4%	22.0%	57.8%	57.0%	59.0%	32.4%
21.6%	24.2%	32.0%	62.2%	68.5%	67.0%	27.6%
28.2%	29.7%	30.0%	54.0%	56.5%	52.0%	29.9%
24.1%	28.0%	22.0%	53.4%	53.8%	59.0%	23.3%
31.8%	28.6%	28.0%	62.8%	60.4%	60.0%	24.5%
20.1%	23.1%	27.0%	67.5%	70.1%	68.0%	33.7%
32.3%	33.1%	35.0%	48.9%	49.8%	59.0%	21.3%
17.1%	15.2%	24.0%	50.7%	53.1%	74.0%	33.6%
22.2%	22.1%	29.0%	49.1%	58.2%	64.0%	31.6%

AMERICAN OVERSIGHT

16.7%	23.6%	26.0%			60.5%	66.7%	60.0%		29.6%		
32.1%	34.3%	36.0%			53.6%	52.8%	59.0%		25.0%		
30.1%	26.8%	17.0%			53.7%	58.0%	62.0%		29.4%		
31.3%	25.9%	24.0%			53.4%	49.0%	57.0%		25.2%		
21.2%	26.8%	28.0%			57.0% *	**			30.5%		
30.8%	26.8%	27.0%			74.0%	70.1%	69.0%		26.0%		
32.9%	33.3%	32.0%			54.6%	54.2%	58.0%		21.7%		
31.1%	35.2%	37.0%			60.8%	65.1%	64.0%		25.0%		
34.7%	34.7%	36.0%			56.0%	55.8%	55.0%		25.7%		
30.6%	34.9%	34.0%			63.0%	56.4%	58.0%		30.1%		
28.2%	30.4%	22.0%			44.7%	56.0%	59.0%		26.2%		
26.3%	32.3%	32.0%			56.5%	63.9%	64.0%		17.2%		
30.1%	34.1%	36.0%			37.5%	45.2%	48.0%		24.0%		
39.7%	35.1%	34.0%			51.0%	62.0%	64.0%		24.0%		
36.4%	36.3%	41.0%			45.0%	40.4%	42.0%		29.5%		
		29.0%					32.0%				
35.6%	35.2%	37.0%			31.1%	36.8%	37.0%		21.2%		
31.2%	33.2%	35.0%			57.9%	64.0%	68.0%		28.0%		
31.9%	33.3%	35.0%			68.1% *		70.0%		22.2%		
23.9%	21.4%	22.0%	*		*	**			22.5%		
37.1%	37.9%	35.0%			62.2%	64.7%	66.0%		22.0%		
36.7%	34.5%	34.0%			41.6%	48.6%	48.0%		24.8%		
36.7%	36.7%	40.0%			54.6%	64.6%	60.0%		21.9%		
28.0%	24.7%	29.0%	*		*	**			11.0%		
41.4%	40.1%	36.0%			49.0%	52.7%	62.0%		22.1%		
30.6%	31.5%	42.0%			56.9%	52.7%	62.0%		27.8%		
32.0%	30.0%	32.0%			50.3%	58.2%	66.0%		24.4%		
37.3%	35.2%	40.0%			34.7%	45.0%	53.0%		20.1%		
17.4%	17.4%	21.0%	*		*	**			22.0%		
24.6%	31.4%	33.0%			62.9%	72.8%	73.0%		29.1%		
33.8%	30.7%	32.0%			43.1%	48.1%	51.0%		26.4%		
		37.0%					45.0%				
30.0%	21.6%	33.0%			50.7% *	**			31.3%		
18.2%	33.3%	27.0%			63.6%	61.1%	73.0%		36.4%		
23.9%	34.0%	37.0%			69.7%	66.0%	65.0%		23.9%		
18.9%	19.6%	19.0%	*		*	**			13.4%		
22.6%	26.0%	22.0%			52.5%	74.5%	72.0%		29.0%		
27.4%	28.1%	28.0%			65.2%	70.2%	68.0%		23.9%		
40.6%	36.2%	40.0%			47.0%	61.5%	66.0%		28.7%		
35.1%	33.8%	33.0%			58.7%	68.5% **			22.7%		
35.6%	32.8%	38.0%			55.9%	66.8%	69.0%		21.1%		
8.0%	6.6%	13.0%			56.0%	59.5%	73.0%		38.0%		
9.6%	6.4%	10.0%			68.6% *	**			28.5%		
5.5%	9.9% *				51.5%	59.9% **			28.5%		
19.7%	19.3%	15.0%	*		*	**			42.6%		
23.9%	14.9%	34.0%			74.3% *	**			37.2%		
19.2%	24.1%	20.0%			73.5% *	**			37.1%		
21.5%	22.2%	28.0%			68.4% *	**			20.3%		
23.3%	21.1% *				70.0%	65.8% **			23.3%		
26.12%	25.74%	26.41%	0.00%		49.91%	49.77%	51.72%	0.00%	28.02%		

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

31	36		30	32	37		31	33
OF BENEFICIARIES WITH ASTHMA			PERCENT OF BENEFICIARIES WITH CANCER				PERCENT OF BENEFICIA HEART FAI	
2016	2017	2018	2015	2016	2017	2018	2015	2016
44.0% *			6.5%	9.7% *			60.4%	53.7%
55.3%	13.0%		10.4%	10.6%	14.0%		56.8%	56.4%
43.4%	9.0%		14.5%	16.5%	13.0%		48.6%	50.0%
47.6% *			14.5%	11.9%	17.0%		60.8%	57.3%
48.1% *			12.8%	17.3%	19.0%		54.1%	54.9%
37.8%	7.0%		12.0%	16.6%	14.0%		45.1%	47.2%
49.6% *			13.0%	17.3%	16.0%		58.0%	64.0%
43.3%	9.0%		15.8%	17.9%	17.0%		57.9%	58.9%
41.4%	7.0%		18.8%	17.3%	20.0%		50.4%	56.5%
54.5%	10.0%		16.3%	15.2%	15.0%		49.6%	53.6%
40.8%	6.0%		20.9%	26.3%	19.0%		48.8%	43.4%
57.8% *			17.5%	13.7%	14.0%		61.2%	60.8%
59.1%	10.0%		12.8%	10.2%	11.0%		52.6%	53.3%
50.0% *			14.3%	10.6% *			52.7%	59.6%
56.1%	9.0%		12.2%	16.6%	17.0%		55.1%	56.5%
62.6%	13.0%		9.9%	8.4% *			62.6%	53.3%
42.5%	11.0%		20.9%	18.3%	9.0%		53.7%	56.2%
45.8%	11.0%		14.4%	18.3%	13.0%		45.5%	47.2%
41.3% *			11.3%	9.6% *			48.5%	50.0%
29.3% *			7.4%	9.3% *			55.6% *	
52.0% *			18.6%	20.0%	13.0%		60.2%	61.0%
46.9% *			14.6%	12.5% *			62.9%	62.5%
48.5%	13.0%		15.3%	15.3%	18.0%		61.2%	56.4%
38.8% *			10.5%	6.1% *			50.9%	61.2%
37.3%	9.0%		11.4%	11.9%	13.0%		44.3%	51.6%
46.1%	9.0%		11.3%	16.2%	14.0%		48.2%	56.5%
39.9%	9.0%		12.4%	13.5%	14.0%		58.2%	54.7%
55.7%	9.0%		11.5%	16.1%	18.0%		63.5%	63.8%
46.5% *			14.8%	9.3%	13.0%		50.6%	43.0%
44.0% *			17.8%	18.3%	12.0%		53.4%	50.5%
44.5%	9.0%		17.8%	19.5%	17.0%		42.9%	46.6%
55.8%	9.0%		12.6%	14.6%	15.0%		56.3%	56.9%

AMERICAN OVERSIGHT

46.6%	13.0%	12.5%	20.0%	19.0%	50.9%	57.7%
43.4%	6.0%	11.7%	14.3%	16.0%	46.3%	52.9%
44.6% *		9.7%	5.9%	22.0%	50.8%	46.5%
49.8%	11.0%	18.5%	19.0%	20.0%	51.3%	49.2%
51.8%	8.0%	12.0%	17.3%	18.0%	51.8%	49.2%
47.3%	13.0%	16.0%	16.4%	16.0%	52.3%	53.1%
37.0%	15.0%	17.3%	17.5%	17.0%	51.6%	57.0%
39.2%	8.0%	23.0%	20.9%	22.0%	45.7%	49.0%
46.5%	13.0%	13.3%	14.1%	18.0%	51.8%	59.1%
42.9%	8.0%	17.1%	19.0%	19.0%	57.5%	54.0%
47.2%	6.0%	15.1%	12.7%	19.0%	45.6%	49.5%
37.3%	7.0%	19.4%	20.1%	16.0%	50.9%	50.4%
43.2%	9.0%	17.2%	22.1%	18.0%	49.5%	47.7%
52.7%	9.0%	12.0%	17.6%	19.0%	43.2%	42.8%
46.6%	7.0%	18.8%	19.4%	21.0%	54.3%	46.3%
45.2%	19.0%	17.6%	15.4%	12.0%	56.0%	63.5%
45.3%	15.0%	18.8%	16.6%	16.0%	48.9%	50.4%
48.0%	15.0%	18.9%	21.2%	19.0%	44.8%	44.8%
50.9%	7.0%	14.4%	18.0%	13.0%	58.1%	46.8%
49.0%	11.0%	14.5%	17.0%	18.0%	57.9%	54.4%
51.3%	10.0%	16.4%	13.2%	18.0%	58.5%	47.3%
44.6%	13.0%	20.7%	18.2%	19.0%	57.9%	58.1%
48.0%	11.0%	19.8%	22.0%	18.0%	54.2%	54.9%
49.8%	17.0%	16.6%	16.3%	20.0%	53.0%	52.7%
45.2%	13.0%	21.5%	16.6%	18.0%	46.1%	52.8%
47.3%	14.0%	13.0%	7.3%	15.0%	49.7%	58.0%
42.8%	14.0%	10.4%	10.3%	14.0%	51.3%	56.2%
46.3%	8.0%	20.6%	19.4%	20.0%	51.7%	52.5%
44.0%	15.0%	17.1%	15.7%	15.0%	56.8%	55.7%
48.6%	15.0%	16.6%	17.7%	18.0%	43.9%	45.8%
37.2%	9.0%	20.4%	17.0%	16.0%	49.3%	49.8%
36.5% *		14.3%	11.1% *		30.4%	28.6%
52.0%	11.0%	7.5%	19.4%	19.0%	43.4%	52.0%
41.4%	11.0%	13.6%	13.1%	16.0%	52.3%	57.2%
58.7%	16.0%	12.9%	10.9%	14.0%	57.6%	65.2%
51.7% *		10.7%	11.7% *		60.7%	50.0%
56.9%	13.0%	15.8%	15.0%	14.0%	35.5%	38.8%
54.7%	12.0%	15.7%	9.4%	12.0%	45.4%	38.7%
46.2% *		10.6%	7.7% *		44.7%	46.2%
39.4% *		4.3%	12.1% *		65.2%	42.4%
62.5% *		10.5%	17.5% *		44.7%	52.5%
55.3%	9.0%	8.3%	16.5%	15.0%	42.5%	43.5%
37.5% *		15.8%	10.2%	14.0%	50.0%	37.5%
52.3% *		9.0%	12.3% *		49.4%	50.8%
50.0% *		16.7%	8.3% *		45.8%	37.5%
36.7% *		6.7%	3.3% *		33.3%	33.3%
55.7% *		18.5%	21.5%	18.0%	60.2%	63.3%
45.2% *		13.6%	14.0%	20.0%	47.4%	50.5%
45.7% *		18.8%	4.3% *		43.6%	39.1%
34.7%	8.0%	13.8%	19.4%	18.0%	43.4%	45.9%
33.7%	11.0%	21.7%	19.8%	26.0%	43.8%	48.1%
45.2%	13.0%	15.5%	18.7%	15.0%	47.2%	48.1%
40.8%	11.0%	12.3%	18.9%	21.0%	45.2%	50.3%

AMERICAN OVERSIGHT

49.8%	15.0%	13.1%	14.2%	19.0%	54.6%	48.1%
47.7%	17.0%	11.7%	10.2%	12.0%	43.8%	40.6%
53.2%	10.0%	19.4%	12.8%	16.0%	56.5%	56.7%
48.8%	10.0%	10.1%	8.8%	15.0%	45.7%	50.6%
57.9%	12.0%	18.9%	16.1%	17.0%	56.1%	60.5%
43.5%	12.0%	11.9%	6.5%	14.0%	47.6%	48.9%
38.8%	15.0%	10.4%	6.0%	11.0%	43.8%	48.5%
53.9%	13.0%	16.6%	17.0%	17.0%	55.9%	53.9%
49.0%	11.0%	12.9%	14.9%	15.0%	58.9%	53.1%
47.9%	10.0%	15.3%	17.7%	19.0%	52.5%	52.1%
51.3% *		8.8%	14.5%	17.0%	52.6%	46.2%
49.1%	14.0%	15.2%	14.5%	16.0%	51.6%	50.0%
48.9%	8.0%	12.5%	13.8%	18.0%	47.6%	46.4%
54.8%	23.0%	14.5%	12.2%	13.0%	48.1%	47.8%
50.9%	12.0%	15.0%	9.7%	13.0%	44.4%	45.5%
45.9%	15.0%	17.5%	16.9%	15.0%	43.0%	47.1%
45.0%	11.0%	13.6%	13.2%	13.0%	61.0%	52.9%
38.5% *		11.9%	11.5% *		53.7%	59.6%
35.7%	7.0%	14.7%	13.6%	15.0%	43.4%	43.5%
38.7%	14.0%	12.5%	13.7%	12.0%	52.4%	53.5%
51.8%	10.0%	16.0%	21.6%	21.0%	56.0%	48.9%
42.9%	11.0%	19.6%	18.4%	21.0%	54.5%	54.6%
42.7%	14.0%	17.6%	10.0%	12.0%	61.5%	52.7%
43.3%	7.0%	18.8%	18.4%	20.0%	44.9%	48.4%
43.7%	14.0%	17.0%	19.2%	16.0%	59.1%	52.5%
38.7%	10.0%	20.3%	19.1%	22.0%	52.0%	52.7%
47.6%	17.0%	13.8%	11.2%	10.0%	57.1%	54.1%
42.9%	10.0%	13.9%	12.3%	14.0%	53.7%	49.5%
52.5%	7.0%	16.6%	15.5%	19.0%	50.3%	51.4%
39.9%	14.0%	16.1%	15.7%	14.0%	53.6%	47.7%
40.2%	12.0%	17.5%	13.2%	15.0%	51.4%	51.4%
39.3%	13.0%	17.6%	16.6%	19.0%	62.5%	56.6%
36.6%	10.0%	18.4%	20.4%	17.0%	52.7%	55.1%
37.3%	9.0%	12.3%	17.3%	13.0%	51.3%	50.4%
38.8%	15.0%	14.8%	15.8%	19.0%	61.3%	54.7%
34.7%	14.0%	15.2%	17.5%	16.0%	52.5%	46.1%
39.2%	12.0%	12.6%	13.6%	14.0%	41.6%	45.2%
46.2% *		14.9%	14.5%	12.0%	47.2%	51.1%
44.4%	9.0%	12.5%	14.8%	9.0%	40.3%	45.1%
39.4%	5.0%	14.6%	16.2%	18.0%	38.6%	47.5%
42.3%	8.0%	14.4%	14.8%	15.0%	48.1%	50.3%
37.9%	13.0%	9.5%	8.0% *		63.2%	59.8%
41.8%	13.0%	12.5%	5.5% *		52.1%	53.8%
39.9%	15.0%	14.0%	7.4%	9.0%	59.6%	52.7%
46.1%	17.0%	12.7%	9.9%	12.0%	50.9%	48.9%
40.5%	16.0%	15.6%	13.1%	9.0%	54.1%	52.7%
43.0%	13.0%	12.4%	17.5%	9.0%	58.4%	62.4%
45.5%	15.0%	12.1%	14.8%	18.0%	58.6%	54.5%
39.2%	10.0%	14.7%	14.5%	15.0%	45.3%	50.0%
37.2%	10.0%	15.8%	22.2%	14.0%	47.6%	45.2%
58.5%	14.0%	16.0%	15.6%	14.0%	55.6%	51.7%
46.5%	9.0%	21.1%	18.7%	14.0%	48.9%	47.5%
45.5% *		13.7%	13.8%	16.0%	49.3%	42.1%
50.5%	12.0%	15.0%	13.9%	15.0%	49.6%	47.6%

AMERICAN OVERSIGHT

43.6%	12.0%		16.0%	16.9%	16.0%		48.1%	51.3%
42.7%	7.0%		17.5%	16.1%	18.0%		46.1%	48.6%
47.3%	12.0%		9.6%	17.0%	15.0%		50.7%	45.5%
37.8% *			21.4%	17.5%	15.0%		50.4%	45.5%
37.8% *			12.6%	11.8%	13.0%		47.7%	45.7%
39.2% *			12.5%	14.4%	16.0%		51.0%	59.8%
41.7%	12.0%		20.8%	20.1%	18.0%		52.1%	55.7%
33.7%	12.0%		22.1%	16.8%	18.0%		43.6%	49.5%
44.2%	10.0%		22.2%	19.5%	21.0%		49.0%	52.2%
48.2%	10.0%		17.2%	18.0%	19.0%		51.5%	49.3%
36.8%	14.0%		10.7%	19.2%	15.0%		45.6%	42.4%
35.1%	10.0%		22.5%	20.6%	20.0%		43.9%	41.9%
33.2%	11.0%		19.9%	22.0%	19.0%		39.1%	48.6%
39.4%	6.0%		22.5%	22.6%	23.0%		50.7%	51.0%
41.9%	12.0%		21.7%	22.2%	23.0%		48.4%	47.7%
	11.0%				17.0%			
34.5%	12.0%		16.7%	15.2%	19.0%		39.0%	40.6%
48.5%	9.0%		20.0%	15.0%	13.0%		50.1%	52.6%
38.5%	9.0%		17.1%	12.8%	16.0%		53.2%	52.3%
38.6% *			9.9%	17.1% *			40.8%	40.0%
34.9%	8.0%		18.1%	21.7%	23.0%		58.7%	62.1%
33.8%	12.0%		19.6%	17.6%	22.0%		50.9%	50.1%
38.4%	15.0%		23.1%	19.0%	21.0%		55.4%	58.7%
20.0% *			15.2%	14.7%	10.0%		39.6%	44.0%
28.2%	13.0%		22.3%	19.3%	23.0%		56.2%	53.7%
39.0%	8.0%		16.7%	16.4%	11.0%		42.6%	41.8%
32.4%	19.0%		19.8%	12.9%	16.0%		57.9%	57.6%
33.3%	9.0%		19.9%	19.6%	21.0%		42.6%	42.9%
44.3%	11.0%		9.2%	7.8%	11.0%		45.0%	38.3%
41.9%	11.0%		10.3%	14.1%	7.0%		45.7%	55.5%
42.0%	10.0%		20.6%	21.6%	20.0%		43.9%	48.6%
	13.0%				22.0%			
49.3%	10.0%		11.3%	19.4%	18.0%		52.7%	56.7%
33.3% *			9.1%	5.6% *			63.6%	55.6%
38.9%	15.0%		18.7%	22.9%	18.0%		57.4%	56.3%
26.1% *			11.8%	13.0%	13.0%		43.3%	39.1%
46.9%	10.0%		17.5%	16.3%	13.0%		52.1%	53.6%
44.4%	13.0%		11.4%	9.4%	19.0%		61.2%	63.2%
41.4%	9.0%		17.8%	21.8%	25.0%		58.4%	54.0%
41.7%	8.0%		14.5%	21.3%	22.0%		52.1%	56.5%
37.5%	9.0%		17.2%	20.7%	15.0%		49.4%	48.4%
54.5%	13.0%		6.0%	5.8%	6.0%		44.0%	39.7%
47.2%	10.0%		3.8%	5.6%	11.0%		47.3%	43.3%
48.0% *			6.5%	5.6% *			32.4%	32.1%
63.2%	12.0%		10.6%	10.5%	9.0%		59.0%	55.6%
52.6%	16.0%		13.3%	17.5%	11.0%		54.0%	50.0%
53.5%	13.0%		13.9%	13.7%	15.0%		60.4%	61.8%
45.7% *			12.7%	12.3% *			62.0%	50.6%
44.7% *			15.0%	13.2% *			63.3%	57.9%
43.86%	9.28%	0.00%	14.56%	14.73%	14.15%	0.00%	50.20%	49.86%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

38		32	34	39		33	35	40
RIES WITH CONGESTIVE LURE (CHF)		PERCENT OF BENEFICIARIES WITH CHRONIC KIDNEY DISEASE (CKD)				PERCENT OF BENEFICIARIES WITH OBSTRUCTIVE PULMONARY DISORE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
62.0%		64.9%	67.9% **			49.4%	45.5%	48.0%
54.0%		64.1%	68.2%	72.0%		46.4%	54.7%	50.0%
54.0%		63.5%	68.9%	70.0%		49.4%	43.9%	46.0%
52.0%		68.7%	65.7%	64.0%		47.6%	49.7%	48.0%
58.0%		66.3%	66.0% **			47.1%	45.7%	41.0%
51.0%		46.5%	56.6%	65.0%		37.1%	35.7%	38.0%
62.0%		67.4%	71.9% **			41.3%	46.8%	49.0%
58.0%		63.4%	63.7%	72.0%		44.6%	43.6%	47.0%
53.0%		51.5%	56.1%	65.0%		39.2%	40.9%	41.0%
61.0%		64.2%	67.9% **			50.4%	54.5%	52.0%
56.0%		54.7%	59.9%	63.0%		37.2%	40.1%	44.0%
60.0%		55.3%	60.8%	65.0%		49.5%	55.9%	49.0%
59.0%		71.4%	66.4%	62.0%		41.4%	59.1%	50.0%
60.0%		55.4%	61.5%	65.0%		47.3%	50.0%	44.0%
62.0%		58.9%	66.8%	71.0%		49.4%	55.3%	56.0%
62.0%		58.0%	68.2% **			60.3%	64.5%	64.0%
56.0%		65.7%	73.2%	70.0%		45.5%	41.8%	37.0%
50.0%		56.7%	67.6%	74.0%		34.8%	46.5%	40.0%
49.0%		54.6%	69.2%	67.0%		52.6%	37.5%	38.0%
54.0%		65.4%	64.0%	62.0%		27.2%	26.7%	28.0%
61.0%		58.4%	58.0%	57.0%		43.4%	51.0%	50.0%
57.0%		60.7%	54.7%	58.0%		48.3%	45.3%	51.0%
59.0%		63.5%	60.6%	68.0%		48.2%	48.2%	48.0%
49.0%		64.9%	46.9%	60.0%		35.1%	32.7%	33.0%
45.0%		57.0%	60.3%	60.0%		28.9%	37.3%	38.0%
54.0%		53.9%	54.5%	58.0%		37.6%	44.8%	39.0%
68.0%		57.5%	62.8%	64.0%		43.8%	41.2%	46.0%
64.0%		63.5%	70.7%	75.0%		53.5%	56.3%	59.0%
54.0%		43.2%	64.0%	68.0%		42.0%	47.7%	47.0%
52.0%		54.6%	65.1%	63.0%		44.8%	46.8%	37.0%
42.0%		52.7%	61.0%	65.0%		40.7%	42.4%	47.0%
63.0%		56.3%	63.3%	60.0%		49.8%	56.6%	62.0%

AMERICAN OVERSIGHT

59.0%	60.2%	65.6%	70.0%	40.9%	44.9%	44.0%
53.0%	59.0%	59.3%	72.0%	42.0%	47.6%	48.0%
45.0%	62.9%	62.4%	73.0%	53.2%	45.5%	45.0%
46.0%	62.2%	62.7%	71.0%	48.9%	48.5%	47.0%
57.0%	57.1%	60.7%	71.0%	50.3%	52.4%	56.0%
48.0%	62.4%	61.1%	67.0%	43.9%	47.3%	45.0%
53.0%	57.1%	68.6%	68.0%	35.4%	38.3%	36.0%
50.0%	53.1%	57.5%	61.0%	38.6%	39.2%	41.0%
60.0%	65.7%	66.2%	75.0%	54.8%	47.0%	54.0%
57.0%	54.1%	63.7%	65.0%	44.2%	41.2%	41.0%
51.0%	60.3%	66.0%	68.0%	45.6%	48.1%	44.0%
54.0%	56.0%	62.7%	62.0%	37.2%	38.7%	41.0%
44.0%	54.2%	55.4%	54.0%	39.7%	45.6%	40.0%
49.0%	57.3%	60.8%	65.0%	56.8%	52.7%	54.0%
59.0%	63.2%	58.2%	66.0%	50.9%	46.3%	55.0%
64.0%	67.4%	70.2%	71.0%	47.7%	42.3%	49.0%
54.0%	62.2%	64.2%	70.0%	49.7%	43.8%	51.0%
48.0%	53.2%	64.1%	65.0%	44.8%	47.5%	47.0%
49.0%	61.5%	67.6% **		51.5%	50.5%	43.0%
63.0%	64.0%	66.5%	73.0%	48.1%	49.0%	43.0%
52.0%	59.2%	57.5%	69.0%	46.6%	49.5%	48.0%
58.0%	67.3%	72.8%	70.0%	42.9%	43.2%	42.0%
54.0%	66.1%	69.4%	63.0%	49.5%	48.0%	47.0%
58.0%	65.9%	66.2%	71.0%	47.0%	49.3%	50.0%
55.0%	55.9%	66.1%	69.0%	42.2%	44.1%	47.0%
62.0%	74.5% *		75.0%	46.0%	46.7%	51.0%
60.0%	* *	**		37.8%	40.2%	39.0%
51.0%	56.7%	62.2%	67.0%	45.6%	46.9%	40.0%
57.0%	60.3%	64.0%	68.0%	50.7%	43.8%	47.0%
45.0%	55.3%	56.5%	60.0%	46.1%	46.5%	48.0%
53.0%	57.0%	64.3%	71.0%	41.6%	34.7%	38.0%
35.0%	64.3%	63.5%	57.0%	32.1%	36.5%	46.0%
50.0%	57.5%	61.2%	71.0%	35.8%	50.0%	52.0%
64.0%	61.8%	68.5%	71.0%	40.2%	42.8%	45.0%
50.0%	60.0%	64.1%	62.0%	54.1%	55.4%	45.0%
40.0%	64.3%	63.3%	67.0%	53.6%	55.0%	42.0%
42.0%	47.4%	63.8%	68.0%	50.0%	55.0%	48.0%
38.0%	52.8% *		61.0%	56.5%	51.9%	50.0%
50.0%	63.8%	69.2%	74.0%	59.6%	46.2%	53.0%
61.0%	54.3%	57.6%	68.0%	54.3%	36.4%	54.0%
43.0%	44.7%	67.5%	74.0%	36.8%	62.5%	43.0%
37.0%	60.0%	62.4%	65.0%	50.8%	54.7%	51.0%
48.0%	47.4%	55.7%	59.0%	35.5%	39.8%	47.0%
36.0%	57.3%	70.8%	67.0%	56.2%	53.8%	58.0%
50.0%	62.5%	66.7%	63.0%	66.7%	45.8%	53.0%
*	50.0%	66.7%	69.0%	56.7%	36.7%	46.0%
63.0%	62.0%	65.8%	67.0%	46.3%	53.2%	55.0%
43.0%	57.8%	63.4%	55.0%	42.9%	41.9%	47.0%
46.0%	57.4%	69.6%	65.0%	42.6%	45.7%	38.0%
42.0%	54.0%	59.4%	68.0%	34.9%	32.9%	42.0%
49.0%	58.1%	58.3%	66.0%	32.5%	33.2%	45.0%
50.0%	59.5%	61.8%	62.0%	41.9%	45.2%	41.0%
49.0%	60.0%	58.0%	61.0%	41.3%	40.8%	37.0%

AMERICAN OVERSIGHT

48.0%	69.3%	74.4% **		45.0%	48.8%	52.0%
45.0%	60.9%	67.2%	68.0%	50.0%	47.7%	49.0%
50.0%	70.0%	72.3%	73.0%	45.8%	51.4%	43.0%
40.0%	59.0%	66.5%	68.0%	50.5%	50.0%	50.0%
62.0%	61.8%	70.1% **		57.9%	59.4%	61.0%
51.0%	66.7%	67.4%	64.0%	50.0%	47.8%	47.0%
54.0%	53.1%	67.9%	69.0%	37.5%	36.6%	50.0%
57.0%	68.0%	70.3%	73.0%	45.7%	55.6%	52.0%
55.0%	70.2%	68.6% **		58.9%	50.5%	51.0%
60.0%	64.4%	70.0%	74.0%	48.9%	47.7%	50.0%
45.0%	60.5%	73.5%	67.0%	43.0%	50.4%	42.0%
51.0%	62.5%	71.5%	71.0%	50.0%	49.1%	52.0%
52.0%	62.5%	61.6%	65.0%	46.9%	50.0%	46.0%
49.0%	67.2%	66.1%	71.0%	39.7%	51.3%	52.0%
51.0%	64.2%	61.8%	66.0%	53.5%	51.5%	50.0%
46.0%	56.0%	64.1%	67.0%	40.3%	44.2%	44.0%
60.0%	58.2%	67.2%	71.0%	48.6%	45.0%	51.0%
47.0%	65.7% *	**		44.8%	36.5%	56.0%
42.0%	47.2%	49.4%	56.0%	37.2%	35.4%	35.0%
47.0%	57.8%	63.5%	68.0%	40.9%	36.2%	42.0%
60.0%	63.1%	64.0%	70.0%	48.9%	53.2%	51.0%
54.0%	69.8%	63.2%	68.0%	47.6%	42.3%	50.0%
45.0%	60.4%	61.8%	60.0%	53.8%	42.7%	43.0%
51.0%	55.5%	61.7%	66.0%	40.7%	43.3%	44.0%
57.0%	65.5%	72.6%	74.0%	41.2%	44.0%	42.0%
53.0%	62.0%	64.4%	65.0%	33.3%	38.5%	37.0%
60.0%	56.7%	65.9%	72.0%	45.8%	49.4%	50.0%
53.0%	64.9%	65.6%	65.0%	45.9%	43.4%	45.0%
51.0%	54.6%	54.6%	61.0%	53.3%	51.9%	48.0%
59.0%	72.6%	64.7%	72.0%	30.4%	37.3%	38.0%
55.0%	60.6%	70.5%	68.0%	35.0%	37.1%	38.0%
52.0%	61.4%	61.4%	68.0%	43.8%	34.5%	37.0%
55.0%	56.4%	60.9%	67.0%	39.2%	35.8%	36.0%
49.0%	61.8%	65.2%	70.0%	40.8%	37.8%	31.0%
59.0%	66.7%	73.4% **		37.1%	37.4%	38.0%
51.0%	61.0%	59.8%	66.0%	39.9%	34.1%	34.0%
47.0%	59.5%	67.8%	65.0%	38.2%	37.9%	33.0%
45.0%	57.6%	58.4%	62.0%	48.7%	45.0%	42.0%
51.0%	60.4%	53.7%	68.0%	47.2%	44.4%	46.0%
46.0%	51.5%	59.6%	56.0%	38.0%	39.4%	42.0%
57.0%	53.0%	61.1%	66.0%	39.2%	47.7%	51.0%
58.0%	67.4%	70.1%	67.0%	46.3%	42.5%	41.0%
55.0%	64.6%	67.0%	63.0%	41.7%	39.6%	46.0%
47.0%	66.3%	68.5%	66.0%	43.8%	37.4%	37.0%
48.0%	57.6%	62.4%	69.0%	40.0%	41.8%	38.0%
53.0%	61.5%	65.8%	74.0%	44.3%	36.3%	37.0%
55.0%	62.2%	69.8%	73.0%	37.8%	39.6%	39.0%
55.0%	66.1%	67.5%	66.0%	46.6%	43.1%	49.0%
46.0%	57.8%	72.0%	68.0%	37.9%	39.2%	45.0%
46.0%	56.3%	57.6%	65.0%	39.0%	36.8%	38.0%
50.0%	62.1%	74.8%	71.0%	52.7%	58.5%	49.0%
51.0%	56.7%	61.5%	65.0%	39.6%	46.2%	46.0%
54.0%	61.0%	62.8%	75.0%	46.6%	46.2%	43.0%
52.0%	58.1%	62.5% **		50.4%	49.5%	52.0%

AMERICAN OVERSIGHT

52.0%		60.5%	68.2%	69.0%		46.3%	41.5%	41.0%
47.0%		60.7%	58.7%	66.0%		45.7%	43.7%	45.0%
48.0%		56.6%	64.3%	67.0%		43.4%	44.6%	38.0%
51.0%		55.0%	58.7%	63.0%		35.1%	36.4%	33.0%
52.0%		60.9%	63.8%	69.0%		40.4%	36.2%	44.0%
54.0%		61.5%	66.0%	65.0%		51.9%	44.3%	44.0%
54.0%		64.5%	64.0%	74.0%		35.5%	40.9%	41.0%
52.0%		57.8%	59.7%	65.0%		37.8%	32.5%	36.0%
54.0%		53.4%	60.4%	62.0%		38.2%	44.7%	46.0%
50.0%		55.9%	62.4%	65.0%		42.9%	45.5%	46.0%
52.0%		58.3%	64.8% **			35.0%	37.6%	40.0%
49.0%		53.8%	63.9%	64.0%		30.9%	36.4%	36.0%
49.0%		52.3%	57.7%	60.0%		34.8%	32.9%	36.0%
45.0%		55.1%	62.0%	64.0%		41.7%	38.3%	36.0%
52.0%		51.7%	58.1%	62.0%		42.5%	40.4%	39.0%
47.0%				72.0%				44.0%
43.0%		38.4%	44.8%	45.0%		32.2%	33.2%	35.0%
51.0%		59.2%	61.5%	65.0%		42.9%	49.9%	40.0%
57.0%		56.0%	66.7%	72.0%		41.2%	39.0%	46.0%
48.0%		59.2%	61.4%	59.0%		39.4%	40.0%	37.0%
56.0%		51.7%	62.6%	60.0%		32.8%	33.2%	32.0%
52.0%		53.5%	59.1%	64.0%		34.9%	33.2%	35.0%
48.0%		60.2%	67.1%	72.0%		33.5%	37.1%	38.0%
39.0%		50.0%	60.7%	65.0%		19.5%	21.3%	19.0%
57.0%		64.3%	67.5%	68.0%		32.4%	28.6%	36.0%
61.0%		56.9%	61.6%	72.0%		48.6%	39.7%	46.0%
56.0%		71.6% *		72.0%		40.6%	31.8%	42.0%
47.0%		52.9%	56.4%	60.0%		32.3%	32.4%	38.0%
38.0%		56.0%	57.4%	68.0%		40.4%	42.6%	42.0%
56.0%		60.0%	71.2%	69.0%		41.7%	42.9%	42.0%
51.0%		51.0%	61.5%	65.0%		41.1%	42.2%	43.0%
55.0%				58.0%				32.0%
53.0%		66.0% *		71.0%		44.7%	50.0%	53.0%
50.0%		68.2%	66.7% **			40.9%	27.8%	34.0%
57.0%		67.1%	60.4%	73.0%		43.2%	41.0%	41.0%
40.0%		53.5%	70.3%	70.0%		29.1%	27.5%	37.0%
48.0%		68.7% *		71.0%		42.9%	48.5%	35.0%
69.0%		71.1% *	**			40.3%	48.0%	43.0%
49.0%		63.9%	69.0%	62.0%		41.6%	39.7%	39.0%
53.0%		52.1%	60.6%	64.0%		36.0%	42.1%	40.0%
50.0%		64.8%	71.1% **			35.6%	37.5%	36.0%
54.0%		62.0%	62.0%	72.0%		56.3%	53.7%	57.0%
52.0%		54.0%	58.8%	67.0%		46.4%	45.5%	52.0%
47.0%		47.6%	59.5%	69.0%		46.3%	47.6%	40.0%
61.0%		61.2%	67.3%	65.0%		68.1%	61.4%	63.0%
58.0%		58.4% *	**			54.0%	54.4%	46.0%
60.0%		63.3%	69.7%	71.0%		55.9%	51.9%	60.0%
63.0%		54.4%	66.7% **			38.0%	44.4%	49.0%
56.0%		61.7%	68.4% **			53.3%	42.1%	40.0%
51.66%	0.00%	58.59%	60.12%	59.79%	0.00%	43.19%	43.40%	43.87%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	34	36	41		35	37	42	

CHRONIC DER (COPD)	PERCENT OF BENEFICIARIES WITH DEPRESSION				PERCENT OF BENEFICIARIES WITH DIABETES			
2018	2015	2016	2017	2018	2015	2016	2017	2018
	74.7%	69.4%	68.0%		60.4%	58.2%	56.0%	
	58.9%	61.5%	61.0%		57.8%	58.7%	61.0%	
	52.6%	42.0%	45.0%		53.4%	52.8%	56.0%	
	59.6%	62.9%	66.0%		52.4%	51.0%	50.0%	
	62.8%	64.8%	59.0%		53.5%	51.9%	45.0%	
	55.6%	55.1%	56.0%		46.2%	46.1%	47.0%	
	67.4%	61.9%	72.0%		60.9%	57.6%	68.0%	
	50.7%	51.4%	49.0%		52.9%	51.7%	51.0%	
	59.2%	54.4%	59.0%		40.0%	46.8%	43.0%	
	65.0%	50.9%	52.0%		54.5%	58.0%	56.0%	
	58.7%	49.3%	58.0%		37.8%	40.1%	41.0%	
	59.2%	54.9%	51.0%		58.3%	55.9%	52.0%	
	44.4%	46.7%	62.0%		54.1%	56.2%	58.0%	
	45.5%	48.1%	59.0%		38.4%	55.8%	57.0%	
	55.1%	50.6%	50.0%		55.1%	55.3%	59.0%	
	68.7%	64.5%	62.0%		54.2%	52.3%	58.0%	
	59.7%	64.1%	53.0%		64.9%	62.7%	58.0%	
	47.1%	53.5%	53.0%		56.2%	57.0%	55.0%	
	45.4%	47.1%	50.0%		52.6%	49.0%	55.0%	
	49.4%	44.0%	39.0%		*	70.7%	67.0%	
	59.3%	66.0%	67.0%		55.8%	56.0%	56.0%	
	60.7%	60.9%	58.0%		52.8%	53.1%	46.0%	
	57.3%	57.0%	60.0%		50.2%	53.1%	54.0%	
	45.6%	55.1%	37.0%		68.4%	53.1%	42.0%	
	62.4%	61.1%	63.0%		53.7%	59.5%	59.0%	
	51.1%	61.7%	58.0%		49.6%	53.9%	59.0%	
	49.0%	37.8%	44.0%		55.6%	58.1%	58.0%	
	58.0%	58.6%	74.0%		57.0%	62.6%	58.0%	
	65.4%	58.1%	69.0%		44.4%	51.2%	45.0%	
	66.1%	67.0%	70.0%		48.3%	45.0%	43.0%	
	54.5%	55.5%	66.0%		48.4%	51.3%	50.0%	
	55.2%	57.3%	55.0%		53.1%	55.8%	54.0%	

AMERICAN OVERSIGHT

	53.7%	63.0%	60.0%	50.7%	46.9%	55.0%
	57.4%	64.0%	67.0%	42.0%	46.6%	50.0%
	71.0% *		70.0%	55.6%	52.5%	45.0%
	58.8%	68.1%	75.0%	49.8%	47.7%	51.0%
	63.4%	64.4%	56.0%	48.2%	54.5%	51.0%
	50.2%	61.5%	63.0%	50.6%	49.6%	45.0%
	57.4%	63.0%	61.0%	44.4%	42.8%	46.0%
	51.1%	52.2%	56.0%	43.7%	44.9%	46.0%
	63.3%	55.1%	58.0%	57.2%	53.0%	57.0%
	50.0%	53.6%	62.0%	55.1%	54.0%	61.0%
	55.6%	55.2%	64.0%	48.5%	52.4%	46.0%
	57.0%	53.5%	60.0%	42.2%	45.8%	50.0%
	50.2%	43.9%	53.0%	41.4%	41.8%	45.0%
	49.1%	50.0%	56.0%	52.1%	39.2%	46.0%
	70.5%	62.7%	70.0%	53.8%	43.7%	50.0%
	59.1%	72.1%	61.0%	61.1%	62.5%	61.0%
	50.6%	59.0%	59.0%	52.0%	52.1%	51.0%
	49.9%	51.7%	64.0%	45.8%	47.2%	50.0%
	57.4%	64.0%	58.0%	54.8%	45.0%	55.0%
	53.3%	64.6%	74.0%	50.0%	55.8%	55.0%
	44.7%	53.1%	56.0%	53.4%	46.2%	50.0%
	54.5%	54.1%	55.0%	54.3%	55.6%	52.0%
	53.1%	52.0%	53.0%	59.4%	60.1%	52.0%
	50.0%	48.6%	49.0%	56.0%	51.9%	53.0%
	53.7%	46.2%	55.0%	52.4%	55.4%	55.0%
	64.6%	63.3%	67.0%	57.8%	67.3%	60.0%
	58.3%	54.6%	50.0%	66.1%	62.9%	63.0%
	48.3%	48.8%	55.0%	50.4%	40.3%	46.0%
	54.7%	49.8%	56.0%	57.3%	54.0%	56.0%
	47.5%	48.6%	46.0%	40.6%	38.8%	40.0%
	59.7%	50.5%	56.0%	48.0%	47.3%	55.0%
	75.0%	66.7% **		48.2%	44.4%	43.0%
	65.1%	69.4%	72.0%	50.0%	49.0%	52.0%
	50.3%	55.0%	56.0%	50.8%	57.7%	62.0%
	68.2%	70.7%	71.0%	61.2%	56.5%	49.0%
	73.2% *	**		46.4%	51.7%	52.0%
*		70.6%	71.0%	47.4%	50.0%	51.0%
	62.0%	67.0%	71.0%	51.9%	48.1%	45.0%
	68.1% *	**		55.3%	65.4%	58.0%
*		72.7% **		52.2%	51.5%	61.0%
	68.4%	70.0% **		44.7%	52.5%	66.0%
	61.7%	64.7%	70.0%	39.2%	47.1%	51.0%
	57.9%	68.2%	75.0%	42.1%	42.0%	46.0%
	74.2% *		73.0%	48.3%	52.3%	48.0%
*		70.8%	66.0%	58.3%	50.0%	34.0%
*		66.7%	73.0%	36.7%	53.3%	58.0%
	65.7%	55.7%	69.0%	47.2%	48.1%	51.0%
	51.9%	52.7%	53.0%	40.3%	48.4%	42.0%
	53.5%	52.2%	73.0%	47.5%	47.8%	52.0%
	43.9%	50.0%	43.0%	46.0%	37.6%	39.0%
	51.7%	55.1%	52.0%	33.5%	33.7%	33.0%
	42.9%	49.0%	52.0%	38.7%	39.1%	36.0%
	58.1%	52.7%	42.0%	29.7%	39.6%	39.0%

AMERICAN OVERSIGHT

	64.2%	61.9%	73.0%	64.2%	60.2%	63.0%
*		69.5% **		60.9%	64.8%	61.0%
	68.1%	69.1%	67.0%	57.1%	63.8%	52.0%
	75.0%	70.0% **		50.5%	55.3%	51.0%
	60.1%	60.5%	64.0%	57.5%	57.5%	61.0%
	69.0%	63.0%	72.0%	57.1%	56.5%	65.0%
	69.8%	68.7% **		51.0%	63.4%	60.0%
	66.0%	62.7%	72.0%	60.3%	52.6%	59.0%
	69.4%	74.2%	74.0%	64.1%	53.1%	63.0%
	55.8%	67.1%	65.0%	51.3%	56.4%	57.0%
	64.0%	65.0%	70.0%	63.2%	67.5%	54.0%
	57.4%	66.4%	68.0%	62.1%	65.0%	58.0%
	59.7%	65.6%	67.0%	44.4%	45.3%	45.0%
	67.9%	67.8%	66.0%	55.7%	62.6%	65.0%
	62.6%	66.1%	71.0%	58.8%	58.2%	55.0%
	48.8%	54.5%	61.0%	51.5%	52.5%	54.0%
	54.8%	66.1%	68.0%	47.5%	56.6%	58.0%
	74.6%	55.8%	65.0%	67.2%	65.4%	61.0%
	44.5%	40.6%	50.0%	36.6%	34.4%	37.0%
	63.9%	48.0%	61.0%	58.8%	50.9%	55.0%
	56.9%	60.8%	59.0%	47.1%	48.9%	48.0%
	57.1%	56.4%	53.0%	58.7%	49.1%	58.0%
	68.1%	70.9%	57.0%	63.7%	58.2%	60.0%
	41.5%	45.4%	49.0%	41.0%	41.3%	45.0%
	48.8%	57.9%	73.0%	58.2%	63.5%	61.0%
	52.9%	66.1%	59.0%	51.7%	55.8%	57.0%
	47.8%	52.4%	54.0%	51.2%	56.5%	58.0%
	64.9%	66.0%	71.0%	47.6%	56.1%	54.0%
	46.4%	50.7%	46.0%	43.4%	41.0%	42.0%
	62.5%	62.7%	66.0%	66.7%	60.1%	66.0%
	51.7%	61.2%	55.0%	58.0%	63.5%	58.0%
	59.1%	53.8%	61.0%	51.7%	60.7%	54.0%
	50.0%	56.5%	59.0%	47.8%	49.9%	50.0%
	48.5%	49.3%	58.0%	54.3%	52.6%	56.0%
	51.9%	50.7%	56.0%	59.1%	62.2%	63.0%
	50.6%	48.1%	66.0%	53.1%	53.4%	50.0%
	54.6%	55.2%	61.0%	48.9%	55.5%	53.0%
	59.9%	59.5%	68.0%	51.7%	55.3%	50.0%
	60.4%	58.0% **		43.8%	39.5%	53.0%
	67.8%	71.7%	64.0%	44.4%	49.0%	47.0%
	38.7%	43.6%	54.0%	50.8%	51.0%	49.0%
	73.7%	72.4%	68.0%	69.5%	67.8%	65.0%
	60.4%	59.3%	65.0%	66.7%	69.2%	61.0%
	74.7%	71.9%	70.0%	68.5%	55.2%	56.0%
	67.9%	66.0%	74.0%	60.6%	63.8%	57.0%
	55.7%	58.2%	55.0%	61.9%	65.0%	59.0%
	58.9%	64.4%	64.0%	65.4%	69.1%	74.0%
	58.6%	55.5%	58.0%	62.6%	55.0%	56.0%
	57.8%	60.8%	69.0%	53.4%	59.7%	53.0%
	56.7%	55.7%	58.0%	48.1%	48.5%	53.0%
	63.3%	58.5%	72.0%	50.9%	44.9%	47.0%
	50.6%	47.8%	55.0%	47.8%	47.2%	48.0%
	66.4%	50.3%	68.0%	50.0%	52.4%	54.0%
	57.3%	58.7%	60.0%	52.1%	51.0%	54.0%

AMERICAN OVERSIGHT

	61.7%	53.3%	60.0%		50.0%	57.4%	53.0%	
	46.8%	56.6%	56.0%		38.9%	43.7%	47.0%	
	66.2%	68.8%	73.0%		50.0%	48.2%	62.0%	
	66.4%	56.6%	54.0%		41.2%	41.3%	41.0%	
	70.2%	70.9% **			52.3%	53.5%	50.0%	
	71.2%	70.1%	67.0%		36.5%	41.2%	38.0%	
	53.4%	50.0%	60.0%		43.1%	40.5%	47.0%	
	55.6%	54.3%	58.0%		38.3%	36.6%	41.0%	
	52.8%	45.0%	58.0%		46.4%	41.9%	46.0%	
	55.9%	46.9%	54.0%		41.7%	45.8%	44.0%	
	60.2%	56.0%	69.0%		53.4%	46.4%	60.0%	
	57.6%	60.1%	65.0%		42.4%	47.4%	39.0%	
	54.1%	54.3%	59.0%		39.3%	36.3%	35.0%	
	48.3%	51.3%	57.0%		35.0%	36.5%	36.0%	
	42.1%	39.2%	39.0%		46.6%	44.7%	45.0%	
			41.0%				44.0%	
	36.7%	39.0%	40.0%		36.2%	33.5%	36.0%	
	57.1%	60.4%	55.0%		45.6%	51.2%	43.0%	
	60.2%	60.5%	65.0%		45.4%	52.3%	46.0%	
*	*	**			49.3%	42.9%	39.0%	
	65.6%	68.9%	69.0%		49.0%	48.1%	52.0%	
	55.0%	62.7%	63.0%		47.5%	49.4%	48.0%	
	60.6%	57.0%	66.0%		50.6%	45.6%	52.0%	
	74.4%	59.3%	67.0%		44.5%	38.0%	40.0%	
	59.5%	58.0%	62.0%		48.6%	52.3%	51.0%	
	51.4%	55.5%	62.0%		46.8%	48.6%	55.0%	
	61.4%	61.8%	63.0%		56.9%	62.9%	60.0%	
	38.3%	45.6%	67.0%		35.1%	42.0%	42.0%	
	72.5% *	**			58.7%	53.0%	62.0%	
	70.3%	63.4%	68.0%		54.3%	58.1%	54.0%	
	47.3%	51.0%	57.0%		42.5%	44.3%	44.0%	
			56.0%				41.0%	
	62.0%	60.4%	65.0%		51.3%	54.5%	60.0%	
	31.8%	27.8%	48.0%		63.6%	38.9%	66.0%	
	50.3%	56.3%	56.0%		56.1%	49.3%	54.0%	
*		74.6% **			44.1%	49.3%	52.0%	
	68.7%	70.9%	65.0%		60.4%	60.2%	54.0%	
	60.2%	60.8%	60.0%		62.7%	74.9%	74.0%	
	52.5%	58.0%	49.0%		43.6%	50.0%	40.0%	
	62.4%	59.7%	69.0%		36.4%	39.4%	47.0%	
	56.3%	53.9%	60.0%		37.5%	41.8%	43.0%	
	74.3% *	**			66.3%	62.4%	63.0%	
	72.8% *		68.0%		67.8%	65.2%	64.0%	
*	*		71.0%		56.6%	59.5%	69.0%	
	73.4%	64.3%	72.0%		67.6%	65.5%	67.0%	
*		69.3%	63.0%		63.7%	66.7%	65.0%	
	68.6%	64.3%	60.0%		68.6%	72.6%	65.0%	
*		71.6%	73.0%		70.9%	70.4%	72.0%	
	73.3%	47.4%	64.0%		58.3%	57.9% **		
0.00%	54.78%	54.42%	55.85%	0.00%	51.59%	52.29%	52.52%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

36	38	43		37	39	44		38

PERCENT OF BENEFICIARIES WITH HYPERLIPIDEMIA (High Cholesterol)				PERCENT OF BENEFICIARIES WITH HYPERTENSION				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
69.5%	64.9%	74.0%		*	*	**		59.7%
71.4%	72.1%	71.0%		*	*	**		72.4%
73.1%	72.6%	73.0%		*	*	**		66.3%
71.7%	65.0%	66.0%		*	*	**		68.1%
72.7%	71.0%	70.0%		*	*	**		59.9%
71.8%	73.0%	**		*	*	**		51.9%
*	66.2%	71.0%		*	*	**		58.0%
* *		**		*	*	**		59.6%
70.8%	70.9%	69.0%		*	*	**		67.3%
* *		71.0%		*	*	**		70.7%
69.8%	73.0%	73.0%		*	*	**		56.4%
55.3%	55.9%	65.0%		*	*	**		64.1%
73.7%	66.4%	64.0%		*	*	**		60.9%
70.5%	69.2%	67.0%		*	*	**		51.8%
74.5% *		**		*	*	**		67.7%
71.8%	70.1%	73.0%		*	*	**		71.0%
71.6% *		64.0%		*	*	**		58.2%
70.1%	62.0%	61.0%		*	*	**		52.4%
45.4%	63.5%	60.0%		*	*	**		59.8%
*	73.3%	**		*	*	**		60.5%
69.0% *		**		*	*	**		61.1%
62.9% *		68.0%		*	*	**		69.7%
71.0% *		**		*	*	**		64.3%
71.9%	73.5%	74.0%		*	*	**		59.6%
48.3%	59.5%	64.0%		*	*	**		68.5%
62.4%	66.9%	73.0%		*	*	**		58.2%
59.5%	68.2%	60.0%		*	*	**		69.9%
* *		**		*	*	**	*	
* *		**		*	*	**		69.1%
74.7% *		**		*	*	**		73.6%
* *		**		*	*	**		62.9%
65.7%	72.7%	71.0%		*	*	**		71.8%

AMERICAN OVERSIGHT

| | | |

68.1%		60.6%		66.0%	*	*	**					68.7%
64.8%		65.6%		68.0%	*	*	**					64.1%
74.2%		71.3%		73.0%	*	*	**					70.3%
62.2%		69.4%		61.0%	*	*	**					68.1%
*	*		**		*	*	**					72.8%
71.4%		72.8%		69.0%	*	*	**					64.3%
70.8%		74.6%		66.0%	*	*	**					52.1%
71.3%	*		**		*	*	**					66.0%
*	*			75.0%	*	*	**				*	
*	*		**		*	*	**					71.4%
60.5%		71.8%		62.0%	*	*	**					67.5%
68.4%		68.7%		64.0%	*	*	**					71.9%
72.9%		73.6%	**		*	*	**					66.3%
70.2%		71.3%		73.0%	*	*	**					64.9%
72.2%		69.7%		70.0%	*	*	**					59.4%
72.7%	*			75.0%	*	*	**					65.3%
70.6%		73.5%		69.0%	*	*	**				*	
**	*		**		*	*	**					74.6%
**	*		**		*	*	**					72.6%
73.6%		69.7%		71.0%	*	*	**					61.5%
*	*		**		*	*	**					71.1%
72.0%		66.3%		70.0%	*	*	**					70.4%
*	*			71.0%	*	*	**				*	
74.5%	*			73.0%	*	*	**					59.5%
**	*		**		*	*	**					71.9%
**	*		**		*	*	**					66.7%
**	*		**		*	*	**					71.9%
73.2%		71.7%		74.0%	*	*	**					67.5%
70.4%		72.2%		70.0%	*	*	**					68.3%
*	*		**		*	*	**					70.8%
*	*		**		*	*	**					65.0%
**	*		**		*	*	**					65.3%
**	*		**		*	*	**					66.7%
71.8%		74.8%	**		*	*	**					65.8%
*	*		**		*	*	**					67.3%
75.0%		72.3%	**		*	*	**					67.1%
69.5%		74.1%	**		*	*	**					64.5%
71.7%		69.5%		73.0%	*	*	**					61.7%
64.6%		59.9%		68.0%	*	*	**					45.8%
66.1%		70.2%		72.0%	*	*	**					55.0%
63.5%		68.5%		63.0%	*	*	**					66.3%
74.7%	*			74.0%	*	*	**					70.5%
71.9%		73.6%		70.0%	*	*	**					64.6%
*		73.4%		71.0%	*	*	**					71.3%
68.5%		73.1%		74.0%	*	*	**					67.9%
75.0%	*		**		*	*	**					67.6%
*	*		**		*	*	**					68.1%
*	*		**		*	*	**					70.1%
70.3%		71.5%		73.0%	*	*	**					62.9%
71.0%	*		**		*	*	**					65.2%
69.8%		72.8%		73.0%	*	*	**					71.0%
72.2%	*		**		*	*	**					65.4%
69.9%		71.0%		67.0%	*	*	**					56.2%
66.2%		71.6%		70.0%	*	*	**					60.7%

AMERICAN OVERSIGHT

	61.1%	*		70.0%	*	*	**		65.4%
	70.4%	*	**		*	*	**		65.7%
	69.1%		60.7%	65.0%	*	*	**		71.3%
	71.8%		67.1%	68.0%	*	*	**		66.4%
	62.9%		59.8%	59.0%	*	*	**		64.9%
	61.5%		69.1%	70.0%	*	*	**		69.2%
	74.4%	*	**		*	*	**		71.2%
*		*	**		*	*	**		72.6%
*		*		74.0%	*	*	**		64.1%
*		*	**		*	*	**		74.0%
	66.0%		72.8%	75.0%	*	*	**		57.3%
	66.8%		73.2%	68.0%	*	*	**		56.9%
	72.5%		74.8%	**	*	*	**		59.0%
	74.5%		71.9%	74.0%	*	*	**		69.6%
*		*	**		*	*	**		65.4%
			**				**		
*		*	**		*	*	**		58.2%
	74.4%	*		75.0%	*	*	**		62.1%
	75.0%	*	**		*	*	**		66.7%
	59.2%		58.6%	57.0%	*	*	**		60.6%
*		*	**		*	*	**		73.7%
*		*	**		*	*	**		69.3%
*		*	**		*	*	**		74.5%
	72.6%		73.3%	75.0%	*	*	**		72.0%
*		*	**		*	*	**	*	
	69.0%		67.8%	74.0%	*	*	**		63.0%
	67.0%		70.0%	72.0%	*	*	**		72.6%
	74.3%		74.7%	**	*	*	**		70.5%
	62.4%		64.3%	68.0%	*	*	**		66.1%
	69.1%		70.7%	69.0%	*	*	**		72.0%
*		*	**		*	*	**		70.9%
			**				**		
	60.7%		67.9%	**	*	*	**		60.0%
	72.7%		72.2%	73.0%	*	*	**	*	
*		*	**		*	*	**	*	
	68.5%		67.4%	**	*	*	**		66.9%
	74.7%		71.4%	66.0%	*	*	**		68.7%
*		*	**		*	*	**	*	
*		*	**		*	*	**	*	
*			74.5%	**	*	*	**		71.9%
*		*	**		*	*	**	*	
	65.3%		64.1%	72.0%	*	*	**		72.3%
	61.9%		69.5%	61.0%	*	*	**		68.6%
	62.5%		60.7%	62.0%	*	*	**		56.3%
	67.6%		62.6%	63.0%	*	*	**	*	
	69.0%		74.6%	72.0%	*	*	**	*	
	71.0%	*		72.0%	*	*	**	*	
	67.1%	*		72.0%	*	*	**		72.2%
*		*	**		*	*	**	*	
	46.84%		42.22%	41.54% 0.00%	0.00%	0.19%	0.00%	0.00%	57.92%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

40	45		39	41	46		40	42

OF BENEFICIARIES WITH ISCHEMIC HEART DISEASE (IHD)			PERCENT OF BENEFICIARIES WITH OSTEOPOROSIS				PERCENT OF BEN RHUEMATOID OR	
2016	2017	2018	2015	2016	2017	2018	2015	2016
64.9%	68.0%		19.5%	11.9%	11.0%	*		62.7%
*	68.0%		15.1%	15.6%	13.0%		63.5%	66.5%
63.2%	64.0%		23.7%	20.3%	20.0%		66.7%	71.7%
62.9%	69.0%		13.9%	14.0%	17.0%		70.5%	71.3%
56.8%	65.0%		23.3%	14.2%	16.0%		59.3%	64.8%
58.2%	60.0%		24.4%	17.5%	22.0%	*		70.6%
63.3%	57.0%		22.5%	14.4%	11.0%		63.0%	59.0%
59.8%	65.0%		24.9%	18.4%	22.0%		70.1%	73.5%
60.3%	61.0%		21.2%	19.4%	22.0%		66.5%	59.5%
72.3%	72.0%		26.0%	20.5%	20.0%		73.2%	72.3%
57.2%	63.0%		23.3%	13.8%	20.0%		65.1%	63.2%
58.8%	59.0%		19.4%	16.7%	12.0%	*		70.6%
63.5%	65.0%		13.5%	9.5%	17.0%		71.4%	65.0%
61.5%	64.0%		24.1%	16.3%	15.0%		66.1%	65.4%
74.7%	72.0%		12.9%	11.9%	14.0%	*	*	
71.0%	67.0%		15.3%	11.2%	13.0%		61.8%	60.7%
60.8%	56.0%		24.6%	18.3%	17.0%		50.0%	52.9%
54.2%	54.0%		21.9%	18.3%	13.0%		46.0%	43.7%
53.8%	59.0%		12.4%	19.2%	18.0%		46.4%	61.5%
57.3%	55.0%		8.6%	14.7%	19.0%		66.7%	70.7%
65.0%	59.0%		23.9%	21.0%	18.0%		61.1%	66.0%
70.3%	72.0%		18.0%	17.2%	16.0%		70.8%	73.4%
*	**		20.4%	16.9%	18.0%		72.9%	*
46.9%	49.0%		21.1%	24.5%	40.0%		64.9%	61.2%
58.7%	64.0%		22.8%	15.9%	13.0%		56.4%	57.9%
53.9%	52.0%		23.4%	18.8%	19.0%		61.7%	50.6%
64.9%	66.0%		14.4%	12.8%	13.0%		51.6%	51.4%
72.4%	**		12.5%	12.1%	14.0%		60.0%	58.6%
*	**		16.0%	18.6%	15.0%		56.8%	59.3%
*	73.0%		17.2%	12.8%	12.0%		51.7%	46.8%
66.9%	69.0%		24.4%	24.2%	19.0%		66.5%	65.7%
73.4%	67.0%		18.4%	17.6%	15.0%		56.3%	57.3%

AMERICAN OVERSIGHT

61.3%	63.0%	18.2%	20.7%	15.0%	57.5%	58.0%
67.7%	62.0%	19.1%	13.8%	9.0%	67.6%	61.9%
64.4%	60.0%	5.6%	5.0% *		61.3%	47.5%
72.9%	74.0%	18.5%	16.7%	16.0%	66.6%	65.8%
74.9% **		24.6%	20.9%	13.0%	68.1%	53.4%
58.0%	57.0%	16.0%	15.5%	12.0%	61.2%	57.5%
57.8%	54.0%	26.4%	27.4%	24.0%	67.2%	70.6%
72.9%	74.0%	18.1%	17.2%	18.0%	71.2%	69.5%
67.2%	72.0%	13.9%	13.1%	11.0%	64.5%	60.6%
71.6%	74.0%	18.8%	15.2%	16.0%	62.0%	63.7%
66.5%	68.0%	17.6%	13.2%	12.0%	63.2%	59.4%
72.4%	69.0%	15.2%	15.7%	16.0%	60.8%	59.1%
54.4%	57.0%	28.6%	22.1%	20.0%	66.3%	70.5%
62.6%	71.0%	19.7%	14.0%	13.0%	62.8%	54.5%
* **		22.7%	21.6%	24.0%	63.2%	64.2%
70.2% **		14.5%	15.4%	15.0%	67.4%	65.4%
71.1% **		16.2%	14.9%	17.0%	62.5%	60.7%
60.9%	60.0%	16.4%	16.1%	15.0%	69.8%	64.3%
60.4%	62.0%	15.9%	14.9%	19.0%	62.2%	64.0%
60.7%	70.0%	18.2%	12.6%	17.0%	60.3%	55.8%
59.3%	60.0%	15.8%	17.9%	15.0%	59.2%	57.5%
73.4% **		19.0%	14.0%	16.0%	64.9%	68.9%
70.5%	71.0%	14.1%	12.7%	9.0%	57.3%	63.6%
70.1% **		20.8%	17.1%	18.0%	62.3%	64.0%
70.6% **		17.5%	17.2%	18.0%	66.7%	71.0%
62.7%	66.0%	6.8%	8.7% *		61.5%	60.7%
74.2%	73.0%	7.8%	9.8%	11.0%	54.3%	64.4%
65.9%	71.0%	19.3%	18.1%	17.0%	63.3%	66.9%
65.7%	67.0%	18.1%	13.6%	21.0%	58.0%	58.6%
64.4%	63.0%	19.9%	20.2%	19.0%	73.4%	71.2%
54.5%	62.0%	29.4%	21.3%	18.0%	58.4%	57.8%
52.4%	48.0%	3.6%	12.7% *		33.9%	34.9%
67.3%	60.0%	12.3%	10.2%	11.0%	42.5%	45.9%
72.5%	68.0%	21.6%	23.4%	17.0%	54.8%	56.8%
63.0%	61.0%	27.1%	10.9%	10.0%	57.6%	45.7%
65.0%	67.0%	12.5%	10.0% *		50.0%	71.7%
67.5%	69.0%	27.6%	15.0%	15.0%	53.9%	58.1%
67.0%	64.0%	10.2%	11.3%	11.0%	63.0%	64.2%
*	71.0%	4.3%	7.7% *		70.2% *	
42.4%	63.0%	6.5%	12.1% *		52.2%	57.6%
67.5%	66.0%	10.5%	10.0% *		60.5%	45.0%
57.6%	61.0%	10.0%	11.8%	9.0%	60.8%	60.6%
56.8%	62.0%	15.8%	19.3%	15.0%	59.2%	61.4%
67.7% **		10.1%	16.9% *		59.6%	64.6%
29.2%	69.0%	8.3%	12.5% *		54.2%	50.0%
36.7%	54.0%	13.3%	3.3% *		56.7%	63.3%
* **		20.4%	16.5%	14.0%	70.4%	59.5%
53.8%	62.0%	20.8%	21.5%	15.0%	59.7%	64.5%
56.5%	71.0%	11.9%	17.4% *		52.5%	50.0%
56.5%	63.0%	11.1%	11.8%	13.0%	52.4%	51.2%
72.7%	74.0%	29.1%	33.2%	31.0%	72.4%	72.2%
68.5%	72.0%	27.5%	23.1%	29.0%	69.6%	67.9%
72.8% **		32.3%	27.8%	31.0%	72.9%	71.0%

AMERICAN OVERSIGHT

65.7%	68.0%	13.4%	13.5%	13.0%	68.4%	70.2%
50.0%	60.0%	10.9%	7.8%	9.0%	48.4%	52.3%
68.1%	66.0%	27.1%	19.5%	19.0% *		72.7%
68.2%	72.0%	9.0%	10.0%	9.0%	71.3%	74.7%
* **		15.4%	15.7%	16.0%	66.7%	70.5%
62.0%	72.0%	10.7%	6.5% *		46.4%	50.0%
56.7%	69.0%	7.3%	8.2% *		47.9%	49.3%
68.6%	69.0%	16.2%	17.0%	17.0%	57.1%	60.5%
72.2% **		13.7%	13.9%	17.0%	49.2%	55.2%
70.6%	71.0%	17.3%	22.4%	17.0%	63.0%	69.8%
65.8%	70.0%	11.4%	15.4% *		59.6%	70.9%
62.2%	69.0%	11.7%	8.9%	12.0%	53.1%	59.8%
67.8%	68.0%	14.6%	14.1%	13.0%	58.7%	62.7%
66.1%	71.0%	15.3%	14.8%	15.0%	51.9%	60.0%
59.4%	61.0%	10.2%	10.9%	10.0%	51.3%	49.1%
67.8%	56.0%	21.0%	17.8%	17.0%	59.4%	59.9%
*	68.0%	9.0%	12.2%	15.0%	58.8%	58.2%
63.5%	60.0%	20.9%	5.8% *		64.2%	53.8%
68.8%	69.0%	25.1%	21.1%	17.0%	* *	
63.5%	60.0%	15.9%	15.9%	17.0%	57.8%	59.8%
69.4%	66.0%	15.6%	16.5%	15.0%	72.0% *	
60.1%	71.0%	22.8%	14.1%	16.0%	66.7%	66.3%
64.5%	64.0%	9.9%	10.9%	12.0%	50.5%	52.7%
60.1%	59.0%	27.7%	23.9%	22.0%	68.6%	70.0%
73.3% **		13.7%	15.7%	14.0%	54.7%	63.5%
63.5%	68.0%	17.2%	15.1%	17.0%	60.8%	65.5%
67.1%	73.0%	22.7%	20.0%	22.0%	61.6%	67.6%
64.6%	64.0%	25.5%	19.3%	15.0%	58.9%	54.7%
66.2%	62.0%	26.8%	25.5%	18.0%	62.2%	63.2%
61.4%	73.0%	15.5%	7.2%	8.0%	54.2%	49.0%
68.5%	71.0%	17.5%	11.2%	11.0%	60.8%	57.0%
64.8%	64.0%	21.0%	13.1%	16.0%	47.7%	56.6%
68.6%	64.0%	22.3%	24.0%	23.0%	61.3%	60.9%
66.0%	62.0%	19.0%	21.9%	15.0%	58.8%	64.7%
71.6%	65.0%	13.8%	15.5%	15.0%	50.9%	54.0%
59.8%	59.0%	17.7%	11.7%	12.0%	55.1%	53.9%
67.1%	61.0%	18.3%	16.9%	23.0%	57.3%	57.5%
53.4%	54.0%	20.8%	14.9%	20.0%	56.1%	54.6%
54.3%	60.0%	16.7%	17.9%	15.0%	63.2%	53.7%
61.1%	58.0%	25.1%	19.2%	20.0%	50.3%	52.0%
60.4%	63.0%	15.5%	12.8%	10.0%	56.4%	49.0%
59.8%	61.0%	10.5%	12.6% *		37.9%	41.4%
69.2%	66.0%	5.2%	7.7% *		40.6%	44.0%
63.5%	62.0%	14.6%	9.9%	12.0%	56.7%	48.3%
58.2%	60.0%	7.9%	5.7%	11.0%	49.1%	53.2%
70.5%	73.0%	10.7%	12.7%	14.0%	53.3%	54.0%
72.5%	67.0%	11.9%	12.8%	9.0%	53.5%	51.0%
64.1%	74.0%	20.1%	20.6%	15.0%	54.0%	59.3%
67.2%	65.0%	14.7%	18.8%	7.0%	47.8%	40.9%
69.8% **		15.8%	13.3%	18.0%	59.5%	57.1%
70.7%	69.0%	16.6%	20.4%	14.0%	59.8%	65.3%
65.9%	65.0%	14.6%	13.0%	7.0%	50.6%	50.2%
59.3%	69.0%	10.3%	11.0%	10.0%	50.7%	55.9%
60.6%	70.0%	8.5%	8.7%	11.0%	47.0%	51.0%

AMERICAN OVERSIGHT

	65.1%		70.0%			10.5%	10.3%	17.0%			48.8%	57.9%
	72.7%		66.0%			16.1%	13.6%	14.0%			63.2%	62.2%
	65.2%		70.0%			15.4%	5.4%	16.0%			60.3%	58.0%
	62.9%		71.0%			15.3%	13.3%	15.0%		*		*
	58.3%		69.0%			6.6%	3.9%	10.0%			54.3%	52.0%
	68.0%		66.0%			24.0%	20.6%	17.0%			57.7%	57.7%
*			72.0%			18.9%	18.2%	17.0%			55.3%	62.1%
	73.1%	**				24.3%	21.0%	20.0%			64.6%	61.6%
	63.5%		67.0%			18.4%	22.1%	21.0%			63.8%	63.8%
*		**				33.3%	38.7%	31.0%			62.0%	73.3%
	72.0%		74.0%			21.4%	17.6%	17.0%			51.5%	63.2%
	63.9%		65.0%			17.6%	17.5%	16.0%			65.3%	68.4%
	63.6%		65.0%			27.7%	22.0%	26.0%			73.6%	73.9%
	71.0%		65.0%			22.1%	16.8%	25.0%			62.0%	65.5%
	66.7%		67.0%			20.3%	21.6%	20.0%			59.1%	70.2%
			73.0%					17.0%				
	61.9%		58.0%			37.3%	31.3%	31.0%		*		*
	67.9%		62.0%			18.4%	21.3%	18.0%			53.6%	65.1%
	71.3%		66.0%			13.9%	19.0%	16.0%			56.9%	63.1%
	65.7%		69.0%			11.3%	7.1%	*			56.3%	72.9%
	70.6%		69.0%			23.6%	25.1%	23.0%			58.3%	57.0%
	71.6%		70.0%			22.7%	23.8%	19.0%			60.5%	59.3%
	69.6%		75.0%			17.1%	12.7%	15.0%			58.6%	59.9%
	74.7%		75.0%			11.6%	7.3%	*			43.9%	46.0%
*		**				19.2%	17.9%	17.0%			61.5%	60.7%
	68.5%	**				14.8%	4.8%	13.0%			57.4%	59.6%
*			68.0%			11.2%	8.8%	10.0%			47.7%	45.9%
	72.4%		74.0%			20.3%	18.9%	19.0%			73.4%	72.4%
	60.0%		67.0%			29.4%	18.3%	21.0%			47.7%	53.9%
	69.6%		70.0%			10.3%	12.0%	12.0%			52.6%	56.0%
	74.4%		73.0%			22.1%	17.2%	19.0%			72.3%	70.0%
			71.0%					29.0%				
	63.4%		71.0%			12.0%	9.7%	20.0%			41.3%	46.3%
*		**				13.6%	22.2%	*			59.1%	61.1%
*		**				23.2%	25.7%	30.0%			72.9%	75.0%
	64.5%		65.0%			15.0%	10.9%	17.0%			52.8%	51.4%
*			64.0%			19.4%	15.3%	9.0%			58.5%	63.3%
*		**				15.9%	14.0%	15.0%			55.2%	56.1%
*		**				52.0%	42.0%	40.0%			73.3%	*
	67.6%		66.0%			27.7%	25.0%	22.0%			63.2%	73.1%
	74.6%	**				23.4%	16.8%	19.0%			60.9%	60.9%
	68.2%		73.0%			6.3%	4.1%	8.0%			43.0%	53.7%
	72.5%		67.0%			9.2%	6.0%	*			48.1%	50.6%
	57.5%		51.0%			6.8%	4.8%	*			47.2%	44.0%
*		**				12.8%	14.0%	23.0%			70.7%	63.7%
*		**				19.5%	11.4%	16.0%			69.9%	65.8%
*		**				20.0%	19.1%	18.0%			70.2%	70.5%
	66.7%	**				21.5%	12.3%	*			45.6%	48.1%
*		**				18.3%	2.6%	*			58.3%	60.5%
	57.00%		54.63%	0.00%		16.83%	15.03%	14.14%	0.00%		55.71%	57.56%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

47		41	43	48		42	44	49
EFICIARIES WITH OSTEO ARTHRISTIS		PERCENT OF BENEFICIARIES WITH SCHIZOPHRENIA				PERCENT OF BENEFICIARIES WITH		
2017	2018	2015	2016	2017	2018	2015	2016	2017
**		38.3%	29.1%	42.0%		21.4%	23.1%	45.0%
60.0%		29.2%	20.7%	17.0%		21.9%	22.9%	28.0%
71.0%		18.5%	17.9%	11.0%		21.7%	17.9%	20.0%
74.0%		22.3%	24.5%	26.0%		21.7%	19.6%	12.0%
59.0%		24.4%	24.1%	16.0%		23.8%	16.7%	21.0%
71.0%		12.2%	9.4%	9.0%		15.0%	13.0%	19.0%
62.0%		27.5%	24.5%	22.0%		29.0%	19.4%	21.0%
71.0%		16.6%	6.4%	7.0%		15.5%	19.8%	18.0%
64.0%		16.5%	9.7%	6.0%		20.8%	19.8%	20.0%
70.0%		15.4%	15.2% *			27.6%	18.8%	18.0%
59.0%		14.0%	9.9%	7.0%		12.2%	19.1%	21.0%
71.0%		23.3%	13.7% *			18.4%	10.8%	22.0%
62.0%		25.6%	12.4%	10.0%		21.1%	16.1%	20.0%
66.0%		22.3%	7.7% *			20.5%	17.3%	19.0%
**		13.7%	8.7%	9.0%		20.5%	16.6%	22.0%
69.0%		26.0%	21.5%	26.0%		26.0%	20.6%	21.0%
51.0%		32.8%	27.5%	29.0%		26.1%	24.8%	26.0%
42.0%		22.5%	17.6%	23.0%		18.2%	15.5%	15.0%
45.0%		19.6%	15.4%	13.0%		16.5%	20.2%	23.0%
68.0%		12.3%	12.0% *			22.2%	12.0% *	
65.0%		9.7%	12.0%	15.0%		20.4%	14.0%	16.0%
70.0%		20.2%	14.1% *			21.3%	20.3%	18.0%
**		21.6%	9.4%	11.0%		22.7%	20.5%	22.0%
67.0%		12.3%	10.2% *			15.8%	38.8% *	
67.0%		43.6%	39.7%	37.0%		25.5%	22.2%	22.0%
60.0%		17.0%	16.2%	13.0%		19.9%	19.5%	16.0%
52.0%		22.9%	18.9%	18.0%		27.5%	32.4%	27.0%
56.0%		20.5%	9.2%	11.0%		20.0%	20.1%	21.0%
60.0%		18.5%	12.8%	14.0%		16.0%	19.8%	27.0%
52.0%		18.4%	9.2%	10.0%		21.8%	17.4%	28.0%
71.0%		13.5%	10.2%	8.0%		23.3%	22.9%	25.0%
54.0%		11.2%	12.4%	6.0%		19.1%	16.9%	21.0%

AMERICAN OVERSIGHT

63.0%	15.4%	11.5%	12.0%	20.3%	19.0%	17.0%
58.0%	20.2%	12.2%	19.0%	13.3%	22.8%	12.0%
51.0%	42.7%	23.8%	26.0%	15.3%	18.8%	18.0%
63.0%	19.5%	18.5%	15.0%	20.4%	14.6%	17.0%
53.0%	14.7%	9.9%	9.0%	16.8%	24.6%	22.0%
53.0%	24.9%	18.6%	20.0%	19.0%	13.7%	16.0%
70.0%	10.9%	9.4%	8.0%	17.9%	17.0%	20.0%
66.0%	6.5%	5.0%	5.0%	19.2%	20.2%	18.0%
68.0%	30.1%	17.7%	17.0%	18.1%	14.1%	18.0%
63.0%	9.9%	10.0%	8.0%	17.1%	18.0%	15.0%
69.0%	17.6%	12.7%	11.0%	21.8%	18.9%	21.0%
58.0%	12.5%	10.7%	11.0%	24.8%	21.3%	22.0%
68.0%	11.8%	6.3%	4.0%	17.5%	17.9%	18.0%
50.0%	14.1%	12.2%	13.0%	15.4%	18.9%	18.0%
69.0%	23.1%	13.4%	11.0%	23.9%	19.4%	20.0%
66.0%	25.4%	26.0%	11.0%	26.4%	23.1%	21.0%
62.0%	13.6%	9.5%	11.0%	18.8%	27.5%	24.0%
67.0%	8.7%	9.7%	9.0%	18.7%	19.3%	17.0%
58.0%	24.1%	12.2%	15.0%	24.1%	25.7%	20.0%
65.0%	21.0%	16.5%	15.0%	24.3%	23.8%	22.0%
57.0%	12.9%	7.7%	7.0%	27.0%	16.5%	21.0%
67.0%	14.3%	6.7%	9.0%	21.9%	19.2%	19.0%
59.0%	22.4%	9.8%	8.0%	26.6%	26.6%	27.0%
65.0%	9.1%	5.0%	7.0%	20.8%	21.7%	22.0%
66.0%	9.4%	3.9%	4.0%	18.8%	18.5%	22.0%
66.0%	28.6%	25.3%	21.0%	21.7%	20.0%	19.0%
57.0%	21.3%	14.9%	20.0%	22.6%	28.4%	32.0%
72.0%	12.9%	8.8%	5.0%	19.5%	18.4%	19.0%
64.0%	9.9%	7.9%	7.0%	20.9%	22.4%	18.0%
69.0%	8.8%	5.3%	3.0%	20.7%	15.6%	18.0%
61.0%	22.6%	10.1%	13.0%	13.1%	18.1%	18.0%
46.0%	51.8%	38.1%	55.0%	26.8%	17.5%	17.0%
52.0%	50.9%	32.7%	18.0%	19.8%	19.4%	27.0%
57.0%	16.1%	9.5%	9.0%	24.6%	29.7%	25.0%
50.0%	42.4%	34.8%	21.0%	14.1%	15.2%	15.0%
64.0%	60.7%	56.7%	61.0%	21.4%	26.7%	17.0%
52.0%	27.6%	28.1%	33.0%	26.3%	19.4%	18.0%
54.0%	50.9%	35.8%	44.0%	17.6%	18.9%	20.0%
68.0%	55.3%	65.4%	71.0%	19.1%	30.8% *	
46.0%	45.7%	18.2%	46.0%	30.4%	18.2% *	
54.0%	44.7%	42.5%	46.0%	18.4%	22.5% *	
60.0%	45.0%	47.1%	49.0%	16.7%	17.1%	19.0%
53.0%	25.0%	23.9%	19.0%	19.7%	23.9%	35.0%
55.0%	58.4%	52.3%	49.0%	11.2%	9.2%	25.0%
44.0%	54.2%	45.8%	59.0%	20.8%	16.7%	34.0%
65.0% *	*	**		16.7%	13.3% *	
59.0%	31.5%	16.5%	15.0%	23.1%	27.8%	32.0%
49.0%	12.3%	9.7% *		13.6%	17.2%	29.0%
65.0%	15.8%	15.2%	23.0%	20.8%	15.2% *	
52.0%	15.9%	17.1%	11.0%	19.6%	18.8%	20.0%
73.0%	12.3%	12.8%	11.0%	16.7%	18.2%	20.0%
75.0%	9.1%	6.5%	7.0%	16.3%	16.9%	18.0%
**	18.7%	13.6%	8.0%	14.2%	19.5%	12.0%

AMERICAN OVERSIGHT

	66.0%	28.1%	25.3%	31.0%	18.9%	25.6%	20.0%
	63.0%	51.6%	46.1%	53.0%	19.5%	20.3%	22.0%
	70.0%	31.0%	23.8%	24.0%	26.5%	19.1%	25.0%
	66.0%	32.4%	32.9%	31.0%	14.4%	19.4%	18.0%
	74.0%	19.7%	18.8%	16.0%	19.3%	19.5%	24.0%
	55.0%	28.6%	26.1%	34.0%	16.7%	20.7%	23.0%
	52.0%	52.1%	48.5%	34.0%	25.0%	23.9%	19.0%
	65.0%	22.3%	20.9%	21.0%	25.1%	23.9%	22.0%
	59.0%	19.8%	25.8%	21.0%	27.0%	25.8%	24.0%
	68.0%	17.3%	16.9%	17.0%	24.8%	22.4%	23.0%
	65.0%	28.9%	34.2%	39.0%	19.3%	27.4% *	
	64.0%	25.4%	32.7%	28.0%	26.2%	24.8%	27.0%
	60.0%	17.7%	21.7%	21.0%	18.1%	20.7%	22.0%
	61.0%	29.0%	36.5%	27.0%	11.5%	18.3%	24.0%
	56.0%	28.3%	33.3%	35.0%	17.6%	17.0%	19.0%
	54.0%	22.8%	21.9%	19.0%	17.5%	16.5%	21.0%
	57.0%	26.0%	27.5%	22.0%	19.2%	18.5%	29.0%
	47.0%	28.4%	11.5% *		26.9%	26.9%	25.0%
**		8.6%	3.6%	3.0%	12.1%	14.6%	13.0%
	57.0%	15.9%	13.7%	10.0%	15.9%	12.5%	24.0%
**		9.3%	7.2% *		25.8%	24.1%	23.0%
	61.0%	20.6%	13.5%	7.0%	23.8%	16.0%	24.0%
	59.0%	22.0%	14.5%	14.0%	20.9%	28.2%	13.0%
	70.0%	6.2%	6.6%	4.0%	14.3%	16.3%	21.0%
	66.0%	11.4%	12.6%	12.0%	24.3%	19.5%	23.0%
	66.0%	9.6%	12.3%	12.0%	22.5%	21.1%	19.0%
	73.0%	9.9%	11.2%	13.0%	21.7%	15.9%	28.0%
	52.0%	16.5%	14.2%	21.0%	22.1%	21.2%	22.0%
	65.0%	12.7%	7.2%	8.0%	15.8%	19.4%	18.0%
	49.0%	23.2%	23.5%	16.0%	31.5%	21.6%	33.0%
	58.0%	16.2%	12.9%	12.0%	24.5%	26.4%	28.0%
	55.0%	14.8%	13.1%	10.0%	25.6%	26.2%	22.0%
	63.0%	6.9%	8.0%	7.0%	23.3%	22.3%	21.0%
	63.0%	11.0%	9.9%	12.0%	21.5%	21.6%	20.0%
	59.0%	11.3%	7.9%	9.0%	23.3%	29.5%	24.0%
	56.0%	14.0%	12.8%	20.0%	25.3%	25.1%	25.0%
	60.0%	21.4%	19.3%	23.0%	24.4%	23.3%	22.0%
	53.0%	17.5%	19.5%	19.0%	19.3%	17.2%	28.0%
	56.0%	22.2%	17.3%	22.0%	13.9%	16.7%	23.0%
	55.0%	19.9%	24.7%	23.0%	24.0%	25.8%	18.0%
	50.0%	10.5%	18.1%	20.0%	19.3%	15.4%	17.0%
	49.0%	31.6%	25.3%	16.0%	20.0%	31.0%	28.0%
	39.0%	34.4%	35.2%	38.0%	32.3%	33.0%	20.0%
	52.0%	39.3%	35.5%	30.0%	27.0%	25.6%	24.0%
	43.0%	38.2%	40.4%	35.0%	20.0%	20.6%	26.0%
	59.0%	14.3%	18.6%	15.0%	19.7%	27.4%	26.0%
	40.0%	16.8%	18.8%	22.0%	33.5%	29.5%	23.0%
	54.0%	8.0%	12.4%	12.0%	16.7%	25.8%	25.0%
	39.0%	21.6%	26.9%	21.0%	21.1%	24.7%	27.0%
	55.0%	18.4%	12.9%	16.0%	21.2%	24.4%	20.0%
	60.0%	22.5%	20.4%	21.0%	18.3%	13.6%	19.0%
	50.0%	14.6%	7.4%	12.0%	21.6%	19.7%	21.0%
	49.0%	34.9%	27.6%	36.0%	19.9%	15.2%	24.0%
	52.0%	26.9%	19.2%	22.0%	18.4%	20.2%	16.0%

AMERICAN OVERSIGHT

	58.0%		29.6%	20.0%	18.0%	22.8%	21.5%	18.0%
	70.0%		10.4%	10.8%	9.0%	12.1%	18.9%	19.0%
	67.0%		24.3%	34.8%	26.0%	17.6%	14.3%	14.0%
	74.0%		20.6%	19.6%	15.0%	9.9%	14.0%	18.0%
	57.0%		26.5%	33.9%	28.0%	21.2%	21.3%	20.0%
	56.0%		25.0%	27.8%	20.0%	14.4%	14.4%	15.0%
	56.0%		19.2%	15.2%	13.0%	19.5%	17.8%	16.0%
	67.0%		12.2%	9.9%	8.0%	17.7%	16.0%	19.0%
	61.0%		19.5%	14.1%	11.0%	20.1%	18.5%	24.0%
**			16.4%	12.0%	15.0%	19.4%	19.6%	21.0%
	62.0%		23.3%	18.4%	12.0%	19.4%	22.4%	21.0%
	67.0%		17.6%	19.6%	14.0%	16.8%	17.5%	19.0%
	73.0%		12.1%	10.4%	8.0%	11.3%	16.1%	15.0%
	71.0%		9.8%	13.3%	10.0%	15.4%	19.1%	20.0%
	70.0%		12.2%	3.3%	4.0%	22.3%	19.9%	22.0%
	60.0%			*				15.0%
	74.0%		6.8%	3.2%	3.0%	12.4%	11.6%	14.0%
	59.0%		24.8%	14.4%	11.0%	21.1%	15.0%	19.0%
	55.0%		27.8%	16.9%	25.0%	21.3%	23.6%	17.0%
	72.0%		60.6%	68.6%	67.0%	19.7%	14.3% *	
	60.0%		21.6%	22.1%	19.0%	23.6%	27.2%	23.0%
	60.0%		14.0%	11.0%	13.0%	14.0%	18.7%	18.0%
	58.0%		21.1%	18.6%	15.0%	22.3%	20.3%	20.0%
	43.0%		68.3%	52.7%	45.0%	14.6%	18.0%	21.0%
	61.0%		18.6%	13.2%	15.0%	22.3%	20.0%	23.0%
	63.0%		18.1%	13.0%	20.0%	17.6%	22.6%	23.0%
	50.0%		24.9%	20.0%	20.0%	21.8%	24.1%	24.0%
	69.0%		6.4%	7.1%	8.0%	15.8%	17.8%	15.0%
	45.0%		70.6%	64.3%	57.0%	21.1%	12.2%	15.0%
	50.0%		37.1%	28.8%	28.0%	17.7%	24.1%	23.0%
	74.0%		11.0%	10.8%	12.0%	19.6%	19.2%	19.0%
	68.0%				4.0%			20.0%
	51.0%		20.0%	28.4%	33.0%	21.3%	25.4%	25.0%
	52.0%		13.6%	5.6% *		22.7%	38.9%	32.0%
	74.0%		26.5%	13.2%	15.0%	16.8%	23.6%	14.0%
	55.0%		73.2%	68.1%	66.0%	20.5%	15.9%	20.0%
	50.0%		21.7%	25.5%	24.0%	25.3%	25.0%	29.0%
	61.0%		26.4%	25.7%	21.0%	27.4%	25.1%	26.0%
	70.0%		10.9%	10.3% *		15.3%	18.4%	17.0%
**			15.7%	11.6%	18.0%	15.3%	14.4%	17.0%
	60.0%		14.2%	14.8%	18.0%	25.7%	19.1%	22.0%
	64.0%		75.0% *		69.0%	25.3%	25.6%	27.0%
	49.0%		66.1%	66.5%	65.0%	16.3%	20.2%	21.0%
	35.0%		*	*	73.0%	16.8%	15.9%	25.0%
	65.0%		47.3%	49.7%	45.0%	23.9%	19.9%	22.0%
	61.0%		33.6%	40.4%	36.0%	17.7%	22.8%	17.0%
	72.0%		40.0%	37.3%	34.0%	21.2%	23.7%	24.0%
	55.0%		36.7%	56.8%	34.0%	31.6%	23.5%	24.0%
	49.0%		31.7%	15.8%	29.0%	31.7%	10.5%	31.0%
	57.20%	0.00%	24.05%	20.45%	20.76%	0.00%	20.28%	20.32%	20.69%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

I STROKE	PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF COPD				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF RESPIRATORY FAILURE			
2018	2015	2016	2017	2018	2015	2016	2017	2018
		*				*		
		*					9.0%	
		*				*		
		*				*		
		*				*		
		*					3.0%	
		*				*		
			4.0%			*		
		*					6.0%	
			10.0%			*		
		*				*		
		*					0.0%	
		*				*		
		*				*		
			8.0%			*		
		*				*		
		*				*		
		*				*		
		*				*		
			0.0%			*		
		*				*		
		*				*		
		*				*		
			0.0%			*		
		*					0.0%	
		*				*		
		*				*		
		*					22.0%	
		*					0.0%	
		*				*		
		*				*		
			4.0%				5.0%	

AMERICAN OVERSIGHT

4.0%	*
*	0.0%
*	*
*	0.0%
0.0%	*
*	*
*	*
2.0%	*
8.0%	*
*	*
5.0%	*
5.0%	*
*	*
17.0%	*
8.0%	0.0%
*	*
*	*
*	*
5.0%	*
*	7.0%
4.0%	6.0%
3.0%	3.0%
6.0%	*
3.0%	2.0%
3.0%	3.0%
*	0.0%
*	*
*	*
3.0%	3.0%
*	*
4.0%	*
*	*
10.0%	*
8.0%	*
0.0%	0.0%
*	*
11.0%	*
*	*
*	0.0%
*	0.0%
*	0.0%
*	*
*	*
*	*
*	0.0%
*	0.0%
*	*
*	*
*	*
*	*
*	0.0%
4.0%	*
*	*

AMERICAN OVERSIGHT

*	8.0%
*	*
5.0%	*
*	0.0%
6.0%	0.0%
*	*
16.0%	*
*	*
7.0%	*
6.0%	*
*	*
*	*
5.0%	*
*	*
9.0%	*
8.0%	*
9.0%	*
0.0%	*
3.0%	*
5.0%	*
*	*
5.0%	0.0%
*	*
8.0%	0.0%
*	*
4.0%	0.0%
7.0%	0.0%
*	*
5.0%	*
*	*
*	5.0%
*	0.0%
4.0%	*
4.0%	*
*	5.0%
5.0%	*
*	*
*	*
*	*
9.0%	*
*	*
*	0.0%
*	*
7.0%	*
*	0.0%
*	*
*	*
7.0%	*
*	*
3.0%	*
*	*
8.0%	*
*	0.0%
15.0%	*

AMERICAN OVERSIGHT

			13.0%					
		*				*		
							0.0%	
		*				*		
		*				*		
		*				*		
		*				*		
			3.0%			*		
			6.0%			*		
		*					4.0%	
			10.0%				0.0%	
		*				*		
		*				*		
			3.0%				3.0%	
			7.0%			*		
			2.0%			*		
		*				*		
		*						
			6.0%			*		
			5.0%			*		
		*				*		
			8.0%				0.0%	
			3.0%				0.0%	
		*				*		
			0.0%				0.0%	
			5.0%			*		
		*				*		
		*				*		
			2.0%				2.0%	
		*				*		
		*				*		
			2.0%			*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*					0.0%	
		*				*		
		*				*		
			7.0%				7.0%	
		*				*		
			7.0%				0.0%	
		*				*		
			7.0%			*		
		*				*		
		*					0.0%	
0.00%	0.00%	0.00%	2.27%	0.00%	0.00%	0.00%	0.61%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF DEMENTIA				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF STROKE				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
		*				11.0%		
		*				10.0%		
		*				5.0%		
		*				*		
			0.0%			6.0%		
			0.0%			5.0%		
			0.0%			*		
		*				8.0%		
		*				5.0%		
		*				*		
			0.0%			*		
		*				*		
		*				*		
			0.0%			*		
		*				5.0%		
			0.0%			*		
		*				*		
		*				*		
		*				*		
		*				*		
		*				*		
			0.0%			7.0%		
			0.0%			*		
			11.0%			*		
		*				*		
		*				11.0%		
		*				*		
		*				*		
			0.0%			8.0%		
			0.0%			5.0%		
		*				9.0%		

AMERICAN OVERSIGHT

*	*
*	*
0.0%	*
0.0%	*
0.0%	0.0%
*	*
0.0%	*
0.0%	4.0%
*	*
*	5.0%
*	5.0%
*	5.0%
*	8.0%
*	9.0%
0.0%	5.0%
*	*
*	*
0.0%	*
0.0%	7.0%
0.0%	7.0%
*	5.0%
0.0%	5.0%
*	9.0%
*	5.0%
*	4.0%
0.0%	*
9.0%	7.0%
*	9.0%
*	7.0%
*	6.0%
0.0%	5.0%
0.0%	*
0.0%	9.0%
0.0%	9.0%
0.0%	0.0%
*	*
*	*
12.0%	10.0%
9.0%	*
*	*
*	0.0%
17.0%	*
*	11.0%
*	*
*	*
*	*
*	*
*	*
*	0.0%
*	*
0.0%	*
*	6.0%
*	*

AMERICAN OVERSIGHT

*	*
21.0%	*
5.0%	8.0%
23.0%	*
12.0%	*
*	*
33.0%	*
*	*
*	7.0%
*	5.0%
*	*
*	8.0%
*	5.0%
10.0%	*
*	*
*	9.0%
0.0%	9.0%
0.0%	*
0.0%	4.0%
*	6.0%
*	7.0%
0.0%	8.0%
10.0%	*
*	3.0%
*	6.0%
*	6.0%
*	*
8.0%	7.0%
*	6.0%
*	13.0%
*	6.0%
0.0%	*
*	8.0%
*	5.0%
0.0%	4.0%
0.0%	7.0%
*	5.0%
*	8.0%
8.0%	*
11.0%	8.0%
*	*
0.0%	12.0%
*	*
*	9.0%
21.0%	*
0.0%	12.0%
*	9.0%
*	6.0%
*	9.0%
3.0%	5.0%
*	*
*	6.0%
*	*
*	*

AMERICAN OVERSIGHT

		9.0%				12.0%		
	*				*			
	*				*			
	*				*			
	*				*			
	*				*			
	*					5.0%		
		0.0%				7.0%		
	*					6.0%		
		0.0%				6.0%		
		0.0%			*			
		0.0%				5.0%		
		0.0%				4.0%		
		0.0%				6.0%		
		0.0%				7.0%		
		0.0%			*			
		0.0%			*			
		9.0%				6.0%		
	*					6.0%		
		67.0%			*			
		0.0%				8.0%		
	*					3.0%		
	*				*			
		0.0%			*			
	*					6.0%		
		0.0%			*			
		0.0%				11.0%		
		0.0%				4.0%		
	*				*			
	*					8.0%		
		8.0%				5.0%		
		0.0%			*			
		0.0%			*			
		0.0%			*			
	*				*			
		0.0%			*			
	*					11.0%		
		0.0%				8.0%		
		0.0%			*			
	*				*			
	*					6.0%		
	*				*			
		0.0%			*			
		0.0%			*			
		15.0%			*			
		0.0%			*			
	*					5.0%		
		0.0%				0.0%		
	*				*			
0.00%	0.00%	2.17%	0.00%	0.00%	0.00%	3.52%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF INFECTION			PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDER			PERCENT OF BENEFICI DIAGNOSIS		
2016	2017	2018	2015	2016	2017	2018	2015	2016
	17.0%			*				
	13.0%				16.0%			
	10.0%				11.0%			
	19.0%			*				
	22.0%			*				
	13.0%				22.0%			
	19.0%			*				
	22.0%				11.0%			
	19.0%				19.0%			
	23.0%			*				
	14.0%				9.0%			
	23.0%			*				
	9.0%				8.0%			
*					20.0%			
	16.0%				10.0%			
	26.0%			*				
	11.0%				10.0%			
	8.0%				55.0%			
	18.0%			*				
*				*				
	14.0%			*				
	24.0%			*				
	19.0%				14.0%			
*				*				
	17.0%			*				
	24.0%			*				
	15.0%				8.0%			
	9.0%				11.0%			
*					22.0%			
	19.0%			*				
	19.0%				7.0%			
	10.0%				10.0%			

AMERICAN OVERSIGHT

12.0%	28.0%
*	**
16.0%	25.0%
4.0%	**
0.0%	**
16.0%	*
3.0%	39.0%
15.0%	2.0%
14.0%	9.0%
23.0%	13.0%
8.0%	16.0%
14.0%	10.0%
9.0%	10.0%
*	*
9.0%	*
19.0%	*
20.0%	11.0%
19.0%	16.0%
13.0%	10.0%
21.0%	*
20.0%	16.0%
21.0%	6.0%
22.0%	11.0%
19.0%	15.0%
18.0%	5.0%
23.0%	*
8.0%	8.0%
10.0%	6.0%
18.0%	11.0%
14.0%	20.0%
23.0%	8.0%
*	*
13.0%	*
16.0%	7.0%
*	70.0%
*	*
*	9.0%
10.0%	*
*	*
*	*
0.0%	*
*	*
*	10.0%
19.0%	*
*	*
0.0%	*
13.0%	*
16.0%	*
*	*
14.0%	17.0%
17.0%	7.0%
13.0%	21.0%
20.0%	11.0%

AMERICAN OVERSIGHT

21.0%	8.0%
*	*
15.0%	6.0%
*	7.0%
*	*
*	*
*	*
4.0%	60.0%
18.0%	11.0%
8.0%	9.0%
14.0%	*
14.0%	11.0%
10.0%	24.0%
17.0%	*
24.0%	10.0%
10.0%	6.0%
19.0%	*
*	*
6.0%	5.0%
10.0%	15.0%
*	11.0%
10.0%	10.0%
16.0%	9.0%
5.0%	*
13.0%	*
12.0%	3.0%
17.0%	*
17.0%	11.0%
7.0%	5.0%
9.0%	8.0%
9.0%	*
17.0%	12.0%
6.0%	8.0%
10.0%	12.0%
12.0%	*
*	4.0%
12.0%	11.0%
8.0%	9.0%
8.0%	8.0%
7.0%	9.0%
9.0%	11.0%
39.0%	*
15.0%	*
*	*
*	*
10.0%	10.0%
16.0%	*
13.0%	16.0%
13.0%	9.0%
15.0%	8.0%
17.0%	8.0%
10.0%	11.0%
17.0%	*
*	12.0%

AMERICAN OVERSIGHT

	9.0%				7.0%			
	16.0%				7.0%			
	16.0%			*				
	21.0%				15.0%			
	9.0%			*				
	22.0%				11.0%			
	17.0%				11.0%			
	9.0%				9.0%			
	16.0%				12.0%			
	4.0%				11.0%			
	14.0%			*				
	17.0%				10.0%			
	12.0%				18.0%			
	13.0%				13.0%			
	8.0%				3.0%			
*				*				
	9.0%			*				
	9.0%				9.0%			
*				*				
*				*				
	8.0%				10.0%			
	12.0%				11.0%			
	18.0%				9.0%			
	16.0%			*				
	4.0%				9.0%			
	20.0%			*				
	17.0%				11.0%			
	14.0%				7.0%			
	20.0%			*				
	20.0%				5.0%			
	11.0%				12.0%			
	11.0%				19.0%			
	8.0%				8.0%			
*				*				
	12.0%				14.0%			
*				*				
	7.0%				7.0%			
*				*				
	23.0%				7.0%			
	24.0%			*				
	23.0%				6.0%			
*				*				
	22.0%			*				
*				*				
	10.0%			*				
*				*				
	13.0%				7.0%			
*				*				
*				*				
0.00%	11.11%	0.00%	0.00%	0.00%	7.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

ARIES WITH PRIMARY OF INJURY				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MOTOR NEURAL DISEASE				AVERAGE NUMBER OF MINUTES P PHYSICAL THERAPY
2017	2018	2015	2016	2017	2018	2015	2016	2017
*				*				104.2
10.0%				*				101.5
17.0%				5.0%				102.6
19.0%				*				102.0
20.0%				*				83.2
20.0%				3.0%				108.7
*				9.0%				97.0
22.0%				*				74.9
20.0%				*				88.9
13.0%				*				87.8
22.0%				*				90.8
*				*				77.7
16.0%				12.0%				101.5
16.0%				*				72.9
13.0%				5.0%				116.2
*				9.0%				98.8
9.0%				9.0%				87.5
*				*				97.5
*				*				91.2
*				*				65.0
*				0.0%				90.9
22.0%				*				55.7
16.0%				6.0%				92.6
*				*				88.5
11.0%				*				74.8
19.0%				*				91.6
15.0%				*				74.5
15.0%				*				82.6
*				*				104.3
16.0%				*				98.3
25.0%				5.0%				112.4
14.0%				*				122.7

AMERICAN OVERSIGHT

13.0%	*		96.7
*	*		98.8
17.0%	*		65.4
2.0%	*		106.4
0.0%		0.0%	101.2
15.0%	*		94.1
3.0%		4.0%	90.2
5.0%		2.0%	110.7
10.0%		9.0%	73.6
17.0%		4.0%	102.0
21.0%	*		97.1
18.0%		4.0%	104.9
21.0%	*		75.0
14.0%		6.0%	100.1
11.0%	*		90.0
12.0%	*		84.7
21.0%		5.0%	111.1
17.0%		6.0%	93.0
16.0%	*		99.1
15.0%	*		102.0
15.0%	*		97.8
10.0%		3.0%	98.0
15.0%	*		97.2
15.0%		2.0%	119.1
18.0%		2.0%	102.3
15.0%	*		113.9
7.0%	*		79.6
28.0%		6.0%	102.2
14.0%	*		102.1
20.0%		4.0%	100.4
27.0%	*		103.0
*	*		77.4
10.0%	*		89.3
21.0%	*		99.8
*		16.0%	104.4
*		14.0%	78.7
8.0%	*		99.5
10.0%		9.0%	87.5
*	*		80.7
*	*		89.4
*	*		94.9
8.0%	*		99.0
*		10.0%	81.9
*	*		72.7
0.0%	*		73.8
*	*		79.5
13.0%	*		64.0
*	*		87.9
*	*		75.7
13.0%		9.0%	80.6
32.0%	*		85.0
19.0%	*		99.2
29.0%	*		102.0

AMERICAN OVERSIGHT

11.0%		7.0%	95.2
*		10.0%	65.6
21.0%		9.0%	90.4
*	*		108.6
*		6.0%	99.8
*	*		94.1
*	*		110.1
*	*		88.2
10.0%	*		97.0
15.0%	*		108.9
*	*		80.6
11.0%		9.0%	109.3
7.0%	*		99.7
10.0%	*		110.4
12.0%	*		132.7
13.0%	*		104.9
*	*		107.4
*	*		80.1
10.0%		4.0%	104.2
11.0%		5.0%	107.7
21.0%		4.0%	116.2
17.0%		5.0%	134.9
14.0%	*		110.5
19.0%		3.0%	101.4
19.0%		4.0%	100.3
25.0%	*		95.3
23.0%	*		102.2
10.0%		6.0%	90.6
24.0%		5.0%	96.0
9.0%		8.0%	104.3
14.0%		5.0%	100.4
25.0%	*		88.1
28.0%		5.0%	95.4
23.0%		9.0%	91.8
7.0%		6.0%	96.8
6.0%		10.0%	98.4
9.0%		8.0%	86.6
14.0%		9.0%	92.8
11.0%	*		77.8
16.0%		9.0%	84.5
15.0%	*		97.7
*	*		80.3
*	*		95.7
*		8.0%	91.4
*	*		91.3
16.0%		6.0%	91.0
13.0%	*		87.0
15.0%	*		97.1
18.0%	*		103.9
18.0%		3.0%	100.8
8.0%	*		91.4
16.0%		5.0%	99.3
*	*		84.2
15.0%	*		90.7

AMERICAN OVERSIGHT

13.0%				6.0%				96.1
17.0%			*					102.2
12.0%			*					96.6
11.0%			*					101.6
10.0%				9.0%				94.3
20.0%			*					80.1
19.0%				4.0%				83.7
27.0%				4.0%				91.0
15.0%				4.0%				82.2
25.0%				5.0%				93.3
12.0%			*					87.1
22.0%				4.0%				94.3
24.0%				3.0%				105.1
21.0%				4.0%				86.8
18.0%				3.0%				98.1
28.0%			*					109.7
32.0%			*					129.6
19.0%				4.0%				106.4
*				5.0%				89.5
*			*					82.6
16.0%			*					92.8
17.0%				5.0%				120.4
22.0%			*					101.2
14.0%			*					89.4
22.0%				5.0%				95.5
9.0%			*					99.2
9.0%			*					95.8
12.0%				2.0%				114.1
*				10.0%				86.0
9.0%			*					87.0
15.0%				6.0%				112.9
21.0%			*					87.3
14.0%			*					72.5
*			*					89.3
23.0%			*					82.8
19.0%			*					65.1
14.0%				8.0%				85.1
15.0%			*					101.9
16.0%			*					109.0
16.0%			*					86.3
21.0%				6.0%				102.5
*			*					81.1
6.0%				9.0%				52.3
0.0%			*					53.7
0.0%			*					72.1
15.0%			*					89.7
8.0%				6.0%				93.5
*			*					88.6
*			*					78.8
11.51%	0.00%	0.00%	0.00%	2.55%	0.00%	-	-	92.42

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-

ER WEEK -	AVERAGE NUMBER OF MINUTES PER WEEK - OCCUPATIONAL THERAPY				AVERAGE NUMBER OF MINUTES PER WEEK - SPEECH THERAPY			
2018	2015	2016	2017	2018	2015	2016	2017	2018
			94.8				27.4	
			104.2				24.9	
			88.7				22.7	
			100.8				22.9	
			74.3				43.7	
			92.1				23.6	
			71.4				32.0	
			68.0				45.1	
			77.4				21.8	
			77.1				42.7	
			82.5				50.1	
			74.5				52.5	
			90.5				52.9	
			78.4				43.4	
			115.8				16.3	
			89.1				33.5	
			97.7				26.2	
			94.3				23.3	
			85.8				40.5	
			65.8				37.8	
			96.2				23.9	
			73.1				43.3	
			85.5				49.0	
			86.3				61.5	
			73.4				47.2	
			89.6				28.6	
			79.0				47.3	
			67.4				36.9	
			97.1				25.8	
			95.2				26.7	
			94.2				18.4	
			92.9				20.4	

AMERICAN OVERSIGHT

89.3	18.0
100.0	27.1
71.5	24.8
94.9	25.4
100.9	21.7
78.3	16.3
90.1	17.6
97.5	15.2
67.1	19.3
106.9	10.5
88.1	16.3
107.7	10.6
73.6	36.4
89.8	31.6
85.4	29.9
76.2	16.9
105.1	17.8
96.2	27.5
96.9	19.0
100.8	21.4
85.7	34.7
101.4	32.1
92.2	24.7
112.6	14.7
90.6	21.2
93.6	27.2
86.2	43.6
92.7	12.9
98.4	27.7
101.6	25.2
103.1	22.0
79.0	38.3
82.5	30.2
94.5	28.4
103.8	26.7
78.2	46.0
102.4	26.5
91.3	41.4
82.5	39.1
103.3	30.3
96.0	28.3
97.1	39.4
81.2	36.0
73.3	27.4
76.6	32.0
92.6	21.1
69.7	36.7
81.4	48.0
75.5	39.5
84.7	26.3
90.3	24.9
94.8	34.1
90.4	21.9

AMERICAN OVERSIGHT

90.3	35.4
63.0	57.9
91.4	37.4
102.2	31.9
97.7	25.5
88.9	37.2
103.2	49.0
91.0	32.4
96.8	39.2
102.7	25.0
83.1	38.5
104.5	39.8
98.4	39.7
106.1	23.1
119.9	26.7
98.0	23.7
97.5	14.2
69.7	26.5
82.1	20.6
85.7	25.7
113.9	42.7
111.5	60.2
110.4	46.9
99.8	33.6
101.0	25.7
88.8	18.4
104.5	22.7
92.2	42.6
98.4	24.3
104.7	40.1
96.1	37.2
87.0	37.5
100.4	26.1
87.9	30.0
91.6	22.2
89.1	26.8
84.9	27.5
94.3	38.5
77.4	57.9
85.2	52.6
98.2	40.3
76.6	30.1
95.2	23.1
85.3	41.6
82.9	37.1
87.7	36.4
75.8	34.4
93.7	43.3
106.7	39.5
96.8	24.9
95.7	15.2
97.8	13.8
88.7	40.1
95.8	22.2

AMERICAN OVERSIGHT

			95.3				**25.1**	
			100.2				**12.0**	
			93.1				**33.3**	
			94.2				**38.0**	
			86.6				**23.6**	
			80.3				**47.9**	
			96.4				**37.7**	
			89.4				**37.0**	
			87.6				**23.7**	
			103.3				**24.8**	
			82.2				**30.2**	
			78.6				**22.9**	
			96.6				**22.8**	
			86.8				**21.9**	
			95.1				**20.6**	
			108.3				**9.4**	
			115.2				**17.8**	
			93.1				24.7	
			97.9				32.3	
			81.3				63.3	
			84.7				**43.9**	
			116.4				**7.0**	
			93.1				**24.2**	
			81.1				**24.1**	
			96.2				**23.2**	
			101.7				**22.4**	
			91.9				**10.6**	
			78.8				**20.3**	
			93.2				**27.3**	
			86.2				**14.3**	
			96.6				**19.9**	
			84.1				**16.5**	
			69.2				**12.4**	
			91.6				**21.5**	
			80.7				**18.6**	
			73.8				**32.9**	
			85.2				**25.1**	
			104.0				**18.2**	
			106.3				14.3	
			87.7				20.6	
			102.0				32.2	
			82.3				**23.3**	
			46.7				**36.4**	
			81.8				**40.0**	
			69.0				**33.3**	
			84.9				**11.2**	
			92.6				**21.4**	
			91.7				**22.8**	
			74.2				**14.6**	
-	-	-	**89.00**	-	-	-	**29.65**	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

PERCENTAGE OF RUG "RU" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAGE OF RUG "RV" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAG
2015	2016	2017	2018	2015	2016	2017	2018	2015
		86.0%				53.0%		
		90.0%				60.0%		
		88.0%				78.0%		
		77.0%				35.0%		
		89.0%				72.0%		
		86.0%				52.0%		
		92.0%				84.0%		
		94.0%				58.0%		
		83.0%				40.0%		
		97.0%				73.0%		
		93.0%				56.0%		
		75.0%				67.0%		
		30.0%				29.0%		
		40.0%				32.0%		
		80.0%				49.0%		
		88.0%				82.0%		
		97.0%				75.0%		
		74.0%				45.0%		
		75.0%				50.0%		
		79.0%				70.0%		
		95.0%				85.0%		
		100.0%				61.0%		
		87.0%				55.0%		
		72.0%			*			
		31.0%				29.0%		
		31.0%				30.0%		
		57.0%				48.0%		
		32.0%				23.0%		
		18.0%				15.0%		
		34.0%				27.0%		
		18.0%			*			
		91.0%				91.0%		

AMERICAN OVERSIGHT

96.0%	**80.0%**
73.0%	**52.0%**
91.0%	**74.0%**
88.0%	**49.0%**
97.0%	**93.0%**
79.0%	**59.0%**
77.0%	**62.0%**
72.0%	*
91.0%	**51.0%**
67.0%	**29.0%**
57.0%	**45.0%**
77.0%	**18.0%**
93.0%	70.0%
96.0%	80.0%
90.0%	83.0%
95.0%	**67.0%**
59.0%	**53.0%**
61.0%	**40.0%**
85.0%	**50.0%**
91.0%	**40.0%**
63.0%	**31.0%**
11.0%	**6.0%**
36.0%	**8.0%**
5.0%	**6.0%**
29.0%	**11.0%**
69.0%	*
86.0%	**57.0%**
98.0%	**94.0%**
37.0%	**18.0%**
91.0%	**67.0%**
96.0%	80.0%
75.0%	54.0%
87.0%	76.0%
80.0%	50.0%
86.0%	29.0%
84.0%	**60.0%**
79.0%	**55.0%**
94.0%	**75.0%**
92.0%	**80.0%**
90.0%	**86.0%**
87.0%	*
95.0%	**68.0%**
98.0%	**86.0%**
93.0%	**98.0%**
97.0%	**97.0%**
100.0%	**95.0%**
27.0%	**13.0%**
36.0%	*
60.0%	*
51.0%	**45.0%**
41.0%	27.0%
48.0%	55.0%
39.0%	24.0%

AMERICAN OVERSIGHT

97.0%	74.0%
81.0%	64.0%
95.0%	65.0%
92.0%	81.0%
91.0%	59.0%
99.0%	80.0%
90.0%	70.0%
91.0%	59.0%
70.0%	64.0%
76.0%	40.0%
91.0%	87.0%
81.0%	49.0%
69.0%	25.0%
79.0%	38.0%
84.0%	57.0%
75.0%	51.0%
84.0%	51.0%
53.0%	48.0%
65.0%	52.0%
88.0%	72.0%
89.0%	83.0%
80.0%	34.0%
64.0%	36.0%
88.0%	20.0%
90.0%	42.0%
82.0%	51.0%
90.0%	66.0%
83.0%	36.0%
96.0%	79.0%
38.0%	29.0%
99.0%	
18.0%	24.0%
55.0%	8.0%
50.0%	42.0%
47.0%	27.0%
39.0%	37.0%
50.0%	27.0%
87.0%	52.0%
91.0%	81.0%
87.0%	53.0%
93.0%	88.0%
76.0%	48.0%
93.0%	67.0%
78.0%	36.0%
92.0%	78.0%
72.0%	74.0%
48.0%	78.0%
65.0%	49.0%
92.0%	51.0%
88.0%	52.0%
88.0%	65.0%
84.0%	60.0%
84.0%	29.0%
79.0%	57.0%

AMERICAN OVERSIGHT

		73.0%				49.0%		
		96.0%				75.0%		
		47.0%				18.0%		
		70.0%				61.0%		
		47.0%				37.0%		
		79.0%				46.0%		
		47.0%				11.0%		
		46.0%				19.0%		
		66.0%				47.0%		
		5.0%				9.0%		
		84.0%				62.0%		
		26.0%				28.0%		
		33.0%				17.0%		
		35.0%				8.0%		
		7.0%				6.0%		
		23.0%				7.0%		
		92.0%				75.0%		
		86.0%				47.0%		
		90.0%				48.0%		
		92.0%				79.0%		
		71.0%				53.0%		
		17.0%				14.0%		
		50.0%				48.0%		
		63.0%				65.0%		
		34.0%				31.0%		
		46.0%				18.0%		
		25.0%				0.0%		
		35.0%				18.0%		
		8.0%				4.0%		
		72.0%				42.0%		
		9.0%				3.0%		
		74.0%				30.0%		
		15.0%				6.0%		
	*					0.0%		
		2.0%				2.0%		
		30.0%				30.0%		
		49.0%				32.0%		
		70.0%				42.0%		
		57.0%				38.0%		
		55.0%				35.0%		
		77.0%				24.0%		
		81.0%				76.0%		
		73.0%				77.0%		
		70.0%				74.0%		
		85.0%				61.0%		
		31.0%				31.0%		
		91.0%				58.0%		
		68.0%				2.0%		
		76.0%				58.0%		
0.00%	0.00%	68.52%	0.00%	0.00%	0.00%	47.39%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

GE OF DAYS IN"RU" RUG CATEGORY			PERCENTAGE OF DAYS IN"EXTENSIVE" RUG CATEGORY			PERCENTAGE OF DAYS CATE	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	69.0%				1.0%			
	75.0%				1.0%			
	74.0%				0.0%			
	76.0%				0.0%			
	63.0%				0.0%			
	76.0%				0.0%			
	68.0%				0.0%			
	72.0%				0.0%			
	64.0%				0.0%			
	61.0%				0.0%			
	83.0%				0.0%			
	42.0%				0.0%			
	58.0%				0.0%			
	43.0%				0.0%			
	84.0%				0.0%			
	48.0%				1.0%			
	58.0%				0.0%			
	53.0%				0.0%			
	69.0%				0.0%			
	66.0%				0.0%			
	69.0%				0.0%			
	62.0%				0.0%			
	70.0%				0.0%			
	69.0%				0.0%			
	82.0%				0.0%			
	79.0%				0.0%			
	70.0%				1.0%			
	37.0%				10.0%			
	50.0%				0.0%			
	70.0%				0.0%			
	94.0%				0.0%			
	73.0%				0.0%			

AMERICAN OVERSIGHT

65.0%	**0.0%**
72.0%	**0.0%**
32.0%	**0.0%**
82.0%	**0.0%**
75.0%	**1.0%**
61.0%	**6.0%**
86.0%	**0.0%**
96.0%	**0.0%**
59.0%	**0.0%**
87.0%	**0.0%**
87.0%	**0.0%**
86.0%	**0.0%**
68.0%	0.0%
60.0%	1.0%
72.0%	0.0%
68.0%	**0.0%**
82.0%	**0.0%**
80.0%	**0.0%**
81.0%	**0.0%**
87.0%	**0.0%**
84.0%	**0.0%**
76.0%	**0.0%**
56.0%	**0.0%**
77.0%	**0.0%**
65.0%	**0.0%**
80.0%	**0.0%**
81.0%	**1.0%**
91.0%	**0.0%**
86.0%	**0.0%**
93.0%	**0.0%**
79.0%	0.0%
68.0%	0.0%
65.0%	0.0%
88.0%	0.0%
78.0%	0.0%
65.0%	**1.0%**
72.0%	**1.0%**
75.0%	**1.0%**
63.0%	**0.0%**
64.0%	**0.0%**
89.0%	**0.0%**
88.0%	**0.0%**
66.0%	**0.0%**
48.0%	**0.0%**
34.0%	**0.0%**
27.0%	**0.0%**
42.0%	**0.0%**
88.0%	**0.0%**
80.0%	**0.0%**
57.0%	**0.0%**
64.0%	0.0%
80.0%	0.0%
84.0%	0.0%

AMERICAN OVERSIGHT

84.0%	0.0%
53.0%	0.0%
84.0%	0.0%
68.0%	0.0%
87.0%	0.0%
79.0%	0.0%
88.0%	0.0%
60.0%	3.0%
69.0%	2.0%
77.0%	0.0%
54.0%	1.0%
79.0%	0.0%
87.0%	0.0%
79.0%	0.0%
78.0%	1.0%
68.0%	2.0%
61.0%	0.0%
37.0%	0.0%
77.0%	0.0%
72.0%	0.0%
76.0%	0.0%
82.0%	0.0%
83.0%	0.0%
77.0%	0.0%
81.0%	0.0%
69.0%	1.0%
80.0%	0.0%
82.0%	0.0%
88.0%	0.0%
86.0%	1.0%
90.0%	1.0%
75.0%	0.0%
95.0%	0.0%
57.0%	0.0%
68.0%	3.0%
63.0%	0.0%
52.0%	2.0%
82.0%	0.0%
64.0%	0.0%
87.0%	0.0%
74.0%	1.0%
47.0%	9.0%
78.0%	0.0%
68.0%	0.0%
68.0%	1.0%
68.0%	0.0%
58.0%	0.0%
78.0%	1.0%
71.0%	1.0%
77.0%	0.0%
65.0%	0.0%
63.0%	1.0%
80.0%	0.0%
71.0%	0.0%

AMERICAN OVERSIGHT

	67.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	64.0%				0.0%			
	45.0%				3.0%			
	66.0%				0.0%			
	67.0%				0.0%			
	78.0%				0.0%			
	73.0%				1.0%			
	90.0%				0.0%			
	59.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	53.0%				0.0%			
	65.0%				0.0%			
	71.0%				0.0%			
	93.0%				0.0%			
	85.0%				0.0%			
	86.0%				0.0%			
	69.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	82.0%				0.0%			
	58.0%				0.0%			
	73.0%				0.0%			
	68.0%				0.0%			
	69.0%				0.0%			
	61.0%				0.0%			
	54.0%				0.0%			
	55.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	4.0%				0.0%			
	17.0%				0.0%			
	31.0%				0.0%			
	32.0%				0.0%			
	43.0%				1.0%			
	72.0%				1.0%			
	65.0%				0.0%			
	47.0%				0.0%			
	85.0%				0.0%			
	41.0%				1.0%			
	28.0%				2.0%			
	60.0%				0.0%			
	27.0%				1.0%			
	51.0%				1.0%			
	59.0%				0.0%			
	50.0%				1.0%			
	25.0%				0.0%			
0.00%	67.84%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

IN"SPECIAL HIGH" RUG GORY				PERCENTAGE OF DAYS IN"SPECIAL LOW" RUG CATEGORY				PERCENTAGE OF DAYS IN"CLINIC C RUG CATEGORY
2017	2018	2015	2016	2017	2018	2015	2016	2017
2.0%				0.0%				2.0%
5.0%				1.0%				2.0%
6.0%				0.0%				1.0%
3.0%				0.0%				2.0%
4.0%				0.0%				2.0%
0.0%				0.0%				1.0%
3.0%				0.0%				0.0%
6.0%				0.0%				2.0%
4.0%				0.0%				2.0%
3.0%				0.0%				1.0%
1.0%				0.0%				0.0%
2.0%				0.0%				2.0%
1.0%				0.0%				2.0%
6.0%				0.0%				1.0%
1.0%				0.0%				1.0%
5.0%				1.0%				2.0%
3.0%				0.0%				1.0%
9.0%				0.0%				3.0%
8.0%				0.0%				2.0%
4.0%				0.0%				0.0%
4.0%				0.0%				1.0%
2.0%				0.0%				0.0%
2.0%				0.0%				1.0%
7.0%				0.0%				2.0%
0.0%				0.0%				0.0%
1.0%				0.0%				0.0%
2.0%				0.0%				1.0%
8.0%				0.0%				1.0%
2.0%				0.0%				1.0%
8.0%				0.0%				1.0%
1.0%				0.0%				0.0%
4.0%				0.0%				1.0%

AMERICAN OVERSIGHT

4.0%	0.0%	2.0%
2.0%	0.0%	1.0%
10.0%	0.0%	9.0%
5.0%	0.0%	1.0%
3.0%	0.0%	1.0%
8.0%	0.0%	4.0%
1.0%	0.0%	1.0%
0.0%	0.0%	0.0%
8.0%	0.0%	1.0%
4.0%	0.0%	1.0%
3.0%	0.0%	0.0%
3.0%	0.0%	1.0%
1.0%	0.0%	1.0%
4.0%	0.0%	3.0%
2.0%	0.0%	1.0%
9.0%	0.0%	3.0%
3.0%	0.0%	1.0%
4.0%	0.0%	2.0%
4.0%	0.0%	2.0%
4.0%	0.0%	1.0%
2.0%	0.0%	1.0%
2.0%	0.0%	2.0%
3.0%	0.0%	3.0%
2.0%	0.0%	2.0%
3.0%	0.0%	2.0%
1.0%	0.0%	1.0%
3.0%	0.0%	1.0%
2.0%	0.0%	1.0%
2.0%	0.0%	2.0%
0.0%	0.0%	0.0%
3.0%	0.0%	1.0%
4.0%	1.0%	1.0%
4.0%	0.0%	3.0%
1.0%	0.0%	0.0%
3.0%	0.0%	1.0%
1.0%	0.0%	0.0%
1.0%	0.0%	1.0%
4.0%	1.0%	1.0%
3.0%	1.0%	1.0%
1.0%	0.0%	4.0%
0.0%	0.0%	2.0%
2.0%	0.0%	1.0%
3.0%	0.0%	0.0%
1.0%	1.0%	1.0%
3.0%	1.0%	0.0%
0.0%	3.0%	1.0%
4.0%	0.0%	1.0%
1.0%	0.0%	0.0%
3.0%	0.0%	0.0%
2.0%	0.0%	2.0%
2.0%	0.0%	1.0%
1.0%	0.0%	1.0%
0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

2.0%	0.0%	0.0%
6.0%	0.0%	0.0%
2.0%	0.0%	0.0%
2.0%	0.0%	1.0%
2.0%	0.0%	1.0%
4.0%	0.0%	2.0%
0.0%	0.0%	0.0%
9.0%	0.0%	5.0%
7.0%	0.0%	3.0%
2.0%	0.0%	0.0%
5.0%	0.0%	1.0%
3.0%	0.0%	2.0%
1.0%	0.0%	1.0%
2.0%	0.0%	4.0%
3.0%	0.0%	0.0%
5.0%	1.0%	1.0%
0.0%	0.0%	2.0%
8.0%	0.0%	0.0%
0.0%	0.0%	0.0%
3.0%	0.0%	0.0%
2.0%	0.0%	1.0%
3.0%	0.0%	0.0%
1.0%	0.0%	0.0%
3.0%	0.0%	1.0%
2.0%	0.0%	2.0%
4.0%	0.0%	3.0%
1.0%	0.0%	1.0%
1.0%	0.0%	1.0%
2.0%	0.0%	1.0%
2.0%	0.0%	1.0%
4.0%	0.0%	1.0%
7.0%	0.0%	1.0%
1.0%	0.0%	1.0%
3.0%	0.0%	2.0%
4.0%	0.0%	1.0%
4.0%	0.0%	4.0%
4.0%	0.0%	1.0%
2.0%	0.0%	1.0%
3.0%	0.0%	0.0%
0.0%	0.0%	0.0%
1.0%	0.0%	0.0%
13.0%	0.0%	5.0%
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	1-SECONDARY-SUMMITT CARE II INC
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	3-PRIMARY-AVANTE GROUP, INC.
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	3-PRIMARY-CONSULATE (CMC II LLC)

AMERICAN OVERSIGHT

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3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
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3-SECONDARY-Health Services Mgt., Inc.
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4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
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4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
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4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
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5-PRIMARY-Senior Care Group, Inc.
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5-SECONDARY-AMERICAN RETIREMENT CORPORATION
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6-SECONDARY-PALM HEALTHCARE MANAGEMENT, LLC
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7-PRIMARY-Sunbelt Health Care Centers,Inc.
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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 6, 2020 10:38 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Sent: Friday, March 6, 2020 10:19 PM
Cc: Ferre, Helen; McCloud, Cody; Ash, Ryan; Marquez, Jonas
Subject: [External] FW: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

Good evening:

Our office wanted to ensure your agencies have received the below update regarding COVID-19 issued by the Florida Department of Health.

Best,
Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Friday, March 6, 2020 10:12 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Subject: FW: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19



FOR IMMEDIATE RELEASE
March 6, 2020

AMERICAN OVERSIGHT

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

TALLAHASSEE— The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an international trip.
- A new case of a COVID-19 patient in her seventies in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A new individual in their seventies that tested presumptive positive for COVID-19 in Lee County has died, following an international trip.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

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A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

Click here to unsubscribe from future mailings.



Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 12:04 PM
To: ""McKinstry"","" Molly; " "Waltz"","" Scott; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Scott.Waltz@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Cc: Philpot, Toby; Grow, Stefan
Subject: FW: COVID-19 Isolation Facility Plan
Attachments: FL COVID-19 Contingency Plan.xlsx

From: Doug Burr <dburr@hcnavigator.net>
Sent: Saturday, March 14, 2020 12:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Harris Schwartzberg <hschwartzberg@sallc.net>
Subject: [External] RE: COVID-19 Isolation Facility Plan

Secretary Mayhew –

I just realized that the new (CON) Gulf Coast Health Care facility in Pensacola (DeLuna Health & Rehab) that is currently awaiting licensure inspection and issuance of its Medicare Provider Number was not included in the Excel file I sent to you earlier this evening. Attached is an updated file.

From: Doug Burr
Sent: Friday, March 13, 2020 9:16 PM
To: 'mary.mayhew@ahca.myflorida.com'
Cc: Harris Schwartzberg
Subject: COVID-19 Isolation Facility Plan

Secretary Mayhew –

Attached - per our discussion – is the file that breaks down the multi-facility SNF companies in Florida by AHCA Planning Districts in which each company has clusters of facilities. Each company was then "selected" as "Primary" (shaded in light red) or "Secondary" (shaded in light orange) for one or more Planning Districts in an effort to (as best as possible) spread out the "Isolation Centers" across companies so that none were burdened with an excessive number of facilities relative to the total number of facilities they had in the State of Florida. Most companies were selected to "participate" in this COVID-19 Emergency Isolation Center Program in 1, 2 or 3 Districts with the exception being Consulate that had 5 Primary and 1 Secondary Directs due to the large volume of SNFs (76 in total) they operate in clusters across Florida. Individual facilities from each company were not chosen because there are likely operational considerations that would be known only to the companies themselves that would make certain facilities better or worse choices for use as a COVID Isolation Center.

I have spoken to Staff from FHCA since our call earlier this evening because this needs to be viewed as a public-private partnership with general industry "buy-in". I may have helped to develop the analysis because I felt from my position as FHCA Reimbursement Committee Chair that it would eventually be necessary, but FHCA staff had been in the loop and kept apprised all along the way.

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The first tab in the attached file provides grids that summarize the information. You will notice that there are a couple Districts in which Consulate was not either Primary or Secondary despite Consulate having 10+ SNFs. This was because they may have been the ONLY District in which another company had a large enough cluster of SNFs to be included OR there were other Districts in which there would not have been at least 2 Companies without Consulate being included (and clearly it would be patently unfair to ask Consulate to bear a disproportionate burden should it even become necessary to implement this type of program state-wide). The second tab actually lists the individual facilities (sorted by Planning District and multi-facility organization) for each of the multi-facility organizations that are either "Primary" or "Secondary" in the various District on the first tab.

I will send the conceptual draft Memorandum of Understanding materials once I have received authorization to do so. My commitment is to get this authorization over the weekend.

I truly hope and pray that the need to implement dedicated "Isolation Centers" does not arise, but given what you already know about the lack of negative pressure environments in most SNFs I do fear that it may be better to plan for safety as opposed to being sorry.

Sincerely,
HEALTH CARE NAVIGATOR, LLC

Douglas G. Burr

Doug Burr

Home Office
1185 Wilde Run Court
Roswell, GA 30075

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White Plains, NY 10604-3603

Work Email: dburr@hcnavigator.net
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FL-AHCA-20-0902-A-000246

PROV NUM	PROVNAME	CITY
105445	UNIVERSITY HILLS HEALTH AND REHABILITATION	PENSACOLA
105935	CONSULATE HEALTH CARE OF PENSACOLA	PENSACOLA
106028	SHOAL CREEK REHABILITATION CENTER	CRESTVIEW
105862	DESTIN HEALTHCARE AND REHABILITATION CENTER	DESTIN
105267	BAYSIDE HEALTH AND REHABILITATION CENTER	PENSACOLA
105532	ARCADIA HEALTH & REHABILITATION CENTER	PENSACOLA
NEW CON	DELUNA HEALTH & REHABILITATION CENTER	PENSACOLA
105747	ROSEWOOD HEALTHCARE AND REHABILITATION CENTER	PENSACOLA
105751	SPECIALTY HEALTH AND REHABILITATION CENTER	PENSACOLA
106117	OLIVE BRANCH HEALTH AND REHAB CENTER	PENSACOLA
105487	BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER	GULF BREEZE
105612	SILVERCREST HEALTH AND REHABILITATION CENTER	CRESTVIEW
105601	GRAND BOULEVARD HEALTH AND REHABILITATION CENTER	MIRAMAR BEACH
105860	CENTURY HEALTH AND REHABILITATION CENTER	CENTURY
105328	SANTA ROSA HEALTH & REHABILITATION CENTER	MILTON
105552	SANDY RIDGE HEALTH AND REHABILITATION	MILTON
105148	EMERALD SHORES HEALTH AND REHABILITATION	CALLAWAY
105391	SEA BREEZE HEALTH CARE	PANAMA CITY
105433	HERITAGE HEALTHCARE CENTER AT TALLAHASSEE	TALLAHASSEE
105764	CONSULATE HEALTH CARE OF TALLAHASSEE	TALLAHASSEE
105631	MARSHALL HEALTH AND REHABILITATION CENTER	PERRY
106043	RIVERCHASE HEALTH AND REHABILITATION CENTER	QUINCY
105729	CHIPOLA HEALTH AND REHABILITATION CENTER	MARIANNA
105152	PANAMA CITY HEALTH AND REHABILITATION CENTER	PANAMA CITY
105775	GLENCOVE HEALTH AND REHABILITATION CENTER	PANAMA CITY
106045	BRYNWOOD HEALTH AND REHABILITATION CENTER	MONTICELLO
105662	SIGNATURE HEALTHCARE OF NORTH FLORIDA	GRACEVILLE
105970	SIGNATURE HEALTHCARE AT THE COURTYARD	MARIANNA
105727	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY
106084	AVANTE AT OCALA, INC	OCALA
105308	AVANTE AT INVERNESS INC	INVERNESS
105304	AVANTE AT LEESBURG, INC	LEESBURG
105333	AVANTE AT MT DORA, INC	MOUNT DORA
105846	BAYA POINTE NURSING AND REHABILITATION CENTER	LAKE CITY

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105460	NORTH FLORIDA REHABILITATION AND SPECIALTY CARE	GAINESVILLE
105461	HEALTH CENTER AT BRENTWOOD	LECANTO
105413	HERON POINTE HEALTH AND REHABILITATION	BROOKSVILLE
105996	SPRING HILL HEALTH AND REHABILITATION CENTER	BROOKSVILLE
106008	OSPREY POINT NURSING CENTER	BUSHNELL
105193	PARK MEADOWS HEALTH AND REHABILITATION CENTER	GAINESVILLE
106046	TERRACE HEALTH & REHABILITATION CENTER	GAINESVILLE
106095	CLUB HEALTH AND REHABILITATION CENTER AT THE VILLA	THE VILLAGES
105488	RIVERWOOD HEALTH & REHABILITATION CENTER	STARKE
105196	THE LODGE HEALTH AND REHABILITATION CENTER	OCALA
106036	GROVE HEALTH & REHABILITATION CENTER, THE	HERNANDO
106003	LADY LAKE SPECIALTY CARE CENTER	LADY LAKE
105401	AYERS HEALTH AND REHABILITATION CENTER	TRENTON
105437	CYPRESS COVE CARE CENTER	CRYSTAL RIVER
105297	BROOKSVILLE HEALTHCARE CENTER	BROOKSVILLE
106058	WOODLAND GROVE HEALTH & REHABILITATION CENTER	JACKSONVILLE
106065	ISLE HEALTH & REHABILITATION CENTER	ORANGE PARK
105580	CARLTON SHORES HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105822	GARDENS HEALTH & REHABILITATION CENTER, THE	DAYTONA BEACH
105930	VILLA HEALTH & REHABILITATION CENTER	DELAND
106061	RIDGECREST NURSING AND REHABILITATION CENTER	DELAND
106064	LIFE CARE CENTER OF JACKSONVILLE	JACKSONVILLE
105756	LIFE CARE CENTER OF HILLIARD	HILLIARD
105928	LIFE CARE CENTER OF ORANGE PARK	ORANGE PARK
105962	LIFE CARE CENTER AT WELLS CROSSING	ORANGE PARK
105666	LANIER REHABILITATION CENTER	JACKSONVILLE
105710	JACKSONVILLE NURSING AND REHAB CENTER	JACKSONVILLE
105548	MOULTRIE CREEK NURSING AND REHAB CENTER	SAINT AUGUSTINE
105735	ORANGE CITY NURSING AND REHAB CENTER	DEBARY
105776	PORT ORANGE NURSING AND REHAB CENTER	PORT ORANGE
105547	FLAGLER HEALTH AND REHABILITATION CENTER	BUNNELL
105052	SEASIDE HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105565	COASTAL HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105514	DEBARY HEALTH AND REHABILITATION CENTER	DEBARY
105145	PARKSIDE HEALTH AND REHABILITATION CENTER	DELAND
105274	CLEARWATER CENTER	CLEARWATER
105690	HIGHLAND PINES REHABILITATION CENTER	CLEARWATER
105271	BOCA CIEGA CENTER	GULFPORT
105117	SOUTH HERITAGE HEALTH & REHABILITATION CENTER	SAINT PETERSBURG
105713	ALPINE HEALTH AND REHABILITATION CENTER	SAINT PETERSBURG
105714	CONCORDIA MANOR	SAINT PETERSBURG
105749	ABBEY REHABILITATION AND NURSING CENTER	SAINT PETERSBURG
106041	HARBOURWOOD CARE CENTER	CLEARWATER
105486	GATEWAY CARE CENTER	PINELLAS PARK
105228	LAURELLWOOD CARE CENTER	SAINT PETERSBURG
105890	BAYWOOD CARE CENTER	SAINT PETERSBURG
105275	SOUTHERN PINES HEALTHCARE CENTER	NEW PORT RICHEY
106103	GULFPORT REHABILITATION CENTER	PASADENA
105409	GOLFVIEW HEALTHCARE CENTER	SAINT PETERSBURG
105451	PENINSULA CARE AND REHABILITATION CENTER	TARPON SPRINGS
105744	SYLVAN HEALTH CENTER	CLEARWATER
105412	SEMINOLE PAVILION REHABILITATION & NURSING SERVICE	SEMINOLE
106042	FREEDOM SQUARE REHABILITATION & NURSING SERVICES	SEMINOLE

AMERICAN OVERSIGHT

105234	REHABILITATION AND HEALTHCARE CENTER OF TAMPA	TAMPA
105299	WHISPERING OAKS	TAMPA
105553	CARROLLWOOD CARE CENTER	TAMPA
105327	CASA MORA REHABILITATION AND EXTENDED CARE	BRADENTON
105780	OAKS AT AVON	AVON PARK
105286	BARTOW CENTER	BARTOW
105176	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN
105520	CONSULATE HEALTH CARE OF BRANDON	BRANDON
105718	CENTRAL PARK HEALTHCARE AND REHABILITATION CENTER	BRANDON
105951	BRANDON HEALTH AND REHABILITATION CENTER	BRANDON
105417	HABANA HEALTH CARE CENTER	TAMPA
105644	FLETCHER HEALTH AND REHABILITATION CENTER	TAMPA
106017	BRADENTON HEALTH CARE	BRADENTON
105482	CONSULATE HEALTH CARE OF LAKELAND	LAKELAND
105693	CONSULATE HEALTH CARE OF LAKE PARKER	LAKELAND
106002	WEDGEWOOD HEALTHCARE CENTER	LAKELAND
105998	CONSULATE HEALTH CARE OF WINTER HAVEN	WINTER HAVEN
106120	SCOTT LAKE HEALTH AND REHABILITATION CENTER	LAKELAND
105891	YBOR CITY HEALTHCARE AND REHABILITATION CENTER	TAMPA
105629	SURREY PLACE HEALTHCARE AND REHABILITATION	BRADENTON
105301	VALENCIA HILLS HEALTH AND REHABILITATION CENTER	LAKELAND
105736	PALM GARDEN OF SUN CITY	SUN CITY CENTER
105591	PALM GARDEN OF TAMPA	TAMPA
105566	PALM GARDEN OF WINTER HAVEN	WINTER HAVEN
105701	SOLARIS HEALTHCARE MERRITT ISLAND	MERRITT ISLAND
105967	SOLARIS HEALTHCARE LAKE BENNET	OCOEE
105960	SOLARIS HEALTHCARE WINDERMERE	ORLANDO
105734	SOLARIS HEALTHCARE OSCEOLA	SAINT CLOUD
105904	ATLANTIC SHORES NURSING AND REHAB CENTER	MELBOURNE
105793	ROYAL OAKS NURSING AND REHAB CENTER	TITUSVILLE
105868	METRO WEST NURSING AND REHAB CENTER	ORLANDO
105987	HUNTERS CREEK NURSING AND REHAB CENTER	ORLANDO
105307	PARKVIEW REHABILITATION CENTER AT WINTER PARK	WINTER PARK
105872	TUSKAWILLA NURSING AND REHAB CENTER	WINTER SPRINGS
105782	ADVENTHEALTH CARE CENTER APOPKA NORTH	APOPKA
105783	ADVENTHEALTH CARE CENTER ORLANDO EAST	ORLANDO
106024	ADVENTHEALTH CARE CENTER ORLANDO NORTH	ORLANDO
105353	ADVENTHEALTH CARE CENTER APOPKA SOUTH	APOPKA
105861	CONSULATE HEALTH CARE OF MELBOURNE	MELBOURNE
105325	ISLAND HEALTH AND REHABILITATION CENTER	MERRITT ISLAND
105985	PALMS REHABILITATION AND HEALTHCARE CENTER, THE	PALM BAY
105530	VISTA MANOR	TITUSVILLE
105471	PARKS HEALTHCARE AND REHABILITATION CENTER	ORLANDO
105480	ROSEWOOD HEALTH AND REHABILITATION CENTER	ORLANDO
105564	RIO PINAR HEALTH CARE	ORLANDO
105440	COLONIAL LAKES HEALTH CARE	WINTER GARDEN
106011	CONSULATE HEALTH CARE OF KISSIMMEE	KISSIMMEE
106074	KEYSTONE REHABILITATION AND HEALTH CENTER	KISSIMMEE
105888	PLANTATION BAY REHABILITATION CENTER	SAINT CLOUD
105843	CONSULATE HEALTH CARE AT WEST ALTAMONTE	ALTAMONTE SPRINGS
106029	LAKE MARY HEALTH AND REHABILITATION CENTER	LAKE MARY
105982	CONSULATE HEALTH CARE OF PORT CHARLOTTE	PORT CHARLOTTE
105588	CORAL TRACE HEALTH CARE	CAPE CORAL
105238	HERITAGE PARK REHABILITATION AND HEALTHCARE	FORT MYERS
105507	CONSULATE HEALTH CARE OF NORTH FORT MYERS	FORT MYERS

AMERICAN OVERSIGHT

106000	EVANS HEALTH CARE	FORT MYERS
105452	ENGLEWOOD HEALTHCARE AND REHAB	ENGLEWOOD
105416	BENEVA LAKES HEALTHCARE AND REHABILITATION CENTER	SARASOTA
105983	CONSULATE HEALTH CARE OF SARASOTA	SARASOTA
106032	MAGNOLIA HEALTH AND REHABILITATION CENTER	SARASOTA
105443	BAY BREEZE HEALTH AND REHABILITATION CENTER	VENICE
105421	MANORCARE NURSING AND REHABILITATION CENTER	NAPLES
105499	MANORCARE AT LELY PALMS	NAPLES
105723	HEARTLAND HEALTH CARE CENTER FORT MYERS	FORT MYERS
106020	MANORCARE HEALTH SERVICES	FORT MYERS
105389	HEARTLAND HEALTH CARE CENTER - NORTH SARASOTA	SARASOTA
105454	MANORCARE HEALTH SERVICES SARASOTA	SARASOTA
105842	HEARTLAND HEALTH CARE & REHABILITATION CENTER	SARASOTA
105965	MANORCARE HEALTH SERVICES	VENICE
105779	HEALTHPARK CARE CENTER	FORT MYERS
106113	LEE MEMORIAL HOSPITAL SKILLED NURSING UNIT	FORT MYERS
106122	GULF COAST MEDICAL CENTER SKILLED NURSING UNIT	FORT MYERS
106019	LODGE AT CYPRESS COVE, THE	FORT MYERS
105342	REHAB & HEALTHCARE CENTER OF CAPE CORAL	CAPE CORAL
105882	WINKLER COURT	FORT MYERS
105155	SARASOTA HEALTH AND REHABILITATION CENTER	SARASOTA
105481	MANORCARE HEALTH SERVICES	BOCA RATON
105852	HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF	BOCA RATON
105496	MANORCARE HEALTH SERVICES BOYNTON BEACH	BOYNTON BEACH
105755	HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	BOYNTON BEACH
106005	MANORCARE HEALTH SERVICES	DELRAY BEACH
105762	HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS	PALM BEACH GARDENS
105911	MANORCARE HEALTH SERVICES WEST PALM BEACH	WEST PALM BEACH
105921	GARDENS COURT	PALM BEACH GARDENS
105268	LAKESIDE HEALTH CENTER	WEST PALM BEACH
105516	DARCY HALL OF LIFE CARE	WEST PALM BEACH
106012	LIFE CARE CENTER OF PORT SAINT LUCIE	PORT SAINT LUCIE
106111	HEALTH CENTER AT SINAI RESIDENCES	BOCA RATON
105083	BROWARD NURSING & REHABILITATION CENTER	FORT LAUDERDALE
105175	PLANTATION NURSING & REHABILITATION CENTER	PLANTATION
105686	SPRINGTREE REHABILITATION & HEALTH CARE CENTER	SUNRISE
105680	NSPIRE HEALTHCARE LAUDERHILL	LAUDERHILL
105519	NSPIRE HEALTHCARE PLANTATION	PLANTATION
105609	NSPIRE HEALTHCARE TAMARAC	TAMARAC
105503	PARK SUMMIT AT CORAL SPRINGS	CORAL SPRINGS
105691	FORUM AT DEER CREEK	DEERFIELD BEACH
105627	COURT AT PALM AIRE, THE	POMPANO BEACH
105469	GOLDEN GLADES NURSING AND REHABILITATION CENTER	MIAMI
105500	SOUTH DADE NURSING AND REHABILITATION CENTER	MIAMI
105502	NORTH DADE NURSING AND REHABILITATION CENTER	NORTH MIAMI
106021	PONCE PLAZA NURSING & REHABILITATION CENTER	MIAMI
106034	JACKSON PLAZA NURSING AND REHABILITATION CENTER	MIAMI
106100	UNIVERSITY PLAZA REHABILITATION AND NURSING CENTER	MIAMI
105008	ARCH PLAZA NURSING & REHABILITATION CENTER	NORTH MIAMI
105331	AVENTURA REHAB AND NURSING CENTER	NORTH MIAMI BEACH
192	TOTAL	

AMERICAN OVERSIGHT

Count of NFs	
4	1-PRIMARY-CONSULATE (CMC II LLC)
9	1-PRIMARY-GULF COAST HEALTH CARE LLC
3	1-SECONDARY-SUMMITT CARE II INC
5	2-PRIMARY-CONSULATE (CMC II LLC)
5	2-PRIMARY-GULF COAST HEALTH CARE LLC
3	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
4	3-PRIMARY-AVANTE GROUP, INC.
6	3-PRIMARY-CONSULATE (CMC II LLC)
7	3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3	3-SECONDARY-Health Services Mgt., Inc.
6	4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4	4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
5	4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
5	4-SECONDARY-GULF COAST HEALTH CARE LLC
7	5-PRIMARY-AIRAMID
4	5-PRIMARY-Senior Care Group, Inc.
4	5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
3	5-SECONDARY-AMERICAN RETIREMENT CORPORATION
7	6-PRIMARY-AIRAMID
10	6-PRIMARY-CONSULATE (CMC II LLC)
1	6-PRIMARY-SUMMIT CARE II INC
3	6-PRIMARY-SUMMITT CARE II INC
3	6-SECONDARY-PALM HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Solaris Foundation, Inc.
6	7-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Sunbelt Health Care Centers,Inc.
13	7-SECONDARY-CONSULATE (CMC II LLC)
10	8-PRIMARY-CONSULATE (CMC II LLC)
8	8-PRIMARY-HCR MANOR CARE SERVICES LLC
3	8-PRIMARY-LEE MEMORIAL HEALTH SYSTEM
1	8-PRIMARY-LEE MEMORIAL HOSPITAL INC
3	8-SECONDARY-AIRAMID
7	9-PRIMARY-HCR MANOR CARE SERVICES LLC
4	9-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
1	9-PRIMARY-LIFE CARE SERVICES LLC
3	10-PRIMARY-HBA HEALTH SYSTEM LLC
3	10-PRIMARY-NSPRMC, LLC
3	10-SECONDARY-FiveStar Quality Care Inc
3	11-PRIMARY-Adirhu Associates, LLC
5	11-PRIMARY-HEBREW HOMES HEALTH NETWORK INC

AMERICAN OVERSIGHT

County name	LEVEL	DISTRICT	Planning Direct & Subdistrict	Management Company	Landlord	BED CERT
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		119
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC		150
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	155
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Santa Rosa	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Okaloosa	PRIMARY	1	1.2	GULF COAST HEALTH CARE LLC	Omega	60
Walton	PRIMARY	1	1.3	GULF COAST HEALTH CARE LLC	Omega	97
Escambia	SECONDARY	1	1.1	SUMMITT CARE II INC		88
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		110
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		60
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		77
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		120
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		180
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		120
Taylor	PRIMARY	2	2.5	CONSULATE (CMC II LLC)		120
Gadsden	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Argent	120
Jackson	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Omega	60
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Omega	120
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Argent	115
Jefferson	PRIMARY	2	2.5	GULF COAST HEALTH CARE LLC	Argent	97
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Washington	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Alachua	PRIMARY	3	3.2	AVANTE GROUP, INC.		133
Citrus	PRIMARY	3	3.5	AVANTE GROUP, INC.		104
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Columbia	PRIMARY	3	3.1	CONSULATE (CMC II LLC)		90

AMERICAN OVERSIGHT

Alachua	PRIMARY	3	3.2	CONSULATE (CMC II LLC)		120
Citrus	PRIMARY	3	3.5	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Sumter	PRIMARY	3	3.7	CONSULATE (CMC II LLC)		60
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		154
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		132
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		68
Bradford	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Marion	PRIMARY	3	3.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		99
Citrus	PRIMARY	3	3.5	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Lake	PRIMARY	3	3.7	GREYSTONE HEALTHCARE MANAGEMENT CORP		145
Gilchrist	SECONDARY	3	3.2	Health Services Mgt., Inc.		120
Citrus	SECONDARY	3	3.5	Health Services Mgt., Inc.		120
Hernando	SECONDARY	3	3.6	Health Services Mgt., Inc.		180
Duval	PRIMARY	4	4.1	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Clay	PRIMARY	4	4.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		118
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		150
Duval	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Nassau	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		180
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		163
St. Johns	PRIMARY	4	4.3	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Flagler	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	118
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	192
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	122
Pinellas	PRIMARY	5	5.2	AIRAMID		109
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		69
Pinellas	PRIMARY	5	5.2	AIRAMID		57
Pinellas	PRIMARY	5	5.2	AIRAMID		39
Pinellas	PRIMARY	5	5.2	AIRAMID		132
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		60
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		59
Pasco	PRIMARY	5	5.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		126
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		56
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		60
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		116

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Hillsborough	PRIMARY	6	6.1	AIRAMID	174
Hillsborough	PRIMARY	6	6.1	AIRAMID	236
Hillsborough	PRIMARY	6	6.1	AIRAMID	120
Manatee	PRIMARY	6	6.2	AIRAMID	240
Highlands	PRIMARY	6	6.4	AIRAMID	104
Polk	PRIMARY	6	6.5	AIRAMID	120
Polk	PRIMARY	6	6.5	AIRAMID	140
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	110
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	150
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Manatee	PRIMARY	6	6.2	CONSULATE (CMC II LLC)	105
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	SUMMIT CARE II INC	120
Hillsborough	PRIMARY	6	6.1	SUMMITT CARE II INC	80
Manatee	PRIMARY	6	6.2	SUMMITT CARE II INC	74
Polk	PRIMARY	6	6.5	SUMMITT CARE II INC	249
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Polk	SECONDARY	6	6.5	PALM HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	Solaris Foundation, Inc.	180
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Osceola	PRIMARY	7	7.3	Solaris Foundation, Inc.	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	116
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	138
Seminole	PRIMARY	7	7.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC	98
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Seminole	PRIMARY	7	7.4	Sunbelt Health Care Centers,Inc.	222
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	167
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	116
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	120
Charlotte	PRIMARY	8	8.1	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120

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Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	81
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	117
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	87
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	178
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	140
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	129
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	112
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	18
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	75
Lee	PRIMARY	8	8.5	LEE MEMORIAL HOSPITAL INC	64
Lee	SECONDARY	8	8.5	AIRAMID	120
Lee	SECONDARY	8	8.5	AIRAMID	120
Sarasota	SECONDARY	8	8.6	AIRAMID	144
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	107
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	220
St. Lucie	PRIMARY	9	9.5	LIFE CARE CENTERS OF AMERICA, INC.	123
Palm Beach	PRIMARY	9	9.4	LIFE CARE SERVICES LLC	60
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	198
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	152
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	110
Broward	PRIMARY	10	10	NSPRMC, LLC	109
Broward	PRIMARY	10	10	NSPRMC, LLC	120
Broward	PRIMARY	10	10	NSPRMC, LLC	151
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	35
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	245
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	147
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	120
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	148
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	98
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	86
					23,400

Beds

AMERICAN OVERSIGHT

District	Beds per SNF	Empty Beds		BED CERT
1	119.75	39		479
1	111.33	148		1,002
1	86.00	23		258
2	123.40	168		617
2	102.40	255	Panama City & GlenCove = 235 beds	512
2	160.00	47		480
3	117.25	58		469
3	105.00	33		630
3	119.71	42		838
3	140.00	53		420
4	120.67	45		724
4	135.00	31		540
4	128.60	59		643
4	134.40	91		672
5	92.29	74		646
5	89.75	79		359
5	105.50	101		422
5	98.67	38		296
6	162.00	90		1,134
6	120.50	88		1,205
6	120.00	49		120
6	134.33	41		403
6	120.00	26		360
7	135.00	26		540
7	118.67	121		712
7	145.50	70		582
7	132.54	141		1,723
8	116.10	98		1,161
8	126.38	230		1,011
8	68.33	49		205
8	64.00	8		64
8	128.00	33		384
9	137.14	124		960
9	142.50	70		570
9	60.00	2		60
10	153.33	97		460
10	126.67	47		380
10	51.67	28		155
11	201.67	35		605
11	119.80	23		599

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	CERTIFICATION	INHOSP	PARTICIPATION DATE	FAC AGE (YEARS)	CCRC FACIL	SFF Status
110.0	91.7%	Medicare & Medicaid	N	01/03/1984	36.5	N	
111.7	93.1%	Medicare & Medicaid	N	01/08/1997	23.5	N	
111.6	93.0%	Medicare & Medicaid	N	04/27/2000	20.2	N	
106.7	89.7%	Medicare & Medicaid	N	08/11/1994	25.9	N	
115.6	96.3%	Medicare & Medicaid	N	01/01/1981	39.6	N	
140.5	93.7%	Medicare & Medicaid	N	12/21/1985	34.6	N	
2.0	2.2%	Medicare & Medicaid	N	NEW CON	-	N	
139.4	89.9%	Medicare & Medicaid	N	04/01/1991	29.3	N	
113.8	94.8%	Medicare & Medicaid	N	12/16/1991	28.6	N	
85.6	95.1%	Medicare & Medicaid	N	03/07/2018	2.4	N	
113.0	94.2%	Medicare & Medicaid	N	09/01/1984	35.9	N	
55.7	92.8%	Medicare & Medicaid	N	08/04/1988	32.0	N	
88.9	91.6%	Medicare & Medicaid	N	02/24/1988	32.4	N	
84.0	95.5%	Medicare & Medicaid	N	08/12/1994	25.9	N	
95.9	87.2%	Medicare & Medicaid	N	05/01/1978	42.2	N	
55.1	91.8%	Medicare & Medicaid	N	04/24/1987	33.2	N	
70.9	92.1%	Medicare & Medicaid	N	08/21/1967	52.9	N	
-	0.0%	Medicare & Medicaid	N	08/01/1981	39.0	N	
159.7	88.7%	Medicare & Medicaid	N	07/06/1983	37.0	N	
106.3	88.6%	Medicare & Medicaid	N	04/01/1992	28.3	N	SFF Candidate
111.8	93.2%	Medicare & Medicaid	N	12/21/1988	31.6	N	
109.9	91.6%	Medicare & Medicaid	N	05/07/2002	18.2	N	
57.4	95.7%	Medicare & Medicaid	N	05/07/1991	29.2	N	
-	0.0%	Medicare & Medicaid	N	10/05/1967	52.8	N	
-	0.0%	Medicare & Medicaid	N	09/16/1992	27.8	N	
90.1	92.9%	Medicare & Medicaid	N	05/28/2002	18.1	N	
159.8	88.8%	Medicare & Medicaid	N	09/01/1989	30.9	N	
116.4	97.0%	Medicare & Medicaid	N	08/27/1997	22.9	N	
156.8	87.1%	Medicare & Medicaid	N	06/01/1991	29.1	N	
117.5	88.3%	Medicare & Medicaid	N	01/05/2010	10.5	N	
95.1	91.4%	Medicare & Medicaid	N	10/01/1980	39.8	N	
97.6	84.1%	Medicare & Medicaid	N	10/01/1980	39.8	N	
100.6	86.7%	Medicare & Medicaid	N	10/01/1980	39.8	N	
85.4	94.9%	Medicare & Medicaid	N	01/25/1994	26.5	N	

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114.6	95.5%	Medicare & Medicaid	N	03/13/1984	36.4	N
110.2	91.8%	Medicare & Medicaid	N	04/13/1984	36.3	N
113.8	94.8%	Medicare & Medicaid	N	08/17/1982	37.9	N
117.0	97.5%	Medicare & Medicaid	N	10/07/1998	21.8	N
56.1	93.5%	Medicare & Medicaid	N	07/02/1999	21.1	N
147.0	95.5%	Medicare & Medicaid	N	11/20/1968	51.7	N
128.5	97.3%	Medicare & Medicaid	N	06/27/2002	18.1	N
61.7	90.7%	Medicare & Medicaid	N	10/18/2012	7.8	N
112.5	93.8%	Medicare & Medicaid	N	11/01/1984	35.7	N
94.9	95.9%	Medicare & Medicaid	N	06/01/1982	38.1	N
112.8	94.0%	Medicare & Medicaid	N	07/12/2001	19.0	N
138.8	95.7%	Medicare & Medicaid	N	03/30/1999	21.3	N
106.7	88.9%	Medicare & Medicaid	N	03/05/1982	38.4	N
111.5	92.9%	Medicare & Medicaid	N	06/14/1983	37.1	N
149.3	82.9%	Medicare & Medicaid	N	10/20/1976	43.7	N
111.7	93.1%	Medicare & Medicaid	N	02/20/2004	16.4	N
103.8	96.1%	Medicare & Medicaid	N	03/11/2005	15.4	N
106.6	90.3%	Medicare & Medicaid	N	10/19/1987	32.8	N
104.6	96.9%	Medicare & Medicaid	N	07/14/1993	27.0	N
116.5	97.1%	Medicare & Medicaid	N	09/27/1996	23.8	N
136.1	90.7%	Medicare & Medicaid	N	11/03/2004	15.7	N
117.2	97.7%	Medicare & Medicaid	N	01/04/2005	15.5	N
113.3	94.4%	Medicare & Medicaid	N	02/01/1992	28.5	N
163.8	91.0%	Medicare & Medicaid	N	09/19/1996	23.8	N
114.6	95.5%	Medicare & Medicaid	N	07/31/1997	23.0	N
110.4	92.0%	Medicare & Medicaid	N	10/01/1989	30.8	N
150.9	92.6%	Medicare & Medicaid	N	10/31/1990	29.7	N
106.1	88.4%	Medicare & Medicaid	N	12/09/1986	33.6	N
108.4	90.3%	Medicare & Medicaid	N	06/26/1991	29.1	N
107.9	89.9%	Medicare & Medicaid	N	10/09/1992	27.8	N
102.4	86.8%	Medicare & Medicaid	N	05/01/1986	34.2	N
139.6	72.7%	Medicare & Medicaid	N	01/01/1967	53.6	N
108.3	90.3%	Medicare & Medicaid	N	02/06/1987	33.5	N
115.0	95.8%	Medicare & Medicaid	N	07/01/1985	35.1	N
115.7	94.8%	Medicare & Medicaid	N	06/02/1967	53.1	N
97.6	89.5%	Medicare & Medicaid	N	08/22/1973	46.9	N
105.5	87.9%	Medicare & Medicaid	N	02/01/1990	30.5	N
97.1	80.9%	Medicare & Medicaid	N	11/01/1973	46.7	N
61.4	89.0%	Medicare & Medicaid	N	06/01/1982	38.1	N
54.8	96.1%	Medicare & Medicaid	N	03/01/1991	29.4	N
35.6	91.3%	Medicare & Medicaid	N	03/01/1991	29.4	N
120.3	91.1%	Medicare & Medicaid	N	01/01/1992	28.6	N
114.3	95.3%	Medicare & Medicaid	N	10/17/2001	18.8	N
111.9	93.3%	Medicare & Medicaid	N	12/21/1984	35.6	N
52.5	87.5%	Medicare & Medicaid	N	03/01/1979	41.4	N
1.0	1.7%	Medicare & Medicaid	N	08/01/1995	25.0	N
89.2	74.3%	Medicare & Medicaid	N	10/27/1978	41.7	N
68.2	54.1%	Medicare & Medicaid	N	11/24/2013	6.7	N
48.0	85.7%	Medicare & Medicaid	N	06/01/1982	38.1	N
115.8	96.5%	Medicare & Medicaid	N	01/27/1984	36.5	N
52.6	87.7%	Medicare & Medicaid	N	10/07/1991	28.8	Y
103.8	86.5%	Medicare & Medicaid	N	07/16/1982	38.0	Y
101.8	87.8%	Medicare & Medicaid	N	02/19/2002	18.4	Y

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160.2	92.1%	Medicare & Medicaid	N	06/23/1970	50.1	N
227.4	96.4%	Medicare & Medicaid	N	06/01/1980	40.1	N
114.9	95.8%	Medicare & Medicaid	N	01/09/1987	33.5	N
202.7	84.5%	Medicare & Medicaid	N	06/05/1978	42.1	N
91.6	88.1%	Medicare & Medicaid	N	01/06/1993	27.5	N
113.5	94.6%	Medicare & Medicaid	N	08/01/1975	45.0	N
133.7	95.5%	Medicare & Medicaid	N	06/01/1982	38.1	N
108.9	90.8%	Medicare & Medicaid	N	09/24/1985	34.8	N
112.9	100.0%	Medicare & Medicaid	N	02/25/1991	29.4	N
111.9	93.3%	Medicare & Medicaid	N	05/07/1997	23.2	N
138.4	92.3%	Medicare & Medicaid	N	10/01/1982	37.8	N
111.9	93.3%	Medicare & Medicaid	N	03/01/1989	31.4	N
98.3	93.6%	Medicare & Medicaid	N	12/09/1999	20.6	N
111.3	92.8%	Medicare & Medicaid	N	12/28/1984	35.6	N
105.2	87.7%	Medicare & Medicaid	N	05/14/1990	30.2	N
113.2	94.3%	Medicare & Medicaid	N	03/26/1999	21.3	N
105.2	87.7%	Medicare & Medicaid	N	10/02/1998	21.8	N
70.6	58.8%	Medicare & Medicaid	N	10/16/2018	1.8	N
73.4	91.8%	Medicare & Medicaid	N	08/28/1995	24.9	N
62.1	83.9%	Medicare & Medicaid	N	02/08/1989	31.4	N
226.6	91.0%	Medicare & Medicaid	N	02/16/1977	43.4	N
111.5	92.9%	Medicare & Medicaid	N	06/28/1991	29.1	N
110.6	92.2%	Medicare & Medicaid	N	11/19/1987	32.7	N
111.5	92.9%	Medicare & Medicaid	N	07/09/1987	33.0	N
166.5	92.5%	Medicare & Medicaid	N	08/01/1990	30.0	N
115.6	96.3%	Medicare & Medicaid	N	09/12/1997	22.9	N
116.9	97.4%	Medicare & Medicaid	N	06/18/1997	23.1	N
114.8	95.7%	Medicare & Medicaid	N	06/26/1991	29.1	N
92.4	77.0%	Medicare & Medicaid	N	01/31/1996	24.5	N
109.5	91.3%	Medicare & Medicaid	N	04/09/1993	27.3	N
108.3	90.3%	Medicare & Medicaid	N	10/21/1994	25.7	N
110.5	95.3%	Medicare & Medicaid	N	05/29/1998	22.1	N
98.7	71.5%	Medicare & Medicaid	N	01/01/1978	42.6	N
72.0	73.5%	Medicare & Medicaid	N	11/07/1994	25.7	N
115.1	95.9%	Medicare & Medicaid	N	02/09/1993	27.4	N
115.1	95.9%	Medicare & Medicaid	N	02/08/1993	27.4	N
114.6	95.5%	Medicare & Medicaid	N	07/27/2000	20.0	N
167.2	75.3%	Medicare & Medicaid	N	10/01/1979	40.8	N
143.8	86.1%	Medicare & Medicaid	N	08/19/1994	25.9	N
95.5	79.6%	Medicare & Medicaid	N	07/01/1978	42.1	N
114.0	95.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
104.0	86.7%	Medicare & Medicaid	N	09/16/1985	34.8	N
112.7	93.9%	Medicare & Medicaid	N	09/20/1984	35.8	N
109.8	91.5%	Medicare & Medicaid	N	11/06/1984	35.7	N
174.3	96.8%	Medicare & Medicaid	N	02/19/1987	33.4	N
167.6	93.1%	Medicare & Medicaid	N	09/12/1983	36.9	N
112.5	93.8%	Medicare & Medicaid	N	08/25/1999	20.9	N
110.3	91.9%	Medicare & Medicaid	N	10/19/2006	13.8	N SFF Candidate
116.9	97.4%	Medicare & Medicaid	N	07/20/1995	25.0	N
103.8	89.5%	Medicare & Medicaid	N	02/17/1994	26.4	N
116.7	97.3%	Medicare & Medicaid	N	11/08/2000	19.7	N
111.6	93.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
107.7	89.8%	Medicare & Medicaid	N	11/03/1987	32.7	N
115.7	96.4%	Medicare & Medicaid	N	08/31/1970	49.9	N
113.4	94.5%	Medicare & Medicaid	N	06/13/1985	35.1	N

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106.9	89.1%	Medicare & Medicaid	N	12/14/1998	21.6	N	
104.7	87.3%	Medicare & Medicaid	N	09/02/1983	36.9	N	
111.5	92.9%	Medicare & Medicaid	N	09/10/1982	37.9	N	
74.2	91.6%	Medicare & Medicaid	N	02/18/1998	22.4	N	
106.3	88.6%	Medicare & Medicaid	N	02/01/2001	19.5	N	
111.1	92.6%	Medicare & Medicaid	N	12/29/1983	36.6	N	
88.2	73.5%	Medicare & Medicaid	N	10/22/1982	37.7	N	
107.0	91.5%	Medicare & Medicaid	N	05/22/1984	36.2	N	
101.9	84.9%	Medicare & Medicaid	N	04/25/1991	29.2	N	
86.1	71.8%	Medicare & Medicaid	N	04/07/2000	20.3	N	
72.0	82.8%	Medicare & Medicaid	N	08/01/1981	39.0	N	
144.5	81.2%	Medicare & Medicaid	N	01/05/1984	36.5	N	
85.8	61.3%	Medicare & Medicaid	N	11/23/1993	26.7	N	
95.3	73.9%	Medicare & Medicaid	N	06/05/1997	23.1	N	
103.3	92.2%	Medicare & Medicaid	N	12/30/1992	27.6	N	
16.6	92.2%	Medicare	Y	06/20/2017	3.1	N	
36.6	48.8%	Medicare	Y	02/07/2019	1.5	N	
56.2	87.8%	Medicare	N	04/26/2000	20.2	Y	
116.0	96.7%	Medicare & Medicaid	N	03/16/1979	41.3	N	
116.5	97.1%	Medicare & Medicaid	N	04/12/1995	25.3	N	
118.5	82.3%	Medicare & Medicaid	N	10/01/1971	48.8	N	
169.0	93.9%	Medicare & Medicaid	N	09/18/1984	35.8	N	
80.6	67.2%	Medicare & Medicaid	N	01/12/1995	25.5	N	
151.1	83.9%	Medicare & Medicaid	N	03/05/1985	35.4	N	
116.5	97.1%	Medicare & Medicaid	N	01/16/1992	28.5	N	
107.9	89.9%	Medicare & Medicaid	N	02/19/1999	21.4	N	
106.1	88.4%	Medicare & Medicaid	N	03/27/1992	28.3	N	
104.8	87.3%	Medicare & Medicaid	N	04/02/1996	24.3	N	
107.1	89.3%	Medicare & Medicaid	N	08/13/1996	23.9	N	
102.5	95.8%	Medicare & Medicaid	N	07/01/1979	41.1	N	
178.1	81.0%	Medicare & Medicaid	N	11/01/1985	34.7	N	
112.1	91.1%	Medicare & Medicaid	N	09/09/1999	20.9	N	
58.3	97.2%	Medicare	N	12/20/2016	3.6	Y	
157.8	79.7%	Medicare & Medicaid	N	09/01/1976	43.9	N	
101.9	67.0%	Medicare & Medicaid	N	03/01/1974	46.4	N	
103.5	94.1%	Medicare & Medicaid	N	03/06/1990	30.4	N	
106.2	97.4%	Medicare & Medicaid	N	12/27/1989	30.6	N	
104.9	87.4%	Medicare & Medicaid	N	09/23/1985	34.8	N	
121.6	80.5%	Medicare & Medicaid	N	07/07/1988	32.0	N	
32.1	91.7%	Medicare & Medicaid	N	06/13/1985	35.1	Y	
47.7	79.5%	Medicare & Medicaid	N	06/04/1990	30.1	N	
47.6	79.3%	Medicare & Medicaid	N	11/30/1988	31.6	Y	
177.2	98.4%	Medicare & Medicaid	N	09/06/1984	35.9	N	
173.5	96.4%	Medicare & Medicaid	N	05/15/1985	35.2	N	
218.9	89.3%	Medicare & Medicaid	N	04/01/1985	35.3	N	
140.6	95.6%	Medicare & Medicaid	N	04/21/2000	20.2	N	
116.5	97.1%	Medicare & Medicaid	N	01/26/2001	19.5	N	
142.6	96.4%	Medicare & Medicaid	N	08/22/2013	6.9	N	
96.3	98.3%	Medicare & Medicaid	N	04/01/1971	49.3	N	SFF Candidate
80.1	93.1%	Medicare & Medicaid	N	07/01/1978	42.1	N	
20,521.8	87.7%				30.1		

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	
440	91.9%	26.6
855	85.3%	26.1
235	91.1%	33.8
449	**72.7%**	37.8
257	**50.3%**	29.2
433	90.2%	27.6
411	87.6%	32.5
597	94.8%	30.0
796	95.0%	27.4
368	87.5%	39.7
679	93.8%	21.8
509	94.2%	22.7
584	90.8%	30.2
581	86.5%	41.9
572	88.6%	35.7
280	77.9%	30.2
321	76.1%	30.8
258	87.2%	28.4
1,044	92.1%	39.5
1,117	92.7%	28.6
71	58.8%	1.8
362	89.9%	33.3
334	92.7%	31.6
514	95.1%	26.2
591	83.1%	28.0
512	88.0%	28.9
1,582	91.8%	28.7
1,063	91.6%	31.5
781	77.2%	31.1
157	76.3%	10.7
56	87.8%	20.2
351	91.4%	38.5
836	87.1%	28.5
500	87.7%	30.1
58	97.2%	3.6
363	79.0%	40.2
333	87.6%	32.5
127	82.2%	32.3
570	94.1%	35.5
576	96.2%	27.6

AMERICAN OVERSIGHT

ABUSE ICON	Old Survey	CHOW LAST 12 MOS	RES FAM COUNCIL	SPRINKLER STATUS	Overall Rating	SURVEY RATING	Quality Rating	LS Quality Rating	SS Quality Rating
N	N	N	Both	Yes	1	1	4	3	5
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	2	1	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	4
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	NEW	NEW	NEW	NEW	NEW
N	N	N	Both	Yes	4	4	4	5	4
N	N	N	Resident	Yes	5	4	5	4	5
N	N	N	None	Yes	5	4	5		5
N	N	N	Resident	Yes	3	2	3	3	3
N	N	N	Both	Yes	4	4	3	1	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	2	2	2
N	N	N	Resident	Yes	4	4	3	4	3
N	N	N	Both	Yes	4	4	3	4	1
N	N	N	Both	Yes	2	2	4	3	5
N	Y	N	Both	Yes	2	2	3	4	1
N	N	N	Both	Yes	1	1	3	4	1
N	N	N	Resident	Yes	1	1	2	2	2
N	N	N	Resident	Yes	1	1	3	2	4
N	N	N	Both	Yes	5	5	5	5	5
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Resident	Yes	5	5	5	5	
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	5	4	5
N	N	N	Resident	Yes	3	3	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	2	2	2	2
N	N	N	Both	Yes	3	2	4	4	4
N	N	N	Both	Yes	3	2	2	3	1
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	2	2	4	4	4

AMERICAN OVERSIGHT

N	N	N	Both	Yes	1	1	3	3	4
N	N	N	Both	Yes	4	3	5	5	3
N	N	N	Both	Yes	5	4	5	4	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	3	3	4	5	4
Y	N	N	Both	Yes	2	1	3	3	3
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	5	4	5		5
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	5	3	5	5	5
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	5	4	4	5
N	N	N	Both	Yes	5	5	4	4	5
N	N	N	Both	Yes	2	2	4	5	4
N	N	N	Resident	Yes	5	5	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	3	4	4	5
N	N	N	Both	Yes	3	2	4	2	5
N	N	N	Resident	Yes	3	3	3	2	4
N	N	N	Resident	Yes	3	3	3	3	4
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	4	4	4	3	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	5	3	5	5	4
N	N	N	Resident	Yes	4	3	4	2	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	4	4	3	5
N	N	N	Resident	Yes	3	3	2	4	1
N	N	N	Resident	Yes	2	3	1	1	1
N	N	N	Both	Yes	3	3	3	5	1
N	N	N	Both	Yes	4	4	2	2	2
N	N	N	Both	Yes	5	5	4	5	2
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	4	4	3	3	2
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	2	2	1	2	1
N	N	N	Resident	Yes	1	1	1	1	1
N	N	N	Resident	Yes	1	1	4	4	
N	N	N	Both	Yes	3	2	4	5	2
N	N	N	Resident	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	3	2	2	2
N	N	N	Both	Yes	1	1	4	4	3
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	4	5	3
N	N	N	Resident	Yes	2	1	5	4	5

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	2	2	4	4	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Both	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	4	4	5	3
N	N	N	Both	Yes	2	2	4	4	3
N	N	N	Both	Yes	2	2	3	3	2
N	N	N	Both	Yes	1	1	3	4	2
N	N	N	Resident	Yes	3	2	4	5	4
N	N	N	Resident	Yes	1	1	4	5	3
N	N	N	Both	Yes	2	1	4	5	3
N	N	N	Both	Yes	2	1	5	4	5
N	N	N	Both	Yes	5	4	5	5	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	2	1	5	5	3
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Both	Yes	1	1	2	1	3
N	N	N	None	Yes					
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Resident	Yes	2	1	4	5	3
N	N	N	Resident	Yes	3	3	4	3	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	4	4	4	4
N	N	N	Resident	Yes	5	5	4	3	5
N	N	N	Resident	Yes	2	2	2	2	1
N	N	N	Resident	Yes	2	2	4	5	2
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Both	Yes	3	2	5	5	4
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Both	Yes	2	1	3	2	4
N	N	N	Both	Yes	2	2	4	5	3
N	N	N	Both	Yes	2	1	3	3	3
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	5	3	5	5	3
N	N	N	Resident	Yes	2	2	3	5	1
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	2	1	3	3	2
N	N	N	Both	Yes	3	3	4	5	2
N	N	N	Both	Yes	5	3	5	5	4
Y	N	N	Resident	Yes	2	1	2	1	4
N	N	N	Resident	Yes	2	2	4	4	4
N	N	N	Both	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	2	5	4	5
N	N	N	Resident	Yes	2	2	4	3	4
N	N	N	Resident	Yes	2	1	4	5	2

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	3	3	3	5	1
N	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Both	Yes	1	1	4	5	3
N	N	N	Resident	Yes	1	1	3	4	3
N	N	N	Resident	Yes	4	3	4	5	4
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Resident	Yes	2	2	4	5	3
N	N	N	Resident	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	2	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	5
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	None	Yes	5	5	5		5
N	N	N	None	ata Not Available					
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	5	5	5
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	3	3	3	4	2
N	N	N	Resident	Yes	5	3	5	5	4
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Both	Yes	2	1	3	4	3
N	N	N	None	Yes	4	4	2	4	1
N	N	N	Resident	Yes	3	2	3	4	3
N	N	N	Resident	Yes	5	5	2	4	1
N	N	N	Resident	Yes	4	3	2	3	2
N	N	N	Resident	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	2	2
Y	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Resident	Yes	3	2	4	4	5
N	N	N	None	Yes	5	4	4	2	5
N	N	N	Resident	Yes	4	3	4	4	3
N	N	N	Both	Yes	4	4	3	5	2
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	4	1
N	N	N	Resident	Yes	1	1	3	4	2
N	N	N	Resident	Yes	2	1	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	2	2	3	4	2
N	N	N	Both	Yes	5	5	4	4	4
N	N	N	None	Yes	5	4	5	5	
N	N	N	Both	Yes	4	4	4	3	4
N	N	N	Resident	Yes	2	2	1	2	1
N	N	N	Resident	Yes	3	2	4	5	3
Y	N	N	Resident	Yes	2	1	4	5	2
N	N	N	Both	Yes	3	2	4	5	2
					3.20	2.64	3.84	3.92	3.49

AMERICAN OVERSIGHT

2.50	2.00	4.00	3.75	4.25
3.56	2.78	3.89	3.11	3.89
4.00	3.67	2.67	3.33	2.00
1.40	1.40	3.00	3.00	2.60
4.60	4.20	4.80	4.80	3.80
4.00	3.67	4.33	4.67	4.00
3.25	2.00	3.25	3.50	3.00
3.17	2.67	4.33	4.33	4.17
3.43	2.57	4.14	3.43	4.29
5.00	4.00	5.00	5.00	4.67
4.00	4.00	4.00	4.17	4.33
3.00	2.50	3.75	3.00	4.50
4.20	3.80	4.40	4.40	4.20
4.40	3.40	4.60	4.00	4.80
3.57	3.71	2.57	3.14	1.71
1.50	1.50	2.00	2.25	1.00
2.25	2.00	3.25	3.75	2.50
3.33	2.33	4.67	4.67	4.33
3.00	2.86	4.00	4.29	3.29
2.20	1.60	4.10	4.30	3.70
-	-	-	-	-
3.67	3.00	4.33	5.00	3.67
4.00	3.33	4.67	4.33	4.67
4.00	3.75	3.75	3.50	3.75
3.00	2.17	4.67	4.67	4.33
3.25	2.75	3.50	3.00	3.75
2.77	2.00	3.85	4.08	3.23
2.10	1.60	3.90	4.30	3.30
2.88	1.88	4.50	4.63	4.38
3.33	3.00	3.33	1.67	3.33
5.00	4.00	5.00	5.00	5.00
4.00	3.33	4.33	4.67	4.00
4.00	3.29	3.00	4.14	2.57
2.75	1.75	3.25	3.50	3.25
5.00	4.00	4.00	2.00	5.00
4.00	3.33	3.67	4.33	3.00
1.67	1.00	3.00	4.00	2.00
4.00	3.33	4.33	4.33	4.33
4.00	3.67	4.00	4.33	2.00
2.80	2.20	3.40	4.00	2.40

AMERICAN OVERSIGHT

Staffing Rating	RN staffing rating	AIDHRD	VOCHRD	RNHRD	TOTLICHRD	TOTHRD	PTHRD	CM AIDE
3	2	2.660	0.923	0.415	1.338	3.998	0.049	1.8515
3	3	2.595	0.777	0.557	1.335	3.930	0.050	1.9278
3	2	2.613	0.915	0.449	1.364	3.977	0.049	2.0477
4	4	2.195	0.709	0.600	1.309	3.504	0.046	1.8945
4	4	2.847	0.546	0.801	1.348	4.195	0.031	1.9651
4	4	2.634	0.842	0.771	1.613	4.247	0.071	2.0831
NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW
4	4	2.555	0.905	0.589	1.494	4.049	0.037	1.9956
4	4	2.598	0.789	0.707	1.496	4.094	0.049	2.1364
4	4	2.766	1.179	1.359	2.538	5.303	0.277	2.2559
4	4	2.762	0.854	0.691	1.545	4.307	0.037	1.9919
3	2	2.638	1.294	0.393	1.687	4.325	0.031	1.9472
3	3	2.630	0.958	0.649	1.607	4.237	0.082	2.1193
4	4	2.561	0.907	0.708	1.615	4.176	0.026	1.8531
4	4	2.678	0.950	0.633	1.584	4.262	0.054	1.8434
4	4	2.657	0.951	0.586	1.537	4.193	0.110	1.9640
3	3	2.619	0.960	0.581	1.541	4.160	0.077	2.0271
3	2	2.680	0.808	0.410	1.218	3.898	0.067	1.9981
2	1	2.565	1.291	0.206	1.497	4.062	0.062	2.0211
3	2	2.553	1.015	0.341	1.355	3.909	0.051	1.8993
4	4	2.692	0.898	0.573	1.471	4.163	0.051	1.9824
4	4	2.498	1.013	0.672	1.685	4.184	0.057	2.0940
3	3	2.601	0.804	0.473	1.277	3.878	0.074	2.0121
3	2	2.563	0.953	0.391	1.344	3.907	0.040	1.9965
3	3	2.633	0.874	0.478	1.353	3.986	0.042	2.0205
3	2	2.551	1.002	0.395	1.397	3.948	0.047	1.9552
4	4	2.688	0.919	0.819	1.738	4.426	-	2.0200
4	4	2.511	0.936	0.643	1.579	4.090	-	2.1378
4	4	2.624	0.643	0.750	1.393	4.016	-	2.0976
4	4	2.783	0.638	0.856	1.494	4.277	-	2.0777
3	2	2.589	1.193	0.486	1.679	4.268	0.112	2.1150

AMERICAN OVERSIGHT

2	1	2.550	1.196	0.285	1.481	4.031	0.049	1.9024
2	2	2.578	1.061	0.432	1.493	4.071	0.108	2.1904
3	3	2.630	0.856	0.450	1.306	3.936	0.044	2.0338
3	3	2.511	0.618	0.741	1.359	3.870	0.105	2.3569
3	3	2.589	0.935	0.520	1.456	4.044	0.096	2.1107
4	3	2.534	1.007	0.520	1.527	4.061	0.116	1.9000
2	2	2.568	0.977	0.453	1.429	3.997	0.249	2.2204
3	3	2.477	1.072	0.934	2.006	4.483	0.571	2.2389
2	2	2.590	0.904	0.349	1.253	3.843	0.136	2.0694
4	4	2.554	0.804	0.711	1.515	4.069	0.281	1.9719
4	4	2.530	0.975	0.693	1.668	4.198	0.195	2.2221
2	2	2.472	0.913	0.387	1.300	3.772	0.146	2.1711
3	2	2.666	1.008	0.456	1.464	4.130	0.083	2.0278
3	3	2.725	0.764	0.499	1.262	3.988	0.044	2.1025
2	2	2.609	1.044	0.391	1.435	4.044	0.041	2.2180
3	3	2.472	0.842	0.427	1.269	3.741	0.039	2.0353
3	3	2.429	0.640	0.675	1.315	3.744	0.204	2.1538
3	3	2.584	0.850	0.624	1.474	4.058	0.218	1.9461
3	2	2.674	0.991	0.465	1.456	4.130	0.245	2.0705
3	3	2.582	0.837	0.507	1.344	3.926	0.085	2.2350
3	3	2.488	0.948	0.526	1.475	3.963	0.139	1.9349
4	4	2.507	0.681	0.857	1.537	4.045	0.163	2.2110
3	3	2.541	0.770	0.553	1.324	3.865	0.111	1.9770
3	3	2.572	1.030	0.555	1.585	4.157	0.213	2.0901
3	3	2.508	0.962	0.748	1.710	4.218	0.188	2.0940
2	1	2.678	1.152	0.216	1.368	4.045	0.147	1.9641
3	3	2.705	0.859	0.523	1.382	4.086	0.145	2.0986
3	2	2.752	1.095	0.460	1.555	4.307	0.177	2.2053
3	3	2.718	0.839	0.736	1.575	4.293	0.193	2.1597
3	3	2.758	0.867	0.674	1.541	4.299	0.170	1.9854
2	2	2.541	0.821	0.517	1.338	3.878	0.060	2.1620
4	3	2.629	0.884	0.464	1.348	3.977	0.001	1.7737
4	4	2.655	0.840	0.756	1.596	4.251	0.095	1.8731
3	3	2.629	0.865	0.673	1.538	4.167	0.058	2.1473
4	3	2.592	0.901	0.488	1.389	3.982	0.049	1.8446
2	2	2.493	0.952	0.323	1.274	3.768	0.088	1.9365
2	2	2.538	0.717	0.462	1.179	3.717	0.050	2.0069
3	3	2.557	0.608	0.636	1.244	3.801	0.082	1.9314
3	3	2.557	0.723	0.565	1.287	3.845	0.060	2.0967
3	2	2.514	0.879	0.437	1.316	3.831	0.069	1.8938
4	4	2.383	0.742	0.705	1.448	3.830	0.047	2.0971
3	3	2.477	0.748	0.537	1.284	3.761	0.099	1.9457
2	2	2.529	0.931	0.399	1.330	3.859	0.107	2.0889
4	3	2.573	0.730	0.556	1.286	3.859	0.098	1.7732
4	4	2.603	0.780	0.596	1.375	3.978	0.154	1.7629
4	4	2.558	0.844	0.663	1.507	4.064	0.056	1.9815
3	2	2.631	1.229	0.344	1.572	4.203	0.100	2.0726
3	3	2.572	0.747	0.707	1.455	4.026	0.178	1.9412
3	3	2.598	0.829	0.518	1.347	3.945	0.090	2.0660
5	5	2.711	0.617	1.223	1.840	4.550	0.198	2.2172
4	4	2.732	0.905	0.887	1.792	4.524	0.143	2.1020
3	3	2.700	1.042	0.746	1.789	4.489	0.138	2.1499

AMERICAN OVERSIGHT

3	3	2.568	0.634	0.738	1.372	3.940	0.091	2.2850
4	5	2.544	0.276	1.017	1.294	3.838	0.046	2.0390
3	4	2.502	0.277	0.978	1.255	3.758	0.089	2.3751
2	2	2.509	0.784	0.428	1.212	3.721	0.070	2.0145
1	1							
2	2	2.540	0.953	0.311	1.263	3.803	0.065	2.2001
2	2	2.522	0.850	0.385	1.235	3.757	0.057	2.1397
3	3	2.411	0.726	0.685	1.411	3.822	0.104	2.1595
4	5	2.564	0.583	0.988	1.571	4.135	0.089	2.1841
3	3	2.566	0.902	0.759	1.661	4.227	0.106	2.2415
5	5	2.650	0.413	1.193	1.606	4.257	0.039	2.0458
4	4	2.552	0.630	0.760	1.389	3.942	0.049	2.1188
3	3	2.548	0.666	0.806	1.472	4.020	0.077	2.1698
2	1	2.488	0.998	0.205	1.203	3.692	0.081	2.1633
3	2	2.627	1.048	0.421	1.468	4.095	0.050	1.9563
3	3	2.546	0.880	0.522	1.402	3.948	0.085	2.0959
3	3	2.655	0.927	0.489	1.416	4.071	0.068	2.1779
		2.920	1.011	0.754	1.765	4.685	0.162	2.0726
4	3	2.624	1.079	0.522	1.602	4.226	0.039	1.9606
3	2	2.820	1.523	0.568	2.090	4.910	0.168	2.2779
4	3	2.657	0.999	0.626	1.624	4.281	0.069	2.0301
3	3	2.577	1.022	0.547	1.568	4.145	0.056	2.0867
3	3	2.651	1.105	0.531	1.636	4.287	0.067	2.0780
3	3	2.537	0.764	0.674	1.438	3.976	0.090	2.1566
4	4	2.664	1.113	0.755	1.868	4.532	0.110	2.0899
4	4	2.696	0.885	0.769	1.654	4.350	0.141	2.0294
3	3	2.662	1.148	0.634	1.782	4.444	0.147	2.0986
3	2	2.705	1.088	0.346	1.434	4.139	0.090	2.0682
3	3	2.768	1.051	0.548	1.599	4.367	0.170	2.2341
3	3	2.964	1.008	0.581	1.589	4.553	0.183	2.2099
3	3	2.770	0.867	0.619	1.486	4.257	0.116	2.2012
3	3	2.860	0.986	0.682	1.668	4.528	0.189	2.3022
4	4	2.624	0.562	0.887	1.449	4.074	0.134	2.1364
4	3	3.111	1.518	0.573	2.091	5.202	0.281	2.2735
3	3	2.720	1.154	0.661	1.815	4.536	0.087	2.1731
3	2	2.722	1.458	0.689	2.147	4.869	0.134	2.3698
4	3	2.657	1.139	0.569	1.708	4.365	0.076	2.0466
4	3	3.048	1.199	0.807	2.006	5.053	0.061	2.1303
3	3	2.465	0.997	0.467	1.464	3.929	0.043	1.9759
4	3	2.596	0.853	0.620	1.472	4.068	0.086	1.8787
2	2	2.569	0.979	0.500	1.480	4.049	0.081	2.1816
4	4	2.089	0.731	0.598	1.329	3.418	0.041	1.8456
2	2	2.345	0.844	0.368	1.213	3.557	0.055	2.0107
2	2	2.552	0.891	0.366	1.257	3.808	0.055	2.0832
4	4	2.627	0.634	0.698	1.332	3.959	0.049	2.0988
3	2	2.545	0.918	0.371	1.289	3.834	0.064	1.9636
4	4	2.534	0.439	0.932	1.371	3.905	0.126	2.1398
5	5	2.769	0.400	0.992	1.392	4.161	0.108	2.0528
3	3	2.515	0.705	0.652	1.357	3.872	0.102	2.0015
4	3	2.652	1.037	0.447	1.484	4.136	0.047	1.9976
3	3	2.562	0.878	0.647	1.525	4.087	0.113	2.0911
2	2	2.603	1.013	0.419	1.432	4.034	0.059	2.1740
4	4	2.547	0.526	0.815	1.341	3.888	0.056	2.1293
2	2	2.570	0.863	0.357	1.219	3.789	0.050	2.0853
4	4	2.507	0.521	0.733	1.254	3.761	0.053	1.9493

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2	2	2.597	0.851	0.430	1.281	3.878	0.055	2.0841
3	3	2.633	0.897	0.574	1.472	4.105	0.038	2.0071
3	3	2.510	0.867	0.496	1.363	3.873	0.045	1.8110
4	3	2.557	0.909	0.582	1.491	4.048	0.030	1.9537
3	2	2.573	0.994	0.394	1.388	3.961	0.053	1.8543
3	2	2.682	0.925	0.320	1.245	3.926	0.048	1.9824
4	4	2.715	0.716	0.758	1.473	4.189	0.101	2.1799
4	4	2.612	0.498	1.017	1.516	4.127	0.181	2.3775
3	3	2.513	0.731	0.754	1.485	3.998	0.153	2.1402
5	5	2.602	0.574	1.069	1.642	4.244	0.187	2.2114
4	4	2.483	0.858	0.684	1.542	4.025	0.079	2.0694
3	3	2.542	0.899	0.513	1.412	3.954	0.082	2.1470
4	4	2.412	0.713	0.971	1.683	4.095	0.210	2.1856
2	2	2.556	0.997	0.480	1.476	4.032	0.118	2.3007
5	5	2.966	1.493	1.295	2.788	5.754	0.431	2.1415
5	5	2.916	-	3.665	3.665	6.581	1.019	2.1690
		2.753	-	4.601	4.601	7.353	1.011	2.2519
4	4	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2	2	2.501	0.825	0.510	1.335	3.836	0.102	2.2290
2	2	2.528	0.718	0.413	1.131	3.659	0.071	2.1905
3	3	2.498	0.619	0.654	1.273	3.771	0.076	1.9111
4	5	2.540	0.464	0.891	1.355	3.895	0.073	2.1000
4	3	2.724	1.334	0.753	2.088	4.812	0.267	2.1918
4	5	2.486	0.267	1.164	1.431	3.917	0.125	2.1761
4	4	2.556	0.417	0.827	1.244	3.800	0.038	2.2512
4	5	2.470	0.137	1.340	1.477	3.947	0.137	2.2945
4	4	2.491	0.800	0.784	1.584	4.075	0.137	2.1263
4	4	2.595	0.687	0.799	1.485	4.081	0.073	2.2224
5	5	2.506	0.321	1.361	1.682	4.188	0.197	2.1851
4	5	2.578	0.273	1.094	1.367	3.945	0.083	2.1623
5	5	2.631	0.389	1.067	1.456	4.087	0.119	2.1437
4	4	2.367	0.438	1.123	1.561	3.928	0.218	2.2618
5	5	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
4	4	2.915	1.318	0.822	2.140	5.055	0.049	2.0652
3	3	2.554	1.196	1.373	2.569	5.123	0.145	2.3341
4	3	2.749	1.040	0.666	1.706	4.455	0.104	2.0005
4	4	2.445	0.379	0.792	1.171	3.615	0.052	2.1432
3	3	2.554	0.735	0.620	1.355	3.909	0.050	2.1877
4	4	2.487	0.752	0.775	1.527	4.014	0.041	2.1924
4	3	2.944	1.235	0.591	1.826	4.770	0.159	2.1368
5	5	2.674	0.363	1.689	2.051	4.725	0.161	2.1350
4	4	2.738	0.879	0.856	1.734	4.472	0.115	2.3026
3	3	2.727	0.878	0.452	1.331	4.058	0.054	1.9988
4	4	2.529	0.449	0.740	1.189	3.718	0.034	2.1103
4	4	2.472	0.698	0.744	1.442	3.914	0.008	1.8768
4	4	2.707	0.659	0.990	1.649	4.357	0.094	2.2578
5	5	2.612	0.677	1.177	1.854	4.466	0.068	2.1814
5	5	2.879	0.195	1.645	1.840	4.718	0.070	2.1491
4	4	2.890	0.724	0.911	1.635	4.525	0.088	2.0576
4	4	3.148	1.182	0.851	2.032	5.181	0.067	2.2596
3.25	3.08	2.597	0.832	0.668	1.501	4.098	0.097	2.0744

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3.25	2.75	2.519	0.832	0.505	1.337	3.856	0.048	1.9310
3.33	3.22	2.669	0.880	0.746	1.626	4.295	0.072	2.0553
4.00	4.00	2.631	0.935	0.649	1.584	4.215	0.057	1.8751
2.20	1.60	2.611	0.998	0.371	1.369	3.981	0.063	1.9835
2.20	2.20	2.617	0.891	0.560	1.451	4.068	0.060	2.0177
3.00	2.33	2.577	0.950	0.416	1.366	3.943	0.043	1.9880
4.00	4.00	2.655	0.789	0.771	1.559	4.214	-	2.0798
2.67	2.33	2.572	0.968	0.484	1.452	4.024	0.083	2.1196
3.00	2.86	2.534	0.947	0.541	1.489	4.023	0.212	2.1034
2.67	2.33	2.661	0.948	0.443	1.391	4.052	0.054	2.1277
3.00	2.83	2.536	0.856	0.535	1.391	3.927	0.152	2.0590
3.25	3.25	2.536	0.876	0.668	1.544	4.080	0.173	2.0936
2.80	2.40	2.721	0.955	0.521	1.476	4.196	0.165	2.0830
3.40	3.00	2.611	0.864	0.574	1.438	4.049	0.050	1.9487
2.86	2.71	2.511	0.763	0.507	1.270	3.781	0.075	1.9736
2.50	2.25	2.551	0.819	0.497	1.316	3.867	0.112	1.8939
3.25	3.00	2.590	0.906	0.549	1.455	4.045	0.096	2.0253
4.00	4.00	2.715	0.900	0.900	1.800	4.515	0.152	2.1444
2.43	2.71	2.310	0.553	0.609	1.161	3.471	0.062	1.9605
3.30	3.20	2.563	0.767	0.696	1.464	4.026	0.074	2.1295
-	-	2.920	1.011	0.754	1.765	4.685	0.162	2.0726
3.67	2.67	2.678	1.105	0.595	1.700	4.378	0.079	2.0585
3.00	3.00	2.588	0.963	0.584	1.547	4.135	0.071	2.1072
3.50	3.25	2.680	1.064	0.639	1.703	4.384	0.121	2.0734
3.33	3.17	2.840	0.972	0.652	1.624	4.464	0.174	2.2248
3.50	2.75	2.813	1.234	0.695	1.928	4.741	0.087	2.1750
3.31	3.08	2.529	0.794	0.584	1.377	3.906	0.073	2.0273
3.00	2.70	2.578	0.833	0.509	1.342	3.920	0.049	2.0049
3.63	3.63	2.556	0.753	0.765	1.518	4.074	0.137	2.2044
3.33	3.33	2.911	0.985	2.320	3.305	6.215	0.629	2.1702
4.00	4.00	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2.33	2.33	2.509	0.720	0.526	1.246	3.755	0.083	2.1089
4.00	4.29	2.542	0.534	0.951	1.485	4.027	0.113	2.1875
4.50	4.75	2.534	0.362	1.148	1.510	4.044	0.151	2.1828
5.00	5.00	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
3.67	3.33	2.767	1.204	0.932	2.137	4.903	0.091	2.1222
3.67	3.67	2.494	0.627	0.732	1.359	3.853	0.047	2.1752
4.33	4.00	2.766	0.775	1.101	1.876	4.642	0.143	2.1981
3.67	3.67	2.569	0.678	0.652	1.330	3.899	0.030	1.9859
4.40	4.40	2.822	0.631	1.157	1.789	4.611	0.078	2.1822

AMERICAN OVERSIGHT

CM LPN	CM RN	CM TOTAL	ADJ AIDE	ADJ LPN	ADJ RN	ADJ TOTAL	CYCLE 1 SURVEY DATE	cycle 1 defs
0.6780	0.3223	2.8518	2.9859	1.0238	0.4848	4.4957	04/19/2019	22
0.6967	0.3338	2.9582	2.7982	0.8390	0.6284	4.2601	10/25/2019	7
0.7343	0.3379	3.1199	2.6519	0.9370	0.5002	4.0874	05/31/2019	3
0.6495	0.2961	2.8401	2.4077	0.8203	0.7633	3.9559	10/10/2019	8
0.6704	0.3118	2.9473	3.0116	0.6126	0.9672	4.5641	08/22/2019	8
0.7227	0.3388	3.1446	2.6284	0.8757	0.8570	4.3312	07/18/2019	3
NEW	NEW	NEW	NEW	NEW	NEW	NEW		
0.6781	0.2955	2.9692	2.6606	1.0033	0.7505	4.3725	06/27/2019	5
0.7299	0.3403	3.2066	2.5270	0.8132	0.7817	4.0937	03/28/2019	3
1.0543	0.5894	3.8997	2.5478	0.8410	0.8676	4.3610	02/08/2019	3
0.6857	0.2978	2.9754	2.8819	0.9362	0.8736	4.6417	01/10/2019	4
0.7229	0.3197	2.9898	2.8156	1.3458	0.4629	4.6387	01/25/2019	7
0.7208	0.3375	3.1776	2.5793	0.9996	0.7237	4.2761	11/07/2019	3
0.6477	0.2849	2.7856	2.8726	1.0526	0.9355	4.8071	09/19/2019	6
0.6541	0.3086	2.8061	3.0196	1.0927	0.7721	4.8702	05/09/2019	2
0.6310	0.2942	2.8892	2.8112	1.1334	0.7490	4.6538	04/05/2019	4
0.7737	0.3793	3.1801	2.6850	0.9325	0.5767	4.1943	02/21/2019	3
							09/28/2017	7
0.7061	0.3436	3.0478	2.7870	0.8606	0.4491	4.1007	02/08/2019	13
0.7268	0.3489	3.0968	2.6378	1.3362	0.2217	4.2063	10/17/2019	24
0.6697	0.3037	2.8727	2.7939	1.1395	0.4220	4.3630	10/03/2019	7
0.6524	0.2805	2.9153	2.8225	1.0349	0.7687	4.5790	10/31/2019	2
0.7317	0.3453	3.1709	2.4796	1.0415	0.7324	4.2308	03/08/2019	1
							04/12/2018	-
							01/10/2018	4
0.6401	0.2938	2.9459	2.6871	0.9445	0.6059	4.2216	08/09/2019	16
0.6742	0.2977	2.9684	2.6678	1.0631	0.4941	4.2204	08/15/2019	9
0.6995	0.3159	3.0358	2.7085	0.9401	0.5698	4.2101	02/28/2019	-
0.7201	0.3395	3.0148	2.7112	1.0463	0.4379	4.1988	02/14/2019	4
0.7463	0.3501	3.1163	2.7659	0.9261	0.8804	4.5545	02/28/2019	8
0.7130	0.3226	3.1734	2.4414	0.9870	0.7498	4.1327	10/17/2019	10
0.7089	0.3077	3.1143	2.5996	0.6815	0.9175	4.1354	07/25/2019	13
0.7269	0.3620	3.1666	2.7837	0.6603	0.8898	4.3311	12/20/2018	11
0.8011	0.4268	3.3428	2.5444	1.1196	0.4290	4.0946	11/22/2019	5

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0.7211	0.3705	2.9939	2.7859	1.2477	0.2895	4.3179	05/16/2019	8
0.7961	0.3975	3.3839	2.4461	1.0023	0.4091	3.8578	03/14/2019	5
0.7100	0.3137	3.0576	2.6872	0.9063	0.5401	4.1276	07/25/2019	2
0.8353	0.4311	3.6232	2.2142	0.5565	0.6472	3.4253	09/19/2019	3
0.7613	0.3524	3.2244	2.5493	0.9238	0.5556	4.0222	11/26/2019	3
0.6934	0.3340	2.9273	2.7719	1.0922	0.5860	4.4487	03/21/2019	10
0.8417	0.4297	3.4918	2.4036	0.8725	0.3964	3.6708	02/21/2019	6
1.0174	0.6064	3.8627	2.2992	0.7923	0.5797	3.7215	06/20/2019	3
0.7109	0.3396	3.1199	2.6011	0.9565	0.3870	3.9503	12/20/2018	2
0.7185	0.3320	3.0223	2.6918	0.8411	0.8067	4.3173	06/14/2019	3
0.6997	0.3396	3.2614	2.3661	1.0474	0.7687	4.1274	10/17/2019	5
0.7370	0.3461	3.2543	2.3665	0.9317	0.4204	3.7168	01/30/2019	7
0.7213	0.3578	3.1070	2.7329	1.0507	0.4794	4.2627	06/14/2019	3
0.7454	0.3470	3.1949	2.6938	0.7704	0.5408	4.0021	05/09/2019	4
0.7455	0.3601	3.3236	2.4447	1.0527	0.4091	3.9017	05/02/2019	2
0.6736	0.2879	2.9968	2.5246	0.9404	0.5576	4.0032	08/01/2019	3
0.7681	0.3697	3.2915	2.3437	0.6270	0.6868	3.6473	10/31/2019	4
0.7291	0.3534	3.0286	2.7595	0.8771	0.6642	4.2965	11/30/2018	10
0.7586	0.3523	3.1815	2.6840	0.9826	0.4964	4.1626	10/25/2018	1
0.6915	0.3407	3.2671	2.4012	0.9099	0.5605	3.8536	08/16/2018	-
0.6927	0.3267	2.9543	2.6725	1.0293	0.6064	4.3012	11/01/2018	3
0.7509	0.3410	3.3029	2.3567	0.6816	0.9456	3.9266	03/14/2019	9
0.6757	0.3098	2.9625	2.6716	0.8573	0.6725	4.1837	02/21/2019	6
0.7414	0.3368	3.1683	2.5576	1.0444	0.6202	4.2072	08/15/2019	5
0.7789	0.3962	3.2691	2.4892	0.9286	0.7106	4.1373	08/30/2018	3
0.7047	0.3357	3.0045	2.8337	1.2292	0.2417	4.3176	08/22/2019	-
0.6871	0.3274	3.1130	2.6786	0.9401	0.6009	4.2092	10/17/2019	3
0.7731	0.3766	3.3549	2.5932	1.0653	0.4601	4.1167	03/28/2019	5
0.7715	0.4007	3.3319	2.6156	0.8179	0.6910	4.1315	09/26/2019	4
0.7783	0.3957	3.1595	2.8873	0.8375	0.6408	4.3630	12/20/2018	5
0.7791	0.3883	3.3294	2.4424	0.7919	0.5012	3.7353	09/27/2018	2
0.6222	0.2722	2.6681	3.0806	1.0681	0.6422	4.7802	02/07/2019	10
0.7050	0.3378	2.9159	2.9464	0.8964	0.8418	4.6753	09/19/2019	7
0.7438	0.3497	3.2408	2.5445	0.8745	0.7248	4.1235	10/18/2018	10
0.6811	0.3107	2.8364	2.9209	0.9951	0.5910	4.5013	04/25/2019	7
0.7129	0.3623	3.0117	2.6761	1.0037	0.3355	4.0119	01/25/2019	4
0.7494	0.3572	3.1135	2.6286	0.7196	0.4865	3.8283	07/26/2019	6
0.7375	0.3568	3.0256	2.7512	0.6198	0.6713	4.0283	03/08/2019	7
0.7153	0.3338	3.1459	2.5349	0.7599	0.6366	3.9191	08/14/2019	2
0.7215	0.3366	2.9518	2.7593	0.9166	0.4886	4.1613	11/01/2018	1
0.6709	0.3328	3.1008	2.3612	0.8322	0.7979	3.9612	06/12/2019	4
0.6964	0.3178	2.9599	2.6457	0.8073	0.6355	4.0747	09/14/2018	2
0.7290	0.3266	3.1444	2.5159	0.9603	0.4602	3.9353	04/26/2019	8
0.6509	0.2988	2.7228	3.0155	0.8432	0.7005	4.5443	01/11/2019	12
0.6721	0.3056	2.7406	3.0686	0.8724	0.7336	4.6549	09/14/2018	24
							06/29/2018	14
0.6698	0.3088	2.9601	2.6826	0.9474	0.8078	4.4028	09/20/2018	5
0.7315	0.3638	3.1678	2.6380	1.2629	0.3556	4.2545	10/04/2019	9
0.7519	0.3758	3.0689	2.7535	0.7474	0.7084	4.2072	09/07/2018	6
0.7389	0.3506	3.1555	2.6130	0.8441	0.5559	4.0087	04/18/2019	10
0.7788	0.3870	3.3830	2.5411	0.5956	1.1892	4.3133	09/06/2019	1
0.7107	0.3549	3.1676	2.7012	0.9577	0.9402	4.5794	03/15/2019	9
0.7718	0.3976	3.3193	2.6101	1.0155	0.7064	4.3362	10/05/2018	15

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0.8150	0.3926	3.4925	2.3357	0.5853	0.7076	3.6178	07/11/2019	11
0.6962	0.3199	3.0551	2.5936	0.2985	1.1970	4.0287	10/10/2019	4
0.8820	0.4393	3.6963	2.1897	0.2362	0.8382	3.2598	04/18/2019	4
0.7285	0.3574	3.1005	2.5887	0.8094	0.4503	3.8485	03/14/2019	10
							03/07/2019	4
0.7461	0.3677	3.3139	2.3998	0.9600	0.3178	3.6803	10/04/2019	7
0.7100	0.3362	3.1859	2.4495	0.9001	0.4309	3.7812	10/18/2018	10
0.7687	0.3754	3.3036	2.3205	0.7098	0.6870	3.7098	08/22/2019	8
0.7574	0.3530	3.2944	2.4395	0.5789	1.0534	4.0244	01/31/2019	5
0.8594	0.4539	3.5548	2.3793	0.7896	0.6291	3.8131	11/22/2019	10
0.6782	0.3128	3.0368	2.6926	0.4582	1.4358	4.4950	02/28/2019	8
0.7210	0.3379	3.1777	2.5036	0.6566	0.8462	3.9775	03/22/2019	6
0.8024	0.4219	3.3941	2.4406	0.6243	0.7190	3.7981	08/23/2019	5
0.7315	0.3422	3.2370	2.3906	1.0260	0.2257	3.6570	08/09/2019	3
0.7013	0.3216	2.9792	2.7908	1.1235	0.4923	4.4081	10/11/2019	5
0.7395	0.3694	3.2047	2.5246	0.8949	0.5324	3.9508	05/30/2019	10
0.7609	0.3521	3.2909	2.5337	0.9162	0.5229	3.9671	09/27/2019	25
0.7899	0.4146	3.2771					10/16/2018	
0.6714	0.2991	2.9311	2.7818	1.2090	0.6570	4.6231	05/31/2019	2
0.8310	0.4226	3.5315	2.5733	1.3777	0.5055	4.4588	11/08/2019	2
0.6962	0.3401	3.0665	2.7201	1.0785	0.6925	4.4771	04/05/2019	11
0.7652	0.3535	3.2054	2.5663	1.0039	0.5818	4.1463	07/03/2019	5
0.7747	0.3601	3.2128	2.6517	1.0726	0.5546	4.2788	09/28/2018	6
0.7561	0.3771	3.2898	2.4452	0.7602	0.6727	3.8752	02/14/2019	9
0.7573	0.3698	3.2171	2.6497	1.1049	0.7686	4.5178	03/07/2019	-
0.7174	0.3472	3.0940	2.7609	0.9280	0.8337	4.5086	01/10/2019	3
0.7835	0.3885	3.2707	2.6365	1.1019	0.6139	4.3572	10/24/2019	2
0.7300	0.3338	3.1320	2.7186	1.1213	0.3896	4.2380	08/22/2019	1
0.7754	0.3869	3.3963	2.5750	1.0193	0.5329	4.1229	06/07/2019	11
0.8278	0.4175	3.4552	2.7873	0.9158	0.5235	4.2252	08/15/2019	4
0.7857	0.3882	3.3751	2.6157	0.8299	0.6003	4.0441	04/05/2019	6
0.8126	0.4254	3.5403	2.5820	0.9124	0.6032	4.1012	11/08/2018	7
0.7283	0.3456	3.2103	2.5531	0.5800	0.9664	4.0690	10/04/2018	5
0.7934	0.3765	3.4434	2.8441	1.4385	0.5728	4.8443	06/14/2019	11
0.7710	0.3822	3.3262	2.6017	1.1254	0.6513	4.3725	10/17/2019	1
0.9060	0.5719	3.8477	2.3870	1.2099	0.4538	4.0578	10/18/2018	3
0.6959	0.3207	3.0632	2.6979	1.2311	0.6675	4.5692	12/20/2018	14
0.7666	0.4862	3.3830	2.9733	1.1757	0.6250	4.7900	07/26/2019	9
0.7092	0.3255	3.0106	2.5930	1.0569	0.5397	4.1846	01/10/2019	8
0.7161	0.3512	2.9460	2.8715	0.8953	0.6640	4.4277	08/16/2018	7
0.8165	0.4173	3.4154	2.4477	0.9020	0.4514	3.8017	05/16/2019	12
0.6692	0.3003	2.8151	2.3524	0.8212	0.7494	3.8931	06/27/2019	9
0.6775	0.3235	3.0117	2.4237	0.9374	0.4283	3.7877	02/07/2019	12
0.7278	0.3696	3.1805	2.5456	0.9202	0.3731	3.8397	06/20/2019	9
0.7029	0.3262	3.1279	2.6017	0.6778	0.8060	4.0591	09/19/2019	6
0.6984	0.3306	2.9926	2.6940	0.9883	0.4220	4.1081	06/20/2019	9
0.7938	0.3931	3.3268	2.4614	0.4160	0.8919	3.7640	10/12/2018	4
0.7312	0.3375	3.1215	2.8035	0.4115	1.1061	4.2745	11/02/2018	22
0.7730	0.3782	3.1526	2.6119	0.6854	0.6489	3.9382	11/08/2018	6
0.6869	0.3209	3.0054	2.7596	1.1349	0.5242	4.4130	09/12/2019	6
0.7875	0.3923	3.2709	2.5465	0.8383	0.6207	4.0067	05/23/2019	3
0.6982	0.3363	3.2085	2.4882	1.0906	0.4688	4.0319	03/27/2019	5
0.6915	0.3190	3.1398	2.4858	0.5722	0.9618	3.9708	02/07/2019	10
0.7049	0.3255	3.1156	2.5611	0.9202	0.4124	3.8995	04/11/2019	10
0.7116	0.3537	3.0146	2.6726	0.5506	0.7800	4.0003	05/16/2019	12

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0.7318	0.3449	3.1608	2.5902	0.8742	0.4695	3.9347	07/25/2019	13
0.7248	0.3326	3.0645	2.7267	0.9310	0.6497	4.2952	08/08/2019	16
0.7012	0.3484	2.8606	2.8802	0.9297	0.5359	4.3412	04/03/2019	6
0.6737	0.3080	2.9354	2.7199	1.0144	0.7115	4.4220	05/16/2019	12
0.7000	0.3385	2.8928	2.8844	1.0676	0.4382	4.3913	11/07/2019	13
0.6561	0.3011	2.9396	2.8113	1.0596	0.4004	4.2831	01/10/2019	12
0.7611	0.3669	3.3078	2.5889	0.7071	0.7775	4.0607	01/17/2019	6
0.8050	0.3955	3.5779	2.2832	0.4655	0.9682	3.6991	08/08/2019	6
0.7985	0.4074	3.3461	2.4400	0.6884	0.6968	3.8313	09/26/2019	14
0.7796	0.3758	3.3669	2.4455	0.5533	1.0701	4.0424	03/28/2019	8
0.7054	0.2996	3.0743	2.4935	0.9149	0.8594	4.1983	12/13/2018	3
0.7031	0.3268	3.1769	2.4605	0.9613	0.5914	3.9912	06/28/2019	9
0.8663	0.4624	3.5143	2.2934	0.6185	0.7903	3.7368	08/15/2019	10
0.7769	0.3755	3.4531	2.3087	0.9649	0.4806	3.7443	06/13/2019	8
0.8667	0.4405	3.4487	2.8782	1.2950	1.1067	5.3497	01/17/2019	3
1.0300	0.5609	3.7599	2.7946	-	2.4592	5.6128	04/17/2019	2
1.0751	0.5777	3.9047					02/07/2019	
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	02/21/2019	2
0.8301	0.4248	3.4838	2.3323	0.7473	0.4520	3.5312	10/10/2019	6
0.8210	0.3959	3.4075	2.3986	0.6577	0.3925	3.4434	08/15/2019	8
0.7117	0.3421	2.9649	2.7165	0.6539	0.7199	4.0785	08/01/2019	5
0.6944	0.3160	3.1104	2.5136	0.5022	1.0612	4.0150	04/04/2019	4
0.8550	0.4434	3.4901	2.5832	1.1736	0.6394	4.4209	08/29/2019	3
0.7459	0.3609	3.2829	2.3743	0.2691	1.2144	3.8263	04/25/2019	10
0.6702	0.3010	3.2224	2.3593	0.4679	1.0343	3.7810	10/03/2019	3
0.7901	0.3853	3.4699	2.2372	0.1308	1.3086	3.6474	10/25/2019	4
0.7519	0.3400	3.2181	2.4349	0.7997	0.8678	4.0600	02/07/2019	1
0.7415	0.3475	3.3114	2.4272	0.6962	0.8653	3.9517	01/10/2019	8
0.7586	0.3569	3.3006	2.3832	0.3186	1.4348	4.0686	04/11/2019	7
0.7042	0.3296	3.1960	2.4780	0.2917	1.2488	3.9579	03/27/2019	14
0.6711	0.2946	3.1093	2.5508	0.4361	1.3632	4.2150	09/12/2019	13
0.8268	0.4216	3.5102	2.1751	0.3986	1.0022	3.5883	05/09/2019	13
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	12/05/2019	3
0.7032	0.3374	3.1058	2.9340	1.4091	0.9172	5.2196	09/26/2019	5
0.9365	1.0157	4.2863	2.2741	0.9601	0.5088	3.8324	12/06/2018	4
0.7248	0.3470	3.0722	2.8560	1.0794	0.7222	4.6501	05/23/2019	5
0.7075	0.3231	3.1738	2.3705	0.4026	0.9225	3.6526	04/18/2019	11
0.7518	0.3473	3.2867	2.4259	0.7351	0.6725	3.8137	03/07/2019	18
0.7596	0.3562	3.3082	2.3575	0.7441	0.8191	3.8906	02/21/2019	18
0.7236	0.3430	3.2033	2.8635	1.2830	0.6486	4.7745	08/22/2019	3
0.7668	0.3929	3.2947	2.6029	0.3557	1.6176	4.5989	11/07/2019	4
0.7420	0.3606	3.4051	2.4711	0.8904	0.8932	4.2114	11/15/2019	3
0.7340	0.3297	3.0625	2.8359	0.8997	0.5164	4.2489	03/06/2019	9
0.7195	0.2865	3.1163	2.4904	0.4693	0.9720	3.8254	09/27/2018	3
0.6388	0.2816	2.7972	2.7372	0.8216	0.9947	4.4869	07/19/2018	1
0.7744	0.3609	3.3932	2.4922	0.6403	1.0320	4.1170	02/07/2019	2
0.6872	0.2971	3.1657	2.4890	0.7408	1.4911	4.5242	08/23/2018	16
0.8268	0.4293	3.4051	2.7841	0.1770	1.4423	4.4434	04/04/2019	14
0.7461	0.3977	3.2013	2.9192	0.7295	0.8621	4.5322	10/25/2018	13
0.7541	0.3575	3.3712	2.8960	1.1782	0.8957	4.9279	09/20/2018	13
0.7348	0.3562	3.1653	2.5832	0.8482	0.6965	4.1138		6.83

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0.6901	0.3228	2.9440	2.7133	0.9055	0.5927	4.2015	10.00
0.7358	0.3458	3.1368	2.6984	0.8986	0.8062	4.3860	4.00
0.6464	0.2968	2.8183	2.9182	1.0879	0.8251	4.7969	4.00
0.7126	0.3406	3.0367	2.7373	1.0541	0.4086	4.2059	10.80
0.6658	0.2996	2.9830	2.6986	1.0047	0.7036	4.3762	4.60
0.6976	0.3177	3.0033	2.6945	1.0240	0.4941	4.2098	4.33
0.7250	0.3366	3.1414	2.6556	0.8170	0.8613	4.3026	10.50
0.7704	0.3829	3.2729	2.5356	0.9532	0.4744	3.9621	4.33
0.7564	0.3740	3.2338	2.5140	0.9501	0.5501	4.0076	5.14
0.7385	0.3555	3.2216	2.6039	0.9665	0.4695	4.0370	3.00
0.7167	0.3374	3.1131	2.5668	0.9017	0.5949	4.0534	3.50
0.7374	0.3451	3.1762	2.5213	0.8931	0.7271	4.1216	5.75
0.7386	0.3641	3.1857	2.7193	0.9759	0.5315	4.2269	3.40
0.7011	0.3279	2.9777	2.8052	0.9346	0.6607	4.3909	7.20
0.7188	0.3437	3.0361	2.6469	0.7997	0.5591	3.9952	3.71
0.6844	0.3104	2.8887	2.8105	0.8935	0.6060	4.2999	14.50
0.7201	0.3455	3.0909	2.6586	0.9472	0.6061	4.2000	7.50
0.7486	0.3783	3.2713	2.6327	0.9067	0.8987	4.4293	8.33
0.6872	0.3307	2.9784	2.2415	0.5576	0.6387	3.4230	7.14
0.7499	0.3624	3.2417	2.5054	0.7692	0.7343	3.9929	8.50
0.7899	0.4146	3.2771	-	-	-	-	-
0.7143	0.3460	3.1188	2.7074	1.1563	0.6532	4.5036	5.00
0.7653	0.3636	3.2361	2.5541	0.9452	0.6032	4.0996	6.67
0.7482	0.3609	3.1826	2.6871	1.0681	0.6634	4.4167	1.50
0.7883	0.3918	3.4049	2.6522	0.9232	0.6338	4.2022	7.33
0.7831	0.4450	3.4031	2.6963	1.1845	0.6019	4.4821	6.75
0.7285	0.3497	3.1055	2.5940	0.8244	0.6296	4.0384	8.69
0.7001	0.3316	3.0365	2.6800	0.8967	0.5775	4.1459	10.90
0.7716	0.3750	3.3510	2.4126	0.7425	0.7636	3.9048	8.00
0.9327	0.4854	3.5884	2.1962	0.8548	0.9913	4.1265	1.67
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	2.00
0.7871	0.3873	3.2833	2.4840	0.6860	0.5227	3.6868	6.33
0.7414	0.3502	3.2791	2.4171	0.5341	1.0273	3.9378	4.71
0.7315	0.3436	3.2580	2.4157	0.3729	1.2741	3.9903	11.75
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	3.00
0.7748	0.5304	3.4274	2.7266	1.1891	0.7471	4.6681	4.67
0.7405	0.3428	3.2585	2.3832	0.6322	0.8059	3.7904	15.67
0.7466	0.3682	3.3129	2.6193	0.7891	1.1028	4.4984	3.33
0.6930	0.2981	2.9769	2.6927	0.7386	0.8390	4.2113	4.33
0.7622	0.3706	3.3150	2.6913	0.6356	1.1790	4.4623	11.60

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cycle 1 N from Defs	cycle 1 N from Comp	cycle 1 defs score	cycle 1 NumRevis	cycle 1 Revisit Score	cycle 1 Total Score	CYCLE 2 SURVEY DATE
10	12	200	2	100	300	04/27/2018
6	1	28	1	-	28	10/05/2018
2	1	24	1	-	24	06/14/2018
3	5	96	1	-	96	11/30/2018
3	5	312	1	-	312	08/23/2018
3	-	58	1	-	58	07/27/2018
5	-	20	1	-	20	06/21/2018
2	1	16	1	-	16	02/01/2018
3	-	24	1	-	24	03/07/2018
1	3	48	1	-	48	10/26/2017
7	-	40	1	-	40	02/15/2018
3	-	12	1	-	12	12/20/2018
5	1	40	1	-	40	09/14/2018
1	1	8	1	-	8	05/11/2018
4	-	16	1	-	16	04/19/2018
3	-	12	1	-	12	12/21/2017
7	-	28	1	-	28	11/04/2016
12	1	56	1	-	56	11/17/2017
6	18	393	1	-	393	10/04/2018
2	5	174	1	-	174	04/12/2019
2	-	4	-	-	4	12/20/2018
1	-	4	1	-	4	01/18/2018
-	-	-	-	-	-	03/29/2017
4	-	16	1	-	16	03/10/2017
14	2	64	1	-	64	09/13/2018
7	2	44	1	-	44	07/19/2018
-	-	-	-	-	-	12/14/2017
4	-	12	1	-	12	11/09/2017
6	2	52	1	-	52	12/21/2017
7	3	56	1	-	56	01/10/2019
10	4	72	1	-	72	05/10/2018
11	-	56	1	-	56	12/15/2017
5	-	24	-	-	24	09/13/2018

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6	2	32	1	-	32	03/16/2018
5	-	24	1	-	24	05/03/2018
2	-	8	1	-	8	04/26/2018
3	1	28	1	-	28	01/10/2019
3	-	24	-	-	24	11/21/2018
5	5	232	1	-	232	01/11/2018
6	-	36	1	-	36	11/16/2017
3	-	16	1	-	16	04/19/2018
2	-	20	1	-	20	09/21/2017
3	-	20	1	-	20	03/15/2018
5	-	40	1	-	40	11/29/2018
7	-	44	1	-	44	10/26/2017
3	-	16	1	-	16	03/22/2018
4	-	28	1	-	28	03/29/2018
2	-	8	1	-	8	02/15/2018
2	1	12	1	-	12	04/12/2018
4	-	16	1	-	16	07/12/2018
10	3	48	1	-	48	10/12/2017
1	-	4	1	-	4	09/21/2017
-	-	-	-	-	-	07/27/2017
1	2	12	1	-	12	09/28/2017
9	1	40	1	-	40	01/11/2018
6	-	24	1	-	24	12/29/2017
4	1	20	1	-	20	04/19/2018
3	-	28	1	-	28	07/20/2017
-	-	-	-	-	-	04/26/2018
2	1	28	1	-	28	06/28/2018
5	-	20	1	-	20	02/22/2018
3	1	16	1	-	16	06/01/2018
5	-	32	1	-	32	12/07/2017
2	-	8	1	-	8	08/24/2017
7	3	44	1	-	44	12/14/2017
1	6	28	1	-	28	05/24/2018
9	1	44	1	-	44	08/10/2017
7	-	28	1	-	28	02/01/2018
3	1	16	1	-	16	10/26/2017
3	3	24	1	-	24	04/13/2018
4	3	32	1	-	32	02/23/2018
2	-	8	1	-	8	04/26/2018
1	-	4	1	-	4	09/28/2017
3	1	16	1	-	16	03/22/2018
2	-	8	1	-	8	07/28/2017
7	1	52	1	-	52	02/02/2018
6	6	52	1	-	52	07/11/2018
12	12	144	1	-	144	07/28/2017
12	2	72	1	-	72	07/07/2017
3	2	24	1	-	24	08/11/2017
8	2	44	1	-	44	07/27/2018
4	2	24	1	-	24	08/23/2017
6	4	169	1	-	169	03/22/2018
1	-	4	1	-	4	05/24/2018
7	2	52	1	-	52	02/09/2018
15	2	80	2	40	120	09/29/2017

AMERICAN OVERSIGHT

9	2	52	1	-	52	04/06/2018
4	-	24	-	-	24	08/10/2018
3	1	16	1	-	16	01/26/2018
7	3	48	1	-	48	01/12/2018
3	1	16	1	-	16	01/19/2018
5	2	48	1	-	48	06/14/2018
4	6	48	1	-	48	07/28/2017
7	1	32	1	-	32	04/27/2018
5	-	24	1	-	24	11/03/2017
7	3	52	-	-	52	08/10/2018
8	-	32	1	-	32	11/16/2017
3	3	24	1	-	24	08/03/2018
4	1	24	1	-	24	11/08/2018
1	2	12	1	-	12	04/19/2018
3	2	20	1	-	20	04/11/2019
8	2	60	1	-	60	01/26/2018
9	16	168	1	-	168	01/11/2019
2	1	8	1	-	8	03/30/2018
2	-	8	-	-	8	08/03/2018
6	5	189	1	-	189	01/05/2018
5	-	24	1	-	24	05/04/2018
5	1	24	1	-	24	08/17/2017
8	1	36	1	-	36	11/03/2017
-	-	-	-	-	-	03/22/2018
3	-	12	1	-	12	09/28/2017
2	-	12	1	-	12	07/12/2018
1	-	4	1	-	4	01/31/2019
11	-	56	1	-	56	03/29/2018
2	2	16	1	-	16	06/14/2018
1	5	48	1	-	48	12/21/2017
7	-	28	1	-	28	07/29/2017
4	1	44	1	-	44	06/15/2017
7	4	165	1	-	165	02/23/2018
1	-	4	1	-	4	08/23/2018
3	-	12	1	-	12	06/29/2017
11	3	80	1	-	80	09/22/2017
3	6	231	1	-	231	06/20/2018
4	4	40	1	-	40	07/19/2018
2	5	28	1	-	28	05/25/2017
8	4	236	1	-	236	02/15/2018
6	3	40	1	-	40	04/12/2018
6	6	84	1	-	84	11/02/2017
5	4	40	1	-	40	04/05/2018
2	5	28	1	-	28	03/01/2019
8	1	36	1	-	36	03/22/2018
4	4	24	1	-	24	06/22/2017
10	12	414	1	-	414	07/20/2017
4	2	28	1	-	28	07/21/2017
-	6	316	-	-	316	05/24/2018
3	-	12	1	-	12	02/22/2018
5	-	20	1	-	20	03/22/2018
9	1	64	1	-	64	08/16/2018
9	2	44	1	-	44	02/09/2018
9	3	72	1	-	72	04/26/2018

AMERICAN OVERSIGHT

9	5	68	1	-	68	08/09/2018
11	7	88	2	44	132	06/28/2018
6	-	28	1	-	28	10/04/2018
12	-	88	1	-	88	04/05/2018
11	2	80	-	-	80	09/20/2018
12	3	92	1	-	92	01/11/2018
5	1	24	1	-	24	03/08/2018
6	-	60	1	-	60	07/19/2018
8	6	64	1	-	64	07/26/2018
3	8	52	1	-	52	09/27/2018
3	-	12	1	-	12	01/08/2018
8	1	278	1	-	278	05/10/2018
7	3	88	1	-	88	07/26/2018
8	-	40	1	-	40	05/03/2018
3	-	16	1	-	16	01/11/2018
2	-	8	1	-	8	05/17/2018
2	-	8	1	-	8	03/15/2018
6	-	36	1	-	36	08/23/2018
3	5	32	1	-	32	08/02/2018
5	-	40	1	-	40	08/30/2018
4	-	16	1	-	16	02/01/2018
3	-	12	1	-	12	07/19/2018
9	1	56	1	-	56	03/15/2018
3	-	16	1	-	16	07/12/2018
4	-	16	1	-	16	08/09/2018
1	-	8	1	-	8	12/21/2017
6	2	36	1	-	36	11/02/2017
7	-	24	1	-	24	02/15/2018
14	-	76	1	-	76	03/22/2018
9	5	272	1	-	272	06/28/2018
13	-	60	1	-	60	04/26/2018
3	-	16	-	-	16	09/27/2018
5	-	20	1	-	20	08/16/2018
3	1	16	1	-	16	10/19/2017
5	-	20	1	-	20	04/05/2018
7	4	52	1	-	52	02/23/2018
14	4	80	1	-	80	01/11/2018
11	7	88	1	-	88	01/05/2018
3	-	16	1	-	16	06/14/2018
4	-	44	-	-	44	09/07/2018
3	-	12	-	-	12	09/13/2018
5	4	52	1	-	52	01/26/2018
2	1	12	1	-	12	08/25/2017
1	-	4	1	-	4	06/23/2017
2	-	8	-	-	8	04/19/2018
9	7	64	1	-	64	08/10/2017
14	-	56	1	-	56	02/22/2018
7	6	390	1	-	390	09/21/2017
10	3	52	1	-	52	08/18/2017
5.09	1.88	51.48	0.91	0.96	52.44	

AMERICAN OVERSIGHT

5.25	4.75	87.00	1.25	25.00	112.00
3.00	1.00	58.89	0.89	-	58.89
3.33	0.67	21.33	1.00	-	21.33
6.00	4.80	132.60	1.00	-	132.60
4.20	0.40	17.60	0.60	-	17.60
3.67	0.67	18.67	0.67	-	18.67
8.50	2.25	59.00	1.00	-	59.00
4.00	0.50	23.33	0.67	-	23.33
4.43	0.71	58.29	1.00	-	58.29
3.00	-	17.33	1.00	-	17.33
3.00	1.00	15.33	0.83	-	15.33
5.50	0.50	28.00	1.00	-	28.00
3.00	0.40	19.20	0.80	-	19.20
5.20	2.00	30.40	1.00	-	30.40
2.57	1.14	15.43	1.00	-	15.43
9.25	5.25	80.00	1.00	-	80.00
5.25	2.50	65.25	1.00	-	65.25
7.67	1.33	45.33	1.33	13.33	58.67
5.00	2.14	36.00	0.86	-	36.00
5.50	3.00	44.80	0.90	-	44.80
-	-	-	-	-	-
3.33	2.00	68.33	0.67	-	68.33
6.00	0.67	28.00	1.00	-	28.00
1.50	-	7.00	0.75	-	7.00
5.33	2.00	59.50	1.00	-	59.50
4.50	2.25	81.75	1.00	-	81.75
4.77	4.31	102.00	0.92	-	102.00
9.30	2.30	64.40	1.00	4.40	68.80
6.00	2.38	77.25	1.00	-	77.25
1.67	-	8.00	0.67	-	8.00
2.00	-	8.00	1.00	-	8.00
4.67	1.67	36.00	1.00	-	36.00
4.29	0.43	22.86	1.00	-	22.86
10.75	1.25	108.00	1.00	-	108.00
3.00	-	16.00	-	-	16.00
4.33	0.33	18.67	1.00	-	18.67
10.67	5.00	73.33	1.00	-	73.33
3.33	-	24.00	0.33	-	24.00
2.67	1.67	22.67	1.00	-	22.67
8.40	3.20	114.00	0.80	-	114.00

AMERICAN OVERSIGHT

cycle 2 defs	cycle 2 N from Defs	cycle 2 N from Comp	cycle 2 defs score	cycle 2 Num Revis	cycle 2 Revisit Score	cycle 2 Total Score	CYCLE 3 SURVEY DATE
8	8	-	32	1	-	32	05/11/2017
13	11	2	68	1	-	68	07/21/2017
3	3	-	12	1	-	12	04/27/2017
3	3	-	12	1	-	12	08/24/2017
2	2	-	8	1	-	8	06/02/2017
3	3	-	12	1	-	12	06/08/2017
4	4	-	16	1	-	16	08/03/2017
5	5	-	20	1	-	20	03/09/2017
1	-	1	4	-	-	4	
8	8	-	44	1	-	44	11/17/2016
1	1	-	4	1	-	4	03/01/2017
3	2	1	24	1	-	24	01/25/2018
3	2	1	12	1	-	12	08/18/2017
7	5	2	28	1	-	28	03/23/2017
4	4	-	16	1	-	16	05/04/2017
11	8	3	60	2	30	90	10/28/2016
15	8	7	68	1	-	68	08/20/2015
11	9	2	80	1	-	80	01/13/2017
10	7	3	60	1	-	60	07/28/2017
14	12	5	68	1	-	68	04/27/2018
-	-	-	-	-	-	-	10/25/2017
-	-	-	-	-	-	-	03/15/2017
4	2	2	16	1	-	16	04/14/2016
3	2	1	8	1	-	8	12/04/2015
1	-	1	4	-	-	4	12/08/2017
5	1	4	20	1	-	20	05/25/2017
8	5	3	40	1	-	40	12/15/2016
4	4	-	24	1	-	24	10/13/2016
7	7	-	32	1	-	32	12/22/2016
5	5	-	36	1	-	36	09/28/2017
5	5	-	16	1	-	16	06/23/2017
11	11	-	44	1	-	44	03/09/2017
8	7	1	44	1	-	44	08/10/2017

AMERICAN OVERSIGHT

21	9	12	108	1	-	108	04/27/2017
6	5	1	24	1	-	24	06/15/2017
5	5	-	28	1	-	28	05/18/2017
3	3	-	8	1	-	8	09/28/2017
5	5	-	32	1	-	32	08/17/2017
9	9	-	48	1	-	48	02/09/2017
7	6	1	52	1	-	52	11/10/2016
2	2	-	20	1	-	20	05/25/2017
5	4	1	20	1	-	20	08/04/2016
9	9	-	40	1	-	40	04/20/2017
3	3	-	24	1	-	24	08/24/2017
9	9	-	60	1	-	60	08/18/2016
2	2	-	8	1	-	8	05/04/2017
1	1	-	4	1	-	4	05/04/2017
4	4	-	16	1	-	16	03/23/2017
1	1	-	4	1	-	4	02/16/2017
1	-	1	4	-	-	4	05/18/2017
5	3	2	24	1	-	24	09/15/2016
4	4	-	16	1	-	16	11/10/2016
7	7	-	32	1	-	32	09/09/2016
15	12	3	64	1	-	64	12/08/2016
13	13	-	60	1	-	60	11/10/2016
4	4	-	44	1	-	44	10/14/2016
7	7	-	36	1	-	36	03/16/2017
9	9	-	56	1	-	56	06/09/2016
8	5	3	32	1	-	32	03/23/2017
2	2	-	8	1	-	8	04/27/2017
-	-	-	-	-	-	-	03/30/2017
9	9	-	36	1	-	36	04/07/2017
3	2	1	12	1	-	12	10/12/2016
9	9	-	36	1	-	36	09/15/2016
2	1	1	8	1	-	8	10/20/2016
7	7	-	28	1	-	28	07/20/2017
5	5	-	20	1	-	20	06/30/2016
3	3	-	12	1	-	12	01/06/2017
11	10	1	44	1	-	44	08/31/2016
10	2	8	48	1	-	48	07/07/2017
6	5	1	24	1	-	24	05/12/2017
6	3	3	44	1	-	44	05/26/2017
-	-	-	-	-	-	-	02/09/2017
1	1	-	4	1	-	4	03/16/2017
4	4	-	24	1	-	24	04/14/2016
7	7	-	32	1	-	32	04/07/2017
4	4	-	20	1	-	20	01/12/2018
10	8	2	52	2	26	78	08/12/2016
6	2	4	32	1	-	32	04/01/2016
14	13	1	84	1	-	84	05/27/2016
10	10	-	48	1	-	48	06/09/2017
6	2	4	32	1	-	32	02/03/2017
6	5	1	48	1	-	48	04/07/2017
8	6	2	40	1	-	40	07/28/2017
10	10	-	48	1	-	48	02/16/2017
12	8	4	48	1	-	48	01/06/2017

AMERICAN OVERSIGHT

8	7	1	44	1	-	44	03/31/2017
3	3	-	12	1	-	12	08/04/2017
2	2	-	12	1	-	12	01/20/2017
7	5	2	28	1	-	28	04/05/2017
4	2	2	12	1	-	12	12/15/2016
12	8	4	60	1	-	60	05/18/2017
8	8	-	36	1	-	36	04/27/2016
8	6	2	32	1	-	32	05/05/2017
10	7	3	56	1	-	56	06/15/2017
18	11	7	80	1	-	80	08/17/2017
10	8	2	40	2	20	60	10/21/2016
8	7	1	36	1	-	36	01/26/2018
1	-	1	4	-	-	4	08/04/2017
14	7	7	68	2	34	102	03/31/2017
22	10	12	271	1	-	271	06/22/2018
11	4	7	52	1	-	52	12/09/2016
13	10	3	60	1	-	60	09/22/2017
3	3	-	12	1	-	12	04/28/2017
2	2	-	8	1	-	8	06/15/2017
13	11	2	88	2	44	132	12/15/2016
6	6	-	24	1	-	24	05/05/2017
2	2	-	12	1	-	12	05/27/2016
5	2	3	24	1	-	24	05/18/2017
11	11	-	48	1	-	48	09/28/2017
8	5	3	28	1	-	28	12/15/2016
-	-	-	-	-	-	-	04/20/2017
3	3	-	12	1	-	12	06/28/2018
10	8	2	52	1	-	52	02/02/2017
4	4	-	16	1	-	16	03/09/2017
4	4	-	20	1	-	20	09/15/2016
4	4	-	28	1	-	28	08/11/2016
8	8	-	44	1	-	44	04/07/2016
3	2	1	12	1	-	12	11/04/2016
6	6	-	24	1	-	24	05/11/2017
4	4	-	16	1	-	16	04/28/2016
4	4	-	20	1	-	20	01/12/2017
8	8	-	48	1	-	48	04/13/2017
3	3	-	16	1	-	16	02/02/2018
16	11	5	68	2	34	102	03/04/2016
4	4	-	28	1	-	28	01/26/2017
3	3	-	24	1	-	24	02/11/2017
4	4	-	20	1	-	20	09/22/2016
4	4	-	40	1	-	40	10/19/2017
10	7	3	100	1	-	100	08/16/2018
1	-	1	4	-	-	4	10/05/2017
10	7	3	44	1	-	44	04/14/2016
14	10	4	140	1	-	140	06/11/2016
4	4	-	68	1	-	68	05/26/2016
7	5	2	28	1	-	28	03/03/2017
14	10	4	68	1	-	68	12/08/2016
4	4	-	32	1	-	32	02/23/2017
9	8	1	36	1	-	36	03/29/2018
5	2	3	32	1	-	32	01/12/2017
7	6	1	64	1	-	64	04/27/2017

AMERICAN OVERSIGHT

7	6	1	52	2	26	78	10/26/2017
3	1	2	24	2	12	36	05/25/2017
8	7	1	40	1	-	40	05/24/2018
8	8	-	68	1	-	68	03/30/2017
18	14	4	92	1	-	92	10/12/2017
10	7	3	108	1	-	108	03/02/2017
2	-	2	8	-	-	8	02/23/2017
3	3	-	24	1	-	24	06/15/2017
6	6	-	24	1	-	24	08/24/2017
7	3	4	191	1	-	191	08/17/2017
8	8	-	72	1	-	72	12/15/2016
2	1	1	8	1	-	8	04/27/2017
4	4	-	16	1	-	16	06/29/2017
3	3	-	24	1	-	24	04/13/2017
2	2	-	20	1	-	20	12/08/2016
-	-	-	-	-	-	-	04/13/2017
.	.	.	.	.	.	.	
6	6	-	28	2	14	42	04/13/2017
1	-	1	4	-	-	4	07/13/2017
2	1	2	8	1	-	8	08/03/2017
3	3	-	28	1	-	28	03/01/2018
5	4	1	36	1	-	36	11/17/2016
1	1	-	4	1	-	4	06/08/2017
10	10	-	80	1	-	80	01/12/2017
1	1	-	8	1	-	8	05/18/2017
8	7	1	44	1	-	44	06/29/2017
3	1	2	12	1	-	12	11/03/2016
6	3	3	24	1	-	24	09/29/2016
7	7	-	32	1	-	32	12/15/2016
9	8	1	48	1	-	48	01/20/2017
5	5	-	20	1	-	20	05/19/2017
9	6	3	44	1	-	44	03/23/2017
3	3	-	24	1	-	24	10/12/2017
9	9	-	40	1	-	40	06/23/2017
3	2	1	16	1	-	16	08/11/2016
3	3	-	24	1	-	24	03/02/2017
11	11	-	80	1	-	80	01/26/2017
13	10	3	72	1	-	72	10/20/2016
12	12	-	92	1	-	92	10/11/2016
2	2	-	12	1	-	12	06/15/2017
6	3	3	24	1	-	24	07/27/2017
5	5	-	36	1	-	36	08/17/2017
11	10	1	52	1	-	52	06/16/2017
1	1	-	8	1	-	8	06/09/2016
4	4	-	20	1	-	20	03/17/2016
5	5	-	24	1	-	24	04/20/2017
13	13	-	52	1	-	52	08/18/2016
9	8	1	48	1	-	48	01/26/2017
8	8	-	32	1	-	32	06/16/2016
12	12	-	48	1	-	48	05/26/2016
6.30	5.13	1.19	35.28	0.96	1.25	36.53	

AMERICAN OVERSIGHT

6.75	6.25	0.50	31.00	1.00	-	31.00
3.00	2.78	0.22	14.67	0.78	-	14.67
4.67	3.67	1.00	18.67	1.00	-	18.67
12.20	8.80	4.00	67.20	1.20	6.00	73.20
1.60	0.80	0.80	5.60	0.40	-	5.60
5.67	3.33	2.33	28.00	1.00	-	28.00
7.00	7.00	-	32.00	1.00	-	32.00
8.00	5.67	2.33	40.67	1.00	-	40.67
6.29	6.00	0.29	37.71	1.00	-	37.71
2.33	2.33	-	9.33	1.00	-	9.33
5.50	4.50	1.00	24.00	0.83	-	24.00
8.25	8.25	-	49.00	1.00	-	49.00
4.40	3.60	0.80	17.60	0.80	-	17.60
5.20	5.00	0.20	20.80	1.00	-	20.80
5.43	3.57	1.86	26.86	0.86	-	26.86
6.75	5.25	1.50	34.00	1.25	6.50	40.50
9.00	7.50	1.50	53.00	1.00	-	53.00
10.00	8.00	2.00	45.33	1.00	-	45.33
6.29	5.00	1.29	29.14	1.00	-	29.14
11.50	7.00	4.50	69.90	1.10	5.40	75.30
-	-	-	-	-	-	-
6.00	5.33	0.67	36.00	1.33	14.67	50.67
4.33	3.33	1.00	20.00	1.00	-	20.00
5.50	4.75	0.75	22.00	0.75	-	22.00
5.50	5.00	0.50	28.67	1.00	-	28.67
5.50	5.50	-	27.00	1.00	-	27.00
7.23	5.54	1.69	49.85	1.00	2.62	52.46
7.90	6.30	1.60	54.80	1.20	3.80	58.60
4.38	3.50	0.88	45.88	0.88	-	45.88
0.67	0.67	-	6.67	0.33	-	6.67
6.00	6.00	-	28.00	2.00	14.00	42.00
2.00	1.33	1.00	13.33	0.67	-	13.33
4.86	3.86	1.00	29.71	1.00	-	29.71
7.50	6.50	1.00	36.00	1.00	-	36.00
3.00	3.00	-	24.00	1.00	-	24.00
5.00	4.67	0.33	26.67	1.00	-	26.67
12.00	11.00	1.00	81.33	1.00	-	81.33
4.33	3.33	1.00	24.00	1.00	-	24.00
5.33	5.00	0.33	26.67	1.00	-	26.67
9.40	9.20	0.20	40.80	1.00	-	40.80

AMERICAN OVERSIGHT

cycle 3 defs	cycle 3 N from Defs	cycle 3 N from Comp	cycle 3 defs score	cycle 3 Num Revis	cycle 3 Revisit Score	cycle 3 Total Score	WEIGHTED ALL CYCLES SCORE	INCIDENT CNT	CMPLNT CNT
14	4	10	140	1	-	140	184	1	19
7	4	3	40	3	28	68	48	2	5
2	2	-	8	1	-	8	17	-	1
3	3	-	16	1	-	16	55	-	1
4	3	1	16	1	-	16	161	1	1
4	4	-	16	1	-	16	36	-	-
5	5	-	20	1	-	20	19	-	-
-	-	-	-	-	-	-	15	-	3
							16	-	1
2	2	-	8	1	-	8	40	-	1
2	2	-	8	1	-	8	23	-	-
1	-	1	4	-	-	4	15	-	2
5	5	-	20	1	-	20	27	-	2
4	4	-	16	1	-	16	16	2	4
2	2	-	8	1	-	8	15	-	-
3	3	-	12	1	-	12	38	-	1
6	3	3	24	1	-	24	41	-	6
16	5	11	136	1	-	136	77	2	10
11	6	5	60	1	-	60	227	-	31
15	6	9	68	1	-	68	121	-	18
1	1	-	4	1	-	4	3	-	-
1	1	-	4	1	-	4	3	-	-
2	2	-	8	1	-	8	7	-	1
2	2	-	8	1	-	8	12	-	1
7	7	-	28	1	-	28	38	-	1
-	-	-	-	-	-	-	29	1	3
3	3	-	12	1	-	12	15	-	1
2	2	-	8	1	-	8	15	-	-
7	7	-	36	1	-	36	43	1	1
9	9	-	40	2	20	60	50	1	3
12	11	1	72	1	-	72	53	-	5
5	5	-	44	1	-	44	50	-	-
12	12	-	60	1	-	60	37	-	-

AMERICAN OVERSIGHT

15	10	5	68	1	-	68	63	-	6
7	5	2	68	1	-	68	31	-	1
6	6	-	36	1	-	36	19	-	-
9	8	1	60	1	-	60	27	-	1
9	9	-	52	1	-	52	31	-	-
11	8	3	60	1	-	60	142	1	3
7	6	1	32	1	-	32	41	-	1
3	3	-	24	1	-	24	19	-	-
8	8	-	56	1	-	56	26	-	3
2	1	1	8	1	-	8	25	-	1
7	7	-	32	1	-	32	33	-	-
4	3	1	28	1	-	28	47	-	1
3	3	-	12	1	-	12	13	-	-
3	3	-	24	1	-	24	19	-	-
6	6	-	36	1	-	36	15	-	-
5	5	-	24	1	-	24	11	-	1
-	-	-	-	-	-	-	9	-	1
20	16	4	88	1	-	88	47	-	5
5	5	-	20	1	-	20	11	-	-
2	2	-	8	1	-	8	12	-	-
12	10	2	48	1	-	48	35	-	5
2	2	-	12	1	-	12	42	-	1
-	-	-	-	-	-	-	27	-	-
3	1	2	12	1	-	12	24	-	2
5	5	-	20	1	-	20	36	-	-
4	2	2	24	1	-	24	15	-	3
4	2	2	16	1	-	16	19	1	1
4	4	-	20	1	-	20	13	-	-
3	3	-	12	1	-	12	22	-	-
6	3	3	36	1	-	36	26	-	1
1	1	-	4	1	-	4	17	-	-
1	1	-	4	1	-	4	25	1	4
1	1	-	4	1	-	4	24	-	4
5	5	-	24	1	-	24	33	1	-
1	1	-	4	1	-	4	19	-	-
4	2	2	16	1	-	16	25	-	4
4	1	3	24	1	-	24	32	-	13
4	3	1	16	1	-	16	27	1	3
5	3	2	20	1	-	20	22	-	3
3	3	-	12	1	-	12	4	-	-
4	3	1	24	1	-	24	13	-	2
8	8	-	32	1	-	32	17	-	-
8	7	1	36	1	-	36	43	4	4
8	7	1	36	1	-	36	39	2	6
14	13	1	96	1	-	96	114	-	14
14	13	1	88	2	44	132	69	-	4
4	4	-	24	1	-	24	44	-	1
5	3	2	20	1	-	20	41	-	5
1	1	-	16	1	-	16	25	-	4
5	5	-	24	1	-	24	105	1	2
-	-	-	-	-	-	-	15	-	3
9	4	5	44	1	-	44	49	1	6
7	7	-	32	1	-	32	81	-	3

AMERICAN OVERSIGHT

17	8	9	76	1	-	76	53	-	15
4	2	2	24	1	-	24	20	-	1
6	4	2	36	1	-	36	18	-	7
5	4	1	28	1	-	28	38	-	6
8	4	4	40	1	-	40	19	-	5
2	1	1	8	1	-	8	45	-	11
6	5	1	28	1	-	28	41	-	4
12	8	4	201	1	-	201	60	-	4
12	7	5	48	1	-	48	39	-	4
11	4	7	52	1	-	52	61	-	21
18	8	10	92	2	46	138	59	-	11
13	5	8	328	1	-	328	79	-	11
7	-	7	28	-	-	28	18	-	11
7	5	2	28	1	-	28	45	-	12
19	13	6	88	1	-	88	115	-	9
5	3	2	20	1	-	20	51	-	12
17	7	10	84	2	42	126	125	1	20
.	.	.	.	.	.	.	.	-	-
8	6	2	36	1	-	36	14	-	1
8	8	-	36	1	-	36	13	-	-
7	6	1	44	1	-	44	146	4	3
10	6	4	40	1	-	40	27	-	4
4	3	1	16	1	-	16	19	-	4
10	6	4	40	1	-	40	33	-	9
1	1	-	16	1	-	16	19	-	-
3	3	-	16	1	-	16	18	-	2
4	4	-	20	1	-	20	9	-	-
9	5	4	249	1	-	249	48	2	-
1	1	-	8	1	-	8	47	-	1
2	2	-	8	1	-	8	15	-	1
3	2	1	12	1	-	12	33	1	4
10	5	5	120	1	-	120	43	-	2
2	2	-	20	1	-	20	40	1	-
1	1	-	4	1	-	4	87	2	5
4	4	-	24	1	-	24	14	-	-
1	1	-	4	1	-	4	12	-	-
5	4	1	24	1	-	24	51	2	1
8	4	4	32	1	-	32	137	1	2
15	10	5	168	1	-	168	53	-	7
22	14	8	120	1	-	120	68	1	6
4	4	-	16	1	-	16	130	1	2
5	5	-	32	1	-	32	33	-	3
3	3	-	12	1	-	12	51	-	3
-	-	-	-	-	-	-	33	-	1
11	6	5	104	1	-	104	65	1	3
8	8	-	36	1	-	36	25	-	2
7	7	-	28	2	14	42	34	-	1
19	18	1	88	1	-	88	268	-	10
6	6	-	36	1	-	36	43	-	3
8	8	-	36	1	-	36	173	1	1
5	4	1	36	1	-	36	35	-	2
8	8	-	44	1	-	44	28	-	-
2	2	-	8	1	-	8	45	-	1
14	8	6	96	1	-	96	49	-	12
12	6	6	80	2	40	120	77	-	9

AMERICAN OVERSIGHT

2	2	-	12	1	-	12	62	-	7
6	6	-	56	1	-	56	87	1	4
6	3	3	44	1	-	44	35	-	4
6	5	1	28	1	-	28	71	-	2
5	3	2	32	1	-	32	76	-	10
7	7	-	32	2	16	48	90	-	4
8	7	1	56	1	-	56	24	-	2
1	1	-	16	1	-	16	41	-	-
-	-	-	-	-	-	-	40	1	5
9	6	3	44	1	-	44	97	-	11
8	6	2	40	1	-	40	37	-	2
5	5	-	36	1	-	36	148	-	1
5	5	-	16	1	-	16	52	1	-
6	6	-	28	1	-	28	33	-	-
3	3	-	12	1	-	12	17	-	-
3	3	-	28	1	-	28	9	-	-
-	-	-	-	-	-	-	18	-	-
6	6	-	40	1	-	40	26	-	2
-	-	-	-	-	-	-	19	-	7
7	5	2	32	1	-	32	35	-	5
7	4	3	40	1	-	40	27	-	3
2	2	-	12	1	-	12	9	-	-
3	1	2	12	1	-	12	57	-	5
3	3	-	20	1	-	20	14	-	-
12	12	-	80	1	-	80	36	-	1
3	3	-	20	1	-	20	11	-	1
6	3	3	36	1	-	36	32	-	6
13	13	-	72	1	-	72	35	-	-
1	1	-	4	1	-	4	55	-	1
9	9	-	44	1	-	44	150	2	-
5	5	-	24	1	-	24	49	-	3
3	3	-	12	1	-	12	18	-	-
8	8	-	36	1	-	36	29	-	-
7	5	2	32	1	-	32	19	-	3
5	5	-	40	1	-	40	25	-	-
5	5	-	36	1	-	36	59	1	-
9	8	1	44	1	-	44	71	-	5
1	1	-	4	1	-	4	75	1	7
6	6	-	28	1	-	28	17	-	-
4	3	1	32	1	-	32	35	-	2
4	4	-	12	1	-	12	20	-	-
6	4	2	28	1	-	28	48	-	3
2	1	1	12	1	-	12	11	-	2
5	4	1	32	1	-	32	14	-	2
9	9	-	48	1	-	48	20	-	-
6	6	-	24	1	-	24	53	1	3
6	4	2	24	1	-	24	48	-	2
8	8	-	32	1	-	32	211	2	1
6	6	-	28	1	-	28	47	-	2
5.92	4.54	1.38	35.51	0.97	1.30	36.81	44.55	0.27	3.29

AMERICAN OVERSIGHT

6.50	3.25	3.25	51.00	1.50	7.00	58.00	76.00	3	26
2.00	1.78	0.22	8.00	0.56	-	8.00	35.96	1	8
3.67	3.67	-	14.67	1.00	-	14.67	19.33	2	6
10.20	4.60	5.60	60.00	1.00	-	60.00	100.70	2	66
2.60	2.60	-	10.40	1.00	-	10.40	12.40	-	3
1.67	1.67	-	6.67	0.67	-	6.67	19.78	1	4
8.25	8.00	0.25	48.00	1.25	5.00	53.00	49.00	2	9
9.67	8.33	1.33	57.33	1.00	-	57.33	34.78	-	8
6.00	5.14	0.86	34.29	1.00	-	34.29	47.43	1	9
4.00	4.00	-	24.00	1.00	-	24.00	15.78	-	-
7.33	6.33	1.00	31.33	0.83	-	31.33	20.89	-	12
2.50	2.00	0.50	11.00	0.75	-	11.00	32.17	-	3
4.20	2.80	1.40	21.60	1.00	-	21.60	19.07	1	5
1.80	1.80	-	8.00	1.00	-	8.00	23.47	2	8
4.57	3.29	1.29	20.57	1.00	-	20.57	20.10	1	25
11.00	10.00	1.00	64.00	1.25	11.00	75.00	66.00	6	28
3.75	3.25	0.50	21.00	1.00	-	21.00	53.79	1	12
5.33	3.67	1.67	25.33	0.67	-	25.33	48.67	1	12
6.86	4.00	2.86	34.29	1.00	-	34.29	33.43	-	49
12.10	6.00	6.10	96.90	1.10	8.80	105.70	65.12	1	115
-	-	-	-	-	-	-	-	-	-
7.67	6.67	1.00	38.67	1.00	-	38.67	57.50	4	4
8.00	5.00	3.00	32.00	1.00	-	32.00	26.00	-	17
4.25	3.25	1.00	75.25	1.00	-	75.25	23.38	2	2
3.17	2.17	1.00	28.67	1.00	-	28.67	44.08	4	13
4.50	3.25	1.25	21.00	1.00	-	21.00	53.38	3	3
8.69	7.15	1.54	54.77	1.00	1.08	55.85	77.79	4	44
6.80	5.00	1.80	43.20	1.20	5.60	48.80	62.07	1	53
5.25	4.50	0.75	29.50	0.88	-	29.50	58.83	2	21
2.00	2.00	-	13.33	0.67	-	13.33	8.44	-	-
-	-	-	-	-	-	-	18.00	-	-
4.33	3.67	0.67	24.00	0.67	-	24.00	26.44	-	14
5.14	4.00	1.14	31.43	1.00	-	31.43	26.57	-	16
7.00	7.00	-	36.00	1.00	-	36.00	72.00	2	4
3.00	3.00	-	12.00	1.00	-	12.00	18.00	-	-
6.67	6.00	0.67	36.00	1.00	-	36.00	24.22	-	3
5.00	4.67	0.33	28.00	1.00	-	28.00	68.44	2	12
4.67	4.33	0.33	24.00	1.00	-	24.00	24.00	-	2
4.33	3.00	1.33	24.00	1.00	-	24.00	24.22	-	7
7.00	6.60	0.40	31.20	1.00	-	31.20	75.80	3	8

AMERICAN OVERSIGHT

							7	9
								VALLUE E
FINE CNT	FINE TOT	PAY DENIAL CNT	TOT PENLTY CNT	FILEDATE			Baseline Period: FY 2016 Risk-Standardized Readmission Rate	Performance Period: FY 2018 Risk-Standardized Readmission Rate
5	236,871	2	7	01/01/2020			0.2011	0.2070
2	53,739	1	3	01/01/2020			0.1893	0.2144
-	-	-	-	01/01/2020			0.1770	0.1907
1	7,963	-	1	01/01/2020			0.1726	0.2081
-	-	-	-	01/01/2020			0.1915	0.1806
1	9,623	-	1	01/01/2020			0.1987	0.1917
-	-	-	-	01/01/2020			0.1870	0.1982
-	-	-	-	01/01/2020			0.2054	0.1735
-	-	-	-	01/01/2020			-	0.1932
1	88,595	-	1	01/01/2020			0.2159	0.2214
-	-	-	-	01/01/2020			0.1700	0.2068
-	-	-	-	01/01/2020			0.2136	0.1721
1	9,623	-	1	01/01/2020			0.1893	0.2219
1	3,318	-	1	01/01/2020			0.2067	0.1948
-	-	-	-	01/01/2020			0.1710	0.1949
2	16,000	-	2	01/01/2020			0.1788	0.1967
-	-	-	-	01/01/2020			0.1891	0.1842
2	103,994	-	2	01/01/2020			0.1989	0.2065
3	29,375	-	3	01/01/2020			0.2030	0.1908
3	48,914	-	3	01/01/2020			0.2247	0.2190
-	-	-	-	01/01/2020			0.1845	0.1954
-	-	-	-	01/01/2020			0.1890	0.2401
-	-	-	-	01/01/2020			0.1915	0.1839
-	-	-	-	01/01/2020			0.2081	0.1833
-	-	-	-	01/01/2020			0.2125	0.1972
1	15,990	-	1	01/01/2020			0.1628	0.1678
-	-	-	-	01/01/2020			0.1696	0.1703
-	-	-	-	01/01/2020			0.1982	0.1951
1	7,963	-	1	01/01/2020			0.1913	0.2181
-	-	-	-	01/01/2020			0.2107	0.1973
-	-	-	-	01/01/2020			0.2126	0.1812
-	-	-	-	01/01/2020			0.1730	0.1892
-	-	-	-	01/01/2020			0.2121	0.2251

AMERICAN OVERSIGHT

-	-	-	-	01/01/2020		0.2433	0.2184
-	-	-	-	01/01/2020		0.1686	0.1861
-	-	-	-	01/01/2020		0.2011	0.1959
-	-	-	-	01/01/2020		0.1879	0.1864
-	-	-	-	01/01/2020		0.2149	0.2036
-	-	-	-	01/01/2020		0.2084	0.2098
-	-	-	-	01/01/2020		0.2507	0.2245
-	-	-	-	01/01/2020		0.2119	0.2367
-	-	-	-	01/01/2020		0.2089	0.2130
-	-	-	-	01/01/2020		0.1905	0.2102
-	-	-	-	01/01/2020		0.2345	0.2188
-	-	-	-	01/01/2020		0.2236	0.2164
-	-	-	-	01/01/2020		0.2332	0.2415
-	-	-	-	01/01/2020		0.1857	0.1949
-	-	-	-	01/01/2020		0.2168	0.1942
-	-	-	-	01/01/2020		0.1717	0.2136
-	-	-	-	01/01/2020		0.2215	0.2192
-	-	-	-	01/01/2020		0.1832	0.2216
-	-	-	-	01/01/2020		0.1708	0.2278
-	-	-	-	01/01/2020		0.1786	0.2128
-	-	-	-	01/01/2020		0.1951	0.1829
1	4,549	-	1	01/01/2020		0.2019	0.1955
1	1,623	-	1	01/01/2020		0.1777	0.1882
-	-	-	-	01/01/2020		0.1874	0.2218
-	-	-	-	01/01/2020		0.1938	0.2204
-	-	-	-	01/01/2020		0.1915	0.1943
1	9,760	-	1	01/01/2020		0.1748	0.1905
-	-	-	-	01/01/2020		0.2040	0.1899
-	-	-	-	01/01/2020		0.2323	0.1848
-	-	-	-	01/01/2020		0.1910	0.1577
-	-	-	-	01/01/2020		0.1645	0.1870
-	-	-	-	01/01/2020		0.2024	0.1859
-	-	-	-	01/01/2020		0.1828	0.1831
-	-	-	-	01/01/2020		0.1594	0.1976
-	-	-	-	01/01/2020		0.2086	0.1889
-	-	-	-	01/01/2020		0.2071	0.2230
1	13,501	-	1	01/01/2020		0.1748	0.2179
1	38,026	-	1	01/01/2020		0.2307	0.2045
1	13,627	-	1	01/01/2020		-	0.1858
-	-	-	-	01/01/2020		0.1802	0.2129
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1918	0.1937
1	9,922	-	1	01/01/2020		0.1816	0.1971
1	4,419	-	1	01/01/2020		0.2079	0.1849
1	24,175	-	1	01/01/2020		-	-
1	67,680	-	1	01/01/2020		0.1924	-
-	-	-	-	01/01/2020		0.2043	0.1951
1	4,163	-	1	01/01/2020		0.2070	0.1973
-	-	-	-	01/01/2020		0.1669	0.1735
1	6,662	-	1	01/01/2020		0.1791	0.2116
-	-	-	-	01/01/2020		0.1833	0.1629
-	-	-	-	01/01/2020		0.2468	0.1931
1	13,878	-	1	01/01/2020		0.1877	0.2018

AMERICAN OVERSIGHT

1	22,386	1	2	01/01/2020		0.2261	0.1882
-	-	-	-	01/01/2020		0.1644	0.1862
1	12,490	-	1	01/01/2020		0.2060	0.1950
1	49,600	-	1	01/01/2020		0.2261	0.2061
-	-	-	-	01/01/2020		0.1874	0.2007
1	21,393	-	1	01/01/2020		0.1852	0.1917
-	-	-	-	01/01/2020		0.2175	0.1858
2	91,225	-	2	01/01/2020		0.2402	0.2405
-	-	-	-	01/01/2020		0.2071	0.2316
1	13,904	-	1	01/01/2020		0.2414	0.2324
1	21,158	-	1	01/01/2020		0.1934	0.1943
1	188,268	1	2	01/01/2020		0.1796	0.1981
1	1,363	-	1	01/01/2020		0.2248	0.2179
3	24,410	1	4	01/01/2020		0.1879	0.2153
3	231,882	2	5	01/01/2020		0.1634	0.1930
2	33,947	1	3	01/01/2020		0.1903	0.2269
4	83,256	1	5	01/01/2020		0.2199	0.2201
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1798	0.2139
-	-	-	-	01/01/2020		0.2220	0.2431
3	189,577	-	3	01/01/2020		0.2058	0.2142
2	13,355	-	2	01/01/2020		0.2042	0.2325
-	-	-	-	01/01/2020		0.1927	0.2127
-	-	-	-	01/01/2020		0.2150	0.1942
-	-	-	-	01/01/2020		0.2094	0.1906
-	-	-	-	01/01/2020		0.2306	0.2012
-	-	-	-	01/01/2020		0.1921	0.2430
1	269,511	1	2	01/01/2020		0.2391	0.2424
-	-	-	-	01/01/2020		0.1722	0.1964
-	-	-	-	01/01/2020		0.1999	0.2301
1	14,040	-	1	01/01/2020		0.1911	0.1990
1	8,128	-	1	01/01/2020		0.2144	0.2090
1	8,099	-	1	01/01/2020		0.2444	0.2145
-	-	1	1	01/01/2020		0.2505	0.1706
-	-	-	-	01/01/2020		0.2196	0.2204
-	-	-	-	01/01/2020		0.2198	0.1911
-	-	-	-	01/01/2020		0.1797	0.1771
1	158,487	-	1	01/01/2020		0.1958	0.1684
2	731,206	1	3	01/01/2020		0.2058	0.1848
2	6,145	-	2	01/01/2020		0.1774	0.1942
-	-	-	-	01/01/2020		0.1573	0.1778
-	-	-	-	01/01/2020		0.1681	0.2253
2	35,058	-	2	01/01/2020		0.1650	0.1956
-	-	-	-	01/01/2020		0.2118	0.2125
3	222,034	-	3	01/01/2020		0.1926	0.1979
-	-	-	-	01/01/2020		0.1812	0.2106
-	-	-	-	01/01/2020		0.1951	0.2452
2	89,401	-	2	01/01/2020		0.1960	0.1988
1	7,027	-	1	01/01/2020		0.1725	0.1977
1	258,516	1	2	01/01/2020		0.2007	0.1989
-	-	-	-	01/01/2020		0.2039	0.2286
-	-	-	-	01/01/2020		0.2167	0.1801
2	108,789	1	3	01/01/2020		0.2162	0.2296
-	-	-	-	01/01/2020		0.1722	0.1988
2	55,916	-	2	01/01/2020		0.2142	0.2031

AMERICAN OVERSIGHT

2	6,253	-	2	01/01/2020		0.1946	0.2199
2	70,549	-	2	01/01/2020		0.1932	0.1765
2	463,937	1	3	01/01/2020		0.2029	0.1883
1	7,904	-	1	01/01/2020		0.1671	0.2176
1	44,747	1	2	01/01/2020		0.1720	0.1977
2	85,780	-	2	01/01/2020		0.1878	0.1995
1	1,575	-	1	01/01/2020		0.1710	0.2014
1	7,242	-	1	01/01/2020		0.2021	0.1940
-	-	-	-	01/01/2020		0.2162	0.2027
3	337,177	1	4	01/01/2020		0.1953	0.1998
1	9,412	-	1	01/01/2020		0.2022	0.1855
1	13,905	-	1	01/01/2020		0.1819	0.2012
1	68,744	-	1	01/01/2020		0.1738	0.2057
-	-	-	-	01/01/2020		0.2403	0.1820
-	-	-	-	01/01/2020		0.1963	0.1998
-	-	-	-	01/01/2020		-	0.1731
-	-	-	-	01/01/2020		-	-
1	12,659	-	1	01/01/2020		0.1826	0.1880
-	-	-	-	01/01/2020		0.1912	0.2254
-	-	-	-	01/01/2020		0.2137	0.1900
-	-	-	-	01/01/2020		0.1964	0.2030
1	13,627	-	1	01/01/2020		0.2357	0.2156
-	-	-	-	01/01/2020		0.2157	0.2348
-	-	-	-	01/01/2020		0.2292	0.2074
1	1,691	-	1	01/01/2020		0.2487	0.2689
-	-	-	-	01/01/2020		0.1658	0.2111
-	-	-	-	01/01/2020		0.1948	0.1975
-	-	-	-	01/01/2020		0.2133	0.2397
-	-	-	-	01/01/2020		0.1916	0.1949
-	-	-	-	01/01/2020		0.1915	0.1945
1	57,083	1	2	01/01/2020		0.1842	0.2059
-	-	-	-	01/01/2020		0.2524	0.2225
-	-	-	-	01/01/2020		-	0.2273
-	-	-	-	01/01/2020		0.2342	0.1836
-	-	-	-	01/01/2020		-	0.2208
-	-	-	-	01/01/2020		0.2067	0.2210
-	-	-	-	01/01/2020		0.2410	0.2027
1	2,932	-	1	01/01/2020		0.2221	0.2441
-	-	-	-	01/01/2020		0.2142	0.2205
-	-	-	-	01/01/2020		0.2094	0.2125
-	-	-	-	01/01/2020		0.1969	0.2171
-	-	-	-	01/01/2020		0.2417	0.2062
-	-	-	-	01/01/2020		0.2786	0.2437
-	-	-	-	01/01/2020		0.1887	0.1835
-	-	-	-	01/01/2020		0.2165	-
-	-	-	-	01/01/2020		0.1896	0.2075
1	9,009	-	1	01/01/2020		0.2415	0.1947
1	3,998	-	1	01/01/2020		0.1968	0.2251
-	-	-	-	01/01/2020		0.2184	0.2034
-	-	-	-	01/01/2020		0.1929	0.2274
0.58	$ 26,212	0.10	0.68			0.2011	0.2041

AMERICAN OVERSIGHT

8	298,573	3	11	[redacted]	0.1851	0.2050
2	98,218	-	2		0.1986	0.1919
2	12,941	-	2		0.1921	0.2045
10	198,283	-	10		0.2031	0.2044
-	-	-	-		0.1953	0.2060
1	15,990	-	1		0.1774	0.1783
1	7,963	-	1		0.1963	0.1975
-	-	-	-		0.2035	0.2014
-	-	-	-		0.2198	0.2172
-	-	-	-		0.2121	0.2081
-	-	-	-		0.1868	0.2116
2	6,172	-	2		0.1900	0.2079
1	9,760	-	1		0.1970	0.1840
-	-	-	-		0.1848	0.1885
3	65,154	-	3		0.1978	0.2068
4	106,196	-	4		0.1946	0.1910
2	10,825	-	2		0.1902	0.1983
1	13,878	-	1		0.2106	0.1904
4	105,869	1	5		0.2015	0.1931
18	689,413	6	24		0.2043	0.2165
-	-	-	-		-	-
3	189,577	-	3		0.2033	0.2191
2	13,355	-	2		0.2040	0.2131
1	269,511	1	2		0.2169	0.2165
3	30,267	1	4		0.2102	0.2054
1	158,487	-	1		0.2029	0.1871
13	1,349,387	2	15		0.1872	0.2048
14	843,875	3	17		0.1946	0.2005
8	438,055	1	9		0.1975	0.1970
-	-	-	-		0.1963	0.1961
1	12,659	-	1		0.1826	0.1880
-	-	-	-		0.2004	0.2061
2	15,318	-	2		0.2174	0.2235
1	57,083	1	2		0.2026	0.2049
-	-	-	-		-	0.2273
-	-	-	-		0.2233	0.2047
1	2,932	-	1		0.2253	0.2223
-	-	-	-		0.2168	0.2119
-	-	-	-		0.2274	0.2139
2	13,007	-	2		0.2071	0.2113

AMERICAN OVERSIGHT

11	13	15	17	Data from CMS FFY 2020 SNF QRP Data Files	S_001_01
		66th Percentile	#REF!		Denominator
ASED PAYMENT (VBP) HOSPITAL READMISSION					S 001 01 DENOMINATOR NQF # 2631
FFY 2020 Achievement Score	FFY 2020 Improvement Score	FFY 2020 Performance Score	FFY 2020 Incentive Payment Multiplier		% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - DENOMINATOR
-	-	-	0.9803449243		148
-	-	-	0.9803449243		196
23.3700	-	23.3700	0.9833597546		229
-	-	-	0.9803449243		146
49.2678	33.0223	49.2678	1.0048251289		133
20.6723	14.4150	20.6723	0.9826055225		309
-	-	-	0.9803449243		117
67.4065	69.8006	69.8006	1.0252842257		220
16.7928	-	16.7928	0.9817969140		827
-	-	-	0.9803449243		247
-	-	-	0.9803449243		145
71.0034	76.6178	76.6178	1.0281726332		186
-	-	-	0.9803449243		98
12.8618	22.1588	22.1588	0.9829988117		127
12.5021	-	12.5021	0.9811844147		122
8.0060	-	8.0060	0.9807618474		233
40.0443	13.7927	40.0443	0.9939051108		74
-	-	-	0.9803449243		160
22.9589	25.2314	25.2314	0.9839938719		155
-	4.1438	4.1438	0.9805202308		68
11.1918	-	11.1918	0.9810418991		70
-	-	-	0.9803449243		79
40.8921	21.6713	40.8921	0.9947825504		37
42.3566	49.7382	49.7382	1.0054308832		221
6.6186	25.7290	25.7290	0.9841810880		58
82.2566	-	82.2566	1.0295669685		190
75.7051	-	75.7051	1.0278740401		155
12.0140	3.8086	12.0140	0.9811292224		175
-	-	-	0.9803449243		182
6.3617	22.9449	22.9449	0.9832286817		109
47.5978	57.9518	57.9518	1.0155055126		81
27.1981	-	27.1981	0.9847813838		139
-	-	-	0.9803449243		364

AMERICAN OVERSIGHT

-	25.9527	25.9527	0.9842678479		242
35.1370	-	35.1370	0.9895073106		227
9.9072	8.4570	9.9072	0.9809185337		108
34.4433	0.9833	34.4433	0.9889811826		433
-	16.6865	16.6865	0.9817785817		197
-	-	-	0.9803449243		227
-	24.8134	24.8134	0.9838425527		546
-	-	-	0.9803449243		822
-	-	-	0.9803449243		174
-	-	-	0.9803449243		257
-	16.9295	16.9295	0.9818207745		242
-	6.7657	6.7657	0.9806741416		256
-	-	-	0.9803449243		341
12.4251	-	12.4251	0.9811755278		282
14.3777	36.9104	36.9104	0.9909597432		168
-	-	-	0.9803449243		105
-	-	-	0.9803449243		311
-	-	-	0.9803449243		242
-	-	-	0.9803449243		250
-	-	-	0.9803449243		149
43.3842	32.8788	43.3842	0.9975421958		259
10.9863	11.3041	11.3041	0.9810534179		451
29.8187	-	29.8187	0.9860458600		216
-	-	-	0.9803449243		758
-	-	-	0.9803449243		475
13.9409	-	13.9409	0.9813628468		124
23.7810	-	23.7810	0.9834911911		242
25.4767	29.4000	29.4000	0.9858259564		332
38.3486	63.2962	63.2962	1.0207536998		341
100.0000	90.0000	100.0000	1.0311913097		466
32.8504	-	32.8504	0.9878603897		326
35.5224	36.6141	36.6141	0.9907062587		97
42.7162	-	42.7162	0.9967776831		140
5.5652	-	5.5652	0.9805987697		249
27.8661	37.9102	37.9102	0.9918472308		124
-	-	-	0.9803449243		117
-	-	-	0.9803449243		137
-	33.6019	33.6019	0.9883741770		203
35.8821	-	35.8821	0.9900986219		48
-	-	-	0.9803449243		54
-	-	45.4460	1.0000000000		28
15.6366	-	15.6366	0.9816068406		193
6.9783	-	6.9783	0.9806884358		77
38.2201	45.9869	45.9869	1.0006659329		85
-	-	45.4460	1.0000000000		16
-	-	45.4460	1.0000000000		21
11.9369	17.0588	17.0588	0.9818436329		91
6.3874	16.8976	16.8976	0.9818151937		86
67.4065	-	67.4065	1.0238454682		58
-	-	-	0.9803449243		165
94.7945	90.0000	94.7945	1.0309583816		195
17.1268	58.9381	58.9381	1.0165740498		369
-	-	-	0.9803449243		264

AMERICAN OVERSIGHT

29.7417	54.8609	54.8609	1.0119105068		285
34.9829	-	34.9829	0.9893883648		179
12.3223	20.4748	20.4748	0.9825570917		299
-	26.5473	26.5473	0.9845064722		245
-	-	-	0.9803449243		309
20.7237	-	20.7237	0.9826182648		87
35.9592	52.9890	52.9890	1.0095907824		123
-	-	-	0.9803449243		339
-	-	-	0.9803449243		250
-	6.4308	6.4308	0.9806522182		388
14.1208	-	14.1208	0.9813869124		55
-	-	-	0.9803449243		205
-	6.1434	6.1434	0.9806339682		215
-	-	-	0.9803449243		161
17.4864	-	17.4864	0.9819211776		114
-	-	-	0.9803449243		222
-	-	-	0.9803449243		148
-	-	-			-
-	-	-	0.9803449243		82
-	-	-	0.9803449243		391
-	-	-	0.9803449243		294
-	-	-	0.9803449243		324
-	-	-	0.9803449243		385
14.3777	34.8851	34.8851	0.9893134988		108
23.5498	35.3859	35.3859	0.9897017476		609
-	38.4257	38.4257	0.9923241051		353
-	-	-	0.9803449243		407
-	-	-	0.9803449243		171
8.5455	-	8.5455	0.9808034228		242
-	-	-	0.9803449243		512
-	-	-	0.9803449243		299
-	5.4243	5.4243	0.9805904887		311
-	31.5821	31.5821	0.9870521922		133
75.0114	86.1339	86.1339	1.0301832780		335
-	-	-	0.9803449243		365
22.2909	45.3944	45.3944	0.9999369337		413
58.3628	10.8205	58.3628	1.0159558923		318
80.7151	78.1311	80.7151	1.0292532893		384
38.3999	43.7317	43.7317	0.9979464108		155
14.1978	-	14.1978	0.9813973531		150
56.3331	-	56.3331	1.0136655564		232
-	-	-	0.9803449243		111
10.6009	-	10.6009	0.9809832547		120
-	-	-	0.9803449243		92
-	-	-	0.9803449243		205
-	-	-	0.9803449243		118
-	-	-	0.9803449243		296
-	-	-	0.9803449243		168
5.3340	-	5.3340	0.9805852386		247
-	-	-	0.9803449243		152
-	-	-	0.9803449243		428
50.5010	62.8426	62.8426	1.0203617974		160
-	-	-	0.9803449243		190
-	-	-	0.9803449243		134
-	16.5522	16.5522	0.9817556650		123

AMERICAN OVERSIGHT

-	-	-	0.9803449243		172
59.6731	49.8143	59.6731	1.0173423202		246
29.4077	31.3183	31.3183	0.9868931454		124
-	-	-	0.9803449243		106
5.3597	-	5.3597	0.9805867268		133
-	-	-	0.9803449243		93
-	-	-	0.9803449243		293
14.7117	15.4632	15.4632	0.9815800681		618
-	20.2294	20.2294	0.9824981280		318
-	-	-	0.9803449243		310
36.5501	37.3028	37.3028	0.9913021811		120
-	-	-	0.9803449243		272
-	-	-	0.9803449243		570
45.6966	70.2515	70.2515	1.0255277418		510
-	-	-	0.9803449243		713
68.5370	-	68.5370	1.0245561969		290
-	-	-			-
30.1270	-	30.1270	0.9862123385		276
-	-	-	0.9803449243		405
25.0400	41.5555	41.5555	0.9954916549		366
-	-	-	0.9803449243		82
-	22.5569	22.5569	0.9831132423		227
-	-	-	0.9803449243		521
-	27.7913	27.7913	0.9850449960		217
-	-	-	0.9803449243		133
-	-	-	0.9803449243		470
5.8735	-	5.8735	0.9806172933		135
-	-	-	0.9803449243		144
12.5535	-	12.5535	0.9811903761		597
13.6583	-	13.6583	0.9813258462		155
-	-	-	0.9803449243		224
-	28.3631	28.3631	0.9853112701		548
-	-	-	0.9803449243		632
41.4573	65.8001	65.8001	1.0227341219		159
-	-	-	0.9803449243		44
-	-	-	0.9803449243		155
-	43.9582	43.9582	0.9982122846		74
-	-	-	0.9803449243		139
-	-	-	0.9803449243		177
-	-	-	0.9803449243		133
-	-	-	0.9803449243		155
-	39.9360	39.9360	0.9937954650		245
-	25.1252	25.1252	0.9839549045		202
41.8684	15.2468	41.8684	0.9958328344		188
-	-	45.4460	1.0000000000		16
-	-	-	0.9803449243		197
13.0417	54.4612	54.4612	1.0114224592		187
-	-	-	0.9803449243		286
-	21.8719	21.8719	0.9829187852		145
-	-	-	0.9803449243		112
30.5961	33.9782	33.4405	0.98783195184		43,961

AMERICAN OVERSIGHT

				[redacted]	
23.3700	-	23.3700	0.9811095949		719
44.1226	44.8939	45.5398	0.9951693136		2,184
12.7306	22.1588	18.6351	0.9816247699		347
16.9760	14.4217	12.8477	0.9813189431		690
9.1316	25.7290	17.7408	0.9819853123		465
55.0588	3.8086	55.0588	1.0115713670		520
27.2304	40.6754	36.0528	0.9904525839		511
26.4792	12.4228	25.2877	0.9847251105		1,571
-	15.8833	15.8833	0.9811758920		2,524
13.5429	36.9104	26.4422	0.9849092910		791
43.3842	32.8788	43.3842	0.9837904545		1,316
20.2432	11.3041	20.4048	0.9817773304		1,900
39.0230	61.0783	44.3692	0.9992507390		1,505
28.9382	37.2015	31.2007	0.9895630014		936
22.4780	33.6019	28.5142	0.9842415636		780
22.4335	45.9869	29.9425	0.9923747090		199
23.0570	16.9890	28.7711	0.9875740130		400
43.2477	69.3848	70.9972	1.0052204126		828
28.4053	38.6052	35.6093	0.9922023993		1,527
15.5742	6.2964	11.2767	0.9806786445		2,097
-	-	-	-		-
-	-	-	0.9803449243		767
14.3777	34.8851	34.8851	0.9833425144		817
23.5498	36.6315	36.6315	0.9860722586		1,540
37.6547	35.2709	28.6611	0.9876494034		1,832
57.3183	49.2024	64.0182	1.0086916740		1,480
25.9359	43.7317	27.2512	0.9844729889		2,474
36.2414	39.8862	35.0680	0.9890508961		1,481
31.2090	34.8132	34.8132	0.9873203557		3,011
68.5370	-	68.5370	0.9864659178		1,003
30.1270	-	30.1270	0.9862123385		276
25.0400	41.5555	41.5555	0.9853722580		853
5.8735	25.0278	20.2594	0.9817886144		1,847
13.0938	28.3631	18.4146	0.9818411623		1,524
-	-	-	0.9803449243		632
41.4573	65.8001	65.8001	0.9987618169		358
-	43.9582	43.9582	0.9860483017		390
-	39.9360	39.9360	0.9853704010		533
41.8684	20.2381	38.0345	0.9937391254		406
13.0417	39.7133	39.7133	0.9870597232		927

AMERICAN OVERSIGHT

S_001_01	S_001_01	S_002_01	S_002_01	S_002_01	S_002_01
Numerator	Rate	Adj Rate	Denominator	Numerator	Rate
		Short Stay	Short Stay	Short Stay	Short Stay
S 001 01 NUMERATOR	S 001 01 OBS RATE	S 002 01 ADJ RATE	S 002 01 DENOMINATOR	S 002 01 NUMERATOR	S 002 01 OBS RATE
NQF # 2631	NQF # 2631	NQF # 0678	NQF # 0678	NQF # 0678	NQF # 0678
% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - NUMERATOR	% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - ADJ RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - DENOMINATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - NUMERATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - OBSERVED RATE
148	100.00%				
196	100.00%				
228	99.56%				
146	100.00%				
132	99.25%				
306	99.03%				
110	94.02%				
217	98.64%				
809	97.82%				
247	100.00%				
141	97.24%				
182	97.85%				
98	100.00%				
127	100.00%				
122	100.00%				
233	100.00%				
73	98.65%				
159	99.38%				
153	98.71%				
68	100.00%				
68	97.14%				
79	100.00%				
37	100.00%				
219	99.10%				
56	96.55%				
190	100.00%				
155	100.00%				
174	99.43%				
177	97.25%				
108	99.08%				
80	98.77%				
139	100.00%				
364	100.00%				

AMERICAN OVERSIGHT

242	**100.00%**
227	**100.00%**
108	**100.00%**
433	**100.00%**
197	**100.00%**
220	**96.92%**
539	**98.72%**
819	**99.64%**
174	**100.00%**
252	**98.05%**
242	**100.00%**
253	**98.83%**
336	98.53%
280	99.29%
168	100.00%
105	**100.00%**
309	**99.36%**
242	**100.00%**
250	**100.00%**
149	**100.00%**
259	**100.00%**
450	**99.78%**
213	**98.61%**
732	**96.57%**
475	**100.00%**
124	**100.00%**
233	**96.28%**
324	**97.59%**
340	**99.71%**
461	**98.93%**
321	98.47%
97	100.00%
138	98.57%
248	99.60%
122	98.39%
117	**100.00%**
137	**100.00%**
203	**100.00%**
48	**100.00%**
54	**100.00%**
28	**100.00%**
192	**99.48%**
74	**96.10%**
84	**98.82%**
-	**0.00%**
20	**95.24%**
91	**100.00%**
84	**97.67%**
58	**100.00%**
165	**100.00%**
195	100.00%
366	99.19%
256	96.97%

AMERICAN OVERSIGHT

285	100.00%
179	100.00%
298	99.67%
243	99.18%
309	100.00%
87	100.00%
123	100.00%
339	100.00%
249	99.60%
388	100.00%
55	100.00%
205	100.00%
215	100.00%
161	100.00%
114	100.00%
222	100.00%
148	100.00%
-	0.00%
82	100.00%
390	99.74%
294	100.00%
323	99.69%
342	88.83%
108	100.00%
606	99.51%
347	98.30%
390	95.82%
165	96.49%
239	98.76%
512	100.00%
298	99.67%
311	100.00%
132	99.25%
335	100.00%
364	99.73%
410	99.27%
314	98.74%
384	100.00%
155	100.00%
150	100.00%
232	100.00%
111	100.00%
120	100.00%
92	100.00%
205	100.00%
118	100.00%
296	100.00%
166	98.81%
246	99.60%
152	100.00%
428	100.00%
160	100.00%
190	100.00%
134	100.00%
122	99.19%

AMERICAN OVERSIGHT

171	**99.42%**
246	**100.00%**
124	**100.00%**
106	**100.00%**
133	**100.00%**
92	**98.92%**
280	**95.56%**
599	**96.93%**
299	**94.03%**
306	**98.71%**
118	**98.33%**
270	**99.26%**
560	**98.25%**
510	**100.00%**
646	**90.60%**
274	**94.48%**
-	**0.00%**
271	**98.19%**
405	100.00%
366	100.00%
81	98.78%
225	**99.12%**
518	**99.42%**
215	**99.08%**
132	**99.25%**
464	**98.72%**
135	**100.00%**
139	**96.53%**
591	**98.99%**
147	**94.84%**
223	**99.55%**
522	**95.26%**
621	**98.26%**
157	**98.74%**
42	**95.45%**
154	**99.35%**
67	**90.54%**
125	**89.93%**
177	**100.00%**
125	93.98%
155	100.00%
242	98.78%
194	**96.04%**
188	**100.00%**
-	**0.00%**
194	**98.48%**
173	**92.51%**
280	**97.90%**
144	**99.31%**
109	**97.32%**
43,353	**98.62%**

AMERICAN OVERSIGHT

718	99.86%
2,144	98.17%
347	100.00%
686	99.42%
459	98.71%
519	99.81%
504	98.63%
1,571	100.00%
2,499	99.01%
784	99.12%
1,314	99.85%
1,870	98.42%
1,482	98.47%
926	98.93%
779	99.87%
178	89.45%
398	99.50%
817	98.67%
1,524	99.80%
2,096	99.95%
-	0.00%
766	99.87%
773	94.61%
1,508	97.92%
1,827	99.73%
1,472	99.46%
2,471	99.88%
1,478	99.80%
2,942	97.71%
920	91.72%
271	98.19%
852	99.88%
1,828	98.97%
1,483	97.31%
621	98.26%
353	98.60%
369	94.62%
522	97.94%
382	94.09%
900	97.09%

AMERICAN OVERSIGHT

S_004_01	S_004_01	S_004_01	S_004_01	S_004_01	S_004_01
	Observed	Observed			
S 004 01 PPR PD COMP PERF	S 004 01 PPR PD OBS	S 004 01 PPR PD OBS READM	S 004 01 PPR PD RSRR	S 004 01 PPR PD RSRR 2 5	S 004 01 PPR PD RSRR 97 5
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - COMP PERF	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED RATE	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED READMITS	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 2.5	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 97.5
-	6.42	7	7.09	5.40	8.94
-	9.88	16	7.56	5.85	9.67
-	8.77	27	7.56	5.94	9.39
-	7.61	14	7.50	5.91	9.64
-	11.00	22	8.01	6.28	9.93
-	5.42	29	6.75	5.51	8.60
-	7.89	12	7.23	5.49	9.52
-	8.11	39	7.62	6.07	9.42
-	7.19	24	7.76	6.04	9.81
-	6.41	23	7.11	5.53	9.22
-	14.72	34	9.13	7.30	11.42
-	5.75	15	6.96	5.32	8.67
-	7.81	10	7.28	5.46	9.46
-	14.12	24	8.84	6.77	11.03
-	3.75	6	6.55	5.00	8.53
-	8.64	26	7.36	5.79	9.07
-	9.91	11	7.45	5.85	9.57
-	8.93	10	7.40	5.49	9.78
-	8.15	11	7.15	5.53	9.28
-	6.90	6	7.22	5.39	9.55
-	8.89	8	7.50	5.82	9.85
-	3.92	4	6.78	5.10	8.95
-	1.52	1	6.68	4.94	8.93
-	8.61	42	7.80	6.28	9.48
-	4.23	3	6.95	5.17	9.12
-	0.93	1	6.50	4.85	8.77
-	10.06	16	7.95	6.22	10.31
-	9.79	14	7.63	5.93	9.73
-	12.05	20	8.06	6.34	10.12
-	3.09	3	6.60	5.06	8.71
-	8.70	12	7.46	5.71	9.82
-	6.02	13	6.89	5.32	8.73
-	9.85	27	7.82	6.20	9.76

AMERICAN OVERSIGHT

-	9.73	32	7.74	6.14	9.63
-	6.47	15	7.00	5.54	8.90
-	5.68	5	6.96	5.19	8.99
-	10.45	53	8.61	7.14	10.48
-	6.59	12	6.83	5.29	8.78
-	10.64	20	8.02	6.21	10.24
-	5.73	34	6.54	5.44	8.07
-	7.36	95	8.26	6.97	9.74
-	9.69	19	7.59	5.96	9.72
-	9.28	35	8.28	6.68	10.25
-	9.84	30	8.24	6.53	10.48
-	7.30	23	7.20	5.73	9.03
-	9.02	35	8.31	6.62	10.24
-	9.06	28	7.83	6.18	9.84
-	5.24	15	6.50	5.20	8.29
-	13.79	16	8.14	6.20	10.25
-	8.31	32	7.80	6.18	9.97
-	7.08	25	7.38	5.74	9.15
-	11.66	33	8.81	7.13	10.95
-	9.14	16	7.53	5.78	9.38
-	9.55	32	8.44	6.80	10.60
-	10.02	66	7.84	6.55	9.30
-	9.68	27	8.02	6.41	9.97
-	7.08	74	6.90	5.79	8.22
-	9.68	64	8.38	6.94	9.89
-	13.19	12	7.96	6.21	10.28
-	10.96	25	7.76	6.03	9.68
-	6.13	25	6.83	5.44	8.46
-	8.05	38	7.02	5.71	8.48
-	4.89	30	6.52	5.31	8.02
-	6.37	26	7.25	5.86	9.12
-	4.41	3	7.12	5.18	9.66
-	5.97	8	6.72	5.23	8.46
-	6.88	17	6.94	5.27	8.72
-	9.89	9	7.33	5.58	9.46
-	5.80	4	7.07	5.26	9.08
-	10.19	11	7.48	5.76	9.37
-	6.12	9	6.84	5.28	8.91
-	3.45	1	7.03	5.33	9.28
-	7.14	3	7.06	5.34	8.97
-	17.86	5	7.75	5.72	10.18
-	10.64	15	7.75	5.87	9.94
-	11.36	10	7.55	5.85	9.66
-	4.76	3	6.88	5.00	9.21
-	-	-	-	-	-
-	7.41	2	7.34	5.45	9.91
-	12.63	12	7.75	5.87	9.99
-	12.31	8	7.64	5.90	10.10
-	10.87	5	7.52	5.62	9.58
-	7.45	7	7.19	5.50	9.27
-	4.56	13	6.48	4.96	8.34
-	7.58	35	7.54	6.15	9.48
-	8.20	21	7.57	5.98	9.60

AMERICAN OVERSIGHT

-	11.93	21	7.92	6.27	9.90
-	10.28	11	7.49	5.75	9.77
-	9.24	28	7.82	6.31	9.74
-	8.29	17	7.50	5.66	9.54
-	9.59	35	7.71	6.27	9.67
-	8.51	4	7.25	5.43	9.32
-	4.20	5	6.62	4.96	8.43
-	12.16	36	8.44	6.82	10.52
-	4.82	8	6.58	5.06	8.24
-	10.75	40	8.18	6.66	9.99
-	10.94	7	7.61	5.78	9.90
-	8.82	18	7.35	5.74	9.33
-	9.45	24	7.91	6.11	9.84
-	14.57	22	8.26	6.45	10.48
-	14.06	18	8.09	6.28	10.38
-	8.87	18	7.48	5.86	9.71
-	10.67	16	7.52	5.85	9.58
-	-	-	-	-	-
-	7.27	4	7.03	5.37	9.06
-	4.84	28	6.69	5.27	8.38
-	7.56	26	7.47	5.92	9.26
-	10.86	38	8.80	6.87	10.95
-	8.91	31	7.89	6.23	9.86
-	7.87	10	7.14	5.54	9.30
-	7.92	65	7.79	6.58	9.35
-	6.81	26	6.74	5.45	8.31
-	7.45	35	7.25	5.90	8.91
-	9.55	19	7.77	6.02	9.92
-	7.63	19	6.99	5.45	9.17
-	9.66	57	9.00	7.47	11.16
-	7.02	12	6.83	5.30	8.69
-	9.59	35	8.10	6.44	10.02
-	8.66	11	7.57	5.74	9.79
-	8.45	36	7.82	6.26	9.67
-	8.01	37	7.68	6.17	9.48
-	9.69	40	8.14	6.47	9.88
-	6.99	26	6.93	5.40	8.71
-	8.51	33	7.66	6.16	9.50
-	7.28	11	7.22	5.62	9.35
-	7.83	13	7.22	5.40	9.07
-	6.21	11	7.01	5.43	9.07
-	8.51	12	7.51	5.67	9.65
-	12.86	9	7.78	5.95	10.25
-	13.46	7	7.74	5.84	10.11
-	7.30	10	7.22	5.59	9.45
-	6.67	4	7.10	5.38	9.25
-	6.23	16	6.75	5.33	8.42
-	12.24	12	7.91	5.94	10.45
-	8.65	23	7.45	5.81	9.53
-	4.39	5	6.83	5.11	8.98
-	7.20	34	7.37	5.90	8.98
-	8.20	15	7.17	5.54	9.21
-	11.46	29	8.08	6.41	10.14
-	12.15	13	7.79	5.96	9.90
-	6.76	10	6.95	5.19	8.83

AMERICAN OVERSIGHT

-	9.74	19	7.71	6.09	9.79
-	5.85	20	7.02	5.61	8.74
-	5.95	5	6.93	5.26	8.97
-	4.29	6	6.67	5.07	8.61
-	5.22	7	6.77	5.10	8.75
-	4.08	6	6.53	4.90	8.65
-	7.05	28	7.05	5.57	8.80
-	7.10	53	7.38	6.03	9.01
-	9.57	40	8.27	6.63	10.31
-	9.16	35	8.08	6.48	10.05
-	10.99	10	7.73	5.90	10.00
-	4.45	15	6.37	5.06	8.08
-	4.35	28	6.37	5.13	8.04
-	5.74	30	6.82	5.44	8.39
-	7.82	78	7.93	6.67	9.45
-	5.21	11	6.73	5.21	8.64
-	-	-	-	-	-
-	4.23	23	7.11	5.43	8.90
-	9.45	45	8.14	6.61	9.93
-	9.29	29	7.53	5.92	9.46
-	13.70	10	8.07	6.12	10.69
-	9.13	22	8.09	6.27	10.34
-	8.20	46	8.06	6.55	9.74
-	7.05	17	7.12	5.72	9.05
-	1.50	2	6.37	4.66	8.36
-	9.15	58	8.17	6.74	9.88
-	8.94	16	7.69	5.93	10.10
-	10.96	16	7.88	6.20	10.09
-	6.63	65	7.21	6.08	8.51
-	5.11	7	6.80	5.23	8.88
-	13.30	27	8.35	6.58	10.29
-	7.00	52	7.46	6.02	9.18
-	6.59	38	7.57	6.11	9.35
-	8.62	15	7.41	5.76	9.38
-	11.32	6	7.58	5.70	9.85
-	7.94	17	7.51	5.87	9.70
-	4.69	3	7.01	5.09	9.31
-	5.43	7	6.88	5.22	8.83
-	10.00	16	7.27	5.75	9.49
-	11.68	32	8.82	7.10	10.93
-	7.94	20	7.86	6.05	10.02
-	10.19	32	8.48	6.87	10.94
-	13.16	15	7.73	6.19	9.92
-	15.63	15	8.29	6.34	10.59
-	3.23	1	7.11	5.17	9.48
-	9.15	15	7.27	5.74	9.14
-	9.60	12	7.39	5.72	9.73
-	8.56	16	6.92	5.48	8.67
-	14.52	9	7.69	5.84	10.25
-	13.10	11	7.89	6.13	10.16
		3,979			

AMERICAN OVERSIGHT

64
198
40
64
58
31
48
144
256
78
154
231
130
63
48
15
32
69
121
207
-
58
79
145
170
136
167
130
239
89
23
84
177
151
38
38
26
84
31
63

AMERICAN OVERSIGHT

S_004_01	S_005_01	S_005_01	S_005_01	S_005_01	S_005_01
	Comp Performance	Numerator	Denominator		
S 004 01 PPR PD VOLUME	S 005 01 DTC COMP PERF	S 005 01 DTC NUMBER	S 005 01 DTC VOLUME	S 005 01 DTC OBS RATE	S 005 01 DTC RS RATE
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - COMP PERF	Rate of Scuccessful Return to Home & Community from a SNF - NUMBER	Rate of Scuccessful Return to Home & Community from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - OBSERVED RATE	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE
109	-	30	147	20.41	31.14
162	-	73	229	31.88	47.53
308	-	207	403	51.36	62.16
184	-	111	223	49.78	56.37
200	-	84	235	35.74	50.31
535	-	412	655	62.90	65.15
152	-	70	184	38.04	55.14
481	-	334	536	62.31	74.74
334	-	269	372	72.31	71.61
359	-	205	415	49.40	56.67
231	-	119	250	47.60	59.36
261	-	142	284	50.00	54.56
128	-	39	126	30.95	40.51
170	-	65	188	34.57	40.40
160	-	97	169	57.40	64.08
301	-	195	355	54.93	64.08
111	-	31	151	20.53	29.64
112	-	39	202	19.31	29.11
135	-	55	184	29.89	43.44
87	-	42	126	33.33	43.51
90	-	34	102	33.33	43.33
102	-	63	150	42.00	49.23
66	-	12	72	16.67	25.21
488	-	290	574	50.52	57.62
71	-	24	79	30.38	36.79
107	-	19	142	13.38	21.70
159	-	75	198	37.88	42.71
143	-	52	210	24.76	35.06
166	-	77	245	31.43	45.56
97	-	48	109	44.04	53.09
138	-	59	147	40.14	49.15
216	-	129	254	50.79	58.93
274	-	149	393	37.91	51.39

AMERICAN OVERSIGHT

329	-	166	417	39.81	50.06
232	-	84	258	32.56	39.97
88	-	23	117	19.66	28.45
507	-	304	604	50.33	60.04
182	-	107	224	47.77	60.23
188	-	74	258	28.68	40.12
593	-	375	779	48.14	57.49
1,290	-	1,025	1,530	66.99	65.27
196	-	102	235	43.40	56.43
377	-	244	434	56.22	57.93
305	-	138	354	38.98	48.51
315	-	182	357	50.98	60.73
388	-	239	463	51.62	53.75
309	-	169	375	45.07	51.92
286	-	147	368	39.95	49.72
116	-	39	144	27.08	40.72
385	-	272	455	59.78	64.90
353	-	238	377	63.13	64.83
283	-	147	310	47.42	54.49
175	-	74	216	34.26	43.29
335	-	208	381	54.59	56.52
659	-	393	820	47.93	58.97
279	-	174	323	53.87	62.41
1,045	-	639	1,318	48.48	55.82
661	-	451	847	53.25	59.25
91	-	43	119	36.13	50.45
228	-	74	280	26.43	38.90
408	-	209	466	44.85	52.96
472	-	295	567	52.03	59.99
613	-	452	653	69.22	67.70
408	-	236	435	54.25	57.99
68	-	14	75	18.67	32.29
134	-	61	140	43.57	56.41
247	-	136	288	47.22	56.34
91	-	50	102	49.02	61.49
69	-	10	111	9.01	20.68
108	-	16	156	10.26	19.52
147	-	23	185	12.43	22.17
29	-	6	45	13.33	30.17
42	-	13	79	16.46	35.21
28	-	9	45	20.00	35.27
141	-	44	215	20.47	34.88
88	-	23	124	18.55	28.53
63	-	10	89	11.24	22.60
23	-	1	49	2.04	15.64
27	-	1	33	3.03	20.41
95	-	36	118	30.51	44.43
65	-	28	93	30.11	41.17
46	-	12	54	22.22	33.06
94	-	39	133	29.32	39.45
285	-	222	305	72.79	81.12
462	-	311	553	56.24	63.90
256	-	150	303	49.50	61.50

AMERICAN OVERSIGHT

176	-	64	253	25.30	42.98
107	-	14	161	8.70	19.35
303	-	126	381	33.07	44.97
205	-	46	257	17.90	25.08
365	-	195	444	43.92	55.53
47	-	16	79	20.25	38.03
119	-	37	140	26.43	39.40
296	-	152	438	34.70	48.36
166	-	72	237	30.38	41.36
372	-	171	496	34.48	46.00
64	-	31	92	33.70	52.93
204	-	98	263	37.26	53.80
254	-	111	321	34.58	43.29
151	-	70	169	41.42	56.15
128	-	49	160	30.63	43.68
203	-	105	231	45.45	56.49
150	-	56	183	30.60	43.77
-	-	-	-	-	-
55	-	12	71	16.90	30.34
579	-	454	665	68.27	65.15
344	-	157	385	40.78	47.41
350	-	247	436	56.65	62.83
348	-	187	418	44.74	53.09
127	-	66	142	46.48	59.74
821	-	486	885	54.92	60.98
382	-	193	473	40.80	52.06
470	-	256	594	43.10	49.88
199	-	89	257	34.63	42.19
249	-	109	287	37.98	53.00
590	-	358	676	52.96	55.41
171	-	77	222	34.68	46.74
365	-	238	484	49.17	59.09
127	-	68	151	45.03	51.60
426	-	295	495	59.60	67.76
462	-	280	553	50.63	57.53
413	-	252	522	48.28	58.87
372	-	226	451	50.11	57.65
388	-	163	469	34.75	43.95
151	-	71	165	43.03	53.86
166	-	65	187	34.76	48.68
177	-	100	195	51.28	63.02
141	-	67	158	42.41	49.92
70	-	23	96	23.96	37.86
52	-	12	73	16.44	29.33
137	-	20	165	12.12	21.10
60	-	27	117	23.08	37.12
257	-	127	372	34.14	45.94
98	-	28	117	23.93	36.84
266	-	159	345	46.09	56.11
114	-	37	142	26.06	35.13
472	-	296	576	51.39	61.83
183	-	89	216	41.20	52.88
253	-	123	326	37.73	47.64
107	-	29	170	17.06	27.83
148	-	79	186	42.47	53.93

AMERICAN OVERSIGHT

195	-	97	240	40.42	51.10
342	-	259	418	61.96	66.95
84	-	17	127	13.39	20.93
140	-	64	169	37.87	42.63
134	-	51	181	28.18	40.10
147	-	63	173	36.42	45.23
397	-	238	463	51.40	58.76
747	-	446	828	53.86	58.83
418	-	206	462	44.59	51.21
382	-	246	442	55.66	63.52
91	-	48	143	33.57	45.71
337	-	172	409	42.05	48.44
643	-	504	764	65.97	65.77
523	-	384	604	63.58	68.79
998	-	757	1,145	66.11	68.04
211	-	166	231	71.86	71.65
-	-	-	-	-	-
544	-	445	596	74.66	63.73
476	-	326	580	56.21	66.07
312	-	152	355	42.82	56.92
73	-	14	82	17.07	29.37
241	-	130	287	45.30	52.87
561	-	393	680	57.79	59.43
241	-	131	276	47.46	57.19
133	-	24	150	16.00	24.74
634	-	398	728	54.67	63.30
179	-	105	216	48.61	57.04
146	-	85	197	43.15	55.03
980	-	690	1,099	62.78	65.09
137	-	29	175	16.57	26.62
203	-	67	259	25.87	36.81
743	-	523	912	57.35	60.80
577	-	445	642	69.31	68.10
174	-	72	207	34.78	46.50
53	-	34	66	51.52	61.02
214	-	134	246	54.47	61.58
64	-	18	88	20.45	34.80
129	-	74	198	37.37	52.03
160	-	78	236	33.05	49.33
274	-	184	282	65.25	72.89
252	-	145	278	52.16	55.57
314	-	206	352	58.52	69.77
114	-	10	259	3.86	11.94
96	-	22	153	14.38	30.01
31	-	5	53	9.43	24.76
164	-	45	220	20.45	33.90
125	-	34	188	18.09	29.51
187	-	85	284	29.93	45.17
62	-	13	105	12.38	26.97
84	-	31	120	25.83	40.47
49,207	46.87%	28,031	59,803		54.53

AMERICAN OVERSIGHT

763	42.02%	421	1,002	52.98
2,553	55.78%	1,635	2,931	63.18
458	41.61%	201	483	48.71
746	35.56%	362	1,018	45.76
817	43.30%	423	977	50.77
409	26.55%	146	550	34.36
617	41.46%	313	755	51.84
1,612	41.38%	833	2,013	51.90
3,264	54.22%	2,140	3,947	58.84
983	46.02%	555	1,206	51.95
1,647	51.94%	978	1,883	57.15
2,644	50.09%	1,657	3,308	58.12
1,812	51.46%	1,073	2,085	57.46
948	47.79%	497	1,040	55.81
564	14.47%	121	836	27.11
201	11.86%	35	295	23.69
300	28.89%	115	398	40.46
1,003	58.83%	683	1,161	67.80
1,322	29.04%	498	1,715	41.25
1,988	35.33%	915	2,590	47.97
-	#DIV/0!	-	-	#DIV/0!
978	55.58%	623	1,121	56.85
825	50.20%	500	996	58.30
1,872	46.36%	1,024	2,209	53.90
1,928	49.46%	1,145	2,315	57.44
1,635	46.17%	921	1,995	54.72
2,161	38.11%	1,032	2,708	49.16
1,733	39.48%	871	2,206	48.46
3,538	54.53%	2,244	4,115	59.73
1,209	67.08%	923	1,376	68.65
544	74.66%	445	596	63.73
861	48.38%	492	1,017	59.92
2,135	49.96%	1,266	2,534	56.96
2,063	53.54%	1,309	2,445	57.74
577	69.31%	445	642	68.10
441	46.24%	240	519	55.49
353	32.57%	170	522	47.90
840	58.66%	535	912	66.41
241	7.96%	37	465	19.35
622	22.68%	208	917	36.56

AMERICAN OVERSIGHT

S_005_01	S_005_01	S_006_01	S_006_01	S_013_01	S_013_01
				Denominator	Numerator
S 005 01 DTC RS RATE 97 5	S 005 01 DTC RS RATE 2 5	S 006 01 MSPB NUMB	S 006 01 MSPB SCORE	S 013 01 DENOMINATOR	S 013 01 NUMERATOR
				NQF # 0674	NQF # 0674
Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 97.5	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 2.5	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - VOLUME	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - SCORE	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - DENOMINATOR	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - NUMERATOR
41.01	22.60	143	1.080	148	3
56.15	39.96	214	1.190	196	1
68.28	56.85	334	0.990	229	1
63.63	49.63	210	1.030	146	-
58.57	41.99	216	0.970	133	-
68.64	61.51	590	1.010	309	6
64.83	46.51	152	0.920	117	1
79.55	69.67	506	0.910	220	1
75.92	67.13	305	0.790	827	7
62.14	51.10	388	1.070	247	2
66.55	52.83	229	0.960	144	1
60.64	48.95	266	1.040	186	2
50.66	31.45	137	0.930	98	-
47.41	33.57	170	0.920	127	-
72.08	56.00	154	0.970	122	2
69.31	59.31	366	1.080	233	4
37.78	22.29	182	0.970	74	1
37.26	22.55	162	1.140	160	1
52.22	35.52	151	1.040	155	2
53.77	34.56	119	1.100	68	-
54.55	33.20	100	1.120	70	-
58.16	41.36	118	1.250	79	2
36.58	16.81	98	1.340	37	1
62.19	53.46	548	1.050	221	-
47.62	26.81	69	0.950	58	-
30.62	15.37	174	1.530	190	2
50.15	36.14	204	1.290	155	1
43.35	28.29	192	1.440	175	4
53.72	38.44	238	1.040	182	2
63.40	43.16	117	0.940	109	-
58.12	40.98	161	1.110	81	2
65.50	52.33	277	1.200	139	1
57.36	46.07	374	1.090	364	1

AMERICAN OVERSIGHT

55.58	44.26	401	0.910	242	1
47.25	33.57	241	1.220	227	-
39.03	20.32	109	0.850	108	-
64.84	55.72	557	1.040	433	5
67.65	52.26	224	1.130	197	1
47.51	33.00	228	0.750	225	2
61.12	53.91	668	1.200	546	1
67.44	62.85	1,397	1.040	821	1
64.01	48.79	203	0.960	174	2
62.29	53.39	406	0.950	257	-
55.08	42.68	289	0.890	242	4
66.19	55.05	377	0.950	256	1
58.49	49.59	412	1.200	341	1
57.29	46.66	348	0.910	282	4
55.47	44.02	351	1.410	168	-
51.69	31.47	131	0.840	105	-
69.16	60.18	415	0.950	310	-
69.66	60.20	357	0.960	242	2
60.29	48.89	298	0.950	250	1
50.91	35.52	203	1.070	149	-
61.78	51.58	381	1.000	259	4
62.61	55.31	740	1.220	450	-
68.83	57.09	295	1.040	216	1
58.87	53.15	1,110	1.100	758	2
62.71	55.64	716	1.190	475	2
61.99	40.16	128	1.060	124	1
45.98	32.32	285	1.110	242	-
58.04	48.19	478	1.250	332	2
64.38	55.74	512	1.080	341	2
70.78	64.45	624	1.200	466	4
62.58	53.40	428	1.120	326	2
46.05	19.78	81	1.120	97	-
66.51	47.26	152	1.130	140	3
62.93	49.92	283	1.290	249	2
72.16	51.11	123	1.170	124	2
31.85	13.03	106	1.170	117	1
28.20	13.29	189	1.180	137	-
30.42	15.80	184	1.000	203	1
47.78	17.06	51	1.330	48	-
50.36	22.79	55	1.080	54	1
53.35	21.99	30	0.940	28	1
43.24	27.33	193	1.280	193	-
38.29	21.13	119	1.460	77	1
35.24	14.33	86	1.300	85	-
28.62	7.95	41	1.320	16	-
39.77	9.57	35	1.220	21	-
55.10	34.33	108	1.120	91	-
52.45	31.37	89	1.340	86	1
46.56	20.57	55	1.360	58	2
49.96	31.86	135	1.450	165	4
86.37	75.42	287	1.120	195	-
68.38	59.39	497	1.130	369	1
67.31	54.82	271	1.370	264	1

AMERICAN OVERSIGHT

51.62	34.93	256	1.290	285	-
28.59	12.66	174	1.350	178	-
51.37	39.18	357	1.280	299	3
31.18	19.90	268	1.210	245	2
60.87	50.04	382	1.130	309	-
53.26	25.86	78	1.430	87	1
49.59	29.71	155	1.170	123	1
54.24	42.71	373	1.270	339	2
48.96	34.24	213	1.090	250	-
51.01	40.77	432	1.200	388	3
68.11	41.26	96	0.990	55	3
61.99	45.98	264	1.000	205	2
49.36	37.77	296	1.230	215	1
64.44	47.02	165	0.820	161	1
53.59	34.46	169	1.010	114	1
63.58	49.17	251	1.100	222	1
52.62	35.71	163	1.120	148	-
-	-	-	-	-	-
45.38	19.10	68	1.060	82	1
68.18	61.93	586	1.120	391	2
52.51	41.79	401	1.260	294	5
67.08	57.59	409	0.960	324	2
58.39	47.87	368	0.970	385	2
70.04	49.68	143	1.170	108	1
64.33	57.52	808	0.940	609	8
58.05	46.92	440	1.140	353	2
54.30	45.41	538	1.190	407	4
49.18	35.60	238	1.170	171	1
60.89	45.86	264	1.140	242	-
59.09	52.13	602	1.210	512	2
54.78	39.55	223	1.200	299	1
63.84	54.38	464	1.100	311	-
60.07	42.56	167	1.250	133	2
72.67	62.60	451	1.270	335	1
61.87	52.80	508	1.070	365	2
63.75	54.16	475	1.230	413	2
62.53	52.59	444	0.990	318	1
49.26	38.97	430	1.050	384	1
63.03	45.32	187	1.320	155	-
58.10	40.27	190	1.100	150	1
70.54	55.39	201	1.410	232	2
58.87	41.48	193	1.080	111	-
50.32	26.90	93	0.980	120	1
42.76	19.03	87	1.440	92	1
29.93	14.26	191	1.510	205	1
48.69	27.33	130	1.550	118	1
51.62	40.55	333	1.210	296	1
47.88	27.80	144	1.260	168	2
62.16	49.88	331	1.200	247	3
44.62	26.73	145	1.210	152	2
66.62	57.27	547	1.170	428	2
60.39	45.52	187	1.080	160	-
53.81	41.69	331	1.060	190	1
36.55	20.75	186	1.620	134	1
61.73	45.49	190	1.220	123	1

AMERICAN OVERSIGHT

58.75	44.68	246	1.070	172	1
71.51	61.88	380	1.110	246	1
30.00	14.39	145	1.360	124	-
49.85	35.65	179	1.090	106	-
48.39	32.32	190	1.030	133	-
54.23	37.84	170	1.060	93	1
63.72	54.28	462	1.140	292	3
62.32	55.50	827	1.120	618	4
56.02	46.84	477	1.170	317	1
68.34	58.66	445	1.220	310	3
55.49	37.07	144	1.300	120	-
53.39	43.73	399	1.110	272	6
68.73	62.66	743	1.140	570	4
72.39	64.56	535	1.000	510	5
70.41	65.12	1,022	0.920	713	2
76.55	66.45	193	0.780	290	4
-	-	-	-	-	-
66.43	60.67	534	0.930	276	-
70.35	61.52	549	1.210	405	1
63.50	51.31	334	1.180	366	-
42.51	19.15	80	1.040	82	-
59.47	46.24	300	1.250	227	1
62.84	56.14	623	1.100	521	3
64.58	49.84	269	1.250	217	2
34.68	18.04	160	1.140	133	2
67.09	59.51	677	1.100	470	4
64.03	49.38	210	0.950	135	-
63.18	47.55	181	1.190	144	3
67.89	61.96	1,013	0.940	597	1
35.18	19.82	167	1.220	155	-
43.81	30.23	252	1.140	224	2
63.82	57.72	780	1.120	548	2
71.61	64.85	526	1.030	632	6
54.79	39.02	203	0.960	159	1
74.87	48.23	67	0.820	44	-
68.22	54.79	231	0.930	155	-
47.04	24.18	102	1.340	74	-
61.46	44.31	193	1.040	139	1
57.81	41.79	194	1.130	177	-
78.80	66.87	273	0.830	133	4
61.73	49.53	291	1.130	155	-
75.16	63.56	335	1.030	244	4
18.81	7.63	255	1.230	202	3
42.06	21.25	164	1.370	188	1
41.22	13.45	65	1.430	16	-
41.70	27.06	213	1.080	197	-
38.30	21.88	182	1.210	187	-
52.79	38.38	278	1.220	286	-
39.00	17.06	92	1.260	144	1
52.09	30.57	99	0.940	112	-
		56,380	1.1080	43,950	276

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AMERICAN OVERSIGHT

901	1.0611	719	5
2,652	0.9647	2,183	20
461	0.9397	347	2
980	1.0658	690	8
933	1.1059	465	3
570	1.4138	520	7
793	1.0953	511	5
1,906	1.0449	1,571	8
3,568	1.0150	2,521	11
1,111	1.1755	791	5
1,785	0.9682	1,315	7
2,861	1.1474	1,899	5
2,027	1.1600	1,505	9
1,067	1.1723	936	9
808	1.1553	780	4
281	1.3607	199	1
387	1.3198	400	7
1,055	1.1889	828	2
1,670	1.2401	1,526	7
2,422	1.1198	2,097	14
-	#DIV/0!	-	-
1,055	1.1693	767	8
920	0.9966	817	5
2,024	1.0770	1,540	15
2,171	1.1925	1,832	6
1,857	1.0872	1,480	6
2,772	1.2450	2,474	17
2,204	1.1521	1,481	6
4,032	1.1324	3,009	26
1,215	0.8978	1,003	6
534	0.9300	276	-
963	1.1855	853	1
2,420	1.1316	1,847	15
2,212	1.0474	1,524	5
526	1.0300	632	6
501	0.9274	358	1
489	1.1383	390	1
899	1.0016	532	8
484	1.3043	406	4
864	1.1556	926	1

AMERICAN OVERSIGHT

S_013_01						
Rate						
S 013 01 OBS RATE	Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
NQF # 0674						
% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - RATE	OVERALL RATING	% NFs with OVERALL STAR RATING = 5	SURVEY RATING	% NFs with SURVEY STAR RATING = 5	QUALITY RATING	% NFs with QUALITY RATING = 5
2.00	0		0		0	
0.50	0		0		0	
0.40	1		0		1	
-	0		0		1	
-	0		0		1	
1.90	0		0		1	
0.90	0		0		0	
0.50	1		0		1	
0.80	1		0		1	
0.80	0		0		0	
0.70	0		0		0	
1.10	1		0		1	
-	0		0		0	
-	0		0		0	
1.60	0		0		0	
1.70	0		0		0	
1.40	0		0		0	
0.60	0		0		0	
1.30	0		0		0	
-	0		0		0	
-	1		1		1	
2.50	1		1		0	
2.70	1		1		1	
-	1		0		1	
-	0		0		1	
1.10	0		0		0	
0.60	1		0		1	
2.30	0		0		0	
1.10	0		0		0	
-	0		0		0	
2.50	0		0		0	
0.70	0		0		1	
0.30	0		0		0	

AMERICAN OVERSIGHT

0.40	0	0	0
-	0	0	1
-	1	0	1
1.20	0	0	1
0.50	0	0	0
0.90	0	0	0
0.20	0	0	1
0.10	1	0	1
1.10	0	0	0
-	1	0	1
1.70	0	0	0
0.40	0	0	0
0.30	1	0	1
1.40	1	0	1
-	1	0	1
-	1	1	0
-	1	1	0
0.80	0	0	0
0.40	1	1	0
-	0	0	0
1.50	0	0	0
-	0	0	0
0.50	0	0	0
0.30	0	0	0
0.40	0	0	1
0.80	0	0	0
-	1	0	1
0.60	0	0	0
0.60	0	0	0
0.90	0	0	1
0.60	1	0	1
-	1	0	1
2.10	0	0	0
0.80	0	0	1
1.60	0	0	0
0.90	0	0	0
-	0	0	0
0.50	0	0	0
-	0	0	0
1.90	1	1	0
3.60	0	0	0
-	0	0	0
1.30	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
1.20	0	0	0
3.40	0	0	0
2.40	0	0	0
-	1	0	1
0.30	0	0	0
0.40	0	0	1

AMERICAN OVERSIGHT

-	0	0	0
-	1	0	1
1.00	1	0	1
0.80	0	0	0
-	0	0	0
1.10	0	0	0
0.80	0	0	0
0.60	0	0	0
-	0	0	0
0.80	0	0	0
5.50	0	0	0
1.00	0	0	1
0.50	1	0	1
0.60	0	0	0
0.90	0	0	1
0.50	0	0	1
-	0	0	0
-	0	0	0
1.20	0	0	0
0.50	1	0	1
1.70	0	0	0
0.60	0	0	0
0.50	1	0	1
0.90	0	0	1
1.30	1	0	1
0.60	0	0	0
1.00	1	1	0
0.60	0	0	0
-	0	0	0
0.40	1	0	1
0.30	0	0	1
-	0	0	1
1.50	0	0	0
0.30	0	0	1
0.50	0	0	0
0.50	0	0	0
0.30	0	0	0
0.30	0	0	0
-	0	0	0
0.70	0	0	0
0.90	0	0	1
-	1	0	1
0.80	0	0	0
1.10	0	0	0
0.50	0	0	0
0.80	0	0	0
0.30	1	0	1
1.20	0	0	0
1.20	0	0	0
1.30	0	0	0
0.50	0	0	1
-	0	0	1
0.50	0	0	1
0.70	0	0	0
0.80	0	0	0

AMERICAN OVERSIGHT

0.60	0		0		0	
0.40	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
1.10	0		0		0	
1.00	0		0		0	
0.60	0		0		0	
0.30	0		0		0	
1.00	0		0		0	
-	0		0		1	
2.20	0		0		1	
0.70	0		0		1	
1.00	0		0		1	
0.30	1		0		1	
1.40	1		1		1	
-	0		0		0	
-	1		0		1	
0.20	0		0		1	
-	1		0		1	
-	0		0		0	
0.40	1		0		1	
0.60	1		1		0	
0.90	0		0		0	
1.50	0		0		0	
0.90	0		0		0	
-	1		1		0	
2.10	0		0		0	
0.20	0		0		0	
-	0		0		0	
0.90	0		0		0	
0.40	0		0		0	
0.90	1		0		0	
0.60	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
3.00	0		0		0	
-	0		0		0	
1.60	1		0		1	
1.50	0		0		0	
0.50	1		1		0	
-	1		0		1	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
0.63%	**44**	**23.3%**	**12**	**6.3%**	**62**	**32.8%**

AMERICAN OVERSIGHT

0.70%	1	25.0%	-	0.0%	2	50.0%
0.92%	3	37.5%	-	0.0%	5	62.5%
0.58%	-	0.0%	-	0.0%	-	0.0%
1.16%	-	0.0%	-	0.0%	-	0.0%
0.65%	4	80.0%	3	60.0%	4	80.0%
1.35%	1	33.3%	-	0.0%	1	33.3%
0.98%	-	0.0%	-	0.0%	1	25.0%
0.51%	1	16.7%	-	0.0%	3	50.0%
0.44%	2	28.6%	-	0.0%	3	42.9%
0.63%	3	100.0%	-	0.0%	3	100.0%
0.53%	3	50.0%	3	50.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	1	25.0%
0.60%	1	20.0%	-	0.0%	2	40.0%
0.96%	2	40.0%	-	0.0%	3	60.0%
0.51%	1	14.3%	1	14.3%	-	0.0%
0.50%	-	0.0%	-	0.0%	-	0.0%
1.75%	-	0.0%	-	0.0%	-	0.0%
0.24%	1	33.3%	-	0.0%	2	66.7%
0.46%	2	28.6%	-	0.0%	2	28.6%
0.67%	1	10.0%	-	0.0%	4	40.0%
0.00%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1.04%	1	33.3%	-	0.0%	1	33.3%
0.61%	1	33.3%	-	0.0%	2	66.7%
0.97%	2	50.0%	1	25.0%	1	25.0%
0.33%	1	16.7%	-	0.0%	4	66.7%
0.41%	-	0.0%	-	0.0%	-	0.0%
0.69%	2	15.4%	-	0.0%	4	30.8%
0.41%	-	0.0%	-	0.0%	2	20.0%
0.86%	-	0.0%	-	0.0%	4	50.0%
0.60%	2	100.0%	1	50.0%	2	100.0%
0.00%	1	100.0%	-	0.0%	1	100.0%
0.12%	1	33.3%	-	0.0%	2	66.7%
0.81%	3	42.9%	2	28.6%	1	14.3%
0.33%	-	0.0%	-	0.0%	-	0.0%
0.95%	1	100.0%	-	0.0%	-	0.0%
0.28%	-	0.0%	-	0.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	-	0.0%
1.50%	1	33.3%	-	0.0%	1	33.3%
0.99%	2	66.7%	1	33.3%	1	33.3%
0.11%	-	0.0%	-	0.0%	-	0.0%

AMERICAN OVERSIGHT

Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
SHORT STAY QUALITY RATING	% NFs WITH SHORT STAY QUALITY RATING = 5	LONG STAY QUALITY RATING	% NFs WITH LONG STAY QUALITY RATING = 5	STAFFING RATING	% NFs with STAFFING WITH STAR RATING = 5	RN STAFFING RATING	% NFs with RN STAFFING WITH STAR RATING = 5
0		1		0		0	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		0		0	
1		0		0		0	
0		1		0		0	
0		1		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
1		0		0		0	
1		0		0		0	
1		1		0		0	
0		1		0		0	
1		0		0		0	
1		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
0		0		0		0	

AMERICAN OVERSIGHT

0	0	0	0
1	0	0	0
0	1	0	0
1	1	0	0
1	0	0	0
0	0	0	0
1	1	0	0
0	1	0	0
0	0	0	0
1	1	0	0
0	0	0	0
0	1	0	0
1	1	0	0
0	0	0	0
1	0	0	0
1	1	0	0
0	1	0	0
0	0	0	0
0	0	0	0
0	1	0	0
0	1	0	0
0	0	0	0
0	0	0	0
1	1	0	0
0	1	0	0
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1	1	0	0
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0	0	0	0
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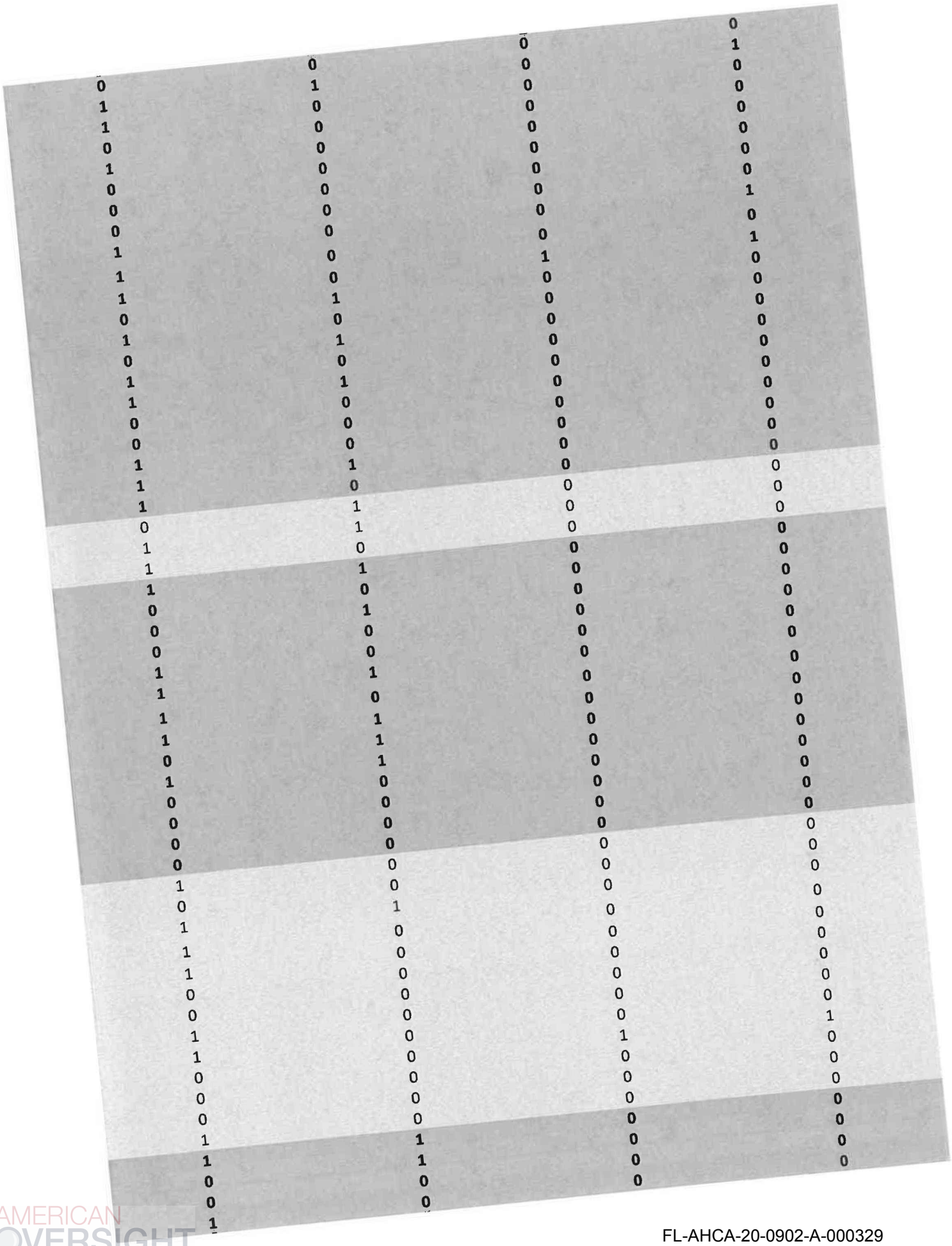
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	1	1	1
1	0	0	0
0	1	0	0

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

0		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
1		0		0		0	
0		1		0		0	
1		0		0		0	
0		0		1		1	
1		1		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		1		1	
0		1		1		1	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		1		0		0	
0		0		0		0	
1		0		0		1	
1		0		0		0	
0		0		0		1	
0		0		0		0	
0		0		0		1	
0		0		0		0	
0		0		0		0	
0		0		1		1	
0		0		0		1	
0		0		1		1	
0		1		0		0	
0		1		1		1	
0		0		0		0	
1		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		1		1	
0		0		1		1	
1		1		0		0	
0		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		1		1	
1		0		1		1	
1		0		0		0	
1		0		0		0	
83	**44.6%**	**62**	**33.3%**	**12**	**6.5%**	**18**	**9.7%**

AMERICAN OVERSIGHT

2	50.0%	3	75.0%	-	0.0%	-	0.0%
4	57.1%	4	50.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	1	20.0%	-	0.0%	-	0.0%
4	80.0%	3	75.0%	-	0.0%	-	0.0%
2	66.7%	1	33.3%	-	0.0%	-	0.0%
1	25.0%	1	25.0%	-	0.0%	-	0.0%
3	50.0%	2	33.3%	-	0.0%	-	0.0%
2	33.3%	4	57.1%	-	0.0%	-	0.0%
3	100.0%	2	66.7%	-	0.0%	-	0.0%
1	16.7%	3	50.0%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
3	60.0%	2	40.0%	-	0.0%	-	0.0%
3	60.0%	4	80.0%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	25.0%	-	0.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	1	33.3%	1	33.3%
3	42.9%	1	14.3%	-	0.0%	1	14.3%
6	60.0%	3	30.0%	1	10.0%	2	20.0%
-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3	100.0%	1	33.3%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
5	83.3%	4	66.7%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
7	53.8%	1	7.7%	1	7.7%	1	7.7%
4	40.0%	2	20.0%	-	0.0%	-	0.0%
6	75.0%	4	50.0%	1	12.5%	1	12.5%
1	100.0%	2	100.0%	2	100.0%	2	100.0%
1	100.0%	1	100.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	3	42.9%
-	0.0%	1	25.0%	2	50.0%	3	75.0%
-	0.0%	1	100.0%	1	100.0%	1	100.0%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	33.3%	1	33.3%	1	33.3%	1	33.3%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
3	60.0%	-	0.0%	2	40.0%	2	40.0%

AMERICAN OVERSIGHT

Count if RESTOT is >0	Data from CMS Deficiency Files	4	5	6	7	8	9	10
		Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1
		B	C	D	E	F	G	H
1		-	-	8	-	2	-	-
1		-	-	6	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	2	-	-	-	-
1								
1		-	-	5	-	-	-	-
1		-	-	1	1	-	-	-
1		-	-	2	-	1	-	-
1		-	-	1	-	-	-	-
1		-	-	6	-	1	-	-
1		-	-	3	-	-	-	-
1		-	-	4	-	-	1	-
1		-	-	1	-	-	-	-
1		-	-	4	-	-	-	-
1		-	-	3	-	-	-	-
0		-	-	7	-	-	-	-
1		-	-	12	-	-	-	-
1		-	1	-	1	-	-	-
1		-	-	2	-	-	-	-
1		1	-	1	-	-	-	-
1		-	-	1	-	-	-	-
0		-	-	-	-	-	-	-
0		-	-	4	-	-	-	-
1		-	-	14	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	-	-	-	-	-
1		-	1	3	-	-	-	-
1		-	-	5	1	-	-	-
1		-	-	6	-	1	-	-
1		-	-	8	-	1	-	-
1		-	-	10	-	1	-	-
1		-	-	4	1	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	6	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	-	1	1	-	-
1	[redacted]	-	-	2	-	1	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	5	-	1	-	-
1	[redacted]	-	-	2	1	-	-	-
1	[redacted]	-	-	1	-	1	-	-
1	[redacted]	-	1	1	-	1	-	-
1	[redacted]	-	-	2	2	1	-	-
1	[redacted]	-	-	5	1	1	-	-
1	[redacted]	-	-	2	1	-	-	-
1	[redacted]	-	-	3	-	1	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	4	-	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
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1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
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1	[redacted]	-	-	1	-	-	-	-
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1	[redacted]	-	-	8	5	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	8	1	-	-	-
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1	[redacted]	-	-	3	-	-	-	-
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1	[redacted]	-	-	3	-	-	-	-
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1	[redacted]	-	-	6	1	-	1	-
1	[redacted]	-	-	5	3	-	1	-
1	[redacted]							
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1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	3	3	-	-	-
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1	[redacted]	-	-	-	-	-	-	-
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1	[redacted]	-	-	5	3	1	-	-

AMERICAN OVERSIGHT

1		-	-	6	1	1	-	-
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1		-	-	9	-	-	-	-
1		-	-	14	-	-	-	-
1		-	-	5	2	-	-	-
1		-	-	10	-	-	-	-
189		**4**	**6**	**759**	**123**	**40**	**6**	**-**

AMERICAN OVERSIGHT

4	[redacted]	-	-	19	-	2	-	-
9		-	-	23	1	2	-	-
3		-	-	9	-	-	1	-
4		-	1	24	1	-	-	-
3		1	-	20	-	-	-	-
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3		-	-	13	-	-	-	-
3		1	-	26	3	2	-	-
3		-	-	6	2	2	-	-
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5		-	-	40	2	-	-	-

AMERICAN OVERSIGHT

11	12	13	14	15	16	17	18	19	20
Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2
I	J	K	L	TOTAL ANNUAL CYCLE 1	B	C	D	E	F
-	-	-	-	10	-	-	8	-	-
-	-	-	-	6	-	-	10	-	-
-	-	-	-	2	-	-	3	-	-
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-	-	-	-	3	-	-	2	-	-
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

-	-	-	-	9	-	1	4	1	1
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-	-	-	-	9	-	-	1	3	2

AMERICAN OVERSIGHT

-	-	-	-	8	-	-	4	-	2
-	-	-	-	9	-	-	-	-	1
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-	-	-	-	14	-	-	7	-	1
-	-	-	-	7	-	-	8	-	-
-	-	-	-	10	-	-	12	-	-
-	13	-	-	951	2	12	774	118	64

AMERICAN OVERSIGHT

-	-	-	-	21	-	-	24	-	-
-	1	-	-	27	-	-	23	-	2
-	-	-	-	10	-	-	11	-	-
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-	-	-	-	21	-	-	4	-	-
-	-	-	-	11	-	-	6	4	-
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-	-	-	-	35	-	1	29	3	2
-	-	-	-	55	-	-	57	12	1
-	-	-	-	-	-	-	-	-	-
-	-	-	-	9	-	-	12	2	2
-	-	-	-	18	-	-	9	1	-
-	-	-	-	6	-	-	18	1	-
-	-	-	-	32	-	-	24	4	2
-	-	-	-	18	-	1	17	3	1
-	4	-	-	57	-	1	51	11	6
-	-	-	-	86	1	-	41	10	10
-	4	-	-	45	-	-	21	3	3
-	-	-	-	5	-	-	1	-	1
-	-	-	-	2	-	-	5	1	-
-	-	-	-	14	-	-	1	1	1
-	-	-	-	30	-	1	18	3	5
-	-	-	-	42	-	-	23	2	1
-	-	-	-	3	-	-	2	-	1
-	-	-	-	13	-	-	11	2	1
-	-	-	-	32	-	-	15	14	4
-	-	-	-	10	-	-	7	2	1
-	-	-	-	8	-	-	11	4	-
-	-	-	-	42	-	-	44	1	1

AMERICAN OVERSIGHT

21	22	23	24	25	26	27	28	29	30
Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3

G	H	I	J	K	L	TOTAL ANNUAL CYCLE 2	B	C	D
-	-	-	-	-	-	8	-	-	2
1	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	3	-	-	4
-	-	-	-	-	-	4	-	-	5
-	-	-	-	-	-	5	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	8	-	-	2
-	-	-	-	-	-	1	-	-	2
-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	2	-	-	5
-	-	-	-	-	-	5	-	-	4
-	-	-	-	-	-	4	-	-	2
1	-	-	-	-	-	8	-	-	3
-	-	-	-	-	-	8	-	-	3
2	-	-	-	-	-	9	-	-	3
1	-	-	-	-	-	7	-	-	5
-	-	-	-	-	-	9	-	-	6
-	-	-	-	-	-	-	-	-	1
-	-	-	-	-	-	-	-	-	1
-	-	-	-	-	-	2	-	-	2
-	-	-	-	-	-	2	-	-	2
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-	-	-	-	-	-	7	-	-	5
-	-	-	-	-	-	5	-	-	8
-	-	-	-	-	-	5	-	-	9
-	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	7	-	-	11

AMERICAN OVERSIGHT

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-	-	-	-	-	-	5	-	-	1
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-	-	-	-	-	-	3	-	-	5
-	-	-	-	-	-	5	-	-	7
-	-	-	-	-	-	9	-	-	6
-	-	-	-	-	-	6	-	-	5
-	-	-	-	-	-	2	-	-	2
-	-	-	-	-	-	4	-	-	6
-	-	-	-	-	-	9	-	-	1
-	-	-	-	-	-	3	-	-	6
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-	-	-	-	-	-	4	-	-	5
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-	-	-	-	-	-	12	-	-	10
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-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	5	-	-	4
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	10	-	-	3
-	-	-	-	-	-	8	-	-	6

AMERICAN OVERSIGHT

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-	-	-	-	-	-	3	-	-	2
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-	-	-	-	-	-	5	-	-	2
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	8	-	-	1
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-	-	-	-	-	-	6	-	-	4
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-	-	-	-	-	-	8	-	-	-
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-	-	-	-	-	-	4	-	-	2
-	-	-	-	-	-	4	-	-	5
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-	-	-	-	-	-	3	-	-	4
-	-	-	-	-	-	11	-	-	10
-	-	-	-	-	-	4	-	-	4
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-	-	-	-	-	-	7	-	-	7
-	-	-	-	-	-	10	-	-	14
3	-	-	-	-	-	4	-	-	5
-	-	-	-	-	-	5	-	-	7
-	-	-	-	-	-	10	-	-	3
-	-	-	-	-	-	4	-	-	5
-	-	-	-	-	-	8	-	-	2
-	-	-	-	-	-	2	-	-	7
-	-	-	-	-	-	6	-	-	3

AMERICAN OVERSIGHT

-	-	-	-	-	-	6	-	-	1
-	-	-	-	-	-	1	-	-	4
-	-	-	-	-	-	7	1	-	1
1	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	14	-	-	2
-	-	-	-	-	-	7	-	-	6
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-	-	-	-	-	-	3	-	-	-
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	3	-	-	5
1	-	-	-	-	-	8	-	-	5
-	-	-	-	-	-	1	-	-	3
-	-	-	-	-	-	4	-	1	4
-	-	-	-	-	-	3	-	-	5
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	-	-	-	1
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	-	-	-	4
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-	-	-	-	-	-	3	-	-	5
-	-	-	-	-	-	4	1	-	3
-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	10	-	-	-
-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	7	-	-	8
-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	3	-	1	-
-	-	-	-	-	-	7	-	-	10
-	-	-	-	-	-	8	-	-	1
-	-	-	-	-	-	5	-	-	7
-	-	-	-	-	-	6	-	-	4
-	-	-	-	-	-	3	-	-	3
-	-	-	-	-	-	9	-	1	5
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	10	-	-	6
-	-	-	-	-	-	12	-	-	1
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-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	5	-	1	3
-	-	-	-	-	-	10	-	-	3
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-	-	-	-	-	-	4	-	-	4
-	-	-	-	-	-	5	-	-	6
-	-	-	-	-	-	13	-	-	6
-	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	8	-	-	8
-	-	-	-	-	-	12	-	-	5
10	-	-	-	-	-	980	3	8	683

AMERICAN OVERSIGHT

1	-	-	-	-	-	25	-	-	9
-	-	-	-	-	-	25	-	-	16
-	-	-	-	-	-	11	-	-	11
4	-	-	-	-	-	41	-	-	20
-	-	-	-	-	-	4	-	-	13
-	-	-	-	-	-	10	-	-	5
-	-	-	-	-	-	28	-	-	25
-	-	-	-	-	-	34	-	-	37
-	-	-	-	-	-	42	-	-	28
-	-	-	-	-	-	7	-	-	10
-	-	-	-	-	-	27	-	-	35
-	-	-	-	-	-	33	-	-	7
-	-	-	-	-	-	18	-	-	10
-	-	-	-	-	-	25	-	-	8
-	-	-	-	-	-	25	-	-	21
-	-	-	-	-	-	21	-	-	29
-	-	-	-	-	-	30	-	-	9
-	-	-	-	-	-	24	-	-	9
-	-	-	-	-	-	35	-	-	22
-	-	-	-	-	-	70	-	2	48
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	16	-	-	16
-	-	-	-	-	-	10	-	-	15
-	-	-	-	-	-	19	1	-	7
-	-	-	-	-	-	30	-	-	11
-	-	-	-	-	-	22	-	1	11
3	-	-	-	-	-	72	-	1	71
1	-	-	-	-	-	63	1	-	35
1	-	-	-	-	-	28	-	1	26
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	3	-	-	9
-	-	-	-	-	-	27	1	1	14
-	-	-	-	-	-	26	-	-	22
-	-	-	-	-	-	3	-	-	3
-	-	-	-	-	-	14	-	1	11
-	-	-	-	-	-	33	-	-	10
-	-	-	-	-	-	10	-	1	10
-	-	-	-	-	-	15	-	-	7
-	-	-	-	-	-	46	-	-	29

AMERICAN OVERSIGHT

31	32	33	34	35	36	37	38	39	40
Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey TOTAL	Complaint Survey Cycle 1
E	F	G	H	J	K	L	TOTAL ANNUAL CYCLE 3	TOTAL ANNUAL	B
2	-	-	-	-	-	-	4	22	-
-	1	-	-	-	-	-	4	21	-
-	-	-	-	-	-	-	2	7	-
1	-	-	-	-	-	-	3	9	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	4	10	-
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-	-	-	-	-	-	-	2	10	-
-	-	-	-	-	-	-	3	14	-
-	-	-	-	-	-	-	3	18	-
2	-	-	-	-	-	-	5	26	-
-	1	-	-	-	-	-	6	19	-
-	-	-	-	-	-	-	6	17	-
-	-	-	-	-	-	-	1	3	-
-	-	-	-	-	-	-	1	2	-
-	-	-	-	-	-	-	2	4	-
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-	-	-	-	-	-	-	2	10	-
2	-	-	-	-	-	-	7	20	-
1	-	-	-	-	-	-	9	21	-
-	2	-	-	-	-	-	11	25	-
-	2	-	-	-	-	-	5	27	-
-	1	-	-	-	-	-	12	24	-

AMERICAN OVERSIGHT

2	-	-	-	-	-	-	10	25	-
1	3	-	-	-	-	-	5	15	-
-	1	-	-	-	-	-	6	13	-
1	2	-	-	-	-	-	8	13	-
1	1	-	-	-	-	-	9	17	-
1	1	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	6	18	-
-	1	-	-	-	-	-	3	8	-
-	2	-	-	-	-	-	8	14	-
-	-	-	-	-	-	-	1	13	-
1	-	-	-	-	-	-	7	15	-
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1	-	-	-	-	-	-	5	8	-
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2	-	-	-	-	-	-	16	26	-
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1	-	-	-	-	-	-	5	16	-
-	-	-	-	-	-	-	-	7	-
1	-	-	-	-	-	-	4	21	-
1	-	-	-	-	-	-	7	28	-

AMERICAN OVERSIGHT

2	-	-	-	-	-	-	8	24	-
-	-	-	-	-	-	-	2	9	-
1	-	-	-	-	-	-	4	9	-
2	-	-	-	-	-	-	4	16	-
-	-	-	-	-	-	-	4	9	-
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1	-	-	-	-	-	-	3	11	-
2	-	-	-	-	-	-	4	6	-
1	-	-	-	-	-	-	5	9	-
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-	-	-	-	-	-	-	2	8	-
-	-	-	-	-	-	-	2	7	-
-	-	-	-	-	-	-	5	16	-
-	1	-	-	-	-	-	2	14	-
-	-	-	-	-	-	-	1	10	-
-	1	-	-	-	-	-	4	11	-
-	-	-	-	-	-	-	1	8	-
-	-	-	-	-	-	-	4	19	-
-	-	-	-	-	-	-	4	15	-
2	4	-	-	-	-	-	10	17	-
2	2	-	-	-	-	-	14	27	-
-	-	-	-	-	-	-	4	16	-
-	1	-	-	-	-	-	5	14	-
-	-	-	-	-	-	-	3	13	-
-	-	-	-	-	-	-	-	9	-
1	1	-	-	-	-	-	6	14	-
1	-	-	-	-	-	-	8	16	-
-	-	-	-	-	-	-	7	14	-
4	-	-	-	-	-	-	18	38	-
-	1	-	-	-	-	-	6	14	-
1	-	-	-	-	-	-	8	13	-
-	1	-	-	-	-	-	4	17	-
3	-	-	-	-	-	-	8	17	-
-	-	-	-	-	-	-	2	19	-
1	-	-	-	-	-	-	8	18	-
2	1	-	-	-	-	-	6	21	-

AMERICAN OVERSIGHT

1	-	-	-	-	-	-	2	16	-
-	-	2	-	-	-	-	6	16	-
1	-	-	-	-	-	-	3	16	-
1	-	-	-	-	-	-	5	25	-
-	1	-	-	-	-	-	3	28	-
1	-	-	-	-	-	-	7	23	-
1	2	-	-	-	-	-	7	12	-
-	1	-	-	-	-	-	1	10	-
-	-	-	-	-	-	-	-	14	-
1	-	-	-	-	-	-	6	9	-
1	-	-	-	-	-	-	6	17	-
1	1	-	-	-	-	-	5	14	-
-	-	-	-	-	-	-	5	16	-
1	-	-	-	-	-	-	6	17	-
-	-	-	-	-	-	-	3	8	-
1	1	-	-	-	-	-	3	5	-
-	-	-	-	-	-	-	-	8	-
1	1	-	-	-	-	-	6	12	-
-	-	-	-	-	-	-	-	3	-
-	-	-	-	-	-	-	5	13	-
-	-	-	-	-	-	-	4	12	-
1	-	-	-	-	-	-	2	6	-
1	-	-	-	-	-	-	1	20	-
2	-	-	-	-	-	-	3	7	-
2	2	-	-	-	-	-	12	23	-
2	-	-	-	-	-	-	3	5	-
2	-	-	-	-	-	-	3	12	-
2	1	-	-	-	-	-	13	27	-
-	-	-	-	-	-	-	1	23	-
2	-	-	-	-	-	-	9	22	-
1	-	-	-	-	-	-	5	24	-
-	-	-	-	-	-	-	3	9	-
2	-	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	5	10	-
2	1	-	-	-	-	-	5	13	-
1	1	-	-	-	-	-	5	23	-
2	-	-	-	-	-	-	8	32	-
-	-	-	-	-	-	-	1	24	-
1	-	-	-	-	-	-	6	11	-
1	-	-	-	-	-	-	3	10	-
-	-	-	-	-	-	-	4	12	-
1	-	-	-	-	-	-	4	19	-
1	-	-	-	-	-	-	1	4	-
-	-	-	-	-	-	-	4	9	-
3	-	-	-	-	-	-	9	16	-
-	-	-	-	-	-	-	6	28	-
-	-	-	-	-	-	-	4	26	-
-	-	-	-	-	-	-	8	23	-
1	-	-	-	-	-	-	6	28	-
122	51	4	-	-	-	-	871	2,802	-

AMERICAN OVERSIGHT

3	1	-	-	-	-	-	13	59	-
-	-	-	-	-	-	-	16	68	-
-	-	-	-	-	-	-	11	32	-
2	1	-	-	-	-	-	23	94	-
-	-	-	-	-	-	-	13	38	-
-	-	-	-	-	-	-	5	26	-
3	4	-	-	-	-	-	32	93	-
5	8	-	-	-	-	-	50	107	-
3	5	-	-	-	-	-	36	109	-
-	2	-	-	-	-	-	12	28	-
3	-	-	-	-	-	-	38	80	-
1	-	-	-	-	-	-	8	62	-
4	-	-	-	-	-	-	14	47	-
1	-	-	-	-	-	-	9	60	-
2	-	-	-	-	-	-	23	66	-
8	1	2	-	-	-	-	40	98	-
3	1	-	-	-	-	-	13	63	-
2	-	-	-	-	-	-	11	56	-
6	-	-	-	-	-	-	28	98	-
9	1	-	-	-	-	-	60	185	-
-	-	-	-	-	-	-	-	-	-
3	1	-	-	-	-	-	20	45	-
-	-	-	-	-	-	-	15	43	-
4	1	-	-	-	-	-	13	38	-
1	1	-	-	-	-	-	13	75	-
-	1	-	-	-	-	-	13	53	-
11	10	-	-	-	-	-	93	222	-
10	2	2	-	-	-	-	50	199	-
5	4	-	-	-	-	-	36	109	-
1	1	-	-	-	-	-	6	13	-
-	-	-	-	-	-	-	-	8	-
1	1	-	-	-	-	-	11	28	-
10	2	-	-	-	-	-	28	85	-
5	1	-	-	-	-	-	28	96	-
-	-	-	-	-	-	-	3	9	-
5	1	-	-	-	-	-	18	45	-
3	1	-	-	-	-	-	14	79	-
2	-	-	-	-	-	-	13	33	-
2	-	-	-	-	-	-	9	32	-
4	-	-	-	-	-	-	33	121	-

AMERICAN OVERSIGHT

41	42	43	44	45	46	47	48	49	50
Complaint Survey Cycle 1	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**

C	D	E	F	G	H	I	J	K	L
-	**5**	**2**	-	**5**	-	-	-	-	-
-	**1**	-	-	-	-	-	-	-	-
-	-	-	**1**	-	-	-	-	-	-
-	**1**	-	-	**4**	-	-	-	-	-
-	-	-	-	-	-	-	**5**	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	**1**	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	**1**	-	-	**2**	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	**1**	-	-	-	-	-	-	-
-	**11**	**2**	-	**5**	-	-	-	-	-
-	**4**	-	-	-	-	-	-	-	**1**
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	**2**	-	-	-	-	-	-	-	-
-	**1**	**1**	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	**1**	-	-	**1**	-	-	-	-	-
-	**2**	**1**	-	-	-	-	-	-	-
-	**2**	**2**	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-

AMERICAN OVERSIGHT

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-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	3	-	-
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-	2	1	-	-	-	-	-	-	-
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-	2	-	-	-	-	-	-	-	-
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-	3	-	-	-	-	-	-	-	-
-	6	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
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-	1	-	-	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-
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-	-	-	-	1	-	-	-	-	-
-	6	-	-	-	-	-	-	-	-
-	10	2	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	1	1	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	2	-	-
-	-	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-

AMERICAN OVERSIGHT

-	1	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	2	1	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	1	-	-	1	-	-	-	-	-
-	6	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	2	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	9	6	-	1	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	2	-	-	1	-	-	2	-	-
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-	1	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	2	2	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	1	-	-	-	-	-
-	-	2	-	-	-	-	2	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-
-	2	1	-	-	-	-	3	-	-
-	3	1	-	-	-	-	-	-	-
-	5	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	3	-	-
-	3	-	-	-	-	-	-	-	-
-	3	1	-	2	-	-	-	-	-
-	4	-	-	-	-	-	-	-	-
-	4	1	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	2	2	-	-	-	-	-	-	-
1	1	5	1	-	-	-	4	-	-
-	2	-	-	-	-	-	-	-	-
-	2	1	-	-	-	-	1	2	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-

AMERICAN OVERSIGHT

*		8.0%
*	*	
5.0%	*	
*		0.0%
6.0%		0.0%
*	*	
16.0%	*	
*	*	
7.0%	*	
6.0%	*	
*	*	
*	*	
5.0%	*	
*	*	
9.0%	*	
8.0%	*	
9.0%	*	
0.0%	*	
3.0%	*	
5.0%	*	
*	*	
5.0%		0.0%
*	*	
8.0%		0.0%
*	*	
4.0%		0.0%
7.0%		0.0%
*	*	
5.0%	*	
*	*	
*		5.0%
*		0.0%
4.0%	*	
4.0%	*	
*		5.0%
5.0%	*	
*	*	
*	*	
*	*	
9.0%	*	
*	*	
*		0.0%
*	*	
7.0%	*	
*		0.0%
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*	*	
7.0%	*	
*	*	
3.0%	*	
*	*	
8.0%	*	
*		0.0%
15.0%	*	

AMERICAN OVERSIGHT

4.0%	*
*	0.0%
*	*
*	0.0%
0.0%	*
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*	*
2.0%	*
8.0%	*
*	*
5.0%	*
5.0%	*
*	*
17.0%	*
8.0%	0.0%
*	*
*	*
*	*
5.0%	*
*	7.0%
4.0%	6.0%
3.0%	3.0%
6.0%	*
3.0%	2.0%
3.0%	3.0%
*	0.0%
*	*
*	*
3.0%	3.0%
*	*
4.0%	*
*	*
10.0%	*
8.0%	*
0.0%	0.0%
*	*
11.0%	*
*	*
*	0.0%
*	0.0%
*	0.0%
*	*
*	*
*	*
*	0.0%
*	0.0%
*	*
*	*
*	*
*	*
*	0.0%
4.0%	*
*	*

AMERICAN OVERSIGHT

I STROKE					PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF COPD				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF RESPIRATORY FAILURE			
2018	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
			*				*					
			*								9.0%	
			*				*					
			*				*					
			*				*					
			*								3.0%	
			*				*					
				4.0%			*					
			*								6.0%	
				10.0%			*					
			*				*					
			*								0.0%	
			*				*					
			*				*					
				8.0%			*					
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			*				*					
				0.0%			*					
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			*				*					
				0.0%			*					
			*								0.0%	
			*				*					
			*				*					
			*								22.0%	
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			*				*					
			*				*					
				4.0%							5.0%	

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	58.0%		29.6%	20.0%	18.0%	22.8%	21.5%	18.0%
	70.0%		10.4%	10.8%	9.0%	12.1%	18.9%	19.0%
	67.0%		24.3%	34.8%	26.0%	17.6%	14.3%	14.0%
	74.0%		20.6%	19.6%	15.0%	9.9%	14.0%	18.0%
	57.0%		26.5%	33.9%	28.0%	21.2%	21.3%	20.0%
	56.0%		25.0%	27.8%	20.0%	14.4%	14.4%	15.0%
	56.0%		19.2%	15.2%	13.0%	19.5%	17.8%	16.0%
	67.0%		12.2%	9.9%	8.0%	17.7%	16.0%	19.0%
	61.0%		19.5%	14.1%	11.0%	20.1%	18.5%	24.0%
**			16.4%	12.0%	15.0%	19.4%	19.6%	21.0%
	62.0%		23.3%	18.4%	12.0%	19.4%	22.4%	21.0%
	67.0%		17.6%	19.6%	14.0%	16.8%	17.5%	19.0%
	73.0%		12.1%	10.4%	8.0%	11.3%	16.1%	15.0%
	71.0%		9.8%	13.3%	10.0%	15.4%	19.1%	20.0%
	70.0%		12.2%	3.3%	4.0%	22.3%	19.9%	22.0%
	60.0%			*				15.0%
	74.0%		6.8%	3.2%	3.0%	12.4%	11.6%	14.0%
	59.0%		24.8%	14.4%	11.0%	21.1%	15.0%	19.0%
	55.0%		27.8%	16.9%	25.0%	21.3%	23.6%	17.0%
	72.0%		60.6%	68.6%	67.0%	19.7%	14.3% *	
	60.0%		21.6%	22.1%	19.0%	23.6%	27.2%	23.0%
	60.0%		14.0%	11.0%	13.0%	14.0%	18.7%	18.0%
	58.0%		21.1%	18.6%	15.0%	22.3%	20.3%	20.0%
	43.0%		68.3%	52.7%	45.0%	14.6%	18.0%	21.0%
	61.0%		18.6%	13.2%	15.0%	22.3%	20.0%	23.0%
	63.0%		18.1%	13.0%	20.0%	17.6%	22.6%	23.0%
	50.0%		24.9%	20.0%	20.0%	21.8%	24.1%	24.0%
	69.0%		6.4%	7.1%	8.0%	15.8%	17.8%	15.0%
	45.0%		70.6%	64.3%	57.0%	21.1%	12.2%	15.0%
	50.0%		37.1%	28.8%	28.0%	17.7%	24.1%	23.0%
	74.0%		11.0%	10.8%	12.0%	19.6%	19.2%	19.0%
	68.0%				4.0%			20.0%
	51.0%		20.0%	28.4%	33.0%	21.3%	25.4%	25.0%
	52.0%		13.6%	5.6% *		22.7%	38.9%	32.0%
	74.0%		26.5%	13.2%	15.0%	16.8%	23.6%	14.0%
	55.0%		73.2%	68.1%	66.0%	20.5%	15.9%	20.0%
	50.0%		21.7%	25.5%	24.0%	25.3%	25.0%	29.0%
	61.0%		26.4%	25.7%	21.0%	27.4%	25.1%	26.0%
	70.0%		10.9%	10.3% *		15.3%	18.4%	17.0%
**			15.7%	11.6%	18.0%	15.3%	14.4%	17.0%
	60.0%		14.2%	14.8%	18.0%	25.7%	19.1%	22.0%
	64.0%		75.0% *		69.0%	25.3%	25.6%	27.0%
	49.0%		66.1%	66.5%	65.0%	16.3%	20.2%	21.0%
	35.0%		*	*	73.0%	16.8%	15.9%	25.0%
	65.0%		47.3%	49.7%	45.0%	23.9%	19.9%	22.0%
	61.0%		33.6%	40.4%	36.0%	17.7%	22.8%	17.0%
	72.0%		40.0%	37.3%	34.0%	21.2%	23.7%	24.0%
	55.0%		36.7%	56.8%	34.0%	31.6%	23.5%	24.0%
	49.0%		31.7%	15.8%	29.0%	31.7%	10.5%	31.0%
	57.20%	0.00%	24.05%	20.45%	20.76%	0.00%	20.28%	20.32%	20.69%

AMERICAN OVERSIGHT

	66.0%	28.1%	25.3%	31.0%	18.9%	25.6%	20.0%
	63.0%	51.6%	46.1%	53.0%	19.5%	20.3%	22.0%
	70.0%	31.0%	23.8%	24.0%	26.5%	19.1%	25.0%
	66.0%	32.4%	32.9%	31.0%	14.4%	19.4%	18.0%
	74.0%	19.7%	18.8%	16.0%	19.3%	19.5%	24.0%
	55.0%	28.6%	26.1%	34.0%	16.7%	20.7%	23.0%
	52.0%	52.1%	48.5%	34.0%	25.0%	23.9%	19.0%
	65.0%	22.3%	20.9%	21.0%	25.1%	23.9%	22.0%
	59.0%	19.8%	25.8%	21.0%	27.0%	25.8%	24.0%
	68.0%	17.3%	16.9%	17.0%	24.8%	22.4%	23.0%
	65.0%	28.9%	34.2%	39.0%	19.3%	27.4% *	
	64.0%	25.4%	32.7%	28.0%	26.2%	24.8%	27.0%
	60.0%	17.7%	21.7%	21.0%	18.1%	20.7%	22.0%
	61.0%	29.0%	36.5%	27.0%	11.5%	18.3%	24.0%
	56.0%	28.3%	33.3%	35.0%	17.6%	17.0%	19.0%
	54.0%	22.8%	21.9%	19.0%	17.5%	16.5%	21.0%
	57.0%	26.0%	27.5%	22.0%	19.2%	18.5%	29.0%
	47.0%	28.4%	11.5% *		26.9%	26.9%	25.0%
**		8.6%	3.6%	3.0%	12.1%	14.6%	13.0%
	57.0%	15.9%	13.7%	10.0%	15.9%	12.5%	24.0%
**		9.3%	7.2% *		25.8%	24.1%	23.0%
	61.0%	20.6%	13.5%	7.0%	23.8%	16.0%	24.0%
	59.0%	22.0%	14.5%	14.0%	20.9%	28.2%	13.0%
	70.0%	6.2%	6.6%	4.0%	14.3%	16.3%	21.0%
	66.0%	11.4%	12.6%	12.0%	24.3%	19.5%	23.0%
	66.0%	9.6%	12.3%	12.0%	22.5%	21.1%	19.0%
	73.0%	9.9%	11.2%	13.0%	21.7%	15.9%	28.0%
	52.0%	16.5%	14.2%	21.0%	22.1%	21.2%	22.0%
	65.0%	12.7%	7.2%	8.0%	15.8%	19.4%	18.0%
	49.0%	23.2%	23.5%	16.0%	31.5%	21.6%	33.0%
	58.0%	16.2%	12.9%	12.0%	24.5%	26.4%	28.0%
	55.0%	14.8%	13.1%	10.0%	25.6%	26.2%	22.0%
	63.0%	6.9%	8.0%	7.0%	23.3%	22.3%	21.0%
	63.0%	11.0%	9.9%	12.0%	21.5%	21.6%	20.0%
	59.0%	11.3%	7.9%	9.0%	23.3%	29.5%	24.0%
	56.0%	14.0%	12.8%	20.0%	25.3%	25.1%	25.0%
	60.0%	21.4%	19.3%	23.0%	24.4%	23.3%	22.0%
	53.0%	17.5%	19.5%	19.0%	19.3%	17.2%	28.0%
	56.0%	22.2%	17.3%	22.0%	13.9%	16.7%	23.0%
	55.0%	19.9%	24.7%	23.0%	24.0%	25.8%	18.0%
	50.0%	10.5%	18.1%	20.0%	19.3%	15.4%	17.0%
	49.0%	31.6%	25.3%	16.0%	20.0%	31.0%	28.0%
	39.0%	34.4%	35.2%	38.0%	32.3%	33.0%	20.0%
	52.0%	39.3%	35.5%	30.0%	27.0%	25.6%	24.0%
	43.0%	38.2%	40.4%	35.0%	20.0%	20.6%	26.0%
	59.0%	14.3%	18.6%	15.0%	19.7%	27.4%	26.0%
	40.0%	16.8%	18.8%	22.0%	33.5%	29.5%	23.0%
	54.0%	8.0%	12.4%	12.0%	16.7%	25.8%	25.0%
	39.0%	21.6%	26.9%	21.0%	21.1%	24.7%	27.0%
	55.0%	18.4%	12.9%	16.0%	21.2%	24.4%	20.0%
	60.0%	22.5%	20.4%	21.0%	18.3%	13.6%	19.0%
	50.0%	14.6%	7.4%	12.0%	21.6%	19.7%	21.0%
	49.0%	34.9%	27.6%	36.0%	19.9%	15.2%	24.0%
	52.0%	26.9%	19.2%	22.0%	18.4%	20.2%	16.0%

AMERICAN OVERSIGHT

63.0%	15.4%	11.5%	12.0%	20.3%	19.0%	17.0%
58.0%	20.2%	12.2%	19.0%	13.3%	22.8%	12.0%
51.0%	42.7%	23.8%	26.0%	15.3%	18.8%	18.0%
63.0%	19.5%	18.5%	15.0%	20.4%	14.6%	17.0%
53.0%	14.7%	9.9%	9.0%	16.8%	24.6%	22.0%
53.0%	24.9%	18.6%	20.0%	19.0%	13.7%	16.0%
70.0%	10.9%	9.4%	8.0%	17.9%	17.0%	20.0%
66.0%	6.5%	5.0%	5.0%	19.2%	20.2%	18.0%
68.0%	30.1%	17.7%	17.0%	18.1%	14.1%	18.0%
63.0%	9.9%	10.0%	8.0%	17.1%	18.0%	15.0%
69.0%	17.6%	12.7%	11.0%	21.8%	18.9%	21.0%
58.0%	12.5%	10.7%	11.0%	24.8%	21.3%	22.0%
68.0%	11.8%	6.3%	4.0%	17.5%	17.9%	18.0%
50.0%	14.1%	12.2%	13.0%	15.4%	18.9%	18.0%
69.0%	23.1%	13.4%	11.0%	23.9%	19.4%	20.0%
66.0%	25.4%	26.0%	11.0%	26.4%	23.1%	21.0%
62.0%	13.6%	9.5%	11.0%	18.8%	27.5%	24.0%
67.0%	8.7%	9.7%	9.0%	18.7%	19.3%	17.0%
58.0%	24.1%	12.2%	15.0%	24.1%	25.7%	20.0%
65.0%	21.0%	16.5%	15.0%	24.3%	23.8%	22.0%
57.0%	12.9%	7.7%	7.0%	27.0%	16.5%	21.0%
67.0%	14.3%	6.7%	9.0%	21.9%	19.2%	19.0%
59.0%	22.4%	9.8%	8.0%	26.6%	26.6%	27.0%
65.0%	9.1%	5.0%	7.0%	20.8%	21.7%	22.0%
66.0%	9.4%	3.9%	4.0%	18.8%	18.5%	22.0%
66.0%	28.6%	25.3%	21.0%	21.7%	20.0%	19.0%
57.0%	21.3%	14.9%	20.0%	22.6%	28.4%	32.0%
72.0%	12.9%	8.8%	5.0%	19.5%	18.4%	19.0%
64.0%	9.9%	7.9%	7.0%	20.9%	22.4%	18.0%
69.0%	8.8%	5.3%	3.0%	20.7%	15.6%	18.0%
61.0%	22.6%	10.1%	13.0%	13.1%	18.1%	18.0%
46.0%	51.8%	38.1%	55.0%	26.8%	17.5%	17.0%
52.0%	50.9%	32.7%	18.0%	19.8%	19.4%	27.0%
57.0%	16.1%	9.5%	9.0%	24.6%	29.7%	25.0%
50.0%	42.4%	34.8%	21.0%	14.1%	15.2%	15.0%
64.0%	60.7%	56.7%	61.0%	21.4%	26.7%	17.0%
52.0%	27.6%	28.1%	33.0%	26.3%	19.4%	18.0%
54.0%	50.9%	35.8%	44.0%	17.6%	18.9%	20.0%
68.0%	55.3%	65.4%	71.0%	19.1%	30.8% *	
46.0%	45.7%	18.2%	46.0%	30.4%	18.2% *	
54.0%	44.7%	42.5%	46.0%	18.4%	22.5% *	
60.0%	45.0%	47.1%	49.0%	16.7%	17.1%	19.0%
53.0%	25.0%	23.9%	19.0%	19.7%	23.9%	35.0%
55.0%	58.4%	52.3%	49.0%	11.2%	9.2%	25.0%
44.0%	54.2%	45.8%	59.0%	20.8%	16.7%	34.0%
65.0%	* *	**		16.7%	13.3% *	
59.0%	31.5%	16.5%	15.0%	23.1%	27.8%	32.0%
49.0%	12.3%	9.7% *		13.6%	17.2%	29.0%
65.0%	15.8%	15.2%	23.0%	20.8%	15.2% *	
52.0%	15.9%	17.1%	11.0%	19.6%	18.8%	20.0%
73.0%	12.3%	12.8%	11.0%	16.7%	18.2%	20.0%
75.0%	9.1%	6.5%	7.0%	16.3%	16.9%	18.0%
**	18.7%	13.6%	8.0%	14.2%	19.5%	12.0%

AMERICAN OVERSIGHT

47		41	43	48		42	44	49	

EFICIARIES WITH OSTEO ARTHRISTIS		PERCENT OF BENEFICIARIES WITH SCHIZOPHRENIA				PERCENT OF BENEFICIARIES WITH			
2017	2018	2015	2016	2017	2018	2015	2016	2017	
**		38.3%	29.1%	42.0%		21.4%	23.1%	45.0%	
60.0%		29.2%	20.7%	17.0%		21.9%	22.9%	28.0%	
71.0%		18.5%	17.9%	11.0%		21.7%	17.9%	20.0%	
74.0%		22.3%	24.5%	26.0%		21.7%	19.6%	12.0%	
59.0%		24.4%	24.1%	16.0%		23.8%	16.7%	21.0%	
71.0%		12.2%	9.4%	9.0%		15.0%	13.0%	19.0%	
62.0%		27.5%	24.5%	22.0%		29.0%	19.4%	21.0%	
71.0%		16.6%	6.4%	7.0%		15.5%	19.8%	18.0%	
64.0%		16.5%	9.7%	6.0%		20.8%	19.8%	20.0%	
70.0%		15.4%	15.2% *			27.6%	18.8%	18.0%	
59.0%		14.0%	9.9%	7.0%		12.2%	19.1%	21.0%	
71.0%		23.3%	13.7% *			18.4%	10.8%	22.0%	
62.0%		25.6%	12.4%	10.0%		21.1%	16.1%	20.0%	
66.0%		22.3%	7.7% *			20.5%	17.3%	19.0%	
**		13.7%	8.7%	9.0%		20.5%	16.6%	22.0%	
69.0%		26.0%	21.5%	26.0%		26.0%	20.6%	21.0%	
51.0%		32.8%	27.5%	29.0%		26.1%	24.8%	26.0%	
42.0%		22.5%	17.6%	23.0%		18.2%	15.5%	15.0%	
45.0%		19.6%	15.4%	13.0%		16.5%	20.2%	23.0%	
68.0%		12.3%	12.0% *			22.2%	12.0% *		
65.0%		9.7%	12.0%	15.0%		20.4%	14.0%	16.0%	
70.0%		20.2%	14.1% *			21.3%	20.3%	18.0%	
**		21.6%	9.4%	11.0%		22.7%	20.5%	22.0%	
67.0%		12.3%	10.2% *			15.8%	38.8% *		
67.0%		43.6%	39.7%	37.0%		25.5%	22.2%	22.0%	
60.0%		17.0%	16.2%	13.0%		19.9%	19.5%	16.0%	
52.0%		22.9%	18.9%	18.0%		27.5%	32.4%	27.0%	
56.0%		20.5%	9.2%	11.0%		20.0%	20.1%	21.0%	
60.0%		18.5%	12.8%	14.0%		16.0%	19.8%	27.0%	
52.0%		18.4%	9.2%	10.0%		21.8%	17.4%	28.0%	
71.0%		13.5%	10.2%	8.0%		23.3%	22.9%	25.0%	
54.0%		11.2%	12.4%	6.0%		19.1%	16.9%	21.0%	

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	65.1%		70.0%			10.5%	10.3%	17.0%			48.8%	57.9%
	72.7%		66.0%			16.1%	13.6%	14.0%			63.2%	62.2%
	65.2%		70.0%			15.4%	5.4%	16.0%			60.3%	58.0%
	62.9%		71.0%			15.3%	13.3%	15.0%		*		*
	58.3%		69.0%			6.6%	3.9%	10.0%			54.3%	52.0%
	68.0%		66.0%			24.0%	20.6%	17.0%			57.7%	57.7%
*			72.0%			18.9%	18.2%	17.0%			55.3%	62.1%
	73.1%	**				24.3%	21.0%	20.0%			64.6%	61.6%
	63.5%		67.0%			18.4%	22.1%	21.0%			63.8%	63.8%
*		**				33.3%	38.7%	31.0%			62.0%	73.3%
	72.0%		74.0%			21.4%	17.6%	17.0%			51.5%	63.2%
	63.9%		65.0%			17.6%	17.5%	16.0%			65.3%	68.4%
	63.6%		65.0%			27.7%	22.0%	26.0%			73.6%	73.9%
	71.0%		65.0%			22.1%	16.8%	25.0%			62.0%	65.5%
	66.7%		67.0%			20.3%	21.6%	20.0%			59.1%	70.2%
			73.0%					17.0%				
	61.9%		58.0%			37.3%	31.3%	31.0%		*		*
	67.9%		62.0%			18.4%	21.3%	18.0%			53.6%	65.1%
	71.3%		66.0%			13.9%	19.0%	16.0%			56.9%	63.1%
	65.7%		69.0%			11.3%	7.1%	*			56.3%	72.9%
	70.6%		69.0%			23.6%	25.1%	23.0%			58.3%	57.0%
	71.6%		70.0%			22.7%	23.8%	19.0%			60.5%	59.3%
	69.6%		75.0%			17.1%	12.7%	15.0%			58.6%	59.9%
	74.7%		75.0%			11.6%	7.3%	*			43.9%	46.0%
*		**				19.2%	17.9%	17.0%			61.5%	60.7%
	68.5%	**				14.8%	4.8%	13.0%			57.4%	59.6%
*			68.0%			11.2%	8.8%	10.0%			47.7%	45.9%
	72.4%		74.0%			20.3%	18.9%	19.0%			73.4%	72.4%
	60.0%		67.0%			29.4%	18.3%	21.0%			47.7%	53.9%
	69.6%		70.0%			10.3%	12.0%	12.0%			52.6%	56.0%
	74.4%		73.0%			22.1%	17.2%	19.0%			72.3%	70.0%
			71.0%					29.0%				
	63.4%		71.0%			12.0%	9.7%	20.0%			41.3%	46.3%
*		**				13.6%	22.2%	*			59.1%	61.1%
*		**				23.2%	25.7%	30.0%			72.9%	75.0%
	64.5%		65.0%			15.0%	10.9%	17.0%			52.8%	51.4%
*			64.0%			19.4%	15.3%	9.0%			58.5%	63.3%
*		**				15.9%	14.0%	15.0%			55.2%	56.1%
*		**				52.0%	42.0%	40.0%			73.3%	*
	67.6%		66.0%			27.7%	25.0%	22.0%			63.2%	73.1%
	74.6%	**				23.4%	16.8%	19.0%			60.9%	60.9%
	68.2%		73.0%			6.3%	4.1%	8.0%			43.0%	53.7%
	72.5%		67.0%			9.2%	6.0%	*			48.1%	50.6%
	57.5%		51.0%			6.8%	4.8%	*			47.2%	44.0%
*		**				12.8%	14.0%	23.0%			70.7%	63.7%
*		**				19.5%	11.4%	16.0%			69.9%	65.8%
*		**				20.0%	19.1%	18.0%			70.2%	70.5%
	66.7%	**				21.5%	12.3%	*			45.6%	48.1%
*		**				18.3%	2.6%	*			58.3%	60.5%
	57.00%		54.63%	0.00%		16.83%	15.03%	14.14%	0.00%		55.71%	57.56%

AMERICAN OVERSIGHT

65.7%	68.0%	13.4%	13.5%	13.0%	68.4%	70.2%
50.0%	60.0%	10.9%	7.8%	9.0%	48.4%	52.3%
68.1%	66.0%	27.1%	19.5%	19.0%	*	72.7%
68.2%	72.0%	9.0%	10.0%	9.0%	71.3%	74.7%
* **		15.4%	15.7%	16.0%	66.7%	70.5%
62.0%	72.0%	10.7%	6.5% *		46.4%	50.0%
56.7%	69.0%	7.3%	8.2% *		47.9%	49.3%
68.6%	69.0%	16.2%	17.0%	17.0%	57.1%	60.5%
72.2% **		13.7%	13.9%	17.0%	49.2%	55.2%
70.6%	71.0%	17.3%	22.4%	17.0%	63.0%	69.8%
65.8%	70.0%	11.4%	15.4% *		59.6%	70.9%
62.2%	69.0%	11.7%	8.9%	12.0%	53.1%	59.8%
67.8%	68.0%	14.6%	14.1%	13.0%	58.7%	62.7%
66.1%	71.0%	15.3%	14.8%	15.0%	51.9%	60.0%
59.4%	61.0%	10.2%	10.9%	10.0%	51.3%	49.1%
67.8%	56.0%	21.0%	17.8%	17.0%	59.4%	59.9%
*	68.0%	9.0%	12.2%	15.0%	58.8%	58.2%
63.5%	60.0%	20.9%	5.8% *		64.2%	53.8%
68.8%	69.0%	25.1%	21.1%	17.0%	* *	
63.5%	60.0%	15.9%	15.9%	17.0%	57.8%	59.8%
69.4%	66.0%	15.6%	16.5%	15.0%	72.0% *	
60.1%	71.0%	22.8%	14.1%	16.0%	66.7%	66.3%
64.5%	64.0%	9.9%	10.9%	12.0%	50.5%	52.7%
60.1%	59.0%	27.7%	23.9%	22.0%	68.6%	70.0%
73.3% **		13.7%	15.7%	14.0%	54.7%	63.5%
63.5%	68.0%	17.2%	15.1%	17.0%	60.8%	65.5%
67.1%	73.0%	22.7%	20.0%	22.0%	61.6%	67.6%
64.6%	64.0%	25.5%	19.3%	15.0%	58.9%	54.7%
66.2%	62.0%	26.8%	25.5%	18.0%	62.2%	63.2%
61.4%	73.0%	15.5%	7.2%	8.0%	54.2%	49.0%
68.5%	71.0%	17.5%	11.2%	11.0%	60.8%	57.0%
64.8%	64.0%	21.0%	13.1%	16.0%	47.7%	56.6%
68.6%	64.0%	22.3%	24.0%	23.0%	61.3%	60.9%
66.0%	62.0%	19.0%	21.9%	15.0%	58.8%	64.7%
71.6%	65.0%	13.8%	15.5%	15.0%	50.9%	54.0%
59.8%	59.0%	17.7%	11.7%	12.0%	55.1%	53.9%
67.1%	61.0%	18.3%	16.9%	23.0%	57.3%	57.5%
53.4%	54.0%	20.8%	14.9%	20.0%	56.1%	54.6%
54.3%	60.0%	16.7%	17.9%	15.0%	63.2%	53.7%
61.1%	58.0%	25.1%	19.2%	20.0%	50.3%	52.0%
60.4%	63.0%	15.5%	12.8%	10.0%	56.4%	49.0%
59.8%	61.0%	10.5%	12.6% *		37.9%	41.4%
69.2%	66.0%	5.2%	7.7% *		40.6%	44.0%
63.5%	62.0%	14.6%	9.9%	12.0%	56.7%	48.3%
58.2%	60.0%	7.9%	5.7%	11.0%	49.1%	53.2%
70.5%	73.0%	10.7%	12.7%	14.0%	53.3%	54.0%
72.5%	67.0%	11.9%	12.8%	9.0%	53.5%	51.0%
64.1%	74.0%	20.1%	20.6%	15.0%	54.0%	59.3%
67.2%	65.0%	14.7%	18.8%	7.0%	47.8%	40.9%
69.8% **		15.8%	13.3%	18.0%	59.5%	57.1%
70.7%	69.0%	16.6%	20.4%	14.0%	59.8%	65.3%
65.9%	65.0%	14.6%	13.0%	7.0%	50.6%	50.2%
59.3%	69.0%	10.3%	11.0%	10.0%	50.7%	55.9%
60.6%	70.0%	8.5%	8.7%	11.0%	47.0%	51.0%

AMERICAN OVERSIGHT

61.3%	63.0%	18.2%	20.7%	15.0%	57.5%	58.0%
67.7%	62.0%	19.1%	13.8%	9.0%	67.6%	61.9%
64.4%	60.0%	5.6%	5.0% *		61.3%	47.5%
72.9%	74.0%	18.5%	16.7%	16.0%	66.6%	65.8%
74.9% **		24.6%	20.9%	13.0%	68.1%	53.4%
58.0%	57.0%	16.0%	15.5%	12.0%	61.2%	57.5%
57.8%	54.0%	26.4%	27.4%	24.0%	67.2%	70.6%
72.9%	74.0%	18.1%	17.2%	18.0%	71.2%	69.5%
67.2%	72.0%	13.9%	13.1%	11.0%	64.5%	60.6%
71.6%	74.0%	18.8%	15.2%	16.0%	62.0%	63.7%
66.5%	68.0%	17.6%	13.2%	12.0%	63.2%	59.4%
72.4%	69.0%	15.2%	15.7%	16.0%	60.8%	59.1%
54.4%	57.0%	28.6%	22.1%	20.0%	66.3%	70.5%
62.6%	71.0%	19.7%	14.0%	13.0%	62.8%	54.5%
* **		22.7%	21.6%	24.0%	63.2%	64.2%
70.2% **		14.5%	15.4%	15.0%	67.4%	65.4%
71.1% **		16.2%	14.9%	17.0%	62.5%	60.7%
60.9%	60.0%	16.4%	16.1%	15.0%	69.8%	64.3%
60.4%	62.0%	15.9%	14.9%	19.0%	62.2%	64.0%
60.7%	70.0%	18.2%	12.6%	17.0%	60.3%	55.8%
59.3%	60.0%	15.8%	17.9%	15.0%	59.2%	57.5%
73.4% **		19.0%	14.0%	16.0%	64.9%	68.9%
70.5%	71.0%	14.1%	12.7%	9.0%	57.3%	63.6%
70.1% **		20.8%	17.1%	18.0%	62.3%	64.0%
70.6% **		17.5%	17.2%	18.0%	66.7%	71.0%
62.7%	66.0%	6.8%	8.7% *		61.5%	60.7%
74.2%	73.0%	7.8%	9.8%	11.0%	54.3%	64.4%
65.9%	71.0%	19.3%	18.1%	17.0%	63.3%	66.9%
65.7%	67.0%	18.1%	13.6%	21.0%	58.0%	58.6%
64.4%	63.0%	19.9%	20.2%	19.0%	73.4%	71.2%
54.5%	62.0%	29.4%	21.3%	18.0%	58.4%	57.8%
52.4%	48.0%	3.6%	12.7% *		33.9%	34.9%
67.3%	60.0%	12.3%	10.2%	11.0%	42.5%	45.9%
72.5%	68.0%	21.6%	23.4%	17.0%	54.8%	56.8%
63.0%	61.0%	27.1%	10.9%	10.0%	57.6%	45.7%
65.0%	67.0%	12.5%	10.0% *		50.0%	71.7%
67.5%	69.0%	27.6%	15.0%	15.0%	53.9%	58.1%
67.0%	64.0%	10.2%	11.3%	11.0%	63.0%	64.2%
*	71.0%	4.3%	7.7% *		70.2% *	
42.4%	63.0%	6.5%	12.1% *		52.2%	57.6%
67.5%	66.0%	10.5%	10.0% *		60.5%	45.0%
57.6%	61.0%	10.0%	11.8%	9.0%	60.8%	60.6%
56.8%	62.0%	15.8%	19.3%	15.0%	59.2%	61.4%
67.7% **		10.1%	16.9% *		59.6%	64.6%
29.2%	69.0%	8.3%	12.5% *		54.2%	50.0%
36.7%	54.0%	13.3%	3.3% *		56.7%	63.3%
* **		20.4%	16.5%	14.0%	70.4%	59.5%
53.8%	62.0%	20.8%	21.5%	15.0%	59.7%	64.5%
56.5%	71.0%	11.9%	17.4% *		52.5%	50.0%
56.5%	63.0%	11.1%	11.8%	13.0%	52.4%	51.2%
72.7%	74.0%	29.1%	33.2%	31.0%	72.4%	72.2%
68.5%	72.0%	27.5%	23.1%	29.0%	69.6%	67.9%
72.8% **		32.3%	27.8%	31.0%	72.9%	71.0%

AMERICAN OVERSIGHT

40	45		39	41	46		40	42

OF BENEFICIARIES WITH ISCHEMIC HEART DISEASE (IHD)			PERCENT OF BENEFICIARIES WITH OSTEOPOROSIS				PERCENT OF BEN RHUEMATOID OR	
2016	2017	2018	2015	2016	2017	2018	2015	2016
64.9%	68.0%		19.5%	11.9%	11.0%		*	62.7%
*	68.0%		15.1%	15.6%	13.0%		63.5%	66.5%
63.2%	64.0%		23.7%	20.3%	20.0%		66.7%	71.7%
62.9%	69.0%		13.9%	14.0%	17.0%		70.5%	71.3%
56.8%	65.0%		23.3%	14.2%	16.0%		59.3%	64.8%
58.2%	60.0%		24.4%	17.5%	22.0%		*	70.6%
63.3%	57.0%		22.5%	14.4%	11.0%		63.0%	59.0%
59.8%	65.0%		24.9%	18.4%	22.0%		70.1%	73.5%
60.3%	61.0%		21.2%	19.4%	22.0%		66.5%	59.5%
72.3%	72.0%		26.0%	20.5%	20.0%		73.2%	72.3%
57.2%	63.0%		23.3%	13.8%	20.0%		65.1%	63.2%
58.8%	59.0%		19.4%	16.7%	12.0%		*	70.6%
63.5%	65.0%		13.5%	9.5%	17.0%		71.4%	65.0%
61.5%	64.0%		24.1%	16.3%	15.0%		66.1%	65.4%
74.7%	72.0%		12.9%	11.9%	14.0%		* *	
71.0%	67.0%		15.3%	11.2%	13.0%		61.8%	60.7%
60.8%	56.0%		24.6%	18.3%	17.0%		50.0%	52.9%
54.2%	54.0%		21.9%	18.3%	13.0%		46.0%	43.7%
53.8%	59.0%		12.4%	19.2%	18.0%		46.4%	61.5%
57.3%	55.0%		8.6%	14.7%	19.0%		66.7%	70.7%
65.0%	59.0%		23.9%	21.0%	18.0%		61.1%	66.0%
70.3%	72.0%		18.0%	17.2%	16.0%		70.8%	73.4%
* **			20.4%	16.9%	18.0%		72.9% *	
46.9%	49.0%		21.1%	24.5%	40.0%		64.9%	61.2%
58.7%	64.0%		22.8%	15.9%	13.0%		56.4%	57.9%
53.9%	52.0%		23.4%	18.8%	19.0%		61.7%	50.6%
64.9%	66.0%		14.4%	12.8%	13.0%		51.6%	51.4%
72.4% **			12.5%	12.1%	14.0%		60.0%	58.6%
* **			16.0%	18.6%	15.0%		56.8%	59.3%
*	73.0%		17.2%	12.8%	12.0%		51.7%	46.8%
66.9%	69.0%		24.4%	24.2%	19.0%		66.5%	65.7%
73.4%	67.0%		18.4%	17.6%	15.0%		56.3%	57.3%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	61.1%	*		70.0%	*	*	**		65.4%
	70.4%	*	**		*	*	**		65.7%
	69.1%		60.7%	65.0%	*	*	**		71.3%
	71.8%		67.1%	68.0%	*	*	**		66.4%
	62.9%		59.8%	59.0%	*	*	**		64.9%
	61.5%		69.1%	70.0%	*	*	**		69.2%
	74.4%	*	**		*	*	**		71.2%
*		*	**		*	*	**		72.6%
*		*		74.0%	*	*	**		64.1%
*		*	**		*	*	**		74.0%
	66.0%		72.8%	75.0%	*	*	**		57.3%
	66.8%		73.2%	68.0%	*	*	**		56.9%
	72.5%		74.8%	**	*	*	**		59.0%
	74.5%		71.9%	74.0%	*	*	**		69.6%
*		*	**		*	*	**		65.4%
			**				**		
*		*	**		*	*	**		58.2%
	74.4%	*		75.0%	*	*	**		62.1%
	75.0%	*	**		*	*	**		66.7%
	59.2%		58.6%	57.0%	*	*	**		60.6%
*		*	**		*	*	**		73.7%
**		*	**		*	*	**		69.3%
**		*	**		*	*	**		74.5%
	72.6%		73.3%	75.0%	*	*	**		72.0%
*		*	**		*	*	**	*	
	69.0%		67.8%	74.0%	*	*	**		63.0%
	67.0%		70.0%	72.0%	*	*	**		72.6%
	74.3%		74.7%	**	*	*	**		70.5%
	62.4%		64.3%	68.0%	*	*	**		66.1%
	69.1%		70.7%	69.0%	*	*	**		72.0%
*		*	**		*	*	**		70.9%
			**				**		
	60.7%		67.9%	**	*	*	**		60.0%
	72.7%		72.2%	73.0%	*	*	**	*	
*		*	**		*	*	**	*	
	68.5%		67.4%	**	*	*	**		66.9%
	74.7%		71.4%	66.0%	*	*	**		68.7%
**		*	**		*	*	**	*	
*		*	**		*	*	**	*	
*			74.5%	**	*	*	**		71.9%
*		*	**		*	*	**	*	
	65.3%		64.1%	72.0%	*	*	**		72.3%
	61.9%		69.5%	61.0%	*	*	**		68.6%
	62.5%		60.7%	62.0%	*	*	**		56.3%
	67.6%		62.6%	63.0%	*	*	**	*	
	69.0%		74.6%	72.0%	*	*	**	*	
	71.0%	*		72.0%	*	*	**	*	
	67.1%	*		72.0%	*	*	**		72.2%
*		*	**		*	*	**	*	
	46.84%		42.22%	41.54% 0.00%		0.00%	0.19%	0.00% 0.00%	57.92%

AMERICAN OVERSIGHT

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36	38	43		37	39	44		38

PERCENT OF BENEFICIARIES WITH HYPERLIPIDEMIA (High Cholesterol)				PERCENT OF BENEFICIARIES WITH HYPERTENSION				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
69.5%	64.9%	74.0%		*	*	**		59.7%
71.4%	72.1%	71.0%		*	*	**		72.4%
73.1%	72.6%	73.0%		*	*	**		66.3%
71.7%	65.0%	66.0%		*	*	**		68.1%
72.7%	71.0%	70.0%		*	*	**		59.9%
71.8%	73.0%	**		*	*	**		51.9%
*	66.2%	71.0%		*	*	**		58.0%
* *		**		*	*	**		59.6%
70.8%	70.9%	69.0%		*	*	**		67.3%
* *		71.0%		*	*	**		70.7%
69.8%	73.0%	73.0%		*	*	**		56.4%
55.3%	55.9%	65.0%		*	*	**		64.1%
73.7%	66.4%	64.0%		*	*	**		60.9%
70.5%	69.2%	67.0%		*	*	**		51.8%
74.5% *		**		*	*	**		67.7%
71.8%	70.1%	73.0%		*	*	**		71.0%
71.6% *		64.0%		*	*	**		58.2%
70.1%	62.0%	61.0%		*	*	**		52.4%
45.4%	63.5%	60.0%		*	*	**		59.8%
*	73.3%	**		*	*	**		60.5%
69.0% *		**		*	*	**		61.1%
62.9% *		68.0%		*	*	**		69.7%
71.0% *		**		*	*	**		64.3%
71.9%	73.5%	74.0%		*	*	**		59.6%
48.3%	59.5%	64.0%		*	*	**		68.5%
62.4%	66.9%	73.0%		*	*	**		58.2%
59.5%	68.2%	60.0%		*	*	**		69.9%
* *		**		*	*	**		*
* *		**		*	*	**		69.1%
74.7% *		**		*	*	**		73.6%
* *		**		*	*	**		62.9%
65.7%	72.7%	71.0%		*	*	**		71.8%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	61.7%	53.3%	60.0%		50.0%	57.4%	53.0%	
	46.8%	56.6%	56.0%		38.9%	43.7%	47.0%	
	66.2%	68.8%	73.0%		50.0%	48.2%	62.0%	
	66.4%	56.6%	54.0%		41.2%	41.3%	41.0%	
	70.2%	70.9% **			52.3%	53.5%	50.0%	
	71.2%	70.1%	67.0%		36.5%	41.2%	38.0%	
	53.4%	50.0%	60.0%		43.1%	40.5%	47.0%	
	55.6%	54.3%	58.0%		38.3%	36.6%	41.0%	
	52.8%	45.0%	58.0%		46.4%	41.9%	46.0%	
	55.9%	46.9%	54.0%		41.7%	45.8%	44.0%	
	60.2%	56.0%	69.0%		53.4%	46.4%	60.0%	
	57.6%	60.1%	65.0%		42.4%	47.4%	39.0%	
	54.1%	54.3%	59.0%		39.3%	36.3%	35.0%	
	48.3%	51.3%	57.0%		35.0%	36.5%	36.0%	
	42.1%	39.2%	39.0%		46.6%	44.7%	45.0%	
			41.0%				44.0%	
	36.7%	39.0%	40.0%		36.2%	33.5%	36.0%	
	57.1%	60.4%	55.0%		45.6%	51.2%	43.0%	
	60.2%	60.5%	65.0%		45.4%	52.3%	46.0%	
*	*	**			49.3%	42.9%	39.0%	
	65.6%	68.9%	69.0%		49.0%	48.1%	52.0%	
	55.0%	62.7%	63.0%		47.5%	49.4%	48.0%	
	60.6%	57.0%	66.0%		50.6%	45.6%	52.0%	
	74.4%	59.3%	67.0%		44.5%	38.0%	40.0%	
	59.5%	58.0%	62.0%		48.6%	52.3%	51.0%	
	51.4%	55.5%	62.0%		46.8%	48.6%	55.0%	
	61.4%	61.8%	63.0%		56.9%	62.9%	60.0%	
	38.3%	45.6%	67.0%		35.1%	42.0%	42.0%	
	72.5% *	**			58.7%	53.0%	62.0%	
	70.3%	63.4%	68.0%		54.3%	58.1%	54.0%	
	47.3%	51.0%	57.0%		42.5%	44.3%	44.0%	
			56.0%				41.0%	
	62.0%	60.4%	65.0%		51.3%	54.5%	60.0%	
	31.8%	27.8%	48.0%		63.6%	38.9%	66.0%	
	50.3%	56.3%	56.0%		56.1%	49.3%	54.0%	
*		74.6% **			44.1%	49.3%	52.0%	
	68.7%	70.9%	65.0%		60.4%	60.2%	54.0%	
	60.2%	60.8%	60.0%		62.7%	74.9%	74.0%	
	52.5%	58.0%	49.0%		43.6%	50.0%	40.0%	
	62.4%	59.7%	69.0%		36.4%	39.4%	47.0%	
	56.3%	53.9%	60.0%		37.5%	41.8%	43.0%	
	74.3% *	**			66.3%	62.4%	63.0%	
	72.8% *		68.0%		67.8%	65.2%	64.0%	
*	*		71.0%		56.6%	59.5%	69.0%	
	73.4%	64.3%	72.0%		67.6%	65.5%	67.0%	
*		69.3%	63.0%		63.7%	66.7%	65.0%	
	68.6%	64.3%	60.0%		68.6%	72.6%	65.0%	
*		71.6%	73.0%		70.9%	70.4%	72.0%	
	73.3%	47.4%	64.0%		58.3%	57.9% **		
0.00%	54.78%	54.42%	55.85%	0.00%	51.59%	52.29%	52.52%	0.00%

AMERICAN OVERSIGHT

64.2%	61.9%	73.0%	64.2%	60.2%	63.0%
*	69.5% **		60.9%	64.8%	61.0%
68.1%	69.1%	67.0%	57.1%	63.8%	52.0%
75.0%	70.0% **		50.5%	55.3%	51.0%
60.1%	60.5%	64.0%	57.5%	57.5%	61.0%
69.0%	63.0%	72.0%	57.1%	56.5%	65.0%
69.8%	68.7% **		51.0%	63.4%	60.0%
66.0%	62.7%	72.0%	60.3%	52.6%	59.0%
69.4%	74.2%	74.0%	64.1%	53.1%	63.0%
55.8%	67.1%	65.0%	51.3%	56.4%	57.0%
64.0%	65.0%	70.0%	63.2%	67.5%	54.0%
57.4%	66.4%	68.0%	62.1%	65.0%	58.0%
59.7%	65.6%	67.0%	44.4%	45.3%	45.0%
67.9%	67.8%	66.0%	55.7%	62.6%	65.0%
62.6%	66.1%	71.0%	58.8%	58.2%	55.0%
48.8%	54.5%	61.0%	51.5%	52.5%	54.0%
54.8%	66.1%	68.0%	47.5%	56.6%	58.0%
74.6%	55.8%	65.0%	67.2%	65.4%	61.0%
44.5%	40.6%	50.0%	36.6%	34.4%	37.0%
63.9%	48.0%	61.0%	58.8%	50.9%	55.0%
56.9%	60.8%	59.0%	47.1%	48.9%	48.0%
57.1%	56.4%	53.0%	58.7%	49.1%	58.0%
68.1%	70.9%	57.0%	63.7%	58.2%	60.0%
41.5%	45.4%	49.0%	41.0%	41.3%	45.0%
48.8%	57.9%	73.0%	58.2%	63.5%	61.0%
52.9%	66.1%	59.0%	51.7%	55.8%	57.0%
47.8%	52.4%	54.0%	51.2%	56.5%	58.0%
64.9%	66.0%	71.0%	47.6%	56.1%	54.0%
46.4%	50.7%	46.0%	43.4%	41.0%	42.0%
62.5%	62.7%	66.0%	66.7%	60.1%	66.0%
51.7%	61.2%	55.0%	58.0%	63.5%	58.0%
59.1%	53.8%	61.0%	51.7%	60.7%	54.0%
50.0%	56.5%	59.0%	47.8%	49.9%	50.0%
48.5%	49.3%	58.0%	54.3%	52.6%	56.0%
51.9%	50.7%	56.0%	59.1%	62.2%	63.0%
50.6%	48.1%	66.0%	53.1%	53.4%	50.0%
54.6%	55.2%	61.0%	48.9%	55.5%	53.0%
59.9%	59.5%	68.0%	51.7%	55.3%	50.0%
60.4%	58.0% **		43.8%	39.5%	53.0%
67.8%	71.7%	64.0%	44.4%	49.0%	47.0%
38.7%	43.6%	54.0%	50.8%	51.0%	49.0%
73.7%	72.4%	68.0%	69.5%	67.8%	65.0%
60.4%	59.3%	65.0%	66.7%	69.2%	61.0%
74.7%	71.9%	70.0%	68.5%	55.2%	56.0%
67.9%	66.0%	74.0%	60.6%	63.8%	57.0%
55.7%	58.2%	55.0%	61.9%	65.0%	59.0%
58.9%	64.4%	64.0%	65.4%	69.1%	74.0%
58.6%	55.5%	58.0%	62.6%	55.0%	56.0%
57.8%	60.8%	69.0%	53.4%	59.7%	53.0%
56.7%	55.7%	58.0%	48.1%	48.5%	53.0%
63.3%	58.5%	72.0%	50.9%	44.9%	47.0%
50.6%	47.8%	55.0%	47.8%	47.2%	48.0%
66.4%	50.3%	68.0%	50.0%	52.4%	54.0%
57.3%	58.7%	60.0%	52.1%	51.0%	54.0%

AMERICAN OVERSIGHT

	53.7%	63.0%	60.0%	50.7%	46.9%	55.0%
	57.4%	64.0%	67.0%	42.0%	46.6%	50.0%
	71.0% *		70.0%	55.6%	52.5%	45.0%
	58.8%	68.1%	75.0%	49.8%	47.7%	51.0%
	63.4%	64.4%	56.0%	48.2%	54.5%	51.0%
	50.2%	61.5%	63.0%	50.6%	49.6%	45.0%
	57.4%	63.0%	61.0%	44.4%	42.8%	46.0%
	51.1%	52.2%	56.0%	43.7%	44.9%	46.0%
	63.3%	55.1%	58.0%	57.2%	53.0%	57.0%
	50.0%	53.6%	62.0%	55.1%	54.0%	61.0%
	55.6%	55.2%	64.0%	48.5%	52.4%	46.0%
	57.0%	53.5%	60.0%	42.2%	45.8%	50.0%
	50.2%	43.9%	53.0%	41.4%	41.8%	45.0%
	49.1%	50.0%	56.0%	52.1%	39.2%	46.0%
	70.5%	62.7%	70.0%	53.8%	43.7%	50.0%
	59.1%	72.1%	61.0%	61.1%	62.5%	61.0%
	50.6%	59.0%	59.0%	52.0%	52.1%	51.0%
	49.9%	51.7%	64.0%	45.8%	47.2%	50.0%
	57.4%	64.0%	58.0%	54.8%	45.0%	55.0%
	53.3%	64.6%	74.0%	50.0%	55.8%	55.0%
	44.7%	53.1%	56.0%	53.4%	46.2%	50.0%
	54.5%	54.1%	55.0%	54.3%	55.6%	52.0%
	53.1%	52.0%	53.0%	59.4%	60.1%	52.0%
	50.0%	48.6%	49.0%	56.0%	51.9%	53.0%
	53.7%	46.2%	55.0%	52.4%	55.4%	55.0%
	64.6%	63.3%	67.0%	57.8%	67.3%	60.0%
	58.3%	54.6%	50.0%	66.1%	62.9%	63.0%
	48.3%	48.8%	55.0%	50.4%	40.3%	46.0%
	54.7%	49.8%	56.0%	57.3%	54.0%	56.0%
	47.5%	48.6%	46.0%	40.6%	38.8%	40.0%
	59.7%	50.5%	56.0%	48.0%	47.3%	55.0%
	75.0%	66.7% **		48.2%	44.4%	43.0%
	65.1%	69.4%	72.0%	50.0%	49.0%	52.0%
	50.3%	55.0%	56.0%	50.8%	57.7%	62.0%
	68.2%	70.7%	71.0%	61.2%	56.5%	49.0%
	73.2% *	**		46.4%	51.7%	52.0%
*		70.6%	71.0%	47.4%	50.0%	51.0%
	62.0%	67.0%	71.0%	51.9%	48.1%	45.0%
	68.1% *	**		55.3%	65.4%	58.0%
*		72.7% **		52.2%	51.5%	61.0%
	68.4%	70.0% **		44.7%	52.5%	66.0%
	61.7%	64.7%	70.0%	39.2%	47.1%	51.0%
	57.9%	68.2%	75.0%	42.1%	42.0%	46.0%
	74.2% *		73.0%	48.3%	52.3%	48.0%
*		70.8%	66.0%	58.3%	50.0%	34.0%
*		66.7%	73.0%	36.7%	53.3%	58.0%
	65.7%	55.7%	69.0%	47.2%	48.1%	51.0%
	51.9%	52.7%	53.0%	40.3%	48.4%	42.0%
	53.5%	52.2%	73.0%	47.5%	47.8%	52.0%
	43.9%	50.0%	43.0%	46.0%	37.6%	39.0%
	51.7%	55.1%	52.0%	33.5%	33.7%	33.0%
	42.9%	49.0%	52.0%	38.7%	39.1%	36.0%
	58.1%	52.7%	42.0%	29.7%	39.6%	39.0%

AMERICAN OVERSIGHT

	34	36	41		35	37	42	

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)				PERCENT OF BENEFICIARIES WITH DEPRESSION				PERCENT OF BENEFICIARIES WITH DIABETES			
2018	2015	2016	2017	2018	2015	2016	2017	2018			
	74.7%	69.4%	68.0%		60.4%	58.2%	56.0%				
	58.9%	61.5%	61.0%		57.8%	58.7%	61.0%				
	52.6%	42.0%	45.0%		53.4%	52.8%	56.0%				
	59.6%	62.9%	66.0%		52.4%	51.0%	50.0%				
	62.8%	64.8%	59.0%		53.5%	51.9%	45.0%				
	55.6%	55.1%	56.0%		46.2%	46.1%	47.0%				
	67.4%	61.9%	72.0%		60.9%	57.6%	68.0%				
	50.7%	51.4%	49.0%		52.9%	51.7%	51.0%				
	59.2%	54.4%	59.0%		40.0%	46.8%	43.0%				
	65.0%	50.9%	52.0%		54.5%	58.0%	56.0%				
	58.7%	49.3%	58.0%		37.8%	40.1%	41.0%				
	59.2%	54.9%	51.0%		58.3%	55.9%	52.0%				
	44.4%	46.7%	62.0%		54.1%	56.2%	58.0%				
	45.5%	48.1%	59.0%		38.4%	55.8%	57.0%				
	55.1%	50.6%	50.0%		55.1%	55.3%	59.0%				
	68.7%	64.5%	62.0%		54.2%	52.3%	58.0%				
	59.7%	64.1%	53.0%		64.9%	62.7%	58.0%				
	47.1%	53.5%	53.0%		56.2%	57.0%	55.0%				
	45.4%	47.1%	50.0%		52.6%	49.0%	55.0%				
	49.4%	44.0%	39.0%		*	70.7%	67.0%				
	59.3%	66.0%	67.0%		55.8%	56.0%	56.0%				
	60.7%	60.9%	58.0%		52.8%	53.1%	46.0%				
	57.3%	57.0%	60.0%		50.2%	53.1%	54.0%				
	45.6%	55.1%	37.0%		68.4%	53.1%	42.0%				
	62.4%	61.1%	63.0%		53.7%	59.5%	59.0%				
	51.1%	61.7%	58.0%		49.6%	53.9%	59.0%				
	49.0%	37.8%	44.0%		55.6%	58.1%	58.0%				
	58.0%	58.6%	74.0%		57.0%	62.6%	58.0%				
	65.4%	58.1%	69.0%		44.4%	51.2%	45.0%				
	66.1%	67.0%	70.0%		48.3%	45.0%	43.0%				
	54.5%	55.5%	66.0%		48.4%	51.3%	50.0%				
	55.2%	57.3%	55.0%		53.1%	55.8%	54.0%				

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

52.0%		60.5%	68.2%	69.0%		46.3%	41.5%	41.0%
47.0%		60.7%	58.7%	66.0%		45.7%	43.7%	45.0%
48.0%		56.6%	64.3%	67.0%		43.4%	44.6%	38.0%
51.0%		55.0%	58.7%	63.0%		35.1%	36.4%	33.0%
52.0%		60.9%	63.8%	69.0%		40.4%	36.2%	44.0%
54.0%		61.5%	66.0%	65.0%		51.9%	44.3%	44.0%
54.0%		64.5%	64.0%	74.0%		35.5%	40.9%	41.0%
52.0%		57.8%	59.7%	65.0%		37.8%	32.5%	36.0%
54.0%		53.4%	60.4%	62.0%		38.2%	44.7%	46.0%
50.0%		55.9%	62.4%	65.0%		42.9%	45.5%	46.0%
52.0%		58.3%	64.8% **			35.0%	37.6%	40.0%
49.0%		53.8%	63.9%	64.0%		30.9%	36.4%	36.0%
49.0%		52.3%	57.7%	60.0%		34.8%	32.9%	36.0%
45.0%		55.1%	62.0%	64.0%		41.7%	38.3%	36.0%
52.0%		51.7%	58.1%	62.0%		42.5%	40.4%	39.0%
47.0%				72.0%				44.0%
43.0%		38.4%	44.8%	45.0%		32.2%	33.2%	35.0%
51.0%		59.2%	61.5%	65.0%		42.9%	49.9%	40.0%
57.0%		56.0%	66.7%	72.0%		41.2%	39.0%	46.0%
48.0%		59.2%	61.4%	59.0%		39.4%	40.0%	37.0%
56.0%		51.7%	62.6%	60.0%		32.8%	33.2%	32.0%
52.0%		53.5%	59.1%	64.0%		34.9%	33.2%	35.0%
48.0%		60.2%	67.1%	72.0%		33.5%	37.1%	38.0%
39.0%		50.0%	60.7%	65.0%		19.5%	21.3%	19.0%
57.0%		64.3%	67.5%	68.0%		32.4%	28.6%	36.0%
61.0%		56.9%	61.6%	72.0%		48.6%	39.7%	46.0%
56.0%		71.6% *		72.0%		40.6%	31.8%	42.0%
47.0%		52.9%	56.4%	60.0%		32.3%	32.4%	38.0%
38.0%		56.0%	57.4%	68.0%		40.4%	42.6%	42.0%
56.0%		60.0%	71.2%	69.0%		41.7%	42.9%	42.0%
51.0%		51.0%	61.5%	65.0%		41.1%	42.2%	43.0%
55.0%				58.0%				32.0%
53.0%		66.0% *		71.0%		44.7%	50.0%	53.0%
50.0%		68.2%	66.7% **			40.9%	27.8%	34.0%
57.0%		67.1%	60.4%	73.0%		43.2%	41.0%	41.0%
40.0%		53.5%	70.3%	70.0%		29.1%	27.5%	37.0%
48.0%		68.7% *		71.0%		42.9%	48.5%	35.0%
69.0%		71.1% *	**			40.3%	48.0%	43.0%
49.0%		63.9%	69.0%	62.0%		41.6%	39.7%	39.0%
53.0%		52.1%	60.6%	64.0%		36.0%	42.1%	40.0%
50.0%		64.8%	71.1% **			35.6%	37.5%	36.0%
54.0%		62.0%	62.0%	72.0%		56.3%	53.7%	57.0%
52.0%		54.0%	58.8%	67.0%		46.4%	45.5%	52.0%
47.0%		47.6%	59.5%	69.0%		46.3%	47.6%	40.0%
61.0%		61.2%	67.3%	65.0%		68.1%	61.4%	63.0%
58.0%		58.4% *	**			54.0%	54.4%	46.0%
60.0%		63.3%	69.7%	71.0%		55.9%	51.9%	60.0%
63.0%		54.4%	66.7% **			38.0%	44.4%	49.0%
56.0%		61.7%	68.4% **			53.3%	42.1%	40.0%
51.66%	0.00%	58.59%	60.12%	59.79%	0.00%	43.19%	43.40%	43.87%

AMERICAN OVERSIGHT

48.0%	69.3%	74.4% **		45.0%	48.8%	52.0%
45.0%	60.9%	67.2%	68.0%	50.0%	47.7%	49.0%
50.0%	70.0%	72.3%	73.0%	45.8%	51.4%	43.0%
40.0%	59.0%	66.5%	68.0%	50.5%	50.0%	50.0%
62.0%	61.8%	70.1% **		57.9%	59.4%	61.0%
51.0%	66.7%	67.4%	64.0%	50.0%	47.8%	47.0%
54.0%	53.1%	67.9%	69.0%	37.5%	36.6%	50.0%
57.0%	68.0%	70.3%	73.0%	45.7%	55.6%	52.0%
55.0%	70.2%	68.6% **		58.9%	50.5%	51.0%
60.0%	64.4%	70.0%	74.0%	48.9%	47.7%	50.0%
45.0%	60.5%	73.5%	67.0%	43.0%	50.4%	42.0%
51.0%	62.5%	71.5%	71.0%	50.0%	49.1%	52.0%
52.0%	62.5%	61.6%	65.0%	46.9%	50.0%	46.0%
49.0%	67.2%	66.1%	71.0%	39.7%	51.3%	52.0%
51.0%	64.2%	61.8%	66.0%	53.5%	51.5%	50.0%
46.0%	56.0%	64.1%	67.0%	40.3%	44.2%	44.0%
60.0%	58.2%	67.2%	71.0%	48.6%	45.0%	51.0%
47.0%	65.7% *	**		44.8%	36.5%	56.0%
42.0%	47.2%	49.4%	56.0%	37.2%	35.4%	35.0%
47.0%	57.8%	63.5%	68.0%	40.9%	36.2%	42.0%
60.0%	63.1%	64.0%	70.0%	48.9%	53.2%	51.0%
54.0%	69.8%	63.2%	68.0%	47.6%	42.3%	50.0%
45.0%	60.4%	61.8%	60.0%	53.8%	42.7%	43.0%
51.0%	55.5%	61.7%	66.0%	40.7%	43.3%	44.0%
57.0%	65.5%	72.6%	74.0%	41.2%	44.0%	42.0%
53.0%	62.0%	64.4%	65.0%	33.3%	38.5%	37.0%
60.0%	56.7%	65.9%	72.0%	45.8%	49.4%	50.0%
53.0%	64.9%	65.6%	65.0%	45.9%	43.4%	45.0%
51.0%	54.6%	54.6%	61.0%	53.3%	51.9%	48.0%
59.0%	72.6%	64.7%	72.0%	30.4%	37.3%	38.0%
55.0%	60.6%	70.5%	68.0%	35.0%	37.1%	38.0%
52.0%	61.4%	61.4%	68.0%	43.8%	34.5%	37.0%
55.0%	56.4%	60.9%	67.0%	39.2%	35.8%	36.0%
49.0%	61.8%	65.2%	70.0%	40.8%	37.8%	31.0%
59.0%	66.7%	73.4% **		37.1%	37.4%	38.0%
51.0%	61.0%	59.8%	66.0%	39.9%	34.1%	34.0%
47.0%	59.5%	67.8%	65.0%	38.2%	37.9%	33.0%
45.0%	57.6%	58.4%	62.0%	48.7%	45.0%	42.0%
51.0%	60.4%	53.7%	68.0%	47.2%	44.4%	46.0%
46.0%	51.5%	59.6%	56.0%	38.0%	39.4%	42.0%
57.0%	53.0%	61.1%	66.0%	39.2%	47.7%	51.0%
58.0%	67.4%	70.1%	67.0%	46.3%	42.5%	41.0%
55.0%	64.6%	67.0%	63.0%	41.7%	39.6%	46.0%
47.0%	66.3%	68.5%	66.0%	43.8%	37.4%	37.0%
48.0%	57.6%	62.4%	69.0%	40.0%	41.8%	38.0%
53.0%	61.5%	65.8%	74.0%	44.3%	36.3%	37.0%
55.0%	62.2%	69.8%	73.0%	37.8%	39.6%	39.0%
55.0%	66.1%	67.5%	66.0%	46.6%	43.1%	49.0%
46.0%	57.8%	72.0%	68.0%	37.9%	39.2%	45.0%
46.0%	56.3%	57.6%	65.0%	39.0%	36.8%	38.0%
50.0%	62.1%	74.8%	71.0%	52.7%	58.5%	49.0%
51.0%	56.7%	61.5%	65.0%	39.6%	46.2%	46.0%
54.0%	61.0%	62.8%	75.0%	46.6%	46.2%	43.0%
52.0%	58.1%	62.5% **		50.4%	49.5%	52.0%

AMERICAN OVERSIGHT

59.0%	60.2%	65.6%	70.0%	40.9%	44.9%	44.0%
53.0%	59.0%	59.3%	72.0%	42.0%	47.6%	48.0%
45.0%	62.9%	62.4%	73.0%	53.2%	45.5%	45.0%
46.0%	62.2%	62.7%	71.0%	48.9%	48.5%	47.0%
57.0%	57.1%	60.7%	71.0%	50.3%	52.4%	56.0%
48.0%	62.4%	61.1%	67.0%	43.9%	47.3%	45.0%
53.0%	57.1%	68.6%	68.0%	35.4%	38.3%	36.0%
50.0%	53.1%	57.5%	61.0%	38.6%	39.2%	41.0%
60.0%	65.7%	66.2%	75.0%	54.8%	47.0%	54.0%
57.0%	54.1%	63.7%	65.0%	44.2%	41.2%	41.0%
51.0%	60.3%	66.0%	68.0%	45.6%	48.1%	44.0%
54.0%	56.0%	62.7%	62.0%	37.2%	38.7%	41.0%
44.0%	54.2%	55.4%	54.0%	39.7%	45.6%	40.0%
49.0%	57.3%	60.8%	65.0%	56.8%	52.7%	54.0%
59.0%	63.2%	58.2%	66.0%	50.9%	46.3%	55.0%
64.0%	67.4%	70.2%	71.0%	47.7%	42.3%	49.0%
54.0%	62.2%	64.2%	70.0%	49.7%	43.8%	51.0%
48.0%	53.2%	64.1%	65.0%	44.8%	47.5%	47.0%
49.0%	61.5%	67.6% **		51.5%	50.5%	43.0%
63.0%	64.0%	66.5%	73.0%	48.1%	49.0%	43.0%
52.0%	59.2%	57.5%	69.0%	46.6%	49.5%	48.0%
58.0%	67.3%	72.8%	70.0%	42.9%	43.2%	42.0%
54.0%	66.1%	69.4%	63.0%	49.5%	48.0%	47.0%
58.0%	65.9%	66.2%	71.0%	47.0%	49.3%	50.0%
55.0%	55.9%	66.1%	69.0%	42.2%	44.1%	47.0%
62.0%	74.5% *		75.0%	46.0%	46.7%	51.0%
60.0%	* *	**		37.8%	40.2%	39.0%
51.0%	56.7%	62.2%	67.0%	45.6%	46.9%	40.0%
57.0%	60.3%	64.0%	68.0%	50.7%	43.8%	47.0%
45.0%	55.3%	56.5%	60.0%	46.1%	46.5%	48.0%
53.0%	57.0%	64.3%	71.0%	41.6%	34.7%	38.0%
35.0%	64.3%	63.5%	57.0%	32.1%	36.5%	46.0%
50.0%	57.5%	61.2%	71.0%	35.8%	50.0%	52.0%
64.0%	61.8%	68.5%	71.0%	40.2%	42.8%	45.0%
50.0%	60.0%	64.1%	62.0%	54.1%	55.4%	45.0%
40.0%	64.3%	63.3%	67.0%	53.6%	55.0%	42.0%
42.0%	47.4%	63.8%	68.0%	50.0%	55.0%	48.0%
38.0%	52.8% *		61.0%	56.5%	51.9%	50.0%
50.0%	63.8%	69.2%	74.0%	59.6%	46.2%	53.0%
61.0%	54.3%	57.6%	68.0%	54.3%	36.4%	54.0%
43.0%	44.7%	67.5%	74.0%	36.8%	62.5%	43.0%
37.0%	60.0%	62.4%	65.0%	50.8%	54.7%	51.0%
48.0%	47.4%	55.7%	59.0%	35.5%	39.8%	47.0%
36.0%	57.3%	70.8%	67.0%	56.2%	53.8%	58.0%
50.0%	62.5%	66.7%	63.0%	66.7%	45.8%	53.0%
*	50.0%	66.7%	69.0%	56.7%	36.7%	46.0%
63.0%	62.0%	65.8%	67.0%	46.3%	53.2%	55.0%
43.0%	57.8%	63.4%	55.0%	42.9%	41.9%	47.0%
46.0%	57.4%	69.6%	65.0%	42.6%	45.7%	38.0%
42.0%	54.0%	59.4%	68.0%	34.9%	32.9%	42.0%
49.0%	58.1%	58.3%	66.0%	32.5%	33.2%	45.0%
50.0%	59.5%	61.8%	62.0%	41.9%	45.2%	41.0%
49.0%	60.0%	58.0%	61.0%	41.3%	40.8%	37.0%

AMERICAN OVERSIGHT

38		32	34	39		33	35	40

RIES WITH CONGESTIVE LURE (CHF)		PERCENT OF BENEFICIARIES WITH CHRONIC KIDNEY DISEASE (CKD)				PERCENT OF BENEFICIARIES WITH OBSTRUCTIVE PULMONARY DISORE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
62.0%		64.9%	67.9% **			49.4%	45.5%	48.0%
54.0%		64.1%	68.2%	72.0%		46.4%	54.7%	50.0%
54.0%		63.5%	68.9%	70.0%		49.4%	43.9%	46.0%
52.0%		68.7%	65.7%	64.0%		47.6%	49.7%	48.0%
58.0%		66.3%	66.0% **			47.1%	45.7%	41.0%
51.0%		46.5%	56.6%	65.0%		37.1%	35.7%	38.0%
62.0%		67.4%	71.9% **			41.3%	46.8%	49.0%
58.0%		63.4%	63.7%	72.0%		44.6%	43.6%	47.0%
53.0%		51.5%	56.1%	65.0%		39.2%	40.9%	41.0%
61.0%		64.2%	67.9% **			50.4%	54.5%	52.0%
56.0%		54.7%	59.9%	63.0%		37.2%	40.1%	44.0%
60.0%		55.3%	60.8%	65.0%		49.5%	55.9%	49.0%
59.0%		71.4%	66.4%	62.0%		41.4%	59.1%	50.0%
60.0%		55.4%	61.5%	65.0%		47.3%	50.0%	44.0%
62.0%		58.9%	66.8%	71.0%		49.4%	55.3%	56.0%
62.0%		58.0%	68.2% **			60.3%	64.5%	64.0%
56.0%		65.7%	73.2%	70.0%		45.5%	41.8%	37.0%
50.0%		56.7%	67.6%	74.0%		34.8%	46.5%	40.0%
49.0%		54.6%	69.2%	67.0%		52.6%	37.5%	38.0%
54.0%		65.4%	64.0%	62.0%		27.2%	26.7%	28.0%
61.0%		58.4%	58.0%	57.0%		43.4%	51.0%	50.0%
57.0%		60.7%	54.7%	58.0%		48.3%	45.3%	51.0%
59.0%		63.5%	60.6%	68.0%		48.2%	48.2%	48.0%
49.0%		64.9%	46.9%	60.0%		35.1%	32.7%	33.0%
45.0%		57.0%	60.3%	60.0%		28.9%	37.3%	38.0%
54.0%		53.9%	54.5%	58.0%		37.6%	44.8%	39.0%
68.0%		57.5%	62.8%	64.0%		43.8%	41.2%	46.0%
64.0%		63.5%	70.7%	75.0%		53.5%	56.3%	59.0%
54.0%		43.2%	64.0%	68.0%		42.0%	47.7%	47.0%
52.0%		54.6%	65.1%	63.0%		44.8%	46.8%	37.0%
42.0%		52.7%	61.0%	65.0%		40.7%	42.4%	47.0%
63.0%		56.3%	63.3%	60.0%		49.8%	56.6%	62.0%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

43.6%	12.0%		16.0%	16.9%	16.0%		48.1%	51.3%
42.7%	7.0%		17.5%	16.1%	18.0%		46.1%	48.6%
47.3%	12.0%		9.6%	17.0%	15.0%		50.7%	45.5%
37.8% *			21.4%	17.5%	15.0%		50.4%	45.5%
37.8% *			12.6%	11.8%	13.0%		47.7%	45.7%
39.2% *			12.5%	14.4%	16.0%		51.0%	59.8%
41.7%	12.0%		20.8%	20.1%	18.0%		52.1%	55.7%
33.7%	12.0%		22.1%	16.8%	18.0%		43.6%	49.5%
44.2%	10.0%		22.2%	19.5%	21.0%		49.0%	52.2%
48.2%	10.0%		17.2%	18.0%	19.0%		51.5%	49.3%
36.8%	14.0%		10.7%	19.2%	15.0%		45.6%	42.4%
35.1%	10.0%		22.5%	20.6%	20.0%		43.9%	41.9%
33.2%	11.0%		19.9%	22.0%	19.0%		39.1%	48.6%
39.4%	6.0%		22.5%	22.6%	23.0%		50.7%	51.0%
41.9%	12.0%		21.7%	22.2%	23.0%		48.4%	47.7%
	11.0%				17.0%			
34.5%	12.0%		16.7%	15.2%	19.0%		39.0%	40.6%
48.5%	9.0%		20.0%	15.0%	13.0%		50.1%	52.6%
38.5%	9.0%		17.1%	12.8%	16.0%		53.2%	52.3%
38.6% *			9.9%	17.1% *			40.8%	40.0%
34.9%	8.0%		18.1%	21.7%	23.0%		58.7%	62.1%
33.8%	12.0%		19.6%	17.6%	22.0%		50.9%	50.1%
38.4%	15.0%		23.1%	19.0%	21.0%		55.4%	58.7%
20.0% *			15.2%	14.7%	10.0%		39.6%	44.0%
28.2%	13.0%		22.3%	19.3%	23.0%		56.2%	53.7%
39.0%	8.0%		16.7%	16.4%	11.0%		42.6%	41.8%
32.4%	19.0%		19.8%	12.9%	16.0%		57.9%	57.6%
33.3%	9.0%		19.9%	19.6%	21.0%		42.6%	42.9%
44.3%	11.0%		9.2%	7.8%	11.0%		45.0%	38.3%
41.9%	11.0%		10.3%	14.1%	7.0%		45.7%	55.5%
42.0%	10.0%		20.6%	21.6%	20.0%		43.9%	48.6%
	13.0%				22.0%			
49.3%	10.0%		11.3%	19.4%	18.0%		52.7%	56.7%
33.3% *			9.1%	5.6% *			63.6%	55.6%
38.9%	15.0%		18.7%	22.9%	18.0%		57.4%	56.3%
26.1% *			11.8%	13.0%	13.0%		43.3%	39.1%
46.9%	10.0%		17.5%	16.3%	13.0%		52.1%	53.6%
44.4%	13.0%		11.4%	9.4%	19.0%		61.2%	63.2%
41.4%	9.0%		17.8%	21.8%	25.0%		58.4%	54.0%
41.7%	8.0%		14.5%	21.3%	22.0%		52.1%	56.5%
37.5%	9.0%		17.2%	20.7%	15.0%		49.4%	48.4%
54.5%	13.0%		6.0%	5.8%	6.0%		44.0%	39.7%
47.2%	10.0%		3.8%	5.6%	11.0%		47.3%	43.3%
48.0% *			6.5%	5.6% *			32.4%	32.1%
63.2%	12.0%		10.6%	10.5%	9.0%		59.0%	55.6%
52.6%	16.0%		13.3%	17.5%	11.0%		54.0%	50.0%
53.5%	13.0%		13.9%	13.7%	15.0%		60.4%	61.8%
45.7% *			12.7%	12.3% *			62.0%	50.6%
44.7% *			15.0%	13.2% *			63.3%	57.9%
43.86%	9.28%	0.00%	14.56%	14.73%	14.15%	0.00%	50.20%	49.86%

AMERICAN OVERSIGHT

49.8%	15.0%	13.1%	14.2%	19.0%	54.6%	48.1%
47.7%	17.0%	11.7%	10.2%	12.0%	43.8%	40.6%
53.2%	10.0%	19.4%	12.8%	16.0%	56.5%	56.7%
48.8%	10.0%	10.1%	8.8%	15.0%	45.7%	50.6%
57.9%	12.0%	18.9%	16.1%	17.0%	56.1%	60.5%
43.5%	12.0%	11.9%	6.5%	14.0%	47.6%	48.9%
38.8%	15.0%	10.4%	6.0%	11.0%	43.8%	48.5%
53.9%	13.0%	16.6%	17.0%	17.0%	55.9%	53.9%
49.0%	11.0%	12.9%	14.9%	15.0%	58.9%	53.1%
47.9%	10.0%	15.3%	17.7%	19.0%	52.5%	52.1%
51.3% *		8.8%	14.5%	17.0%	52.6%	46.2%
49.1%	14.0%	15.2%	14.5%	16.0%	51.6%	50.0%
48.9%	8.0%	12.5%	13.8%	18.0%	47.6%	46.4%
54.8%	23.0%	14.5%	12.2%	13.0%	48.1%	47.8%
50.9%	12.0%	15.0%	9.7%	13.0%	44.4%	45.5%
45.9%	15.0%	17.5%	16.9%	15.0%	43.0%	47.1%
45.0%	11.0%	13.6%	13.2%	13.0%	61.0%	52.9%
38.5% *		11.9%	11.5% *		53.7%	59.6%
35.7%	7.0%	14.7%	13.6%	15.0%	43.4%	43.5%
38.7%	14.0%	12.5%	13.7%	12.0%	52.4%	53.5%
51.8%	10.0%	16.0%	21.6%	21.0%	56.0%	48.9%
42.9%	11.0%	19.6%	18.4%	21.0%	54.5%	54.6%
42.7%	14.0%	17.6%	10.0%	12.0%	61.5%	52.7%
43.3%	7.0%	18.8%	18.4%	20.0%	44.9%	48.4%
43.7%	14.0%	17.0%	19.2%	16.0%	59.1%	52.5%
38.7%	10.0%	20.3%	19.1%	22.0%	52.0%	52.7%
47.6%	17.0%	13.8%	11.2%	10.0%	57.1%	54.1%
42.9%	10.0%	13.9%	12.3%	14.0%	53.7%	49.5%
52.5%	7.0%	16.6%	15.5%	19.0%	50.3%	51.4%
39.9%	14.0%	16.1%	15.7%	14.0%	53.6%	47.7%
40.2%	12.0%	17.5%	13.2%	15.0%	51.4%	51.4%
39.3%	13.0%	17.6%	16.6%	19.0%	62.5%	56.6%
36.6%	10.0%	18.4%	20.4%	17.0%	52.7%	55.1%
37.3%	9.0%	12.3%	17.3%	13.0%	51.3%	50.4%
38.8%	15.0%	14.8%	15.8%	19.0%	61.3%	54.7%
34.7%	14.0%	15.2%	17.5%	16.0%	52.5%	46.1%
39.2%	12.0%	12.6%	13.6%	14.0%	41.6%	45.2%
46.2% *		14.9%	14.5%	12.0%	47.2%	51.1%
44.4%	9.0%	12.5%	14.8%	9.0%	40.3%	45.1%
39.4%	5.0%	14.6%	16.2%	18.0%	38.6%	47.5%
42.3%	8.0%	14.4%	14.8%	15.0%	48.1%	50.3%
37.9%	13.0%	9.5%	8.0% *		63.2%	59.8%
41.8%	13.0%	12.5%	5.5% *		52.1%	53.8%
39.9%	15.0%	14.0%	7.4%	9.0%	59.6%	52.7%
46.1%	17.0%	12.7%	9.9%	12.0%	50.9%	48.9%
40.5%	16.0%	15.6%	13.1%	9.0%	54.1%	52.7%
43.0%	13.0%	12.4%	17.5%	9.0%	58.4%	62.4%
45.5%	15.0%	12.1%	14.8%	18.0%	58.6%	54.5%
39.2%	10.0%	14.7%	14.5%	15.0%	45.3%	50.0%
37.2%	10.0%	15.8%	22.2%	14.0%	47.6%	45.2%
58.5%	14.0%	16.0%	15.6%	14.0%	55.6%	51.7%
46.5%	9.0%	21.1%	18.7%	14.0%	48.9%	47.5%
45.5% *		13.7%	13.8%	16.0%	49.3%	42.1%
50.5%	12.0%	15.0%	13.9%	15.0%	49.6%	47.6%

AMERICAN OVERSIGHT

46.6%	13.0%	12.5%	20.0%	19.0%	50.9%	57.7%
43.4%	6.0%	11.7%	14.3%	16.0%	46.3%	52.9%
44.6% *		9.7%	5.9%	22.0%	50.8%	46.5%
49.8%	11.0%	18.5%	19.0%	20.0%	51.3%	49.2%
51.8%	8.0%	12.0%	17.3%	18.0%	51.8%	49.2%
47.3%	13.0%	16.0%	16.4%	16.0%	52.3%	53.1%
37.0%	15.0%	17.3%	17.5%	17.0%	51.6%	57.0%
39.2%	8.0%	23.0%	20.9%	22.0%	45.7%	49.0%
46.5%	13.0%	13.3%	14.1%	18.0%	51.8%	59.1%
42.9%	8.0%	17.1%	19.0%	19.0%	57.5%	54.0%
47.2%	6.0%	15.1%	12.7%	19.0%	45.6%	49.5%
37.3%	7.0%	19.4%	20.1%	16.0%	50.9%	50.4%
43.2%	9.0%	17.2%	22.1%	18.0%	49.5%	47.7%
52.7%	9.0%	12.0%	17.6%	19.0%	43.2%	42.8%
46.6%	7.0%	18.8%	19.4%	21.0%	54.3%	46.3%
45.2%	19.0%	17.6%	15.4%	12.0%	56.0%	63.5%
45.3%	15.0%	18.8%	16.6%	16.0%	48.9%	50.4%
48.0%	15.0%	18.9%	21.2%	19.0%	44.8%	44.8%
50.9%	7.0%	14.4%	18.0%	13.0%	58.1%	46.8%
49.0%	11.0%	14.5%	17.0%	18.0%	57.9%	54.4%
51.3%	10.0%	16.4%	13.2%	18.0%	58.5%	47.3%
44.6%	13.0%	20.7%	18.2%	19.0%	57.9%	58.1%
48.0%	11.0%	19.8%	22.0%	18.0%	54.2%	54.9%
49.8%	17.0%	16.6%	16.3%	20.0%	53.0%	52.7%
45.2%	13.0%	21.5%	16.6%	18.0%	46.1%	52.8%
47.3%	14.0%	13.0%	7.3%	15.0%	49.7%	58.0%
42.8%	14.0%	10.4%	10.3%	14.0%	51.3%	56.2%
46.3%	8.0%	20.6%	19.4%	20.0%	51.7%	52.5%
44.0%	15.0%	17.1%	15.7%	15.0%	56.8%	55.7%
48.6%	15.0%	16.6%	17.7%	18.0%	43.9%	45.8%
37.2%	9.0%	20.4%	17.0%	16.0%	49.3%	49.8%
36.5% *		14.3%	11.1% *		30.4%	28.6%
52.0%	11.0%	7.5%	19.4%	19.0%	43.4%	52.0%
41.4%	11.0%	13.6%	13.1%	16.0%	52.3%	57.2%
58.7%	16.0%	12.9%	10.9%	14.0%	57.6%	65.2%
51.7% *		10.7%	11.7% *		60.7%	50.0%
56.9%	13.0%	15.8%	15.0%	14.0%	35.5%	38.8%
54.7%	12.0%	15.7%	9.4%	12.0%	45.4%	38.7%
46.2% *		10.6%	7.7% *		44.7%	46.2%
39.4% *		4.3%	12.1% *		65.2%	42.4%
62.5% *		10.5%	17.5% *		44.7%	52.5%
55.3%	9.0%	8.3%	16.5%	15.0%	42.5%	43.5%
37.5% *		15.8%	10.2%	14.0%	50.0%	37.5%
52.3% *		9.0%	12.3% *		49.4%	50.8%
50.0% *		16.7%	8.3% *		45.8%	37.5%
36.7% *		6.7%	3.3% *		33.3%	33.3%
55.7% *		18.5%	21.5%	18.0%	60.2%	63.3%
45.2% *		13.6%	14.0%	20.0%	47.4%	50.5%
45.7% *		18.8%	4.3% *		43.6%	39.1%
34.7%	8.0%	13.8%	19.4%	18.0%	43.4%	45.9%
33.7%	11.0%	21.7%	19.8%	26.0%	43.8%	48.1%
45.2%	13.0%	15.5%	18.7%	15.0%	47.2%	48.1%
40.8%	11.0%	12.3%	18.9%	21.0%	45.2%	50.3%

AMERICAN OVERSIGHT

31	36		30	32	37		31	33

OF BENEFICIARIES WITH ASTHMA			PERCENT OF BENEFICIARIES WITH CANCER				PERCENT OF BENEFICIA HEART FAI	
2016	2017	2018	2015	2016	2017	2018	2015	2016
44.0% *			6.5%	9.7% *			60.4%	53.7%
55.3%	13.0%		10.4%	10.6%	14.0%		56.8%	56.4%
43.4%	9.0%		14.5%	16.5%	13.0%		48.6%	50.0%
47.6% *			14.5%	11.9%	17.0%		60.8%	57.3%
48.1% *			12.8%	17.3%	19.0%		54.1%	54.9%
37.8%	7.0%		12.0%	16.6%	14.0%		45.1%	47.2%
49.6% *			13.0%	17.3%	16.0%		58.0%	64.0%
43.3%	9.0%		15.8%	17.9%	17.0%		57.9%	58.9%
41.4%	7.0%		18.8%	17.3%	20.0%		50.4%	56.5%
54.5%	10.0%		16.3%	15.2%	15.0%		49.6%	53.6%
40.8%	6.0%		20.9%	26.3%	19.0%		48.8%	43.4%
57.8% *			17.5%	13.7%	14.0%		61.2%	60.8%
59.1%	10.0%		12.8%	10.2%	11.0%		52.6%	53.3%
50.0% *			14.3%	10.6% *			52.7%	59.6%
56.1%	9.0%		12.2%	16.6%	17.0%		55.1%	56.5%
62.6%	13.0%		9.9%	8.4% *			62.6%	53.3%
42.5%	11.0%		20.9%	18.3%	9.0%		53.7%	56.2%
45.8%	11.0%		14.4%	18.3%	13.0%		45.5%	47.2%
41.3% *			11.3%	9.6% *			48.5%	50.0%
29.3% *			7.4%	9.3% *			55.6% *	
52.0% *			18.6%	20.0%	13.0%		60.2%	61.0%
46.9% *			14.6%	12.5% *			62.9%	62.5%
48.5%	13.0%		15.3%	15.3%	18.0%		61.2%	56.4%
38.8% *			10.5%	6.1% *			50.9%	61.2%
37.3%	9.0%		11.4%	11.9%	13.0%		44.3%	51.6%
46.1%	9.0%		11.3%	16.2%	14.0%		48.2%	56.5%
39.9%	9.0%		12.4%	13.5%	14.0%		58.2%	54.7%
55.7%	9.0%		11.5%	16.1%	18.0%		63.5%	63.8%
46.5% *			14.8%	9.3%	13.0%		50.6%	43.0%
44.0% *			17.8%	18.3%	12.0%		53.4%	50.5%
44.5%	9.0%		17.8%	19.5%	17.0%		42.9%	46.6%
55.8%	9.0%		12.6%	14.6%	15.0%		56.3%	56.9%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

16.7%	23.6%	26.0%		60.5%	66.7%	60.0%	29.6%
32.1%	34.3%	36.0%		53.6%	52.8%	59.0%	25.0%
30.1%	26.8%	17.0%		53.7%	58.0%	62.0%	29.4%
31.3%	25.9%	24.0%		53.4%	49.0%	57.0%	25.2%
21.2%	26.8%	28.0%		57.0% *	**		30.5%
30.8%	26.8%	27.0%		74.0%	70.1%	69.0%	26.0%
32.9%	33.3%	32.0%		54.6%	54.2%	58.0%	21.7%
31.1%	35.2%	37.0%		60.8%	65.1%	64.0%	25.0%
34.7%	34.7%	36.0%		56.0%	55.8%	55.0%	25.7%
30.6%	34.9%	34.0%		63.0%	56.4%	58.0%	30.1%
28.2%	30.4%	22.0%		44.7%	56.0%	59.0%	26.2%
26.3%	32.3%	32.0%		56.5%	63.9%	64.0%	17.2%
30.1%	34.1%	36.0%		37.5%	45.2%	48.0%	24.0%
39.7%	35.1%	34.0%		51.0%	62.0%	64.0%	24.0%
36.4%	36.3%	41.0%		45.0%	40.4%	42.0%	29.5%
		29.0%				32.0%	
35.6%	35.2%	37.0%		31.1%	36.8%	37.0%	21.2%
31.2%	33.2%	35.0%		57.9%	64.0%	68.0%	28.0%
31.9%	33.3%	35.0%		68.1% *		70.0%	22.2%
23.9%	21.4%	22.0%	*	*	**		22.5%
37.1%	37.9%	35.0%		62.2%	64.7%	66.0%	22.0%
36.7%	34.5%	34.0%		41.6%	48.6%	48.0%	24.8%
36.7%	36.7%	40.0%		54.6%	64.6%	60.0%	21.9%
28.0%	24.7%	29.0%	*	*	**		11.0%
41.4%	40.1%	36.0%		49.0%	52.7%	62.0%	22.1%
30.6%	31.5%	42.0%		56.9%	52.7%	62.0%	27.8%
32.0%	30.0%	32.0%		50.3%	58.2%	66.0%	24.4%
37.3%	35.2%	40.0%		34.7%	45.0%	53.0%	20.1%
17.4%	17.4%	21.0%	*	*	**		22.0%
24.6%	31.4%	33.0%		62.9%	72.8%	73.0%	29.1%
33.8%	30.7%	32.0%		43.1%	48.1%	51.0%	26.4%
		37.0%				45.0%	
30.0%	21.6%	33.0%		50.7% *	**		31.3%
18.2%	33.3%	27.0%		63.6%	61.1%	73.0%	36.4%
23.9%	34.0%	37.0%		69.7%	66.0%	65.0%	23.9%
18.9%	19.6%	19.0%	*	*	**		13.4%
22.6%	26.0%	22.0%		52.5%	74.5%	72.0%	29.0%
27.4%	28.1%	28.0%		65.2%	70.2%	68.0%	23.9%
40.6%	36.2%	40.0%		47.0%	61.5%	66.0%	28.7%
35.1%	33.8%	33.0%		58.7%	68.5% **		22.7%
35.6%	32.8%	38.0%		55.9%	66.8%	69.0%	21.1%
8.0%	6.6%	13.0%		56.0%	59.5%	73.0%	38.0%
9.6%	6.4%	10.0%		68.6% *	**		28.5%
5.5%	9.9% *			51.5%	59.9% **		28.5%
19.7%	19.3%	15.0%	*	*	**		42.6%
23.9%	14.9%	34.0%		74.3% *	**		37.2%
19.2%	24.1%	20.0%		73.5% *	**		37.1%
21.5%	22.2%	28.0%		68.4% *	**		20.3%
23.3%	21.1% *			70.0%	65.8% **		23.3%
26.12%	25.74%	26.41%	0.00%	49.91%	49.77%	51.72%	0.00%	28.02%

AMERICAN OVERSIGHT

23.3%	20.8%	24.0%	67.1%	69.6%	69.0%	35.1%
14.1%	10.2%	15.0%	*	*	**	39.1%
23.5%	25.9%	28.0%	*	74.5%	73.0%	28.7%
27.1%	24.1%	22.0%	73.4% *		74.0%	26.1%
31.6%	30.7%	30.0%	54.4%	54.4%	51.0%	33.8%
19.0%	16.3%	22.0%	65.5%	67.4%	64.0%	31.0%
15.6%	22.4%	28.0%	*	70.9%	67.0%	19.8%
31.6%	29.1%	29.0%	61.9%	69.9%	68.0%	32.0%
29.0%	25.3%	26.0%	58.9%	67.0%	66.0%	36.3%
28.2%	26.5%	31.0%	52.0%	57.6%	62.0%	31.5%
12.3%	17.1% *		64.0%	70.1%	69.0%	38.6%
25.8%	27.1%	26.0%	61.3%	61.7%	65.0%	33.2%
28.1%	25.0%	35.0%	58.3%	67.0%	67.0%	30.6%
28.2%	25.2%	26.0%	61.8%	61.7%	60.0%	28.2%
18.7%	23.6%	28.0%	55.1%	59.4%	67.0%	32.6%
31.6%	24.8%	32.0%	53.1%	57.9%	62.0%	32.1%
28.2%	25.9%	26.0%	66.7%	61.4%	63.0%	26.6%
28.4%	25.0%	30.0%	*	69.2%	65.0%	34.3%
37.2%	37.0%	36.0%	37.8%	42.5%	42.0%	21.2%
27.7%	22.5%	30.0%	67.2%	69.0%	61.0%	29.7%
30.7%	34.2%	37.0%	55.1%	52.9%	55.0%	32.0%
25.9%	25.2%	30.0%	60.8%	61.4%	59.0%	31.7%
33.0%	26.4%	22.0%	56.0%	50.9%	52.0%	30.8%
31.6%	30.5%	33.0%	43.0%	44.9%	49.0%	25.5%
27.8%	32.4%	37.0%	55.6%	66.0%	74.0%	25.7%
35.3%	36.5%	35.0%	48.8%	56.4%	55.0%	22.5%
35.5%	31.2%	38.0%	52.7%	60.6%	64.0%	35.5%
27.3%	27.4%	36.0%	68.8%	72.2%	70.0%	32.0%
29.4%	33.8%	36.0%	45.1%	40.5%	45.0%	32.0%
28.0%	23.5%	21.0%	64.9%	58.8%	56.0%	21.4%
23.2%	24.2%	23.0%	53.8%	61.5%	56.0%	26.1%
30.1%	26.2%	28.0%	59.7%	59.3%	48.0%	27.8%
31.1%	33.3%	35.0%	56.4%	54.5%	53.0%	28.9%
29.3%	26.0%	26.0%	52.8%	49.0%	56.0%	27.3%
30.5%	25.5%	30.0%	52.8%	51.4%	54.0%	24.8%
35.4%	28.9%	30.0%	48.6%	44.6%	52.0%	27.5%
31.7%	29.2%	25.0%	61.5%	58.8%	64.0%	24.0%
26.8%	26.7%	29.0%	67.7%	65.6%	66.0%	33.8%
17.4%	24.7%	27.0%	66.0%	64.8%	66.0%	37.5%
21.1%	28.3%	30.0%	*	69.2%	72.0%	26.3%
28.7%	29.5%	28.0%	51.4%	60.4%	49.0%	21.5%
25.3%	13.8%	26.0%	57.9%	72.4%	64.0%	30.5%
24.0%	28.6%	15.0%	63.5%	52.7%	60.0%	31.3%
31.5%	26.6%	29.0%	*	*	**	29.8%
21.8%	18.4%	15.0%	74.5%	73.1%	69.0%	27.3%
20.5%	22.4%	22.0%	57.8%	57.0%	59.0%	32.4%
21.6%	24.2%	32.0%	62.2%	68.5%	67.0%	27.6%
28.2%	29.7%	30.0%	54.0%	56.5%	52.0%	29.9%
24.1%	28.0%	22.0%	53.4%	53.8%	59.0%	23.3%
31.8%	28.6%	28.0%	62.8%	60.4%	60.0%	24.5%
20.1%	23.1%	27.0%	67.5%	70.1%	68.0%	33.7%
32.3%	33.1%	35.0%	48.9%	49.8%	59.0%	21.3%
17.1%	15.2%	24.0%	50.7%	53.1%	74.0%	33.6%
22.2%	22.1%	29.0%	49.1%	58.2%	64.0%	31.6%

AMERICAN OVERSIGHT

23.3%	26.2%	21.0%	50.9%	50.8%	48.0%	32.8%
22.3%	29.1%	22.0%	56.9%	58.7%	70.0%	22.3%
24.2%	14.9%	17.0%	56.5%	60.4%	61.0%	25.0%
29.8%	28.7%	26.0%	51.3%	53.8%	57.0%	28.1%
31.9%	31.9%	26.0%	44.0%	42.9%	49.0%	27.7%
19.8%	19.9%	23.0%	56.5%	59.3%	62.0%	32.1%
28.1%	30.0%	29.0%	52.7%	58.3%	56.0%	24.1%
33.3%	36.5%	36.0%	33.1%	38.9%	40.0%	24.2%
27.1%	19.2%	24.0%	60.2%	58.1%	61.0%	29.5%
26.7%	26.3%	31.0%	45.5%	47.1%	47.0%	29.8%
28.5%	30.7%	33.0%	49.4%	54.7%	54.0%	30.1%
41.3%	35.8%	37.0%	58.0%	65.4%	58.0%	19.0%
30.3%	28.1%	28.0%	46.8%	45.3%	50.0%	30.6%
22.7%	27.0%	24.0%	40.6%	50.0%	56.0%	35.0%
35.9%	23.1%	32.0%	65.8%	66.8%	61.0%	28.6%
29.5%	28.8%	27.0%	54.9%	65.4%	61.0%	35.8%
31.8%	35.2%	33.0%	40.1%	45.3%	54.0%	32.4%
31.2%	29.8%	30.0%	34.0%	37.0%	39.0%	31.5%
36.7%	28.4%	30.0%	50.4%	49.6%	49.0%	31.9%
38.8%	33.0%	27.0%	46.3%	51.0%	63.0%	26.2%
35.7%	27.1%	26.0%	37.0%	37.0%	42.0%	28.9%
33.2%	38.0%	33.0%	44.2%	45.7%	53.0%	28.4%
29.2%	26.0%	28.0%	49.0%	45.7%	49.0%	30.2%
36.0%	32.2%	34.0%	41.9%	44.1%	45.0%	32.6%
31.8%	34.9%	34.0%	35.8%	41.5%	45.0%	32.6%
24.8%	22.7%	27.0%	62.7%	56.7%	62.0%	32.3%
20.0%	24.2%	22.0%	59.1%	54.1%	59.0%	29.6%
31.4%	29.7%	37.0%	54.6%	52.5%	58.0%	26.6%
31.0%	34.8%	33.0%	42.3%	49.0%	43.0%	30.3%
33.0%	33.0%	36.0%	38.3%	40.7%	43.0%	29.1%
28.5%	27.1%	31.0%	49.8%	49.8%	47.0%	22.2%
17.9%	19.0%	19.0%	*	66.7%	59.0%	30.4%
15.1%	26.5%	24.0%	74.5%	59.2%	48.0%	32.1%
26.6%	32.9%	33.0%	57.8%	52.7%	51.0%	25.6%
28.2%	20.7%	13.0%	61.2%	50.0%	50.0%	31.8%
25.0%	18.3%	19.0%	*	*	**	30.4%
18.4%	19.4%	21.0%	67.1%	58.1%	61.0%	42.1%
16.7%	17.0%	16.0%	72.2%	74.5%	74.0%	31.5%
10.6%	19.2% *		57.4%	61.5%	68.0%	42.6%
17.4%	18.2% *		63.0%	72.7%	71.0%	34.8%
15.8%	22.5% *		*	70.0% **		36.8%
26.7%	17.6%	15.0%	70.8%	68.2%	72.0%	38.3%
19.7%	17.0%	17.0%	67.1%	64.8%	70.0%	22.4%
27.0%	20.0%	19.0%	*	*	70.0%	38.2%
12.5%	25.0% *		66.7%	58.3% **		41.7%
13.3%	0.0% *		*	*	**	26.7%
21.3%	32.9%	39.0%	56.5%	60.8% **		25.0%
27.9%	24.7%	21.0%	70.1%	69.9%	66.0%	19.5%
22.8%	10.9%	25.0%	62.4%	56.5%	73.0%	27.7%
19.6%	17.1%	17.0%	51.3%	60.0%	51.0%	20.1%
36.0%	38.0%	36.0%	53.7%	53.5%	53.0%	22.2%
31.2%	29.7%	31.0%	53.3%	52.6%	56.0%	27.5%
31.6%	30.8%	32.0%	*	*	64.0%	21.3%

AMERICAN OVERSIGHT

27	29	34		28	30	35		29

PERCENT OF BENEFICIARIES WITH ATRIAL FIBRILATION				PERCENT OF BENEFICIARIES WITH ALZHEIMERS				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
18.2%	20.1%	22.0%		57.1%	61.2%	71.0%		33.1%
21.9%	12.8%	25.0%		51.0%	57.5%	61.0%		34.4%
23.7%	28.3%	27.0%		53.0%	48.6%	51.0%		26.1%
26.5%	25.9%	30.0%		50.6%	53.1%	58.0%		30.1%
25.6%	28.4%	31.0%		70.3%	67.3%	66.0%		28.5%
25.1%	24.7%	31.0%		38.3%	40.7%	47.0%		24.4%
23.9%	25.9%	20.0%		65.2%	56.8%	53.0%		29.7%
30.5%	32.7%	30.0%		56.5%	48.0%	56.0%		26.0%
35.0%	32.5%	30.0%		54.6%	49.8%	54.0%		23.1%
22.8%	30.4%	26.0%		53.7%	56.3%	62.0%		26.0%
23.8%	34.9%	37.0%		44.2%	46.7%	51.0%		21.5%
14.6%	26.5%	22.0%	*		67.6%	73.0%		24.3%
21.8%	26.3%	30.0%		54.9%	60.6%	71.0%		27.8%
26.8%	22.1%	35.0%		62.5%	60.6%	61.0%		25.9%
25.5%	26.9%	24.0%		50.6%	50.6%	52.0%		37.6%
23.7%	22.4%	18.0%		55.7%	70.1%	62.0%		39.7%
24.6%	20.3%	23.0%		62.7%	65.4%	68.0%		28.4%
25.1%	23.9%	20.0%		50.8%	58.5%	55.0%		26.2%
18.6%	22.1%	14.0%		68.0%	56.7%	57.0%		23.7%
17.3%	17.3%	22.0%		69.1%	72.0%	64.0%		23.5%
27.4%	27.0%	34.0%		52.2%	47.0%	52.0%		28.3%
28.1%	29.7%	16.0%	*	*	**			27.0%
33.7%	33.9%	24.0%		55.7%	52.8%	59.0%		40.4%
38.6%	32.7% *			66.7% *		65.0%		29.8%
23.5%	18.3%	18.0%	*	*	**			18.8%
23.4%	22.1%	26.0%		59.6%	59.1%	52.0%		26.2%
24.2%	25.7%	19.0%		62.1%	54.1%	62.0%		30.7%
29.5%	27.0%	36.0%		53.0%	57.5%	60.0%		29.5%
27.2%	27.9%	29.0%		67.9%	55.8%	68.0%		23.5%
28.2%	31.2%	29.0%		63.2%	67.9%	68.0%		23.0%
34.2%	28.0%	36.0%		53.8%	55.1%	60.0%		26.9%
24.9%	19.5%	21.0%		50.5%	57.3%	56.0%		35.7%

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

	3.025	3.100	3.000				7.50	
	2.171	2.190	2.350				7.50	
	2.732	3.110	2.980				7.60	
	2.533	2.604	2.670				7.20	
	3.091	3.351	3.350				7.60	
	2.414	2.237	2.550				7.40	
	2.699	2.926	2.810				7.60	
	2.228	2.254	2.470				7.70	
	2.147	2.212	2.350				7.60	
	2.107	2.402	2.560				8.00	
	2.516	2.951	3.470				7.80	
	2.416	2.285	2.380				7.40	
	2.149	2.296	2.270				7.30	
	2.192	2.304	2.350				7.50	
	2.317	2.240	2.330				7.30	
			2.070				6.90	
	1.546	1.697	1.750				6.70	
	2.694	2.640	2.410				7.30	
	2.568	2.766	3.200				7.90	
	2.808	2.944	2.640				8.10	
	2.757	2.942	2.830				7.90	
	2.439	2.670	2.310				7.50	
	2.660	2.883	2.630				8.00	
	2.114	2.099	1.940				7.50	
	2.723	2.996	2.710				8.10	
	2.485	2.866	3.020				8.00	
	3.203	2.891	2.880				7.80	
	2.152	2.270	2.300				7.50	
	2.768	2.701	2.690				7.90	
	3.148	3.128	3.200				7.70	
	2.247	2.410	2.360				7.70	
			2.030				7.50	
	2.921	3.249	3.360				8.30	
	2.801	2.056	2.320				7.80	
	2.562	2.558	2.540				8.30	
	2.143	2.299	2.640				8.20	
	3.248	3.324	3.220				7.40	
	4.580	5.080	5.290				8.60	
	2.353	2.407	2.270				8.00	
	2.295	2.500	2.430				8.30	
	2.326	2.463	2.480				7.90	
	4.525	3.754	4.390				8.40	
	3.687	3.609	4.070				7.90	
	2.797	3.191	4.540				7.70	
	3.928	3.512	3.580				8.60	
	3.627	3.459	3.440				8.40	
	3.177	3.645	3.760				8.50	
	3.855	3.210	4.090				8.40	
	3.610	3.733	4.170				8.40	
-	2.7287	2.8147	2.8810	-	-	-	7.59	-

AMERICAN OVERSIGHT

3.722	3.875	4.460	8.20
3.446	3.803	3.790	8.00
2.841	3.242	3.150	8.00
2.829	3.198	2.830	7.80
2.814	3.074	3.030	8.40
3.061	3.587	3.660	7.80
3.078	3.167	3.360	7.90
3.207	3.194	3.320	8.30
3.348	2.956	3.330	8.20
2.777	2.888	3.090	8.20
3.929	3.505	3.400	7.50
3.397	3.581	3.840	8.00
2.500	2.821	2.500	7.80
2.767	3.351	2.680	8.10
3.339	2.908	3.520	7.70
2.492	2.800	2.820	7.50
3.254	3.462	3.780	7.90
3.764	4.352	3.140	7.80
1.945	1.760	1.740	6.90
2.612	2.488	2.560	7.30
2.443	2.271	2.420	7.90
2.985	3.076	2.760	7.70
3.967	2.902	2.940	7.10
2.058	2.218	2.260	7.30
2.919	2.602	2.830	8.40
2.511	2.855	2.900	7.70
2.407	2.674	2.510	8.20
2.366	2.958	3.270	7.70
2.416	2.330	2.460	7.10
3.627	3.326	3.460	7.70
2.687	2.725	2.940	7.50
2.354	2.480	2.690	7.50
2.259	2.452	2.470	7.50
2.455	2.510	2.490	7.20
3.324	3.337	3.280	7.80
3.079	2.678	2.770	7.40
2.371	2.541	2.620	7.50
2.706	2.949	2.720	7.30
2.653	2.628	3.470	7.50
2.329	2.387	2.170	7.40
2.229	2.495	3.180	7.10
3.514	3.342	3.830	7.60
3.599	3.656	3.750	7.30
2.982	2.864	2.870	7.70
2.837	3.343	3.250	7.60
2.676	3.012	2.880	7.60
3.013	3.068	3.560	7.70
2.723	2.628	2.930	7.70
2.463	3.281	3.320	7.30
2.386	2.489	2.660	7.50
2.512	2.936	3.040	7.80
2.476	2.499	2.690	7.20
3.120	2.715	3.310	7.80
2.523	2.784	2.950	7.70

AMERICAN OVERSIGHT

2.554	2.627	2.910	7.50
2.665	2.516	2.420	7.50
3.273	3.230	2.680	7.20
2.539	2.652	2.560	7.80
2.693	2.342	2.460	7.60
2.799	2.563	2.730	7.10
2.108	2.433	2.220	7.50
2.220	2.186	2.340	7.40
2.263	2.739	2.790	8.00
2.503	2.559	2.220	7.70
2.359	2.721	2.720	7.60
2.403	2.603	2.600	7.60
2.007	2.094	1.870	6.90
2.300	2.281	2.170	7.30
2.538	2.392	2.480	8.20
3.581	3.788	3.800	8.10
2.472	2.426	2.400	7.80
2.373	2.585	2.700	7.30
2.862	2.784	2.760	7.30
2.866	2.982	2.800	8.00
2.664	2.280	2.390	7.20
2.858	3.117	3.160	7.80
2.568	2.602	2.350	7.50
2.469	2.460	2.580	7.90
2.335	2.442	2.730	7.80
3.624	4.203	3.350	8.00
3.401	3.609	3.840	7.90
2.680	2.599	2.430	7.50
2.685	2.618	2.780	7.60
2.052	2.112	2.080	7.10
2.522	2.280	2.410	7.30
2.843	2.582	2.860	6.90
2.513	2.860	3.120	7.50
2.681	2.790	2.740	7.80
3.516	3.513	3.180	7.00
3.265	3.692	3.240	7.90
2.926	3.565	3.190	7.50
2.860	3.619	3.000	7.40
3.051	4.416	4.300	8.10
4.120	3.273	3.460	7.60
3.213	3.582	3.060	7.90
2.581	3.323	3.360	7.50
2.364	3.004	3.330	7.30
3.027	3.380	3.260	7.70
2.463	3.442	3.170	7.60
2.950	2.765	2.650	7.70
3.285	2.714	3.270	8.50
2.688	3.077	3.070	6.70
2.930	2.658	2.610	7.40
2.502	2.653	2.690	6.50
2.134	2.293	2.300	7.80
2.336	2.310	2.490	7.40
2.023	2.201	2.130	7.60

AMERICAN OVERSIGHT

26 28 32 33

	AVERAGE HIERARCHICAL CLINICAL CLASSIFICATION (HCC) SCORE				AVERAGE NUMBER OF CHRONIC CONDITIONS PER PATIENT			
2018	2015	2016	2017	2018	2015	2016	2017	2018
	3.175	3.222	3.110				8.50	
	2.946	3.554	3.300				7.80	
	2.687	2.322	2.560				7.40	
	2.427	2.472	2.560				7.70	
	2.807	2.785	2.830				7.70	
	2.053	2.177	2.090				7.20	
	2.805	3.385	3.790				7.90	
	2.400	2.341	2.190				7.60	
	2.210	2.055	2.270				7.30	
	2.196	2.578	2.890				7.80	
	2.018	2.336	2.350				7.30	
	2.678	2.487	2.640				7.40	
	2.837	2.663	2.300				7.60	
	2.255	2.312	1.970				7.30	
	2.403	2.508	2.770				7.90	
	3.085	2.911	2.810				7.90	
	2.936	3.218	2.940				7.40	
	2.719	2.888	3.020				6.90	
	2.172	2.351	2.410				6.60	
	2.845	2.319	2.310				7.10	
	2.290	2.265	2.210				7.50	
	2.299	2.206	2.290				7.50	
	2.564	2.436	2.440				8.10	
	2.714	2.060	1.970				7.10	
	2.046	2.317	2.160				7.60	
	2.110	2.229	2.260				7.10	
	2.648	2.674	3.070				7.30	
	3.151	3.391	3.070				8.30	
	2.722	2.262	2.940				7.90	
	2.549	2.484	2.410				7.50	
	2.285	2.628	2.580				7.80	
	2.395	2.394	2.840				7.40	

AMERICAN OVERSIGHT

$ -	$ -	0.00%	0.00%	0.00%	0.00%	-	-	-

$ 413,028				36.0%		74.24	76.89	75.0
$ 841,747				18.0%		81.70	80.99	81.0
$ 497,942				69.0%		74.42	73.03	73.0
$ 449,908				43.0%		79.05	77.07	78.0
$ 448,690				50.0%		72.00	72.89	73.0
$ 403,683				38.0%		81.13	80.42	81.0
$ 983,504				25.0%		79.96	79.07	80.0
$ 1,462,734				13.0%		82.16	81.89	81.0
$ 1,051,484				14.0%		82.45	82.56	81.0
$ 1,003,286				20.0%		80.64	81.20	81.0
$ 459,449				49.0%		74.57	75.78	76.0
$ 840,431				26.0%		82.20	81.16	80.0
$ 1,487,367				12.0%		80.09	81.01	81.0
$ 871,189				14.0%		83.25	83.17	83.0
$ 1,110,984				10.0%		80.34	80.45	81.0
$ 146,405			*					78.0
$ 463,068			*			81.13	82.63	82.0
$ 1,139,656				26.0%		79.43	80.79	81.0
$ 571,631				30.0%		80.70	82.05	79.0
$ 241,322				80.0%		75.96	76.49	78.0
$ 727,255				37.0%		82.05	80.59	81.0
$ 863,790				13.0%		80.53	80.14	81.0
$ 825,132				37.0%		80.58	81.00	81.0
$ 430,497				52.0%		83.12	83.78	82.0
$ 1,291,983				17.0%		83.03	82.56	82.0
$ 339,199				30.0%		79.27	77.79	79.0
$ 567,854				52.0%		74.93	75.84	76.0
$ 1,292,946				10.0%		81.82	81.42	82.0
$ 649,940				77.0%		72.56	71.45	70.0
$ 663,758				62.0%		74.62	76.80	75.0
$ 1,373,246				15.0%		81.94	81.51	82.0
$ 641,715			*					85.0
$ 455,336				57.0%		77.99	76.66	77.0
$ 59,056				34.0%		82.00	84.06	82.0
$ 185,063				28.0%		83.73	85.30	84.0
$ 530,569				74.0%		80.17	78.49	81.0
$ 572,296				61.0%		74.90	76.37	77.0
$ 475,734				43.0%		76.19	74.75	76.0
$ 210,578				11.0%		86.72	87.71	87.0
$ 466,193				19.0%		85.84	85.42	87.0
$ 434,116				23.0%		85.14	84.71	85.0
$ 1,164,989				77.0%		62.28	62.76	69.0
$ 1,079,113				78.0%		68.53	72.14	73.0
$ 368,974				95.0%		62.15	62.65	70.0
$ 616,217				82.0%		79.69	79.26	79.0
$ 482,916				76.0%		79.32	79.84	78.0
$ 724,129				76.0%		77.92	79.44	77.0
$ 316,169				76.0%		76.51	75.37	75.0
$ 201,513				55.0%		77.50	78.05	75.0
$ 690,395	$ -	0.00%	0.00%	43.02%	0.00%	76.28	76.11	76.54

AMERICAN OVERSIGHT

$ 1,043,917	67.0%	75.38	75.07	73.0
$ 771,012	82.0%	69.88	70.42	71.0
$ 1,010,030	41.0%	80.75	78.94	80.0
$ 756,207	64.0%	77.28	77.10	76.0
$ 1,063,164	28.0%	78.75	79.12	78.0
$ 554,026	59.0%	74.18	72.76	73.0
$ 488,236	60.0%	73.61	72.99	74.0
$ 1,240,659	46.0%	76.60	77.13	77.0
$ 609,966	47.0%	75.49	76.97	77.0
$ 1,123,864	31.0%	77.49	77.30	77.0
$ 277,676	65.0%	69.91	73.01	70.0
$ 497,606	57.0%	74.56	72.90	73.0
$ 711,792	35.0%	78.82	77.54	81.0
$ 212,863	53.0%	77.41	73.54	74.0
$ 479,322	64.0%	74.46	73.55	75.0
$ 654,381	42.0%	78.38	77.26	77.0
$ 468,661	60.0%	79.24	75.08	75.0
$ 218,621	72.0%	74.67	74.15	77.0
$ 1,002,299	9.0%	84.14	83.95	85.0
$ 1,100,999	43.0%	80.38	79.68	79.0
$ 719,653	24.0%	82.02	81.44	81.0
$ 583,975	33.0%	79.47	78.93	81.0
$ 487,414	42.0%	77.37	75.42	79.0
$ 966,602	15.0%	81.36	81.74	82.0
$ 759,497	30.0%	78.32	79.51	80.0
$ 1,365,350	25.0%	79.76	79.75	80.0
$ 493,994	32.0%	80.72	81.07	80.0
$ 706,528	46.0%	78.53	77.95	79.0
$ 1,240,659	20.0%	79.58	79.49	79.0
$ 670,338	47.0%	74.05	72.58	74.0
$ 1,046,714	29.0%	77.44	78.60	78.0
$ 495,145	35.0%	79.34	79.34	79.0
$ 1,141,959	19.0%	82.00	82.11	83.0
$ 924,161	19.0%	79.56	78.98	79.0
$ 1,101,492	23.0%	76.23	76.80	78.0
$ 771,960	27.0%	76.31	75.67	75.0
$ 856,716	29.0%	78.35	77.80	79.0
$ 665,732	48.0%	77.77	77.13	78.0
$ 676,753	61.0%	75.81	76.35	74.0
$ 932,222	48.0%	79.27	80.25	80.0
$ 364,039	41.0%	77.65	76.48	77.0
$ 285,408	55.0%	70.35	71.05	73.0
$ 458,791	63.0%	71.88	68.44	70.0
$ 1,079,778	71.0%	77.93	77.92	78.0
$ 730,380	63.0%	74.96	71.52	70.0
$ 936,005	42.0%	78.00	76.97	78.0
$ 570,815	58.0%	76.84	76.51	77.0
$ 838,128	29.0%	79.07	79.36	78.0
$ 754,891	45.0%	75.82	75.06	77.0
$ 1,085,105	25.0%	80.01	80.22	80.0
$ 515,050	36.0%	78.71	77.16	79.0
$ 778,579	38.0%	79.28	78.38	78.0
$ 847,669	68.0%	69.10	71.17	72.0
$ 532,980	43.0%	73.89	73.54	74.0

AMERICAN OVERSIGHT

$ 467,674	31.0%	76.97	76.55	75.0
$ 751,272	43.0%	81.16	80.39	80.0
$ 292,646	58.0%	74.31	74.80	74.0
$ 1,075,172	24.0%	79.30	79.94	81.0
$ 442,341	36.0%	76.66	76.96	78.0
$ 260,075	48.0%	72.85	72.08	73.0
$ 1,514,552	20.0%	82.07	80.83	80.0
$ 1,289,680	4.0%	79.14	79.41	79.0
$ 363,216	44.0%	77.40	76.08	76.0
$ 385,917	23.0%	77.18	77.53	78.0
$ 390,852	25.0%	78.56	78.25	80.0
$ 683,498	26.0%	80.87	81.16	81.0
$ 802,102	23.0%	81.48	80.46	80.0
$ 463,890	35.0%	77.66	78.32	79.0
$ 1,356,688	33.0%	81.38	82.49	82.0
$ 146,405	42.0%	73.99	76.26	76.0
$ 425,891	20.0%	78.36	78.56	79.0
$ 457,639	25.0%	76.20	75.92	75.0
$ 413,882	30.0%	76.24	78.03	78.0
$ 418,817	40.0%	78.82	77.86	79.0
$ 513,405	27.0%	77.79	77.39	77.0
$ 1,602,395	19.0%	79.50	79.16	79.0
$ 572,460	30.0%	75.70	76.55	76.0
$ 1,721,986	16.0%	78.81	79.42	79.0
$ 1,403,679	17.0%	78.89	78.59	79.0
$ 346,437	49.0%	71.58	72.13	76.0
$ 746,008	48.0%	72.54	74.02	74.0
$ 1,223,058	26.0%	80.23	80.67	82.0
$ 1,006,082	26.0%	78.76	79.58	78.0
$ 1,218,781	12.0%	81.75	81.45	81.0
$ 992,429	25.0%	80.05	80.27	80.0
$ 324,723	65.0%	71.34	69.40	69.0
$ 500,080	48.0%	71.94	73.01	72.0
$ 935,183	30.0%	81.46	80.49	80.0
$ 460,107	47.0%	74.85	71.50	75.0
$ 380,653	71.0%	73.02	72.20	71.0
$ 622,797	73.0%	71.72	71.28	72.0
$ 397,352	61.0%	73.28	74.28	73.0
$ 204,309	95.0%	64.77	67.81	65.0
$ 164,500	80.0%	66.91	71.45	70.0
$ 87,476	74.0%	74.45	76.50	73.0
$ 725,774	72.0%	72.93	72.60	73.0
$ 610,953	63.0%	80.62	77.53	78.0
$ 394,307	79.0%	74.98	71.26	68.0
$ 184,734	81.0%	68.63	64.71	68.0
$ 164,829	88.0%	64.13	67.13	67.0
$ 340,515	55.0%	77.03	78.44	78.0
$ 393,155	40.0%	82.03	81.01	81.0
$ 232,768	63.0%	78.57	79.24	77.0
$ 840,924	44.0%	78.78	77.76	76.0
$ 523,933	11.0%	86.00	86.07	86.0
$ 1,261,715	22.0%	84.47	83.14	83.0
$ 802,102	14.0%	86.92	86.44	86.0

AMERICAN OVERSIGHT

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INSURANCE AMOUNT			PERCENT OF DUAL ELIGIBLE BENEFICIARIES			AVERAGE PATIENT AGE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
$ 474,418				54.0%		71.75	71.49	74.0
$ 709,982				57.0%		73.21	71.59	73.0
$ 622,304				27.0%		76.93	76.44	78.0
$ 461,916				30.0%		76.51	76.97	76.0
$ 368,645				49.0%		77.56	76.93	76.0
$ 1,191,967				22.0%		75.61	76.12	78.0
$ 279,815				55.0%		74.19	72.86	73.0
$ 577,231				17.0%		80.47	79.85	80.0
$ 643,031				24.0%		81.35	80.92	81.0
$ 306,628				26.0%		78.81	79.75	80.0
$ 407,302				17.0%		79.63	78.89	81.0
$ 279,157				58.0%		79.17	77.88	79.0
$ 276,031				52.0%		77.34	76.75	78.0
$ 321,762				42.0%		79.46	79.66	80.0
$ 605,196				24.0%		76.32	77.31	77.0
$ 406,644				64.0%		73.53	75.93	75.0
$ 480,834				65.0%		73.01	74.20	71.0
$ 541,205				45.0%		73.79	74.97	74.0
$ 355,649				50.0%		76.96	75.89	74.0
$ 212,205				58.0%		79.19	80.33	80.0
$ 352,524				49.0%		80.53	78.89	78.0
$ 453,362				73.0%		82.11	82.64	84.0
$ 893,400				33.0%		79.29	78.59	78.0
$ 81,757				53.0%		79.28	78.53	81.0
$ 884,681				75.0%		77.42	77.16	78.0
$ 592,365				43.0%		78.86	77.56	78.0
$ 894,716				61.0%		76.22	75.77	76.0
$ 691,964				42.0%		77.57	76.93	77.0
$ 224,214				44.0%		77.54	77.86	77.0
$ 612,598				41.0%		81.79	80.70	79.0
$ 771,999				30.0%		80.11	80.12	79.0
$ 733,670				38.0%		77.23	76.03	77.0

AMERICAN OVERSIGHT

-	-	-	0.0%	0.0%	0.0%	0.0%	$	-	$	-

23.59	20.76					20.0%			
27.12	28.03					11.0%			
32.65	35.68				*				
30.34	24.47					16.0%			
29.82	24.82					9.0%			
30.06	24.31					14.0%			
27.30	26.58					16.0%			
25.42	26.52					9.0%			
26.58	27.86					9.0%			
27.00	29.42					12.0%			
25.77	33.63				*				
28.84	26.32					12.0%			
28.05	27.28					11.0%			
25.40	22.93					14.0%			
21.60	20.48					15.0%			
	21.49					12.0%			
20.39	21.14					5.0%			
29.76	25.10					13.0%			
33.43	24.27					15.0%			
31.42	28.77				*				
25.77	26.35					12.0%			
21.35	21.39					13.0%			
30.40	28.22					12.0%			
29.88	25.08					17.0%			
25.59	23.15					16.0%			
22.39	21.16					15.0%			
25.29	26.33					7.0%			
23.36	21.42					14.0%			
36.61	35.93				*				
25.27	23.68					9.0%			
25.06	24.14					7.0%			
	22.91					13.0%			
21.04	23.13					8.0%			
18.32	19.08				*				
20.43	17.62					12.0%			
31.64	37.88				*				
21.55	26.15					11.0%			
25.33	23.38					13.0%			
21.94	19.13					12.0%			
26.93	24.30					14.0%			
22.68	21.51					9.0%			
30.14	31.18					17.0%			
40.29	37.93					10.0%			
28.92	41.38				*				
28.27	29.55				*				
32.25	28.17					12.0%			
27.74	26.87					11.0%			
31.84	28.53					19.0%			
23.04	21.43				*				
27.59	26.96	-	0.0%	0.0%	9.3%	0.0%	$	-	$ -

AMERICAN OVERSIGHT

32.87	31.34		11.0%
36.38	36.28	*	
27.58	28.76		12.0%
32.47	30.23	*	
28.08	28.12		15.0%
36.29	34.49	*	
32.69	28.44		15.0%
28.41	26.74		13.0%
23.15	24.69		13.0%
24.34	26.23		12.0%
18.93	27.11		18.0%
23.16	22.66		14.0%
25.92	24.28		18.0%
20.25	16.76		17.0%
23.86	22.65		12.0%
30.64	27.04		11.0%
29.58	28.14	*	
24.12	31.39	*	
25.61	26.73		11.0%
30.20	28.43		9.0%
20.70	22.38		16.0%
21.25	23.68		6.0%
29.15	29.76		13.0%
20.76	21.33		8.0%
23.32	24.84		6.0%
28.27	26.63		6.0%
24.54	24.69		8.0%
27.79	28.92		9.0%
25.14	27.39		7.0%
23.26	26.73		9.0%
25.46	24.04		18.0%
28.19	33.32		9.0%
29.16	29.18		10.0%
21.51	23.89		10.0%
26.37	26.90		10.0%
23.76	23.11		13.0%
26.32	25.44		9.0%
34.27	30.99		9.0%
30.57	28.49		11.0%
36.81	34.00		8.0%
30.21	22.94		17.0%
32.66	23.64		16.0%
38.98	33.54		20.0%
34.35	38.56	*	
39.25	36.83		11.0%
31.37	28.66		9.0%
34.64	35.14	*	
30.60	26.53		11.0%
31.32	29.29		8.0%
24.56	24.81		12.0%
27.12	27.59		8.0%
24.24	24.61		15.0%
36.93	41.32		11.0%
26.51	28.55		14.0%

AMERICAN OVERSIGHT

23.41	**17.26**		**18.0%**
34.50	**27.76**		**10.0%**
27.75	**26.58**	*	
21.93	**21.63**		**14.0%**
26.02	**24.00**		**8.0%**
16.57	**16.39**		**13.0%**
27.30	**27.58**		**9.0%**
19.42	**19.67**		**10.0%**
19.21	**23.32**	*	
21.05	**18.74**		**16.0%**
20.66	**19.11**		**10.0%**
22.38	**21.33**		**12.0%**
25.60	26.73		8.0%
22.48	20.55		15.0%
31.91	35.35		12.0%
18.89	**15.86**		**17.0%**
19.51	**19.76**		**8.0%**
20.52	**20.95**		**11.0%**
25.17	**19.68**		**12.0%**
23.92	**22.66**		**10.0%**
23.93	**21.81**		**11.0%**
27.83	**25.60**		**9.0%**
30.03	**26.35**		**7.0%**
25.70	**22.74**		**10.0%**
26.39	**24.79**		**9.0%**
26.36	**27.16**		**17.0%**
30.76	**26.64**		**10.0%**
27.92	**30.39**		**6.0%**
22.99	**23.56**		**10.0%**
26.26	**27.43**		**10.0%**
27.97	27.78		12.0%
36.18	36.45	*	
27.20	30.07		18.0%
33.38	28.72		13.0%
26.15	28.56	*	
25.50	**29.40**	*	
34.42	**26.01**		**16.0%**
27.02	**21.85**		**12.0%**
33.21	**31.43**	*	
36.55	**23.91**	*	
24.80	**23.12**	*	
29.37	**32.53**		**11.0%**
34.68	**36.82**	*	
36.30	**37.10**	*	
24.60	**32.63**	*	
27.21	**31.79**	*	
30.25	**28.50**	*	
32.02	**30.26**		**13.0%**
42.79	**31.50**	*	
39.33	**37.81**		**9.0%**
25.15	28.34		7.0%
26.47	27.79		7.0%
34.83	31.09		12.0%

AMERICAN OVERSIGHT

12 9 10

VERAGE LENGTH OF STAY			PERCENT OF BENEFICIARIES WITH < / = 7 MEDICARE A COVERED DAYS				TOTAL MEDICARE CO	
2016	2017	2018	2015	2016	2017	2018	2015	2016
27.54	28.52				12.0%			
28.25	27.98				7.0%			
23.62	25.54				8.0%			
23.56	27.96				10.0%			
28.75	22.33				14.0%			
23.73	23.85				17.0%			
24.70	25.66			*				
21.84	20.76				12.0%			
24.37	23.76				11.0%			
27.90	21.16				9.0%			
26.50	23.58				17.0%			
26.88	26.19			*				
20.51	20.81				11.0%			
25.29	27.19				16.0%			
26.40	26.21				7.0%			
35.19	23.06				10.0%			
26.65	26.99				11.0%			
26.77	26.05			*				
28.02	27.81				13.0%			
36.57	29.56			*				
27.95	27.83			*				
47.26	41.07			*				
27.62	23.81				12.0%			
29.65	20.36			*				
51.98	46.54			*				
37.09	34.27			*				
39.68	38.58				8.0%			
27.08	25.23				11.0%			
22.95	21.52				13.0%			
24.84	30.48				8.0%			
32.38	29.48				12.0%			
24.07	21.36				13.0%			

AMERICAN OVERSIGHT

38.2%	15.1%	761	668	660	-	-
53.8%	9.9%	1,652	1,605	1,680	-	-
0.0%	2.7%	348	343	338	-	-
13.9%	10.8%	812	759	711	-	-
0.0%	0.0%	595	595	635	-	-
0.0%	0.0%	443	428	422	-	-
10.0%	1.0%	730	605	665	-	-
0.0%	0.0%	1,673	1,573	1,555	-	-
23.1%	2.5%	2,754	2,736	2,562	-	-
0.0%	0.0%	765	775	770	-	-
0.0%	0.0%	1,731	1,527	1,289	-	-
0.0%	0.0%	1,997	1,819	1,859	-	-
7.7%	1.7%	1,684	1,514	1,401	-	-
0.0%	0.0%	667	752	850	-	-
3.3%	1.0%	491	595	627	-	-
3.2%	2.3%	219	207	235	-	-
11.1%	2.5%	552	388	377	-	-
0.0%	0.0%	733	801	698	-	-
2.3%	0.7%	1,347	1,356	1,263	-	-
9.6%	4.7%	2,581	2,332	1,980	-	-
0.0%	0.0%	-	-	-	-	-
27.3%	5.4%	702	631	700	-	-
0.0%	0.0%	505	551	622	-	-
57.1%	8.9%	1,548	1,403	1,281	-	-
42.9%	9.4%	1,829	1,661	1,561	-	-
21.4%	6.0%	1,336	1,287	1,280	-	-
25.5%	10.0%	2,596	2,501	2,319	-	-
8.8%	3.1%	1,869	1,759	1,603	-	-
15.6%	8.5%	2,892	2,917	2,745	-	-
0.0%	0.0%	696	658	748	-	-
0.0%	0.0%	354	310	318	-	-
0.0%	0.0%	662	626	684	-	-
5.6%	1.0%	2,017	1,815	1,809	-	-
44.4%	3.8%	1,398	1,442	1,509	-	-
0.0%	0.0%	-	-	329	-	-
0.0%	0.0%	327	296	352	-	-
0.0%	0.0%	545	505	403	-	-
0.0%	0.0%	705	646	590	-	-
0.0%	0.0%	848	727	460	-	-
26.3%	3.6%	685	645	603	-	-

AMERICAN OVERSIGHT

0.0%	0.0%	162	195	182		27.30
0.0%	8.0%	280	286	264		28.07
25.0%	5.0%	136	112	100		30.85
0.0%	3.8%	131	143	136		31.27
12.5%	2.8%	151	127	127		30.59
50.0%	10.3%	104	97	128		28.29
0.0%	0.0%	313	264	327		28.13
0.0%	20.0%	543	576	513		28.04
0.0%	0.0%	343	389	362		29.35
20.0%	12.5%	408	367	304		27.79
0.0%	5.3%	103	125	107		29.55
0.0%	25.0%	262	291	278		28.47
66.7%	10.5%	512	560	472		27.25
0.0%	0.0%	408	345	382		25.44
0.0%	0.0%	696	658	650		21.06
0.0%	0.0%			98		
0.0%	0.0%					
0.0%	0.0%	354	310	318		19.95
0.0%	0.0%	375	361	410		28.30
0.0%	0.0%	216	195	220		32.38
0.0%	0.0%	71	70	54		29.59
25.0%	6.3%	259	235	213		25.87
0.0%	0.0%	387	391	431		23.89
0.0%	0.0%	251	237	233		31.27
0.0%	0.0%	164	150	126		30.19
0.0%	0.0%	543	486	493		25.68
0.0%	0.0%	216	146	158		23.01
0.0%	0.0%	197	170	155		23.30
0.0%	0.0%	467	562	655		26.87
0.0%	0.0%	109	115	117		37.79
80.0%	14.8%	175	191	204		29.75
0.0%	0.0%	647	574	533		25.18
0.0%	0.0%			329		
0.0%	0.0%	150	134	153		21.95
0.0%	0.0%	22	18	44		14.23
0.0%	0.0%	155	144	155		19.86
0.0%	0.0%	127	138	86		35.57
0.0%	0.0%	217	196	157		24.99
0.0%	0.0%	201	171	160		26.29
0.0%	0.0%	202	174	172		21.01
0.0%	0.0%	242	216	192		27.65
0.0%	0.0%	261	256	226		23.91
0.0%	0.0%	300	242	218		25.80
0.0%	0.0%	239	233	187		42.55
0.0%	0.0%	309	252	55		29.39
0.0%	0.0%	188	171	155		25.22
0.0%	0.0%	113	114	115		30.84
0.0%	0.0%	245	241	211		25.36
83.3%	17.2%	79	81	67		31.34
0.0%	0.0%	60	38	55		26.97
13.7%	4.1%	44,049	41,758	40,493	-	28.02

AMERICAN OVERSIGHT

0.0%	0.0%	313	289	193	30.92
0.0%	0.0%	128	128	136	37.47
0.0%	0.0%	310	282	292	26.54
0.0%	0.0%	188	170	147	30.36
0.0%	0.0%	228	261	269	31.72
14.3%	4.8%	84	92	95	33.46
0.0%	0.0%	96	134	131	38.93
57.1%	14.3%	247	306	334	28.43
0.0%	0.0%	248	194	193	25.90
0.0%	0.0%	556	514	339	23.57
0.0%	0.0%	114	117	84	19.78
41.7%	18.5%	256	214	185	21.98
0.0%	0.0%	288	276	254	24.81
0.0%	0.0%	131	115	126	27.84
15.0%	6.5%	187	165	138	22.22
0.0%	3.8%	377	242	198	29.87
3.4%	3.6%	177	189	129	31.82
0.0%	0.0%				
0.0%	0.0%	67	52	57	26.85
0.0%	0.0%	339	308	356	27.35
37.5%	9.7%	296	271	287	27.49
0.0%	0.0%	225	278	282	21.49
0.0%	0.0%	189	163	212	25.09
0.0%	0.0%	91	110	128	28.49
0.0%	0.0%	595	564	496	20.70
0.0%	0.0%	342	318	264	24.33
0.0%	0.0%	408	351	354	28.04
100.0%	30.8%	203	170	167	23.69
0.0%	0.0%	231	212	199	25.57
0.0%	0.0%	463	432	395	24.25
16.7%	7.7%	168	153	177	23.34
100.0%	23.8%	383	356	333	22.96
100.0%	6.7%	176	145	130	26.58
40.0%	13.3%	408	363	327	27.12
0.0%	0.0%	400	365	351	25.99
0.0%	0.0%	318	278	315	25.79
0.0%	0.0%	356	343	322	25.00
30.0%	16.0%	262	301	292	28.40
33.3%	11.5%	269	262	148	31.94
0.0%	0.0%	144	162	158	37.75
75.0%	15.0%	171	198	211	35.06
0.0%	0.0%	181	149	155	28.67
33.3%	10.5%	95	87	98	35.51
0.0%	0.0%	96	91	82	32.76
46.2%	22.2%	178	203	165	34.79
0.0%	0.0%	165	141	125	35.39
0.0%	0.0%	244	237	234	31.12
47.1%	21.8%	185	149	120	27.97
0.0%	18.8%	174	209	247	30.77
37.5%	14.3%	232	186	164	27.83
0.0%	0.0%	462	427	412	27.88
0.0%	0.0%	169	147	154	26.72
0.0%	0.0%	356	299	246	24.31
0.0%	0.0%	146	145	123	34.58
0.0%	0.0%	234	208	143	23.54

AMERICAN OVERSIGHT

0.0%	0.0%	369	305	300	21.85
0.0%	0.0%	188	189	212	39.00
0.0%	0.0%	124	101	77	29.60
0.0%	0.0%	524	520	514	22.78
0.0%	0.0%	191	191	170	27.15
37.5%	10.0%	237	226	188	19.25
0.0%	0.0%	469	446	459	27.22
0.0%	0.0%	830	952	916	21.98
0.0%	0.0%	166	198	142	23.86
0.0%	0.0%	292	289	295	21.48
0.0%	0.0%	239	212	232	24.35
0.0%	0.0%	521	413	330	20.24
0.0%	0.0%	297	285	261	26.98
0.0%	0.0%	234	222	234	23.70
0.0%	0.0%	234	268	275	34.05
0.0%	0.0%	193	104	113	18.97
0.0%	0.0%	352	349	257	22.94
0.0%	0.0%	391	373	254	21.35
0.0%	0.0%	270	222	220	23.76
0.0%	0.0%	214	206	168	22.89
0.0%	0.0%	311	273	277	22.41
0.0%	0.0%	672	556	517	26.44
0.0%	0.0%	192	173	208	28.61
0.0%	0.0%	602	603	657	28.30
0.0%	0.0%	531	487	477	28.07
0.0%	0.0%	161	150	99	28.54
33.3%	11.1%	230	194	203	35.75
0.0%	0.0%	379	320	287	27.26
0.0%	0.0%	426	420	387	23.08
0.0%	0.0%	488	430	425	25.55
0.0%	0.0%	221	277	300	28.41
0.0%	0.0%	56	63	69	39.35
0.0%	0.0%	106	98	131	32.80
0.0%	0.0%	199	222	243	33.31
0.0%	0.0%	85	92	107	26.25
0.0%	0.0%	56	60	83	35.09
0.0%	0.0%	76	160	160	29.25
0.0%	0.0%	108	106	129	30.01
20.0%	7.7%	47	26	38	31.34
0.0%	0.0%	46	33	41	42.19
0.0%	0.0%	38	40	35	32.24
0.0%	0.0%	120	170	141	32.85
50.0%	4.3%	76	88	110	28.79
0.0%	0.0%	89	65	67	39.68
0.0%	4.2%	24	24	32	33.27
0.0%	0.0%	30	30	26	34.71
0.0%	0.0%	108	79	88	32.49
0.0%	0.0%	154	93	89	34.72
0.0%	0.0%	101	46	48	36.86
40.0%	9.5%	189	170	152	38.04
0.0%	0.0%	203	187	174	28.28
0.0%	0.0%	375	445	335	27.25
0.0%	0.0%	155	169	189	31.18

AMERICAN OVERSIGHT

> 0.0%	> 0.0%		9	11	6		10
> / = 10.0%	> / = 10.0%		Per CMS SNF PUF Stats Files				
> / = 20.0%	> / = 20.0%						
			UNDUPLICATED (DISTINCT) MEDICARE A BENEFICIARIES SERVED				A
G+ Citations as a % of Total Complaint Citations	G+ Citations as a % of Total Citations		2015	2016	2017	2018	2015
40.9%	20.5%		154	134	108		25.20
0.0%	3.7%		192	179	166		27.53
0.0%	0.0%		249	212	241		27.18
80.0%	28.6%		166	143	145		23.89
83.3%	35.7%		172	162	179		28.52
0.0%	10.0%		426	445	474		25.52
0.0%	0.0%		138	139	117		37.65
0.0%	0.0%		361	358	338		21.97
0.0%	0.0%						
66.7%	14.3%		260	237	251		25.45
0.0%	0.0%		123	112	141		27.10
0.0%	0.0%		172	152	180		24.86
0.0%	7.1%		103	102	95		27.59
0.0%	0.0%		133	137	133		20.78
0.0%	0.0%		112	104	110		22.10
0.0%	5.9%		263	253	232		26.00
0.0%	0.0%		131	107	117		32.80
28.6%	15.0%		134	153	129		28.65
19.2%	22.2%		187	142	137		31.29
5.3%	2.8%		97	104	96		31.33
0.0%	0.0%		81	75	69		28.67
0.0%	0.0%		113	100	88		29.22
0.0%	0.0%		89	64	74		35.43
0.0%	0.0%		255	307	361		34.54
0.0%	0.0%		57	49	43		31.58
0.0%	0.0%		149	126	125		48.33
0.0%	0.0%		141	154	140		30.72
0.0%	0.0%		153	148	157		39.17
50.0%	4.5%		200	174	199		25.00
0.0%	0.0%		81	86	93		26.41
0.0%	0.0%		174	109	145		25.05
0.0%	0.0%		275	236	228		33.32
0.0%	0.0%		277	267	282		27.54

AMERICAN OVERSIGHT

4.0%	0.0%	1.7%	47.4%	0.0%	11.8%
0.0%	0.0%	1.5%	77.8%	0.0%	0.0%
0.0%	0.0%	3.1%	0.0%	0.0%	0.0%
9.8%	0.0%	8.5%	25.0%	0.0%	5.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	11.1%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	7.7%	0.0%
0.0%	5.0%	2.0%	4.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	6.7%	0.0%	0.0%
0.0%	0.0%	1.1%	3.3%	6.7%	6.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	33.3%	0.0%	23.8%
0.0%	0.0%	1.9%	33.3%	0.0%	0.0%
4.2%	0.0%	3.2%	21.4%	31.8%	6.1%
1.6%	4.0%	1.5%	4.3%	18.8%	1.8%
3.6%	0.0%	6.4%	10.5%	42.9%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	5.6%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	31.3%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	33.3%	12.5%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	25.0%
12.5%	0.0%	4.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	75.0%	0.0%
12.5%	0.0%	5.9%	0.0%	0.0%	0.0%
0.0%	0.0%	28.6%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	41.7%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	25.0%	0.0%
0.0%	0.0%	6.7%	0.0%	0.0%	0.0%
0.0%	0.0%	3.8%	6.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	6.7%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	75.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	33.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	23.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	10.5%	33.3%	100.0%	0.0%
75.0%	0.0%	21.4%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	33.3%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	15.4%	6.1%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%
> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%
> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%

G+ Citations as a % of Total Health Citations - Cycle 2	G+ Citations as a % of Total Health Citations - Cycle 3	G+ Citations as a % of Total Health Citations	G+ Citations as a % of Total Complaint Citations - Cycle 1	G+ Citations as a % of Total Complaint Citations - Cycle 2	G+ Citations as a % of Total Complaint Citations - Cycle 3
0.0%	0.0%	0.0%	41.7%	0.0%	18.2%
9.1%	0.0%	4.8%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	8.3%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12.5%	0.0%	7.1%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
22.2%	0.0%	7.7%	0.0%	0.0%	28.6%
14.3%	0.0%	26.3%	27.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

-	-	-	-	13	34	93	0.0%
-	-	-	-	2	13	81	**3.7%**
-	-	-	-	-	5	37	**10.0%**
-	-	-	-	28	72	166	**13.3%**
-	-	-	-	-	6	44	0.0%
-	-	-	-	-	9	35	0.0%
-	-	-	-	1	10	103	0.0%
-	-	-	-	8	25	132	0.0%
-	-	-	-	6	13	122	0.0%
-	-	-	-	-	-	28	0.0%
-	-	-	-	6	18	98	0.0%
-	-	-	-	2	4	66	0.0%
-	-	-	-	7	13	60	0.0%
-	-	-	-	-	11	71	0.0%
-	-	-	-	9	30	96	0.0%
-	-	-	-	4	31	129	0.0%
-	-	-	-	2	18	81	0.0%
-	-	-	-	5	15	71	0.0%
-	-	-	-	20	44	142	0.0%
-	5	-	-	61	136	321	**3.6%**
-	-	-	-	-	-	-	0.0%
-	-	-	-	3	11	56	0.0%
-	-	-	-	9	14	57	0.0%
-	4	-	-	4	7	45	0.0%
-	5	-	-	6	21	96	0.0%
-	-	-	-	5	14	67	**5.6%**
-	-	-	-	20	98	320	**7.0%**
-	-	-	-	18	57	256	0.0%
-	-	-	-	6	32	141	**13.3%**
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	2	10	38	0.0%
-	-	-	-	8	18	103	0.0%
-	-	-	-	-	9	105	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	4	49	0.0%
-	-	-	-	1	19	98	0.0%
-	-	-	-	1	4	37	0.0%
-	-	-	-	4	10	42	0.0%
-	-	-	-	2	19	140	0.0%

AMERICAN OVERSIGHT

-	-	-	-	-	6	22	0.0%
-	-	-	-	-	9	25	0.0%
-	-	-	-	3	4	20	0.0%
-	-	-	-	1	1	26	0.0%
-	-	-	-	2	8	36	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	1	4	16	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	6	20	0.0%
-	-	-	-	3	15	24	0.0%
-	-	-	-	2	2	19	0.0%
-	-	-	-	-	2	16	50.0%
-	-	-	-	-	3	19	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	5	0.0%
							0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	13	0.0%
-	-	-	-	-	7	10	0.0%
-	-	-	-	2	2	15	0.0%
-	-	-	-	3	4	16	0.0%
-	-	-	-	-	-	6	0.0%
-	-	-	-	2	3	23	0.0%
-	-	-	-	-	-	7	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	2	7	0.0%
-	-	-	-	3	8	20	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	5	27	0.0%
-	-	-	-	-	3	27	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	-	22	0.0%
-	-	-	-	2	4	14	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	4	27	0.0%
-	-	-	-	1	8	40	0.0%
-	-	-	-	-	7	31	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	1	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	2	7	26	0.0%
-	-	-	-	1	2	6	0.0%
-	-	-	-	1	1	10	0.0%
-	-	-	-	-	-	16	0.0%
-	-	-	-	-	7	35	0.0%
-	-	-	-	2	3	29	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	-	3	31	0.0%
-	14	-	-	265	854	3,656	2.0%

AMERICAN OVERSIGHT

-	-	-	-	9	12	36	0.0%
-	-	-	-	2	2	11	0.0%
-	-	-	-	2	3	12	0.0%
-	-	-	-	1	6	22	0.0%
-	-	-	-	4	7	16	0.0%
-	-	-	-	1	7	21	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	4	7	28	0.0%
-	-	-	-	5	8	27	0.0%
-	-	-	-	7	17	39	0.0%
-	-	-	-	10	12	36	0.0%
-	5	-	-	8	12	27	0.0%
-	-	-	-	7	9	13	0.0%
-	-	-	-	2	11	24	0.0%
-	-	-	-	6	20	46	0.0%
-	-	-	-	2	11	26	12.5%
-	-	-	-	10	29	55	11.1%
							0.0%
-	-	-	-	2	3	13	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	1	8	31	0.0%
-	-	-	-	4	4	21	0.0%
-	-	-	-	1	2	12	0.0%
-	-	-	-	4	8	24	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	6	0.0%
-	4	-	-	4	4	13	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	2	10	0.0%
-	-	-	-	1	6	13	0.0%
-	5	-	-	5	5	21	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	-	5	15	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	1	4	23	0.0%
-	-	-	-	4	10	25	33.3%
-	-	-	-	5	9	26	0.0%
-	-	-	-	8	18	45	0.0%
-	-	-	-	-	4	20	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	-	6	19	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	5	13	27	0.0%
-	-	-	-	-	2	18	0.0%
-	-	-	-	-	7	21	0.0%
-	-	-	-	1	17	55	40.0%
-	-	-	-	-	2	16	0.0%
-	-	-	-	-	8	21	0.0%
-	-	-	-	1	5	22	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	2	21	0.0%
-	-	-	-	6	11	29	0.0%
-	-	-	-	6	10	31	0.0%

AMERICAN OVERSIGHT

-	-	-	-	5	19	44	0.0%
-	-	-	-	2	3	18	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	1	2	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	3	8	30	0.0%
-	-	-	-	1	2	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	1	1	14	0.0%
-	-	-	-	-	-	15	0.0%
-	-	-	-	1	1	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	1	5	0.0%
-	-	-	-	4	9	35	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	7	30	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	2	3	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	2	5	12	0.0%
-	-	-	-	2	3	9	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	1	16	0.0%
-	-	-	-	3	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	-	6	15	0.0%
-	-	-	-	-	1	20	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	2	4	19	0.0%
-	-	-	-	3	14	20	0.0%
-	-	-	-	1	5	17	0.0%
-	-	-	-	2	5	13	0.0%
-	-	-	-	-	-	4	0.0%
-	-	-	-	1	2	9	0.0%
-	-	-	-	-	-	14	0.0%
-	-	-	-	1	2	23	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	1	15	48	0.0%
-	-	-	-	1	7	34	0.0%
-	-	-	-	-	3	23	0.0%
-	-	-	-	2	4	24	0.0%
-	-	-	-	-	6	13	0.0%
-	-	-	-	-	5	21	0.0%
-	-	-	-	-	2	9	0.0%
-	-	-	-	5	7	28	0.0%
-	-	-	-	-	6	34	0.0%

AMERICAN OVERSIGHT

71	72	73	74	75	76	77	> 0.0%
							> / = 10.0%
							> / = 20.0%
Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Annual Health Survey TOTAL	TOTAL TOTAL	
I	J	K	L	TOTAL COMPLAINT CYCLE 3	TOTAL ANNUAL	TOTAL CITATIONS	G+ Citations as a % of Total Health Citations - Cycle 1
-	-	-	-	10	22	44	0.0%
-	-	-	-	3	6	27	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	5	14	0.0%
-	-	-	-	1	6	14	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	-	14	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	1	4	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	1	2	7	0.0%
-	-	-	-	-	2	14	20.0%
-	-	-	-	-	3	13	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	3	10	28	0.0%
-	-	-	-	11	14	40	0.0%
-	-	-	-	5	26	45	66.7%
-	-	-	-	9	19	36	0.0%
-	-	-	-	-	-	3	0.0%
-	-	-	-	-	-	2	0.0%
-	-	-	-	-	2	6	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	-	6	14	0.0%
-	-	-	-	-	3	11	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	1	5	30	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	25	0.0%

AMERICAN OVERSIGHT

-	-	2	-	-	8	-	1	4	-
-	-	2	-	-	2	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	20	-	-	21	3	-	4	-
-	-	4	-	-	-	-	-	-	-
-	-	7	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	14	-	1	7	-	-	-	-
-	-	2	-	-	6	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	6	-	-	6	-	-	-	-
-	-	-	-	-	2	-	-	-	-
-	-	4	-	-	5	2	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	13	-	-	7	2	-	-	-
-	-	6	-	-	3	1	-	-	-
-	-	6	-	-	2	-	-	-	-
-	-	6	-	-	4	1	-	-	-
-	-	9	-	1	12	7	-	-	-
-	-	45	-	-	45	6	1	-	4
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	3	-	-	-	-
-	-	3	-	-	9	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	-	-	-	4	1	-	-	-
-	-	22	1	-	11	2	-	6	-
-	-	16	-	-	10	4	3	1	-
-	-	7	-	1	3	2	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	1	1	-	-	-
-	-	7	1	-	4	2	-	1	-
-	-	4	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	3	-	-	-	-	1	-	-
-	-	1	-	-	3	-	1	-	-
-	-	1	-	-	2	-	-	-	-

AMERICAN OVERSIGHT

-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	1	-	-	1	1	-	1	-
-	-	-	-	-	1	-	-	-	-
-	-	4	-	-	2	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	2	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	4	-	-	2	1	-	-	-
-	-	-	-	-	1	1	-	-	-
-	-	1	-	-	-	-	-	-	-
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-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	1	1	-	-	-
-	-	1	-	-	2	-	-	1	-
-	-	-	-	-	-	-	-	-	-
-	-	-	1	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	3	-	-	1	2	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
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-	-	1	-	-	2	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	229	2	3	185	34	7	16	4

AMERICAN OVERSIGHT

-	-	1	-	-	9	-	-	-	-
-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	2	-	-	-
-	-	2	-	-	1	-	-	-	-
-	-	2	-	1	-	3	-	-	-
-	-	4	-	-	1	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	2	-	-	-	-	-	-	4
-	-	3	-	-	5	-	-	-	-
-	-	7	-	-	5	2	-	-	-
-	-	2	-	-	8	2	-	-	-
-	-	1	-	-	2	1	-	-	-
-	-	1	-	-	7	-	-	-	-
-	-	7	-	-	2	-	-	-	-
-	-	12	-	-	6	-	-	-	-
-	-	7	-	-	2	-	-	-	-
-	-	3	-	-	8	1	1	-	-
-	-	-	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	1	-	-	-	-
-	-	-	-	-	4	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	3	-	-	4	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
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-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	-	-
-	-	-	-	-	4	-	-	-	-
-	-	-	-	-	1	1	-	3	-
-	-	5	-	-	8	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	2	-	-	3	-
-	-	1	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	4	1	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	4	-	-	-	1	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	3	-	-	3	-	3	-	-
-	-	1	-	-	3	3	-	-	-

AMERICAN OVERSIGHT

-	-	12	-	-	5	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	3	-	-	-	-
-	-	1	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	4	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
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-	-	4	-	-	-	-	-	-	-
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-	-	-	-	-	4	1	-	-	-
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AMERICAN OVERSIGHT

61	62	63	64	65	66	67	68	69	70
Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3

K	L	TOTAL COMPLAINT CYCLE 2	B	C	D	E	F	G	H
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AMERICAN OVERSIGHT

19	-	-	2	-	-	-	-	-	-
9	-	-	2	-	-	-	-	-	-
2	-	-	3	-	-	-	-	-	-
24	-	-	15	5	-	-	-	-	-
2	1	-	3	-	-	-	-	-	-
2	-	-	7	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
3	-	-	13	-	1	-	-	-	-
5	-	-	1	-	1	-	-	-	-
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6	-	-	6	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-
2	-	-	4	-	-	-	-	-	-
10	-	-	1	-	-	-	-	-	-
8	-	-	9	3	-	1	-	-	-
21	-	-	5	1	-	-	-	-	-
10	-	-	5	1	-	-	-	-	-
4	-	-	6	-	-	-	-	-	-
15	1	-	8	-	-	-	-	-	-
30	-	-	38	4	-	-	-	-	3
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6	-	-	1	1	-	-	-	-	-
2	-	-	2	1	-	-	-	-	-
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12	-	-	3	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
56	-	-	15	-	-	-	-	-	7
23	-	-	10	3	-	-	-	-	3
19	-	-	4	-	-	-	-	-	3
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5	-	-	3	-	-	-	-	-	-
3	-	-	6	1	-	-	-	-	-
5	-	-	3	1	-	-	-	-	-
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1	-	-	1	-	-	-	-	-	-
15	1	-	2	-	-	-	-	-	-
-	-	-	3	-	-	-	-	-	-
5	-	-	1	-	-	-	-	-	-
16	-	-	1	-	-	-	-	-	-

AMERICAN OVERSIGHT

5	-	-	1	-	-	-	-	-	-
7	-	-	2	-	-	-	-	-	-
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2	-	-	2	2	-	-	-	-	-
3	-	-	-	-	-	-	-	-	3
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6	-	-	-	-	-	-	-	-	-
8	-	-	1	-	-	-	-	-	3
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4	1	-	2	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
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7	-	-	-	-	-	-	-	-	-
-	-	-	1	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
360	3	1	185	21	2	1	-	-	16

AMERICAN OVERSIGHT

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3	-	-	2	-	-	-	-	-	-
1	1	-	1	-	-	-	-	-	-
2	-	-	4	-	-	-	-	-	-
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3	-	-	6	1	-	-	-	-	-
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2	-	-	5	2	-	-	-	-	-
2	-	-	9	-	-	-	-	-	3
2	-	-	6	1	-	-	-	-	-
16	-	-	3	-	-	-	-	-	-
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5	-	-	1	1	-	-	-	-	-
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12	-	-	-	-	-	-	-	-	4
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AMERICAN OVERSIGHT

2	-	-	11	-	1	-	-	-	-
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6	-	-	-	-	-	-	-	-	-
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3	-	-	6	2	-	-	-	-	-
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6	-	-	-	-	-	-	-	-	-
12	-	-	2	-	-	-	-	-	-
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2	-	-	3	1	-	-	-	-	-
4	-	-	1	-	-	-	-	-	-
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2	-	-	-	-	-	-	-	-	-
2	-	-	4	-	-	-	-	-	-

AMERICAN OVERSIGHT

51	52	53	54	55	56	57	58	59	60
Complaint Survey Cycle 1	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2

TOTAL COMPLAINT CYCLE 1	B	C	D	E	F	G	H	I	J
12	-	-	-	-	-	-	-	-	-
1	-	-	2	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
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1	-	-	1	-	-	-	-	-	-
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-	-	-	5	2	-	-	-	-	-
1	-	-	1	1	-	-	-	-	-
18	-	-	2	1	-	-	-	-	-
5	-	-	4	1	-	-	-	-	-
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AMERICAN OVERSIGHT

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-	2	-	-	-	-	-	-	-	-
-	15	3	-	5	-	-	-	-	1
-	2	-	-	-	-	-	-	-	-
-	1	1	-	-	-	-	-	-	-
-	5	3	-	1	-	-	-	-	-
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-	5	1	-	-	-	-	-	-	-
-	2	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	1	-	-
-	10	-	-	-	-	-	-	-	-
-	8	-	-	-	-	-	-	-	-
-	18	2	-	1	-	-	-	-	-
-	7	1	-	-	-	-	2	-	-
-	4	-	-	-	-	-	-	-	-
-	12	2	-	1	-	-	-	-	-
-	22	7	-	1	-	-	-	-	-
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-	3	-	-	1	-	-	2	-	-
-	2	-	-	-	-	-	-	-	-
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-	4	4	-	2	-	-	2	-	-
-	5	1	-	-	-	-	3	-	-
1	31	11	1	2	-	-	8	2	-
-	17	5	-	1	-	-	-	-	-
-	14	2	1	-	-	-	-	2	-
-	-	-	-	-	-	-	-	-	-
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-	5	-	-	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-
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-	1	-	-	-	-	-	-	-	-
-	15	-	-	-	-	-	-	-	-
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-	5	-	-	-	-	-	-	-	-
-	11	-	-	-	-	-	5	-	-

AMERICAN OVERSIGHT

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-	2	1	-	-	-	-	-	-	-
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-	6	-	-	-	-	-	-	-	-
-	5	2	1	-	-	-	-	-	-
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-	4	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	7	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	1	-	-	-	-	-	5	-	-
-	3	-	-	-	-	-	-	-	-
1	244	45	4	27	-	-	34	4	1

AMERICAN OVERSIGHT

			13.0%					
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*				*		
			3.0%			*		
			6.0%			*		
		*					4.0%	
			10.0%				0.0%	
		*				*		
		*				*		
			3.0%				3.0%	
			7.0%			*		
			2.0%			*		
		*				*		
		*				*		
			6.0%			*		
			5.0%			*		
		*				*		
			8.0%				0.0%	
			3.0%				0.0%	
		*				*		
			0.0%				0.0%	
			5.0%			*		
		*				*		
		*				*		
			2.0%				2.0%	
		*				*		
		*				*		
			2.0%			*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*					0.0%	
		*				*		
			7.0%				7.0%	
		*				*		
			7.0%				0.0%	
		*				*		
			7.0%			*		
		*				*		
		*					0.0%	
0.00%	0.00%	0.00%	2.27%	0.00%	0.00%	0.00%	0.61%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF DEMENTIA				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF STROKE				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
		*				11.0%		
		*				10.0%		
		*				5.0%		
		*				*		
			0.0%			6.0%		
			0.0%			5.0%		
			0.0%			*		
		*				8.0%		
		*				5.0%		
		*				*		
			0.0%			*		
		*				*		
		*				*		
			0.0%			*		
		*				5.0%		
			0.0%			*		
		*				*		
		*				*		
		*				*		
		*				*		
		*				*		
			0.0%			7.0%		
			0.0%			*		
			11.0%			*		
		*				*		
		*				11.0%		
		*				*		
		*				*		
			0.0%			8.0%		
			0.0%			5.0%		
		*				9.0%		

AMERICAN OVERSIGHT

*	*
*	*
0.0%	*
0.0%	*
0.0%	0.0%
*	*
0.0%	*
0.0%	4.0%
*	*
*	5.0%
*	5.0%
*	5.0%
*	8.0%
*	9.0%
0.0%	5.0%
*	*
*	*
0.0%	*
0.0%	7.0%
0.0%	7.0%
*	5.0%
0.0%	5.0%
*	9.0%
*	5.0%
*	4.0%
0.0%	*
9.0%	7.0%
*	9.0%
*	7.0%
*	6.0%
0.0%	5.0%
0.0%	*
0.0%	9.0%
0.0%	9.0%
0.0%	0.0%
*	*
12.0%	*
9.0%	10.0%
*	*
*	*
*	0.0%
17.0%	*
*	11.0%
*	*
*	*
*	*
*	*
*	*
*	0.0%
*	*
0.0%	*
*	6.0%
*	*

AMERICAN OVERSIGHT

*	*
21.0%	*
5.0%	8.0%
23.0%	*
12.0%	*
*	*
33.0%	*
*	*
*	7.0%
*	5.0%
*	*
*	8.0%
*	5.0%
10.0%	*
*	*
*	9.0%
0.0%	9.0%
0.0%	*
0.0%	4.0%
*	6.0%
*	7.0%
0.0%	8.0%
10.0%	*
*	3.0%
*	6.0%
*	6.0%
*	*
8.0%	7.0%
*	6.0%
*	13.0%
*	6.0%
0.0%	*
*	8.0%
*	5.0%
0.0%	4.0%
0.0%	7.0%
*	5.0%
*	8.0%
8.0%	*
11.0%	8.0%
*	*
0.0%	12.0%
*	*
*	9.0%
21.0%	*
0.0%	12.0%
*	9.0%
*	6.0%
*	9.0%
3.0%	5.0%
*	*
*	6.0%
*	*
*	*

AMERICAN OVERSIGHT

		9.0%				12.0%		
	*				*			
	*				*			
	*				*			
	*				*			
	*				*			
	*					5.0%		
		0.0%				7.0%		
	*					6.0%		
		0.0%				6.0%		
		0.0%			*			
		0.0%				5.0%		
		0.0%				4.0%		
		0.0%				6.0%		
		0.0%				7.0%		
		0.0%			*			
		0.0%			*			
		9.0%				6.0%		
	*					6.0%		
		67.0%			*			
		0.0%				8.0%		
	*					3.0%		
	*				*			
		0.0%			*			
	*					6.0%		
		0.0%			*			
		0.0%				11.0%		
		0.0%				4.0%		
	*				*			
	*					8.0%		
		8.0%				5.0%		
		0.0%			*			
		0.0%			*			
		0.0%			*			
	*				*			
		0.0%			*			
	*					11.0%		
		0.0%				8.0%		
		0.0%			*			
	*				*			
	*					6.0%		
	*				*			
		0.0%			*			
		0.0%			*			
		15.0%			*			
		0.0%			*			
	*					5.0%		
		0.0%				0.0%		
	*				*			
0.00%	0.00%	2.17%	0.00%	0.00%	0.00%	3.52%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF INFECTION			PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDER				PERCENT OF BENEFICI DIAGNOSIS	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	17.0%				*			
	13.0%				16.0%			
	10.0%				11.0%			
	19.0%				*			
	22.0%				*			
	13.0%				22.0%			
	19.0%				*			
	22.0%				11.0%			
	19.0%				19.0%			
	23.0%				*			
	14.0%				9.0%			
	23.0%				*			
	9.0%				8.0%			
*					20.0%			
	16.0%				10.0%			
	26.0%				*			
	11.0%				10.0%			
	8.0%				55.0%			
	18.0%				*			
*					*			
	14.0%				*			
	24.0%				*			
	19.0%				14.0%			
*					*			
	17.0%				*			
	24.0%				*			
	15.0%				8.0%			
	9.0%				11.0%			
*					22.0%			
	19.0%				*			
	19.0%				7.0%			
	10.0%				10.0%			

AMERICAN OVERSIGHT

12.0%	28.0%
*	**
16.0%	25.0%
4.0%	**
0.0%	**
16.0%	*
3.0%	39.0%
15.0%	2.0%
14.0%	9.0%
23.0%	13.0%
8.0%	16.0%
14.0%	10.0%
9.0%	10.0%
*	*
9.0%	*
19.0%	*
20.0%	11.0%
19.0%	16.0%
13.0%	10.0%
21.0%	*
20.0%	16.0%
21.0%	6.0%
22.0%	11.0%
19.0%	15.0%
18.0%	5.0%
23.0%	*
8.0%	8.0%
10.0%	6.0%
18.0%	11.0%
14.0%	20.0%
23.0%	8.0%
*	*
13.0%	*
16.0%	7.0%
*	70.0%
*	*
*	9.0%
10.0%	*
*	*
*	*
0.0%	*
*	*
*	10.0%
19.0%	*
*	*
0.0%	*
13.0%	*
16.0%	*
*	*
14.0%	17.0%
17.0%	7.0%
13.0%	21.0%
20.0%	11.0%

AMERICAN OVERSIGHT

21.0%	8.0%
*	*
15.0%	6.0%
*	7.0%
*	*
*	*
*	*
4.0%	60.0%
18.0%	11.0%
8.0%	9.0%
14.0%	*
14.0%	11.0%
10.0%	24.0%
17.0%	*
24.0%	10.0%
10.0%	6.0%
19.0%	*
*	*
6.0%	5.0%
10.0%	15.0%
*	11.0%
10.0%	10.0%
16.0%	9.0%
5.0%	*
13.0%	*
12.0%	3.0%
17.0%	*
17.0%	11.0%
7.0%	5.0%
9.0%	8.0%
9.0%	*
17.0%	12.0%
6.0%	8.0%
10.0%	12.0%
12.0%	*
*	4.0%
12.0%	11.0%
8.0%	9.0%
8.0%	8.0%
7.0%	9.0%
9.0%	11.0%
39.0%	*
15.0%	*
*	*
*	*
10.0%	10.0%
16.0%	*
13.0%	16.0%
13.0%	9.0%
15.0%	8.0%
17.0%	8.0%
10.0%	11.0%
17.0%	*
*	12.0%

AMERICAN OVERSIGHT

	9.0%				7.0%			
	16.0%				7.0%			
	16.0%			*				
	21.0%				15.0%			
	9.0%			*				
	22.0%				11.0%			
	17.0%				11.0%			
	9.0%				9.0%			
	16.0%				12.0%			
	4.0%				11.0%			
	14.0%			*				
	17.0%				10.0%			
	12.0%				18.0%			
	13.0%				13.0%			
	8.0%				3.0%			
*				*				
	9.0%			*				
	9.0%				9.0%			
*				*				
*				*				
	8.0%				10.0%			
	12.0%				11.0%			
	18.0%				9.0%			
	16.0%			*				
	4.0%				9.0%			
	20.0%			*				
	17.0%				11.0%			
	14.0%				7.0%			
	20.0%			*				
	20.0%				5.0%			
	11.0%				12.0%			
	11.0%				19.0%			
	8.0%				8.0%			
*				*				
	12.0%				14.0%			
*				*				
	7.0%				7.0%			
*				*				
	23.0%				7.0%			
	24.0%			*				
	23.0%				6.0%			
*				*				
	22.0%			*				
*				*				
	10.0%			*				
*				*				
	13.0%				7.0%			
*				*				
*				*				
0.00%	11.11%	0.00%	0.00%	0.00%	7.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

ARIES WITH PRIMARY OF INJURY				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MOTOR NEURAL DISEASE				AVERAGE NUMBER OF MINUTES P PHYSICAL THERAPY
2017	2018	2015	2016	2017	2018	2015	2016	2017
*				*				104.2
10.0%				*				101.5
17.0%				5.0%				102.6
19.0%				*				102.0
20.0%				*				83.2
20.0%				3.0%				108.7
*				9.0%				97.0
22.0%				*				74.9
20.0%				*				88.9
13.0%				*				87.8
22.0%				*				90.8
*				*				77.7
16.0%				12.0%				101.5
16.0%				*				72.9
13.0%				5.0%				116.2
*				9.0%				98.8
9.0%				9.0%				87.5
*				*				97.5
*				*				91.2
*				*				65.0
*				0.0%				90.9
22.0%				*				55.7
16.0%				6.0%				92.6
*				*				88.5
11.0%				*				74.8
19.0%				*				91.6
15.0%				*				74.5
15.0%				*				82.6
*				*				104.3
16.0%				*				98.3
25.0%				5.0%				112.4
14.0%				*				122.7

AMERICAN OVERSIGHT

13.0%	*		96.7
*	*		98.8
17.0%	*		65.4
2.0%	*		106.4
0.0%		0.0%	101.2
15.0%	*		94.1
3.0%		4.0%	90.2
5.0%		2.0%	110.7
10.0%		9.0%	73.6
17.0%		4.0%	102.0
21.0%	*		97.1
18.0%		4.0%	104.9
21.0%	*		75.0
14.0%		6.0%	100.1
11.0%	*		90.0
12.0%	*		84.7
21.0%		5.0%	111.1
17.0%		6.0%	93.0
16.0%	*		99.1
15.0%	*		102.0
15.0%	*		97.8
10.0%		3.0%	98.0
15.0%	*		97.2
15.0%		2.0%	119.1
18.0%		2.0%	102.3
15.0%	*		113.9
7.0%	*		79.6
28.0%		6.0%	102.2
14.0%	*		102.1
20.0%		4.0%	100.4
27.0%	*		103.0
*	*		77.4
10.0%	*		89.3
21.0%	*		99.8
*		16.0%	104.4
*		14.0%	78.7
8.0%	*		99.5
10.0%		9.0%	87.5
*	*		80.7
**	*		89.4
**	*		94.9
8.0%	*		99.0
*		10.0%	81.9
*	*		72.7
0.0%	*		73.8
*	*		79.5
13.0%	*		64.0
**	*		87.9
**	*		75.7
13.0%		9.0%	80.6
32.0%	*		85.0
19.0%	*		99.2
29.0%	*		102.0

AMERICAN OVERSIGHT

11.0%		7.0%	95.2
*		10.0%	65.6
21.0%		9.0%	90.4
*	*		108.6
*		6.0%	99.8
*	*		94.1
*	*		110.1
*	*		88.2
10.0%	*		97.0
15.0%	*		108.9
*	*		80.6
11.0%		9.0%	109.3
7.0%	*		99.7
10.0%	*		110.4
12.0%	*		132.7
13.0%	*		104.9
*	*		107.4
*	*		80.1
10.0%		4.0%	104.2
11.0%		5.0%	107.7
21.0%		4.0%	116.2
17.0%		5.0%	134.9
14.0%	*		110.5
19.0%		3.0%	101.4
19.0%		4.0%	100.3
25.0%	*		95.3
23.0%	*		102.2
10.0%		6.0%	90.6
24.0%		5.0%	96.0
9.0%		8.0%	104.3
14.0%		5.0%	100.4
25.0%	*		88.1
28.0%		5.0%	95.4
23.0%		9.0%	91.8
7.0%		6.0%	96.8
6.0%		10.0%	98.4
9.0%		8.0%	86.6
14.0%		9.0%	92.8
11.0%	*		77.8
16.0%		9.0%	84.5
15.0%	*		97.7
*	*		80.3
*	*		95.7
*		8.0%	91.4
*	*		91.3
16.0%		6.0%	91.0
13.0%	*		87.0
15.0%	*		97.1
18.0%	*		103.9
18.0%		3.0%	100.8
8.0%	*		91.4
16.0%		5.0%	99.3
*	*		84.2
15.0%	*		90.7

AMERICAN OVERSIGHT

	13.0%				6.0%			96.1
	17.0%			*				102.2
	12.0%			*				96.6
	11.0%			*				101.6
	10.0%				9.0%			94.3
	20.0%			*				80.1
	19.0%				4.0%			83.7
	27.0%				4.0%			91.0
	15.0%				4.0%			82.2
	25.0%				5.0%			93.3
	12.0%			*				87.1
	22.0%				4.0%			94.3
	24.0%				3.0%			105.1
	21.0%				4.0%			86.8
	18.0%				3.0%			98.1
	28.0%			*				109.7
	32.0%			*				129.6
	19.0%				4.0%			106.4
*					5.0%			89.5
*				*				82.6
	16.0%			*				92.8
	17.0%				5.0%			120.4
	22.0%			*				101.2
	14.0%			*				89.4
	22.0%				5.0%			95.5
	9.0%			*				99.2
	9.0%			*				95.8
	12.0%				2.0%			114.1
*					10.0%			86.0
	9.0%			*				87.0
	15.0%				6.0%			112.9
	21.0%			*				87.3
	14.0%			*				72.5
*				*				89.3
	23.0%			*				82.8
	19.0%			*				65.1
	14.0%				8.0%			85.1
	15.0%			*				101.9
	16.0%			*				109.0
	16.0%			*				86.3
	21.0%				6.0%			102.5
*				*				81.1
	6.0%				9.0%			52.3
	0.0%			*				53.7
	0.0%			*				72.1
	15.0%			*				89.7
	8.0%				6.0%			93.5
*				*				88.6
*				*				78.8
	11.51%	0.00%		0.00%	2.55%	0.00%	-	- 92.42

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-

ER WEEK -	AVERAGE NUMBER OF MINUTES PER WEEK - OCCUPATIONAL THERAPY				AVERAGE NUMBER OF MINUTES PER WEEK - SPEECH THERAPY			
2018	2015	2016	2017	2018	2015	2016	2017	2018
			94.8				27.4	
			104.2				24.9	
			88.7				22.7	
			100.8				22.9	
			74.3				43.7	
			92.1				23.6	
			71.4				32.0	
			68.0				45.1	
			77.4				21.8	
			77.1				42.7	
			82.5				50.1	
			74.5				52.5	
			90.5				52.9	
			78.4				43.4	
			115.8				16.3	
			89.1				33.5	
			97.7				26.2	
			94.3				23.3	
			85.8				40.5	
			65.8				37.8	
			96.2				23.9	
			73.1				43.3	
			85.5				49.0	
			86.3				61.5	
			73.4				47.2	
			89.6				28.6	
			79.0				47.3	
			67.4				36.9	
			97.1				25.8	
			95.2				26.7	
			94.2				18.4	
			92.9				20.4	

AMERICAN OVERSIGHT

89.3	18.0
100.0	27.1
71.5	24.8
94.9	25.4
100.9	21.7
78.3	16.3
90.1	17.6
97.5	15.2
67.1	19.3
106.9	10.5
88.1	16.3
107.7	10.6
73.6	36.4
89.8	31.6
85.4	29.9
76.2	16.9
105.1	17.8
96.2	27.5
96.9	19.0
100.8	21.4
85.7	34.7
101.4	32.1
92.2	24.7
112.6	14.7
90.6	21.2
93.6	27.2
86.2	43.6
92.7	12.9
98.4	27.7
101.6	25.2
103.1	22.0
79.0	38.3
82.5	30.2
94.5	28.4
103.8	26.7
78.2	46.0
102.4	26.5
91.3	41.4
82.5	39.1
103.3	30.3
96.0	28.3
97.1	39.4
81.2	36.0
73.3	27.4
76.6	32.0
92.6	21.1
69.7	36.7
81.4	48.0
75.5	39.5
84.7	26.3
90.3	24.9
94.8	34.1
90.4	21.9

AMERICAN OVERSIGHT

90.3	35.4
63.0	57.9
91.4	37.4
102.2	31.9
97.7	25.5
88.9	37.2
103.2	49.0
91.0	32.4
96.8	39.2
102.7	25.0
83.1	38.5
104.5	39.8
98.4	39.7
106.1	23.1
119.9	26.7
98.0	23.7
97.5	14.2
69.7	26.5
82.1	20.6
85.7	25.7
113.9	42.7
111.5	60.2
110.4	46.9
99.8	33.6
101.0	25.7
88.8	18.4
104.5	22.7
92.2	42.6
98.4	24.3
104.7	40.1
96.1	37.2
87.0	37.5
100.4	26.1
87.9	30.0
91.6	22.2
89.1	26.8
84.9	27.5
94.3	38.5
77.4	57.9
85.2	52.6
98.2	40.3
76.6	30.1
95.2	23.1
85.3	41.6
82.9	37.1
87.7	36.4
75.8	34.4
93.7	43.3
106.7	39.5
96.8	24.9
95.7	15.2
97.8	13.8
88.7	40.1
95.8	22.2

AMERICAN OVERSIGHT

			95.3				**25.1**
			100.2				**12.0**
			93.1				**33.3**
			94.2				**38.0**
			86.6				**23.6**
			80.3				**47.9**
			96.4				**37.7**
			89.4				**37.0**
			87.6				**23.7**
			103.3				**24.8**
			82.2				**30.2**
			78.6				**22.9**
			96.6				**22.8**
			86.8				**21.9**
			95.1				**20.6**
			108.3				**9.4**
			115.2				**17.8**
			93.1				24.7
			97.9				32.3
			81.3				63.3
			84.7				**43.9**
			116.4				**7.0**
			93.1				**24.2**
			81.1				**24.1**
			96.2				**23.2**
			101.7				**22.4**
			91.9				**10.6**
			78.8				**20.3**
			93.2				**27.3**
			86.2				**14.3**
			96.6				**19.9**
			84.1				**16.5**
			69.2				**12.4**
			91.6				**21.5**
			80.7				**18.6**
			73.8				**32.9**
			85.2				**25.1**
			104.0				**18.2**
			106.3				14.3
			87.7				20.6
			102.0				32.2
			82.3				**23.3**
			46.7				**36.4**
			81.8				**40.0**
			69.0				**33.3**
			84.9				**11.2**
			92.6				**21.4**
			91.7				**22.8**
			74.2				**14.6**
-	-	-	**89.00**	-	-	-	**29.65**	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

PERCENTAGE OF RUG "RU" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAGE OF RUG "RV" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAG
2015	2016	2017	2018	2015	2016	2017	2018	2015
		86.0%				53.0%		
		90.0%				60.0%		
		88.0%				78.0%		
		77.0%				35.0%		
		89.0%				72.0%		
		86.0%				52.0%		
		92.0%				84.0%		
		94.0%				58.0%		
		83.0%				40.0%		
		97.0%				73.0%		
		93.0%				56.0%		
		75.0%				67.0%		
		30.0%				29.0%		
		40.0%				32.0%		
		80.0%				49.0%		
		88.0%				82.0%		
		97.0%				75.0%		
		74.0%				45.0%		
		75.0%				50.0%		
		79.0%				70.0%		
		95.0%				85.0%		
		100.0%				61.0%		
		87.0%				55.0%		
		72.0%			*			
		31.0%				29.0%		
		31.0%				30.0%		
		57.0%				48.0%		
		32.0%				23.0%		
		18.0%				15.0%		
		34.0%				27.0%		
		18.0%			*			
		91.0%				91.0%		

AMERICAN OVERSIGHT

96.0%		**80.0%**
73.0%		**52.0%**
91.0%		**74.0%**
88.0%		**49.0%**
97.0%		**93.0%**
79.0%		**59.0%**
77.0%		**62.0%**
72.0%	*	
91.0%		**51.0%**
67.0%		**29.0%**
57.0%		**45.0%**
77.0%		**18.0%**
93.0%		70.0%
96.0%		80.0%
90.0%		83.0%
95.0%		**67.0%**
59.0%		**53.0%**
61.0%		**40.0%**
85.0%		**50.0%**
91.0%		**40.0%**
63.0%		**31.0%**
11.0%		**6.0%**
36.0%		**8.0%**
5.0%		**6.0%**
29.0%		**11.0%**
69.0%	*	
86.0%		**57.0%**
98.0%		**94.0%**
37.0%		**18.0%**
91.0%		**67.0%**
96.0%		80.0%
75.0%		54.0%
87.0%		76.0%
80.0%		50.0%
86.0%		29.0%
84.0%		**60.0%**
79.0%		**55.0%**
94.0%		**75.0%**
92.0%		**80.0%**
90.0%		**86.0%**
87.0%	*	
95.0%		**68.0%**
98.0%		**86.0%**
93.0%		**98.0%**
97.0%		**97.0%**
100.0%		**95.0%**
27.0%		**13.0%**
36.0%	*	
60.0%	*	
51.0%		**45.0%**
41.0%		27.0%
48.0%		55.0%
39.0%		24.0%

AMERICAN OVERSIGHT

97.0%	74.0%
81.0%	64.0%
95.0%	65.0%
92.0%	81.0%
91.0%	59.0%
99.0%	80.0%
90.0%	70.0%
91.0%	59.0%
70.0%	64.0%
76.0%	40.0%
91.0%	87.0%
81.0%	49.0%
69.0%	25.0%
79.0%	38.0%
84.0%	57.0%
75.0%	51.0%
84.0%	51.0%
53.0%	48.0%
65.0%	52.0%
88.0%	72.0%
89.0%	83.0%
80.0%	34.0%
64.0%	36.0%
88.0%	20.0%
90.0%	42.0%
82.0%	51.0%
90.0%	66.0%
83.0%	36.0%
96.0%	79.0%
38.0%	29.0%
99.0%	
18.0%	24.0%
55.0%	8.0%
50.0%	42.0%
47.0%	27.0%
39.0%	37.0%
50.0%	27.0%
87.0%	52.0%
91.0%	81.0%
87.0%	53.0%
93.0%	88.0%
76.0%	48.0%
93.0%	67.0%
78.0%	36.0%
92.0%	78.0%
72.0%	74.0%
48.0%	78.0%
65.0%	49.0%
92.0%	51.0%
88.0%	52.0%
88.0%	65.0%
84.0%	60.0%
84.0%	29.0%
79.0%	57.0%

AMERICAN OVERSIGHT

		73.0%				49.0%		
		96.0%				75.0%		
		47.0%				18.0%		
		70.0%				61.0%		
		47.0%				37.0%		
		79.0%				46.0%		
		47.0%				11.0%		
		46.0%				19.0%		
		66.0%				47.0%		
		5.0%				9.0%		
		84.0%				62.0%		
		26.0%				28.0%		
		33.0%				17.0%		
		35.0%				8.0%		
		7.0%				6.0%		
		23.0%				7.0%		
		92.0%				75.0%		
		86.0%				47.0%		
		90.0%				48.0%		
		92.0%				79.0%		
		71.0%				53.0%		
		17.0%				14.0%		
		50.0%				48.0%		
		63.0%				65.0%		
		34.0%				31.0%		
		46.0%				18.0%		
		25.0%				0.0%		
		35.0%				18.0%		
		8.0%				4.0%		
		72.0%				42.0%		
		9.0%				3.0%		
		74.0%				30.0%		
		15.0%				6.0%		
	*					0.0%		
		2.0%				2.0%		
		30.0%				30.0%		
		49.0%				32.0%		
		70.0%				42.0%		
		57.0%				38.0%		
		55.0%				35.0%		
		77.0%				24.0%		
		81.0%				76.0%		
		73.0%				77.0%		
		70.0%				74.0%		
		85.0%				61.0%		
		31.0%				31.0%		
		91.0%				58.0%		
		68.0%				2.0%		
		76.0%				58.0%		
0.00%	0.00%	68.52%	0.00%	0.00%	0.00%	47.39%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

GE OF DAYS IN"RU" RUG CATEGORY			PERCENTAGE OF DAYS IN"EXTENSIVE" RUG CATEGORY			PERCENTAGE OF DAYS CATE	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	69.0%				1.0%			
	75.0%				1.0%			
	74.0%				0.0%			
	76.0%				0.0%			
	63.0%				0.0%			
	76.0%				0.0%			
	68.0%				0.0%			
	72.0%				0.0%			
	64.0%				0.0%			
	61.0%				0.0%			
	83.0%				0.0%			
	42.0%				0.0%			
	58.0%				0.0%			
	43.0%				0.0%			
	84.0%				0.0%			
	48.0%				1.0%			
	58.0%				0.0%			
	53.0%				0.0%			
	69.0%				0.0%			
	66.0%				0.0%			
	69.0%				0.0%			
	62.0%				0.0%			
	70.0%				0.0%			
	69.0%				0.0%			
	82.0%				0.0%			
	79.0%				0.0%			
	70.0%				1.0%			
	37.0%				10.0%			
	50.0%				0.0%			
	70.0%				0.0%			
	94.0%				0.0%			
	73.0%				0.0%			

AMERICAN OVERSIGHT

65.0%	**0.0%**
72.0%	**0.0%**
32.0%	**0.0%**
82.0%	**0.0%**
75.0%	**1.0%**
61.0%	**6.0%**
86.0%	**0.0%**
96.0%	**0.0%**
59.0%	**0.0%**
87.0%	**0.0%**
87.0%	**0.0%**
86.0%	**0.0%**
68.0%	0.0%
60.0%	1.0%
72.0%	0.0%
68.0%	**0.0%**
82.0%	**0.0%**
80.0%	**0.0%**
81.0%	**0.0%**
87.0%	**0.0%**
84.0%	**0.0%**
76.0%	**0.0%**
56.0%	**0.0%**
77.0%	**0.0%**
65.0%	**0.0%**
80.0%	**0.0%**
81.0%	**1.0%**
91.0%	**0.0%**
86.0%	**0.0%**
93.0%	**0.0%**
79.0%	0.0%
68.0%	0.0%
65.0%	0.0%
88.0%	0.0%
78.0%	0.0%
65.0%	**1.0%**
72.0%	**1.0%**
75.0%	**1.0%**
63.0%	**0.0%**
64.0%	**0.0%**
89.0%	**0.0%**
88.0%	**0.0%**
66.0%	**0.0%**
48.0%	**0.0%**
34.0%	**0.0%**
27.0%	**0.0%**
42.0%	**0.0%**
88.0%	**0.0%**
80.0%	**0.0%**
57.0%	**0.0%**
64.0%	0.0%
80.0%	0.0%
84.0%	0.0%

AMERICAN OVERSIGHT

84.0%	0.0%
53.0%	0.0%
84.0%	0.0%
68.0%	0.0%
87.0%	0.0%
79.0%	0.0%
88.0%	0.0%
60.0%	3.0%
69.0%	2.0%
77.0%	0.0%
54.0%	1.0%
79.0%	0.0%
87.0%	0.0%
79.0%	0.0%
78.0%	1.0%
68.0%	2.0%
61.0%	0.0%
37.0%	0.0%
77.0%	0.0%
72.0%	0.0%
76.0%	0.0%
82.0%	0.0%
83.0%	0.0%
77.0%	0.0%
81.0%	0.0%
69.0%	1.0%
80.0%	0.0%
82.0%	0.0%
88.0%	0.0%
86.0%	1.0%
90.0%	1.0%
75.0%	0.0%
95.0%	0.0%
57.0%	0.0%
68.0%	3.0%
63.0%	0.0%
52.0%	2.0%
82.0%	0.0%
64.0%	0.0%
87.0%	0.0%
74.0%	1.0%
47.0%	9.0%
78.0%	0.0%
68.0%	0.0%
68.0%	1.0%
68.0%	0.0%
58.0%	0.0%
78.0%	1.0%
71.0%	1.0%
77.0%	0.0%
65.0%	0.0%
63.0%	1.0%
80.0%	0.0%
71.0%	0.0%

AMERICAN OVERSIGHT

	67.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	64.0%				0.0%			
	45.0%				3.0%			
	66.0%				0.0%			
	67.0%				0.0%			
	78.0%				0.0%			
	73.0%				1.0%			
	90.0%				0.0%			
	59.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	53.0%				0.0%			
	65.0%				0.0%			
	71.0%				0.0%			
	93.0%				0.0%			
	85.0%				0.0%			
	86.0%				0.0%			
	69.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	82.0%				0.0%			
	58.0%				0.0%			
	73.0%				0.0%			
	68.0%				0.0%			
	69.0%				0.0%			
	61.0%				0.0%			
	54.0%				0.0%			
	55.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	4.0%				0.0%			
	17.0%				0.0%			
	31.0%				0.0%			
	32.0%				0.0%			
	43.0%				1.0%			
	72.0%				1.0%			
	65.0%				0.0%			
	47.0%				0.0%			
	85.0%				0.0%			
	41.0%				1.0%			
	28.0%				2.0%			
	60.0%				0.0%			
	27.0%				1.0%			
	51.0%				1.0%			
	59.0%				0.0%			
	50.0%				1.0%			
	25.0%				0.0%			
0.00%	67.84%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

IN"SPECIAL HIGH" RUG GORY				PERCENTAGE OF DAYS IN"SPECIAL LOW" RUG CATEGORY				PERCENTAGE OF DAYS IN"CLINIC C RUG CATEGORY
2017	2018	2015	2016	2017	2018	2015	2016	2017
2.0%				0.0%				2.0%
5.0%				1.0%				2.0%
6.0%				0.0%				1.0%
3.0%				0.0%				2.0%
4.0%				0.0%				2.0%
0.0%				0.0%				1.0%
3.0%				0.0%				0.0%
6.0%				0.0%				2.0%
4.0%				0.0%				2.0%
3.0%				0.0%				1.0%
1.0%				0.0%				0.0%
2.0%				0.0%				2.0%
1.0%				0.0%				2.0%
6.0%				0.0%				1.0%
1.0%				0.0%				1.0%
5.0%				1.0%				2.0%
3.0%				0.0%				1.0%
9.0%				0.0%				3.0%
8.0%				0.0%				2.0%
4.0%				0.0%				0.0%
4.0%				0.0%				1.0%
2.0%				0.0%				0.0%
2.0%				0.0%				1.0%
7.0%				0.0%				2.0%
0.0%				0.0%				0.0%
1.0%				0.0%				0.0%
2.0%				0.0%				1.0%
8.0%				0.0%				1.0%
2.0%				0.0%				1.0%
8.0%				0.0%				1.0%
1.0%				0.0%				0.0%
4.0%				0.0%				1.0%

AMERICAN OVERSIGHT

4.0%	0.0%	2.0%
2.0%	0.0%	1.0%
10.0%	0.0%	9.0%
5.0%	0.0%	1.0%
3.0%	0.0%	1.0%
8.0%	0.0%	4.0%
1.0%	0.0%	1.0%
0.0%	0.0%	0.0%
8.0%	0.0%	1.0%
4.0%	0.0%	1.0%
3.0%	0.0%	0.0%
3.0%	0.0%	1.0%
1.0%	0.0%	1.0%
4.0%	0.0%	3.0%
2.0%	0.0%	1.0%
9.0%	0.0%	2.0%
3.0%	0.0%	2.0%
4.0%	0.0%	1.0%
4.0%	0.0%	1.0%
4.0%	0.0%	2.0%
2.0%	0.0%	3.0%
2.0%	0.0%	2.0%
3.0%	0.0%	2.0%
2.0%	0.0%	1.0%
3.0%	0.0%	1.0%
1.0%	0.0%	1.0%
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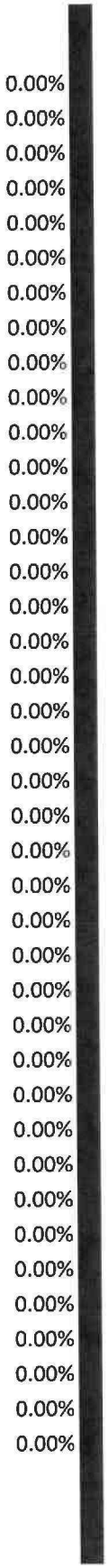

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 9:28 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: toolkit eblast for your review

The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current CMS and CDC guidelines on this subject. Ensuring all facilities are properly screening—or if necessary, restricting visitors—is of the upmost importance at this time.

We are making this available as a resource to your facility. Please review and also take a moment to make yourself familiar with the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

The toolkit can be found here: https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may be implemented to include temperature taking and even restricting visitors if necessary.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:52 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***
Attachments: WinZip Compressed Attachments.zip

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Sent: Friday, March 13, 2020 11:13:29 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Mary- This is the first of many emails. Please reference the dates in the subject line as each update escalates as COVID-19 continued to spread.

This was the training for the Tampa home office employees and the regional teams that service the nursing centers.

Stephanie Handelson | CEO Greystone Health
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
Stephanie.Handelson@greystonehealth.com | o: 813-675-2268 m: 813-690-0990

From: Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Sent: Monday, March 2, 2020 9:45 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith

AMERICAN OVERSIGHT

<Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Good evening Team,

Please distribute this communication with collaterals to your respective reports.

Attached you will find additional guidance, departmental direction, preparedness, response and education overview listed within the attachment **Fleet Corporate Office Preparedness_Coronavirus.** Within this document you will find the below attachments for each respective department. Continue to frequent the *CDC* and *WHO* websites for updates and developmental changes as it relates to COVID-19 Coronavirus. As always, maintaining Infection Control Practices is the front line prevention to transmission of any pathogens.

Within the Fleet Corporate Office Preparedness_Coronavirus QRT (Quick Reference Tool) you will find the below attachments....

1. Cough Etiquette Poster (**attachment #1**)
2. Hand Hygiene Poster (**attachment #2**)
3. Greystone Visitor Sign (**attachment #3**)
4. Receptionist Q&A Screening (**attachment #4**)
5. CDC LTC Respiratory Line Listing (**attachment #5**)
6. Staff Checklist (**attachment #6**)
7. Admissions/Home Health Checklist (**attachment #7**)
8. Vista Laboratories Letter to Facilities – (**attachment #8**)
9. Stop the Spread of Germs Poster – (**attachment #9**)
10. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
11. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
12. CDC Symptoms Poster – (**attachment #12**)
13. CDC Flowchart to Identify and Assess – (**attachment #13**)

Our Communications Department will be sending a Greystone Letter Template to serve as communication to resident families and/or resident representatives discussing our proactive approach to this novel pathogen. Please reach out to your RDCO and/or myself with any questions or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

* * * * * * * * * * *
NOTICE: This e-mail and any attachments contain confidential information that may be legally privileged. If you are not the intended recipient, you must not review, retransmit, print, copy, use or disseminate it. Please immediately notify us by return e-mail and delete it. If this e-mail contains a forwarded e-mail or is a reply to a prior email, the contents may

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FL-AHCA-20-0902-A-000479

not have been produced by the sender and therefore we are not responsible for its contents.

This notice is automatically appended to each e-mail. It is the recipient's responsibility to take measures to ensure that this e-mail is virus free, and no responsibility is accepted by Greystone for any loss or damage arising in any way from its use.
* * * * * * * * * * *

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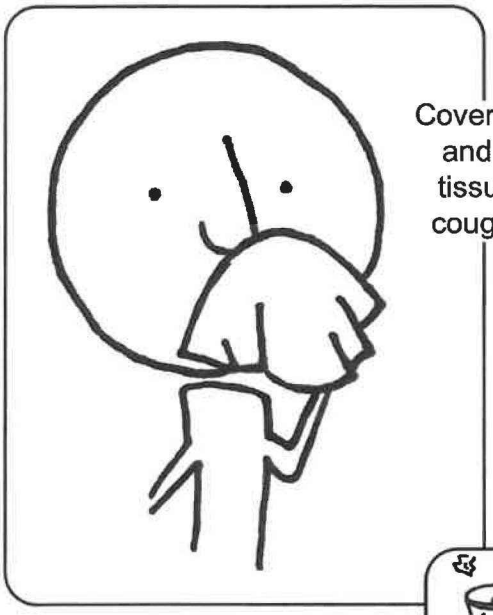
Stop the spread of germs that make you and others sick!

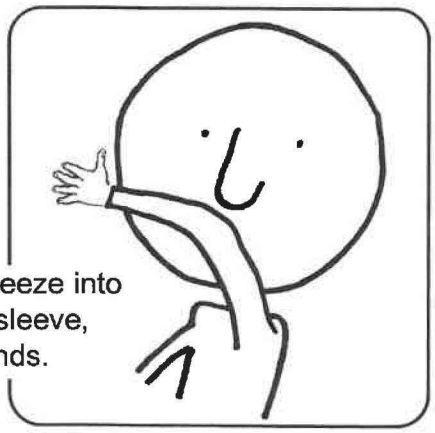
Cover your Cough

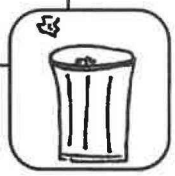


Cover your mouth and nose with a tissue when you cough or sneeze

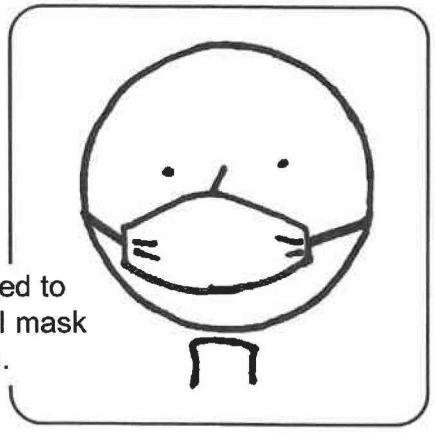
or

cough or sneeze into your upper sleeve, not your hands.





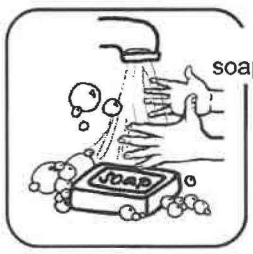
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

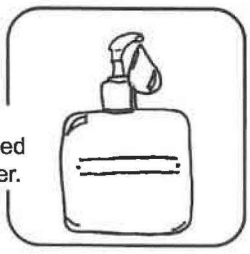
after coughing or sneezing.



Wash with soap and water

or

clean with alcohol-based hand cleaner.



MINNESOTA MDH DEPARTMENT OF HEALTH
Minnesota Department of Health
625 N Robert Street, PO Box 64975
St. Paul, MN 55164-0975
651-201-5414 TDD/TTY 651-201-5797
www.health.state.mn.us

Minnesota Antibiotic Resistance Collaborative

APIC ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC

IC#141-1428

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FL-AHCA-20-0902-A-000481

COVID 19 CORONAVIRUS DISEASE

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: **www.cdc.gov/COVID19**

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-000482

COVID 19 ENFERMEDAD DEL CORONAVIRUS

Lo que necesita saber sobre la enfermedad del coronavirus 2019(COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

El COVID-19 se está propagando de persona a persona en China y se ha detectado propagación limitada entre contactos cercanos en algunos países fuera de China, incluso en los Estados Unidos. En la actualidad, sin embargo, este virus NO se está propagando en comunidades en los Estados Unidos. En estos momentos, el mayor riesgo de infección es para las personas en China o las personas que han viajado a China. El riesgo de infección depende de la exposición. Los contactos cercanos de las personas infectadas tienen un riesgo mayor de exposición, por ejemplo, los trabajadores del sector de la salud y los contactos cercanos de las personas infectadas por el virus que causa el COVID-19. Los CDC continúan vigilando de cerca la situación.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en https://www.cdc.gov/coronavirus/2019-ncov/ cases-in-us.html.

¿Cómo se propaga el COVID- 19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero parece que ahora se está propagando de persona a persona. Es importante notar que la propagación de persona a persona puede darse en un proceso continuo. Algunas enfermedades son altamente contagiosas (como el sarampión), mientras que otras enfermedades no lo son tanto. En estos momentos, no está claro qué tan fácil o con qué continuidad el virus que causa el COVID-19 se esté propagando entre las personas. Infórmese sobre lo que se sabe acerca de la propagación del coronavirus de reciente aparición en https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Muchos pacientes tienen neumonía en ambos pulmones.

¿Qué puedo hacer para ayudar a protegerme?

La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.
Hay medidas simples preventivas y cotidianas para ayudar a prevenir la propagación de virus respiratorios. Estas incluyen las siguientes:

- Evitar el contacto cercano con personas enfermas.
- Evitar tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lavarse frecuentemente las manos con agua y jabón por al menos 20 segundos. Usar un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.
- Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:
- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si recientemente viajé a China y me enfermé?

Si estuvo en China en los últimos 14 días, se siente enfermo y tiene fiebre, tos o dificultad para respirar, debería buscar atención médica. Llame al consultorio de su proveedor de atención médica antes de ir y dígales sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

DEPARTMENT OF HEALTH & HUMAN SERVICES USA CDC

Para obtener más información: **www.cdc.gov/COVID19-es**

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-000483

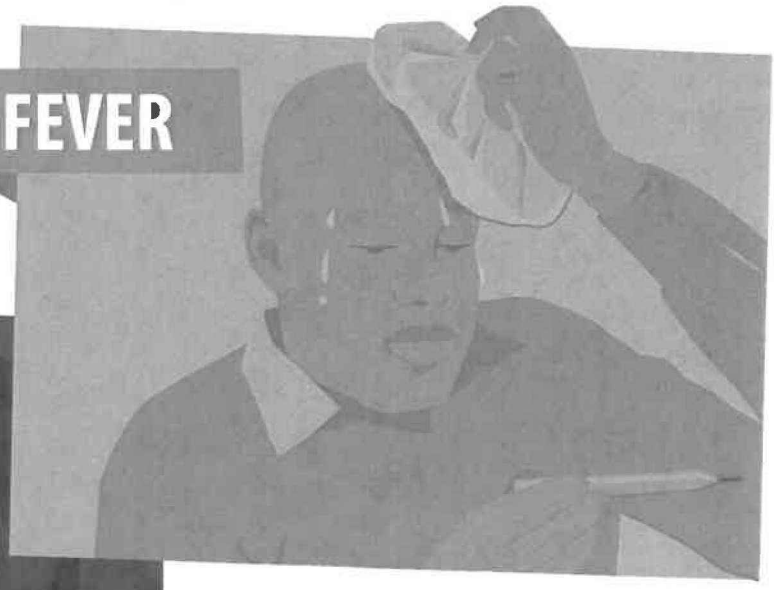
COVID 19
CORONAVIRUS DISEASE

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER

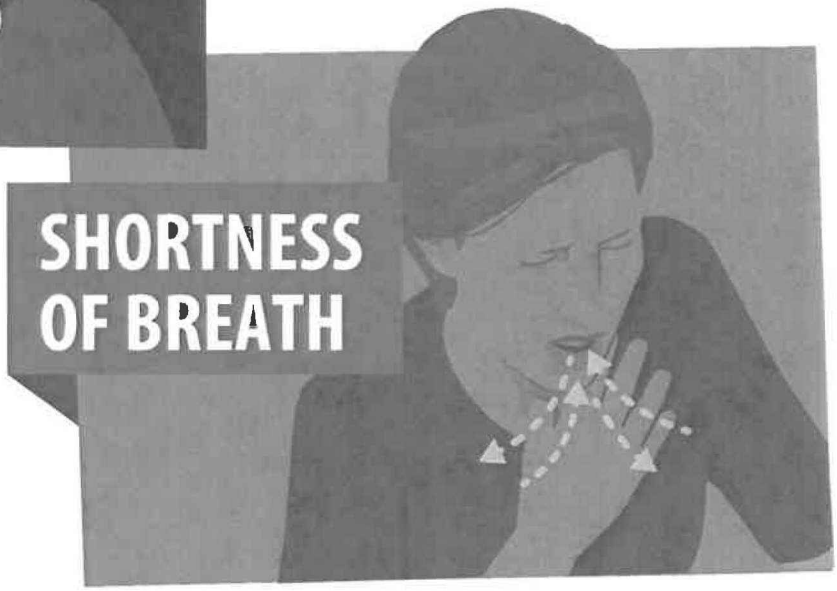


COUGH



*Symptoms may appear 2-14 days after exposure.

SHORTNESS OF BREATH



If you have been in China or in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, call your doctor.

For more information: **www.cdc.gov/COVID19**

AMERICAN OVERSIGHT

Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)

A. Identify

if in the ***past 14 days since first onset of symptoms*** a history of ***either***

Travel to China	← OR →	**Close contact with** a person known to have 2019-nCoV illness*

B. AND the person has

Fever or symptoms of lower respiratory illness
(e.g., cough or shortness of breath)

if both exposure and illness are present

↓

1. Isolate

- Place facemask on patient
- Isolate the patient in a private room or a separate area
- Wear appropriate personal protective equipment (PPE)

2. Assess clinical status

	Is fever present?	**Is respiratory illness present?**
EXAM	☐ Subjective? ☐ Measured? _____°C/F	☐ Cough? ☐ Shortness of breath?

3. Inform

- Contact health department to report at-risk patients and their clinical status
- Assess need to collect specimens to test for 2019-nCoV
- Decide disposition

If discharged to home

↓

Instruct patient

As needed depending on severity of illness and health department consultation

- Home care guidance
- Home isolation guidance

Advise patient

If the patient develops new or worsening fever or respiratory illness

- Call clinic to determine if reevaluation is needed
- If reevaluation is needed call ahead and wear facemask

* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

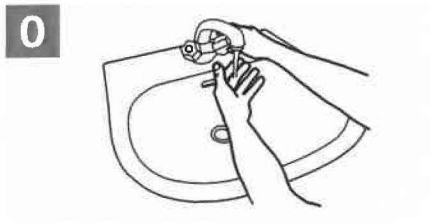
AMERICAN OVERSIGHT

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

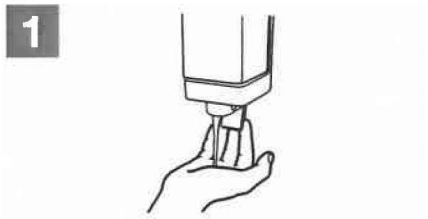
Duration of the entire procedure: 40-60 seconds

0



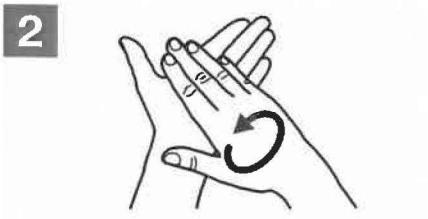
Wet hands with water;

1



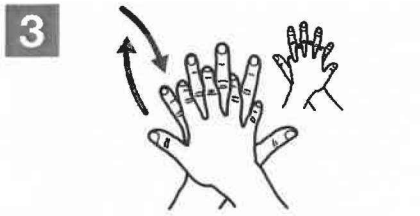
Apply enough soap to cover all hand surfaces;

2



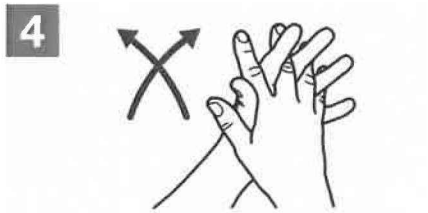
Rub hands palm to palm;

3



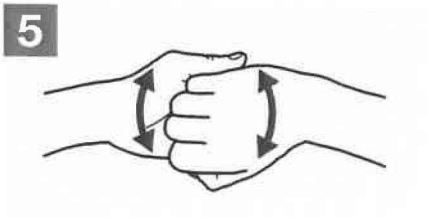
Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



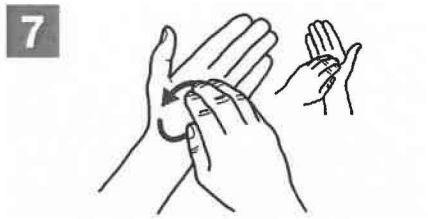
Backs of fingers to opposing palms with fingers interlocked;

6



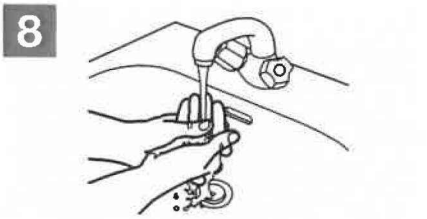
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



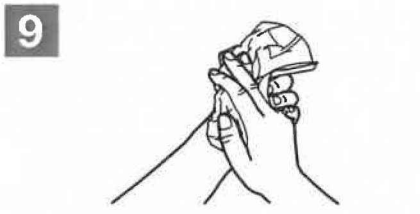
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



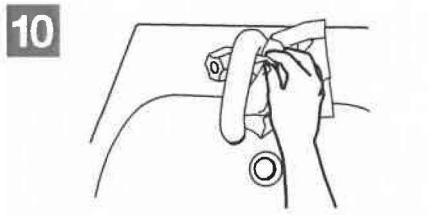
Rinse hands with water;

9



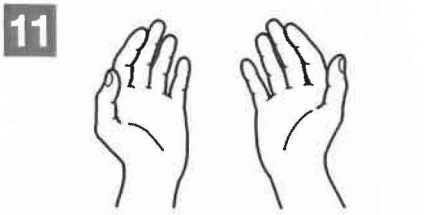
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | **SAVE LIVES** Clean **Your** Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their [illegible] participation in developing this material.

AMERICAN OVERSIGHT
FL-AHCA-20-0902-A-000486

Greystone Health Network

ATTENTION VISITORS



ARE YOU FEELING SICK?

Have you or someone close to you, have symptoms of Fever, Cough or Shortness of Breath?

During this season, help us protect our residents, their families and our employees, please follow these guidelines while visiting:

- **Please do not visit until your symptoms are gone**
- **Utilize other forms of visiting (e.g. phone, facetime, skype)**
- **Cover your mouth for sneezing while visiting**
- **Wash your hands frequently**

Thank you for your Cooperation 😊

AMERICAN OVERSIGHT

Receptionist Q&A for Visitors/Vendors (Coronavirus)

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, fever and cough?

*****Visitors/Vendors who answered YES to any of the above will be allowed to return once cleared by physician**

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

AMERICAN OVERSIGHT
FL-AHCA-20-0902-A-000488

Long-Term Care (LTC) Respiratory Surveillance Line List

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

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LTC Respiratory Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

For residents only: Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For resident only: Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

Additional documented s/s (*select all codes that apply*): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.
H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____

Section D: Diagnostics

Chest x-ray: Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

Type of specimen collected: (*Select all codes that apply*): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.
NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (*select all codes that apply*): In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.
0 – No test performed, 1 – Culture, 2 –Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify

Pathogen detected (*select all codes that apply*): In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.
0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*
Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. ***Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.***

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

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LTC Respiratory Surveillance Line List

Date:____/____/_____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics						B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics						E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify_____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify_____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							

FL-AHCA-20-0902A-00491

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

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Section 4: Case Definition 5

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For HD Use Only 6

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LTC Respiratory Surveillance Outbreak Summary

Section 1: Facility Information

Health Dept. Contact Name and Phone Number: A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

Date First Notified Local Health Dept: Record the date you first contacted local or state public health during this outbreak at your facility.

Total # of residents at facility: Document the total number of residents in the facility at the time of the outbreak.

Total # of employees: Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

Summary Form Status: Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

Section 2: Influenza Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received the Flu Vaccine within the past year.

Total # of staff vaccinated: Record the total number of staff that received the Flu Vaccine within the past year.

Section 3:Pneumococcal Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.

Section 5: Outbreak Period Information

Outbreak start: (Date of symptom onset of first case): Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Average length of illness: Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

Outbreak end: (Symptom resolution date of last case): Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

Total # of Cases: Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

AMERICAN OVERSIGHT

LTC Respiratory Surveillance Outbreak Summary

Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

Section 7: Diagnostic and Laboratory Tests

Chest x-ray: Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae, Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

Diagnostic testing results: In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

Section 8: If Influenza Identified During Outbreak:

Antiviral Treatment: Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

Antiviral Prophylaxis Offered: Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

Section 9: Resident Outcome

Hospitalizations: During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

Deaths: During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
Facility Licensed by State: Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	**# of Licensed Beds:** Document the total number of licensed beds at the facility.
Facility Certified by CMS: Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	**# of staff employees:** Document the total number of facility employed staff working in the facility at the time of the outbreak.
Facility Type: Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	**# of contract employees:** Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

AMERICAN OVERSIGHT

LTC Respiratory Surveillance Outbreak Summary

1. Facility Information

Health Dept. Contact Name:_____ Health Dept. Contact Phone Number:_____

Health Dept. Fax Number:_____ Date First Notified Local Health Dept.:___/___/____

Total # of residents at facility: _____ Total # of employees (staff and contract personnel): _____

Summary Form Status: Date initiated:___/___/_____ Date completed:___/___/____

2. Influenza Vaccination Status

Total # of residents vaccinated: Total # of staff vaccinated:

3. Pneumococcal Vaccination Status

Total # of residents vaccinated:

4. Symptomatic Case Definition

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility:

5. Outbreak Period Information

Outbreak start: (Date of symptom onset of first case):___/___/_____

Average length of illness:_____ days

Outbreak end: (Symptom resolution date of last case):___/___/_____

Total # of Cases

Residents: Staff:

6. Staff Information

Were any ill staff delivering resident care at the beginning of the outbreak? ☐ Yes ☐ No If yes, how many:____

Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many:____

ED Visit: ☐ Yes ☐ No If yes, how many:____ Hospitalization: ☐ Yes ☐ No If yes, how many:____

7. Diagnostic and Laboratory Tests

Chest x-ray: ☐ Yes ☐ No # performed: # abnormal:

Which organisms were identified through laboratory testing:

Bacterial: Specify_____ **Viral**: Specify_____ **Other**: Specify_____

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 2 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 3 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____

8. If Influenza Identified During Outbreak:

Antiviral **treatment** offered: ☐ Yes ☐ No

If yes, indicate total # : Residents_____ Staff_____

Antiviral **prophylaxis** offered: ☐ Yes ☐ No

If yes, indicate total # : Residents_____ Staff_____

9. Resident Outcome

Hospitalizations: ☐ Yes ☐ No If yes, how many:_____

Deaths: ☐ Yes ☐ No If yes, how many:_____

10. Facility Outbreak Control Measures

☐ Educated on hand hygiene practices: Date:_____

☐ Implemented transmission-based precautions: Date_____

☐ Dedicate staff to care for only affected residents: Date: _____

☐ Suspend activities on affected unit: Date: _____

☐ Notified family/visitors about outbreak: If yes, Date: _____

☐ Other: _____

☐ Monitored appropriate HH and PPE use by staff: Date:_____

☐ Cohorted ill residents within unit/building: Date: _____

☐ Placed ill staff on furlough: Date: _____

☐ Restricted new admissions to affected unit: Date: _____

☐ Educated family/visitors about outbreak: If yes, Date: _____

☐ Other: _____

11. # of New Cases Per Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: _____/_____/_____ **List units/floors involved in the outbreak:**_____

For HD Use Only

Facility Licensed by State: ☐ Yes ☐ No Facility ID: _____

Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing home ☐ Assisted living ☐ Other (specify): _____

# of Licensed Beds: _____ # of staff employees: _____ # of contract employees: _____

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-000495

Staff Checklist (Coronavirus)

Newly Hired Staff and Staff who go out of the country on PTO and/or have close contact with a person(s) who have visited outside of the country.

Staff Name: _____ **Date:** _____

Reviewer: _____

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, fever and cough?

*****YES answers will require return to work note from the physician**

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AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-000496

Admissions/Home Health Checklist (Coronavirus)

Resident Name: _____ **Date:** _____

Facility Referral: _____ **Reviewer:** _____

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, fever and cough?

*****YES answers to be reviewed by the Director of Nursing at the referring facility prior to acceptance for admission - DON to consult Medical Director for clearance.**

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FL-AHCA-20-0902-A-000497

Vista CLINICAL

3/2/2020

In an effort to provide the best service to our clients and our patients, Vista Clinical is currently researching various options to initiate COVID-19 (novel Coronavirus) PCR testing in our Clermont laboratory. As of right now, widespread testing for COVID-19 is not being performed by the CDC or the local county and state health departments. Patients must meet certain criteria to be considered for testing.

If you have a patient that is exhibiting signs and symptoms of respiratory illness we suggest that they first be tested for the respiratory pathogens that cause the majority of respiratory infection.

Vista Clinical offers a respiratory pathogens panel by PCR that tests for 14 viruses and 3 bacteria that can cause respiratory illness. The specimen for this testing is: a nasopharyngeal swab in universal transport media (UTM).

The test to order is the Respiratory Pathogens Panel. Please write this test in the notes and additional tests section of the requisition.

If more testing is necessary, contact your local County Health Department and follow their specific guidelines and instructions. The following is a link to the latest information for healthcare providers regarding COVID-19 from the Florida State Health Department. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/providers/index.html

If you have any questions, please call the laboratory at 352-536-9270.

Thank you.

Robin Johnson
Director of Laboratory Operations
Vista Clinical
Robin.johnson@vista-clinical.com

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COVID 19
CORONAVIRUS DISEASE

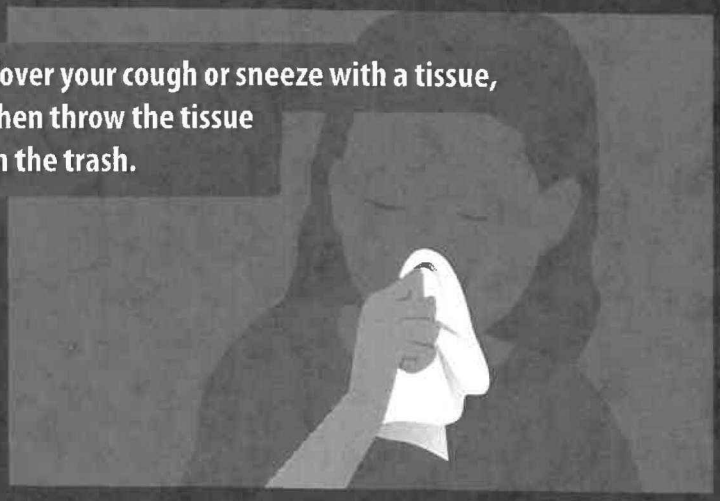
STOP THE SPREAD OF GERMS

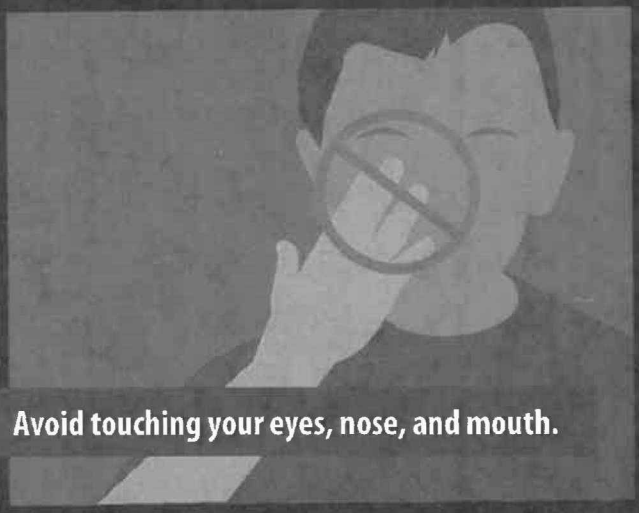
Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.





Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.





Wash your hands often with soap and water for at least 20 seconds.

For more information: **www.cdc.gov/COVID19**

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FL-AHCA-20-0902-A-000499

CS314915-A

COVID-19 (Coronavirus)

Fleet Preparedness, Response & Education Overview

To include Tampa/NY Corporate Offices

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PREPAREDNESS

Skilled Nursing Facilities

- Education to be carried out with ALL STAFF
  - Symptoms/Prevention/Surveillance
  - Cough Etiquette ***(attachment #1)***
  - Hand Hygiene ***(attachment #2)***
  - Personal Protective Equipment
- Post signage
  - Visitor/Vendor entrances
    - Notify if cough, fever and/or shortness of breath present - will not allow visitors if symptoms present - *Greystone Visitor Sign* ***(attachment #3)***
    - Front Desk/Receptionist to receive education regarding this process ***(attachment #4)***
- Surveillance
  - Infection Control Preventionist (ICP) to track and trend all respiratory infections; pneumonia dx to be reviewed by respective RDCO *(CDC Line Listing -* ***attachment #5)***
  - Those exhibiting s/s of cough, fever and/or shortness of breath will notify RDCO for review
  - Ongoing communication with local health department – each respective ED/DNS to make contact
- Housekeeping
  - High focus on cleaning with EPA in high risk areas; i.e. doorknobs, railings, therapy gym, mechanical lifts, visitor bathrooms, dining tables/chairs, telephones, keyboards, mouse, etc.
  - ED/DNS/ICP/HSK Director to conduct walking rounds daily
- Kitchen Sanitation
  - Meal tray carts to be disinfected after each meal service
  - Special caution of meat/poultry handling and cooking

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- Family/Resident Representative Communication
  - Approved mailing from home office to be sent out to resident representatives (*Communications Department to distribute*)

- Staffing
  - Education to be carried out with each staffing coordinator to report up any staff member out of the country on PTO – facility to review each with respective RDCO if they are identified in order to receive clearance to return to work (***attachment #6***)
  - New hires to be screened if they have been out of the country over the past 30 days or have had close contact with those who have been out of the country – will review each as they are identified with RDCO to clear for onboarding (***attachment #6***)

Admissions Team:

- Education – Hand Hygiene/Cough Etiquette
- Screening Criteria
  - Will not admit if resident/patient has been out of the country or has had close contact with anyone who has been out of the country – to follow screening criteria flowsheet (***attachment #7***)
  - Notify Director of Nursing prior to accepting resident for admission – DON to consult Medical Director for clearance

Home Health:

- Education - Hand Hygiene/Cough Etiquette
- Screening Criteria
  - Will not admit if resident/patient has been out of the country or has had close contact with anyone who has been out of the country – to follow screening criteria flowsheet (***attachment #7***)
  - Notify Director of Nursing prior to accepting resident for admission – DON to consult Medical Director for clearance

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AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-000502

Corporate Home Office:

- Town Hall to be held Wednesday 03/04/20 to educate on;
  - Hand Hygiene/Cough Etiquette
  - Symptoms/Prevention/Surveillance
  - Alert management if planning on going out of the country or have had close contact to anyone who has gone out of the country
- Front Desk at corporate office to receive screening questions for any visitor/vendor's – anyone exhibiting respiratory s/s/fever/SOB and/or has been out of the country will not be allowed to visit (***attachment #4***)
- Increase in housekeeping focus to ensure daily deep cleaning of high-risk areas are being carried out...i.e. keyboards, desks, mouse, doorknobs, bathrooms

RESPONSE

Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients with Confirmed or Possible COVID-19

- Assessment and triage of patients with acute respiratory symptoms
- Patient placement
- Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
- Visitor management and exclusion
- Source control measures for patients (e.g., put facemask on suspect patients)
- Requirements for performing aerosol generating procedures (avoid)
- Be alert for patients who meet the persons under investigation (PUI) definition
- Report a potential COVID-19 case or exposure to facility infection control leads and public health officials – know your local health department contact and immediately report for guidance
- Know who, when, and how to seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed coronavirus disease 2019 patient
- Know how to contact and receive information from your state or local public health agency

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EDUCATION OVERVIEW

What is COVID-19 (Coronavirus)

- Centers for Disease Control & Prevention (CDC) and the World Health Organization (WHO) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in 60 locations internationally, including in the United States
- The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19")

How Does it Spread...

- Person-to-person spread
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs or sneezes

  ***These droplets can land in the mouths or noses of people who are nearby or possibly by inhaled into the lungs

- Spread from contact with infected surfaces or objects
  - It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads

Symptoms...

May appear **2-14 days after exposure***

- Fever
- Cough
- Shortness of breath

Prevention...

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth

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- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- Follow CDC's recommendations for using a facemask
    - **CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19**
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty

Additional Attachments:

1. Vista Laboratories Letter to Facilities – (attachment #8)
2. Stop the Spread of Germs Poster – **(attachment #9)**
3. Coronavirus CDC Fact Sheet_English – **(attachment #10)**
4. Coronavirus CDC Fact Sheet_Spanish – **(attachment #11)**
5. CDC Symptoms Poster – **(attachment #12)**
6. CDC Flowchart to Identify and Assess – (attachment #13)

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AMERICAN OVERSIGHT

From: Mayhew, Mary
Sent: Monday, March 16, 2020 1:55 PM
To: \; \; \; \; \; \; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: Re: Confidential information included

Should also include status of test, hospital transfer Etc.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:20:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Confidential information included

No positive cases confirmed in NH or ALF – I will turn the list over to maintenance and advice who will be managing. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so going to see - not alleged to have COVID testing
ALF	Beach House	140	Naples	Collier	3/14/2020	All tests negative
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - not ALF
ALF	Opal	100	Cape Coral	Lee	3/16/2020	[redacted] PHI
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard just person is being tested - Kim calling
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing negative

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 6, 2020 11:06 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: correction - DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Sent: Friday, March 6, 2020 11:02:59 PM
Cc: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>
Subject: [External] correction - DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

From DOH – see correction in yellow highlight.

Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Florida Department of Health, Office of Communications <DOHcommunicatonsoffice@flhealth.gov>
Sent: Saturday, March 7, 2020 12:31 AM
Subject: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

FOR IMMEDIATE RELEASE
March 6, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

AMERICAN OVERSIGHT

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

TALLAHASSEE— The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an international trip.
- A new individual in their seventies that tested presumptive positive for COVID-19 in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A 65-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory

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should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 3:33 PM
To: ""Philpot"","" Toby; " "Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Attachments: 3.15.20 Press Conference Talking Points.docx

Can y'all please review? Thank you.

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Press Conference Talking Points
March 15, 2020

- As you all know, what we are encountering with COVID-19 isn't just a Florida issue, or an issue contained to the United States. Globally, we are facing a pandemic.

- We understand that this is creating fear and panic. And we need everyone to stay focused on our shared priority of protecting our elderly from this infection.

- This situation is rapidly evolving, and we are getting new information and more refined and specific guidance daily.

- The mission of our agency and the work we do here is critical to support the health care facilities and staff on the front lines of this emergency.

- To do that, we are implementing comprehensive restrictions on visitation with few exceptions.

- Nursing home, assisted living and other long-term care facility visitation will be discontinued for 30 days to protect those who most vulnerable—our elderly and those with underlying health conditions.

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- Long-term care providers are communicating with family members to support alternate ways for them to connect with their loved ones.

- We cannot wait until COVID-19 is spreading through a nursing home to act aggressively on prevention.

- We have to take decisive action now.

- We need hospitals to be strong and effective partners with nursing homes and assisted living facilities and other residential providers to act urgently when a frail, elderly individual fits the indicators for COVID-19.

- We cannot have false expectations about the ability of our long-term care providers to effectively isolate their residents and contain the spread of the virus if they do not have negative pressure rooms for isolation and N95 masks.

- Over the last six days, my staff have visited over 300 hospitals, nursing homes and assisted living facilities to support their comprehensive adherence to infection prevention and control.

- My staff are immediately responding in partnership with county public health departments to long-term care facilities with suspected or known COVID-19 cases.

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- Our job is to support these facilities and to ensure that they infection can be contained with appropriate isolation.

- As hospitals see demand increase, it is imperative that they use their emergency preparedness plan to postpone elective procedures in order to support prioritization of their health care workforce.

- Furthermore, we are working with hospitals and health systems to identify additional hospital buildings that are partially or completely vacant that could be used if demand exceeds current hospital capacity.

- Finally, I am working closely with Director Moskowitz to coordinate the deployment of critical personal protective equipment including N95 masks and tie-back gowns as hospitals, long-term care providers and other health care facilities experience shortages.

- We will continue to work in concert with health care facilities, local departments of health and local EOCs to ensure needs are being met across the state.

- We are all in this together.

- I appreciate every person taking precautions to help flatten the curve and protect Florida's most vulnerable populations.

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From: Philpot, Toby
To: ""Strickland"","" Katie; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: Facility update
Date: Monday, March 16, 2020 4:55:22 PM

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:50:04 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Facility update

For those pending test results
4 in hospital
1 in ALF (new case at Camellia – ALF resident) - Duval
2 in NH Island Lake – Seminole County

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	PHI	Calling now				
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Pending	1		No	yes (1)
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		2	Yes (2)	No
NH	Windsor	120	Starke	Bradford			Pending		1	?	?

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:25 PM
To: ""Mayhew"","" Mary; " "Strickland"","" Katie; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: faciliteis

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:24:12 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: FW: faciliteis

From: McKinstry, Molly
Sent: Tuesday, March 17, 2020 4:24 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: faciliteis

NH 5 (2 negative)
ALF 6 (2 negative)

Provider Type	Name	City	County	Lic Beds	COVID Testing Results	AHCA Visit
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	Negative	3/17/2020
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	Pending	3/17/2020
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	1 positive (exp) 1 pending (exp) 5 pending 2 staff pending	3/17/2020
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48	Visiting to clarify	3/16/2020
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	Contacting to verify	
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	Contacting to verify	
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	Negative	3/14/2020
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	Independent	3/13/2020 and 3/15/2020

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ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	Negative	3/15/2020
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	Pending	3/16/2020
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	Pending	
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	Negative	N/A

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 11:03 AM
To: ""Mayhew"","" Mary; Mary.Mayhew@ahca.myflorida.com
Cc: Philpot, Toby; McKinstry, Molly; Manderfield, Patrick; Smoak, Kimberly
Subject: RE: for the 11 am call

Updated point below regarding CMS Hospice memo. Please see highlighted.

Tuesday, March 10, 2020 Residential Facility/Aging Population Call

AHCA COVID-19 Talking Points

- My top priority is the health and safety of residents and patients in the facilities AHCA regulates. That's why we continue to have these calls and why my agency is proactively sending out guidance to facilities as more information becomes available.

- We understand this is a rapidly evolving situation worldwide, and AHCA and partner agencies remain committed to doing everything possible to equip facilities with the best information to protect patients and residents.

Screening Visitors

- We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or those with symptoms of an infection from entering the facility.

- To that end, nursing homes, assisted living facilities, intermediate care facilities, adult family care homes, APD providers, and other residential facilities are expected to implement screening interventions for visitors, vendors and staff.

- I would like to take a moment to extend my gratitude to the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current CMS and CDC guidelines on this subject.

- Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time.

- We are making this available as a resource to your facility via e-blast today. Since guidance may change, please monitor for updates with this tool. Because of new guidance issued last night by CMS, FHCA will make changes to the tool today.

- DOH has posted to its website a flow chart of visitor screening guidelines. It's available online and outlines criteria for which your facility should be screening visitors and restricting entry.

    - Individuals who have traveled and returned any international travel or a cruise within the last 14 days should not be allowed entry.

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- Individuals who report signs or symptoms of a respiratory infection such as fever, cough or shortness of breath should not be allowed into your facility.
- And individuals who have had **contact** with someone who has OR is under investigation for COVID-19 should not be allowed entry.

Inspections and CMS Guidance

- Infection prevention and control are so foundational to the health and welfare of patients and residents, it's among the highest priorities for the Agency as they inspect facilities.

- Per recent CMS guidance, AHCA will be visiting facilities with any previous infection control issues – first, with those with serious deficiencies.

- We understand that infection prevention protocols are engrained in standard operating procedures across Florida health care facilities. Hospitals, nursing homes and others routinely focus staff training and conduct drills on these practices.

- Please also take a moment to make yourself familiar with the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf

- Additionally, CMS has issued guidance for hospice facilities, including guidance for self-isolation of hospice patients, usage of PPEs by staff if a patient is symptomatic and restricting health care providers and volunteers who have signs and symptoms of a respiratory infection from reporting to work.

Transfer Documents

- We've also been working to develop a Skilled Nursing Facility to Hospital & Hospital to SNF COVID-19 Transfer Communication Tool to assist with communication.

- This tool should assist when transfers as necessary and documents an individual's medical status related to COVID-19 to help facilitate communication between a nursing facility and a hospital.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:22 PM
To: ""Ferre"","" Helen; " "Beatrice"","" Meredith M.; " "Lukis"","" Adrian
Cc: Mayhew, Mary; Philpot, Toby
Subject: update

Please see updates below. Thank you.

Duval County – Jacksonville, Florida
Camellia at Deerwood

Senior community with assisted living facility and independent living (apartments)
**On the campus is an assisted living facility

- 91 residents in assisted living
- 19 residents in memory care
- 107 in independent living

Shared common areas for independent living, assisted living and memory care

- Individual presumptive positive – independent living [*information provided to us by DOH*]

AHCA staff spoke personally with the facility administrator and asked the ALF on campus to immediately discontinue visitation.

ALF is taking precautions:

- Extra disinfecting/cleaning of facility
- Ceased usage of common areas (dining room, activities, etc.)
- Community outings discontinued
- Ceased visitors
- Screening staff; taking staff temperatures
- Screening and temperature taking of third-party health providers
- Notified residents of the situation
- Sending email to emergency contacts of residents to notify them of the situation

Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 3:02 PM
To: ""Clary"","" Shannon; Shannon.Clary@ahca.myflorida.com
Subject: Fwd: [External] FW: MMWR Early Releases on "COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020" and "Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March ...
Attachments: mm6912e1-H.pdf; mm6912e2-H.pdf

Can you print

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>
Sent: Wednesday, March 18, 2020 2:50:08 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: [External] FW: MMWR Early Releases on "COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020" and "Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2...

Courtney F. Coppola
Chief of Staff
& Marijuana Coordinator
Florida Department of Health

Florida Department of Health | 4052 Bald Cypress Way | Tallahassee, FL 32399



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Laura Espino <lespino@nphic.org>
Sent: Wednesday, March 18, 2020 2:02 PM
To: Laura Espino <lespino@nphic.org>
Cc: soxarart@washoecounty.us; Lyndi Warner <lkwarn@kalcounty.com>; Melanie Amato (melanie.amato@odh.ohio.gov) <melanie.amato@odh.ohio.gov>; Leah Bucco-White <leah.bucco-white@nebraska.gov>; Brittany Lauffer <blauffer@pa.gov>; Wardle, Nate <nwardle@pa.gov>; Coppola, Courtney <Courtney.Coppola@flhealth.gov>; Rachael Wheeler <rachael.wheeler@wyo.gov>; Kristi Pankratz <kristi.pankratz@ks.gov>; garret.swanson@nebraska.gov; julie.naughton@nebraska.gov; diana.duran@nebraska.gov;

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David Mike Wight <mike.wight@nebraska.gov>
Subject: MMWR Early Releases on "COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020" and "Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020"

Dear NPHIC members:

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

The MMWR is Embargoed until, Wednesday, March 18, 2020 at 1PM ET

MMWR
Morbidity and Mortality Weekly Report

know what matters

March 18, 2020

Please see the attached E-books for:

"COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020"

"Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020"

Thank you,

CDC News Media Branch
404-639-3286

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Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 69
March 18, 2020

COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020

Temet M. McMichael, PhD[1,2,3]; Shauna Clark[1]; Sargis Pogosjans, MPH[1]; Meagan Kay, DVM[1]; James Lewis, MD[1]; Atar Baer, PhD[1]; Vance Kawakami, DVM[1]; Margaret D. Lukoff, MD[1]; Jessica Ferro, MPH[1]; Claire Brostrom-Smith, MSN[1]; Francis X. Riedo, MD[4]; Denny Russell[5]; Brian Hiatt[5]; Patricia Montgomery, MPH[6]; Agam K. Rao, MD[3]; Dustin W. Currie, PhD[2,3]; Eric J. Chow, MD[2,3]; Farrell Tobolowsky, DO[2,3]; Ana C. Bardossy, MD[2,3]; Lisa P. Oakley, PhD[2,3]; Jesica R. Jacobs, PhD[3,7]; Noah G. Schwartz, MD[2,3]; Nimalie Stone, MD[3]; Sujan C. Reddy, MD[3]; John A. Jernigan, MD[3]; Margaret A. Honein, PhD[3]; Thomas A. Clark, MD[3]; Jeffrey S. Duchin, MD[1]; Public Health – Seattle & King County, EvergreenHealth, and CDC COVID-19 Investigation Team.

On February 28, 2020, a case of coronavirus disease (COVID-19) was identified in a woman resident of a long-term care skilled nursing facility (facility A) in King County, Washington.* Epidemiologic investigation of facility A identified 129 cases of COVID-19 associated with facility A, including 81 of the residents, 34 staff members, and 14 visitors; 23 persons died. Limitations in effective infection control and prevention and staff members working in multiple facilities contributed to intra- and interfacility spread. COVID-19 can spread rapidly in long-term residential care facilities, and persons with chronic underlying medical conditions are at greater risk for COVID-19–associated severe disease and death. Long-term care facilities should take proactive steps to protect the health of residents and preserve the health care workforce by identifying and excluding potentially infected staff members and visitors, ensuring early recognition of potentially infected patients, and implementing appropriate infection control measures.

On February 27, Public Health – Seattle and King County (PHSKC) was notified by a local health care provider of a patient whose symptom history and clinical presentation met the revised testing criteria† for COVID-19, which included testing of persons with severe respiratory illness of unknown etiology (*1*). The patient was a woman aged 73 years with a history of coronary artery disease, insulin-dependent type II diabetes mellitus, obesity, chronic kidney disease, hypertension, and congestive heart failure, who resided in facility A along with approximately 130 residents who were cared for by 170 health care personnel. Beginning in mid-February, the facility had experienced a cluster of febrile respiratory illnesses. Rapid influenza test results were obtained from several residents; all were negative. The patient had cough, fever, and shortness of breath requiring oxygen for 5 days at facility A. She reported no travel or known contact with anyone with COVID-19. On February 24, she was transported to a local hospital because of worsening respiratory symptoms and hypoxemia.

Upon hospital admission, the patient was febrile to 103.3°F (39.6°C), tachycardic, and was found to have hypoxemic respiratory failure. On February 25, she required intubation and mechanical ventilation. Computed tomography scan showed diffuse bilateral infiltrates; however, multiplex viral respiratory panel and bacterial cultures of sputum and bronchoalveolar lavage fluid were negative. Four days after hospital admission, nasopharyngeal and oropharyngeal swabs and sputum specimens were collected to test for SARS-CoV-2; results were reported positive for all specimens on February 28. The patient died on March 2.

Following notification of the index case of COVID-19, PHSKC and CDC immediately began investigating the cluster of respiratory illness in facility A to collect information on symptoms, severity, comorbidities, travel history, and close contacts to known COVID-19 cases by interviewing patients or a proxy for cases in which the patient could not be interviewed. Diagnostic testing by real-time reverse transcription–polymerase chain reaction (RT-PCR) (*2–5*) was performed for patients and staff members meeting clinical case criteria

*The facility provides inpatient and outpatient rehabilitation and short-term and long-term care. Services include physical therapy, occupational therapy, and speech therapy. The facility, which has a medical director, also provides medication management and post-surgical care.

†https://emergency.cdc.gov/han/2020/han00428.asp.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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for COVID-19 (*1*). As of March 9, a total of 129 COVID-19 cases were confirmed among facility residents (81 of approximately 130), staff members, including health care personnel (34), and visitors (14). Health care personnel with confirmed COVID-19 included the following occupations: physical therapist, occupational therapist assistant, environmental care worker, nurse, certified nursing assistant, health information officer, physician, and case manager. Overall, 111 (86%) cases occurred among residents of King County (81 facility A residents, 17 staff members, and 13 visitors) and 18 (14%) among residents of Snohomish County (directly north of King County) (17 staff members and one visitor).

Reported symptom onset dates for facility residents and staff members ranged from February 16 to March 5. The median patient age was 81 years (range = 54–100 years) among facility residents, 42.5 years (range = 22–79 years) among staff members, and 62.5 years (range = 52–88 years) among visitors; 84 (65.1%) patients were women (Table). Overall, 56.8% of facility A residents, 35.7% of visitors, and 5.9% of staff members with COVID-19 were hospitalized. Preliminary case fatality rates among residents and visitors as of March 9 were 27.2% and 7.1%, respectively; no deaths occurred among staff members. The most common chronic underlying conditions among facility residents were hypertension (69.1%), cardiac disease (56.8%), renal disease (43.2%), diabetes (37.0%), obesity (33.3%), and pulmonary disease (32.1%). Six residents and one visitor had hypertension as their only chronic underlying condition.

As part of the response effort, approximately 100 long-term care facilities in King County were contacted through an emailed survey using REDCap (*6*), and information was requested about residents or staff members known to have COVID-19 or clusters of respiratory illness among residents and staff members. In addition, countywide databases of emergency medical service transfers from long-term care facilities to acute care facilities were reviewed daily for evidence of cases or clusters of serious respiratory illness. Routine active surveillance reports to PHSKC for influenza-like illness clusters from long-term care facilities were employed to identify clusters of illness consistent with COVID-19. All long-term care facilities with evidence of a cluster of respiratory illness were contacted by telephone for additional information, including infection control strategies in place and availability of personal protective equipment (PPE). Based on this information, the long-term care facilities were prioritized by risk for COVID-19 introduction and spread, and highest priority facilities were visited by response personnel for provision of emergency on-site testing and infection control assessment, support, and training. As of March 9, at least eight other King County skilled nursing and assisted living facilities had reported one or more confirmed COVID-19 cases.

Information received from the survey and on-site visits identified factors that likely contributed to the vulnerability of these facilities, including 1) staff members who worked while symptomatic; 2) staff members who worked in more than one facility; 3) inadequate familiarity and adherence to standard, droplet, and contact precautions and eye protection recommendations; 4) challenges to implementing infection control practices including inadequate supplies of PPE and other items (e.g., alcohol-based hand sanitizer)[§]; 5) delayed recognition of cases because of low index of suspicion, limited testing availability, and difficulty identifying persons with COVID-19 based on signs and symptoms alone.

Discussion

These findings demonstrate that outbreaks of COVID-19 in long-term care facilities can have a critical impact on vulnerable older adults. In Washington, local and state authorities implemented comprehensive prevention measures for long-term care facilities (*7–9*) that included 1) implementation of symptom screening and restriction policies for visitors and nonessential personnel; 2) active screening of health care personnel, including measurement and documentation of body temperature and ascertainment of respiratory symptoms to identify and exclude symptomatic workers; 3) symptom monitoring of residents; 4) social distancing, including restricting resident movement and group activities; 5) staff training on infection control and PPE use; and 6) establishment of plans to address local PPE shortages, including county and state coordination of supply chains and stockpile releases to meet needs. These strategies require coordination and support from public health authorities, partnering health care systems, regulatory agencies, and their respective governing bodies (*8–10*).

The findings in this report suggest that once COVID-19 has been introduced into a long-term care facility, it has the potential to result in high attack rates among residents, staff members, and visitors. In the context of rapidly escalating COVID-19 outbreaks in much of the United States, it is critical that long-term care facilities implement active measures to prevent introduction of COVID-19. Measures to consider include identifying and excluding symptomatic staff members, restricting visitation except in compassionate care situations, and strengthening infection prevention and control guidance and adherence (*7,9,10*).[¶] Substantial morbidity and mortality

[§] Some examples of specific PPE challenges included initial lack of access to eye protection, frequent changing of PPE types as supply chains were disrupted and PPE was provided via various donations or supplies, and a need for ongoing auditing of PPE use to ensure consistent and safe use of PPE by staff members (e.g., not touching or adjusting face protection, primarily facemasks, during extended use).

[¶] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/RecommendationsForLTC-COVID19.pdf.

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TABLE. Characteristics of patients with COVID-19 epidemiologically linked to facility A among residents of King and Snohomish counties — Washington, February 27–March 9, 2020

Characteristics	No. (%)			
	Resident (n = 81)	Health care personnel (n = 34)	Visitor (n = 14)	Total (n = 129)
Median age, yrs (range)	81 (54–100)	42.5 (22–79)	62.5 (52–88)	71 (22–100)
Sex				
Men	28 (34.6)	7 (20.6)	10 (71.4)	**45 (27.1)**
Women	53 (65.4)	27 (79.4)	4 (28.6)	**84 (65.1)**
Hospitalized				
Yes	46 (56.8)	2 (5.9)	5 (35.7)	**53 (41.0)**
No	3 (3.7)	30 (88.2)	9 (64.3)	**42 (32.6)**
Unknown	32 (39.5)	2 (5.9)	0	**34 (26.4)**
Died				
Yes	22 (27.2)	0	1 (7.1)	**23 (17.8)**
No	59 (72.8)	34 (100.0)	13 (92.9)	**106 (82.2)**
Chronic underlying conditions*,†				
Hypertension§	56 (69.1)	0	2 (14.3)	**58 (44.6)**
Cardiac disease	46 (56.8)	3 (8.8)	2 (14.3)	**51 (39.2)**
Renal disease	35 (43.2)	0	1 (7.1)	**36 (27.7)**
Diabetes mellitus	30 (37.0)	3 (8.8)	1 (7.1)	**34 (26.2)**
Obesity	27 (33.3)	0	3 (21.4)	**30 (23.1)**
Pulmonary disease	26 (32.1)	2 (5.9)	2 (14.3)	**30 (23.1)**
Malignancy	11 (13.6)	0	0	**11 (8.5)**
Immunocompromised	8 (9.9)	0	0	**8 (6.2)**
Liver disease	5 (6.2)	0	0	**5 (3.8)**

* Percentages represent the number with information on the comorbidity, irrespective of missing data.
† Data on chronic underlying conditions were missing for four health care personnel and two visitors with COVID-19.
§ Hypertension was the only reported chronic underlying condition for 6 residents and 1 visitor with COVID-19.

Summary

What is already known about this topic?

Coronavirus disease (COVID-19) can cause severe illness and death, particularly among older adults with chronic health conditions.

What is added by this report?

Introduction of COVID-19 into a long-term residential care facility in Washington resulted in cases among 81 residents, 34 staff members, and 14 visitors; 23 persons died. Limitations in effective infection control and prevention and staff members working in multiple facilities contributed to intra- and interfacility spread.

What are the implications for public health practice?

Long-term care facilities should take proactive steps to protect the health of residents and preserve the health care workforce by identifying and excluding potentially infected staff members, restricting visitation except in compassionate care situations, ensuring early recognition of potentially infected patients, and implementing appropriate infection control measures.

might be averted if all long-term care facilities take steps now to prevent exposure of their residents to COVID-19. The underlying health conditions and advanced age of many long-term care facility residents and the shared location of patients in one facility places these persons at risk for severe morbidity and death. Rapid and sustained public health interventions focusing on surveillance, infection control, and mitigation efforts are resource-intensive but are critical to curtailing COVID-19 transmission and decreasing the impact on vulnerable populations, such as residents of long-term care facilities, and the community at large. As this pandemic expands, continued implementation of public health measures targeting vulnerable populations such as residents of long-term care facilities (*8*) and health care personnel will be critical. As public health measures are continually implemented, public information needs will only grow. To provide information for patients and families as well as communicate more broadly to all stakeholders, public officials and other community leaders need to work together to encourage everyone to understand and adhere to recommended guidelines to manage this outbreak.

Public Health – Seattle & King County, EvergreenHealth, and CDC COVID-19 Investigation Team

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MMWR
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Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020

CDC COVID-19 Response Team

Globally, approximately 170,000 confirmed cases of coronavirus disease 2019 (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) have been reported, including an estimated 7,000 deaths in approximately 150 countries (*1*). On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic (*2*). Data from China have indicated that older adults, particularly those with serious underlying health conditions, are at higher risk for severe COVID-19–associated illness and death than are younger persons (*3*). Although the majority of reported COVID-19 cases in China were mild (81%), approximately 80% of deaths occurred among adults aged ≥60 years; only one (0.1%) death occurred in a person aged ≤19 years (*3*). In this report, COVID-19 cases in the United States that occurred during February 12–March 16, 2020 and severity of disease (hospitalization, admission to intensive care unit [ICU], and death) were analyzed by age group. As of March 16, a total of 4,226 COVID-19 cases in the United States had been reported to CDC, with multiple cases reported among older adults living in long-term care facilities (*4*). Overall, 31% of cases, 45% of hospitalizations, 53% of ICU admissions, and 80% of deaths associated with COVID-19 were among adults aged ≥65 years with the highest percentage of severe outcomes among persons aged ≥85 years. In contrast, no ICU admissions or deaths were reported among persons aged ≤19 years. Similar to reports from other countries, this finding suggests that the risk for serious disease and death from COVID-19 is higher in older age groups.

Data from cases reported from 49 states, the District of Columbia, and three U.S. territories (*5*) to CDC during February 12–March 16 were analyzed. Cases among persons repatriated to the United States from Wuhan, China and from Japan (including patients repatriated from cruise ships) were excluded. States and jurisdictions voluntarily reported data on laboratory-confirmed cases of COVID-19 using previously developed data collection forms (*6*). The cases described in this report include both COVID-19 cases confirmed by state or local public health laboratories as well as those with a positive test at the state or local public health laboratories and confirmation at CDC. No data on serious underlying health conditions were available. Data on these cases are preliminary and are missing for some key characteristics of interest, including hospitalization status (1,514), ICU admission (2,253), death (2,001), and age (386). Because of these missing data, the percentages of hospitalizations, ICU admissions, and deaths (case-fatality percentages) were estimated as a range. The lower bound of these percentages was estimated by using all cases within each age group as denominators. The corresponding upper bound of these percentages was estimated by using only cases with known information on each outcome as denominators.

As of March 16, a total of 4,226 COVID-19 cases had been reported in the United States, with reports increasing to 500 or more cases per day beginning March 14 (Figure 1). Among 2,449 patients with known age, 6% were aged ≥85, 25% were aged 65–84 years, 18% each were aged 55–64 years and 45–54 years, and 29% were aged 20–44 years (Figure 2). Only 5% of cases occurred in persons aged 0–19 years.

Among 508 (12%) patients known to have been hospitalized, 9% were aged ≥85 years, 36% were aged 65–84 years, 17% were aged 55–64 years, 18% were 45–54 years, and 20% were aged 20–44 years. Less than 1% of hospitalizations were among persons aged ≤19 years (Figure 2). The percentage of persons hospitalized increased with age, from 2%–3% among persons aged ≤9 years, to ≥31% among adults aged ≥85 years. (Table).

Among 121 patients known to have been admitted to an ICU, 7% of cases were reported among adults ≥85 years, 46% among adults aged 65–84 years, 36% among adults aged 45–64 years, and 12% among adults aged 20–44 years (Figure 2). No ICU admissions were reported among persons

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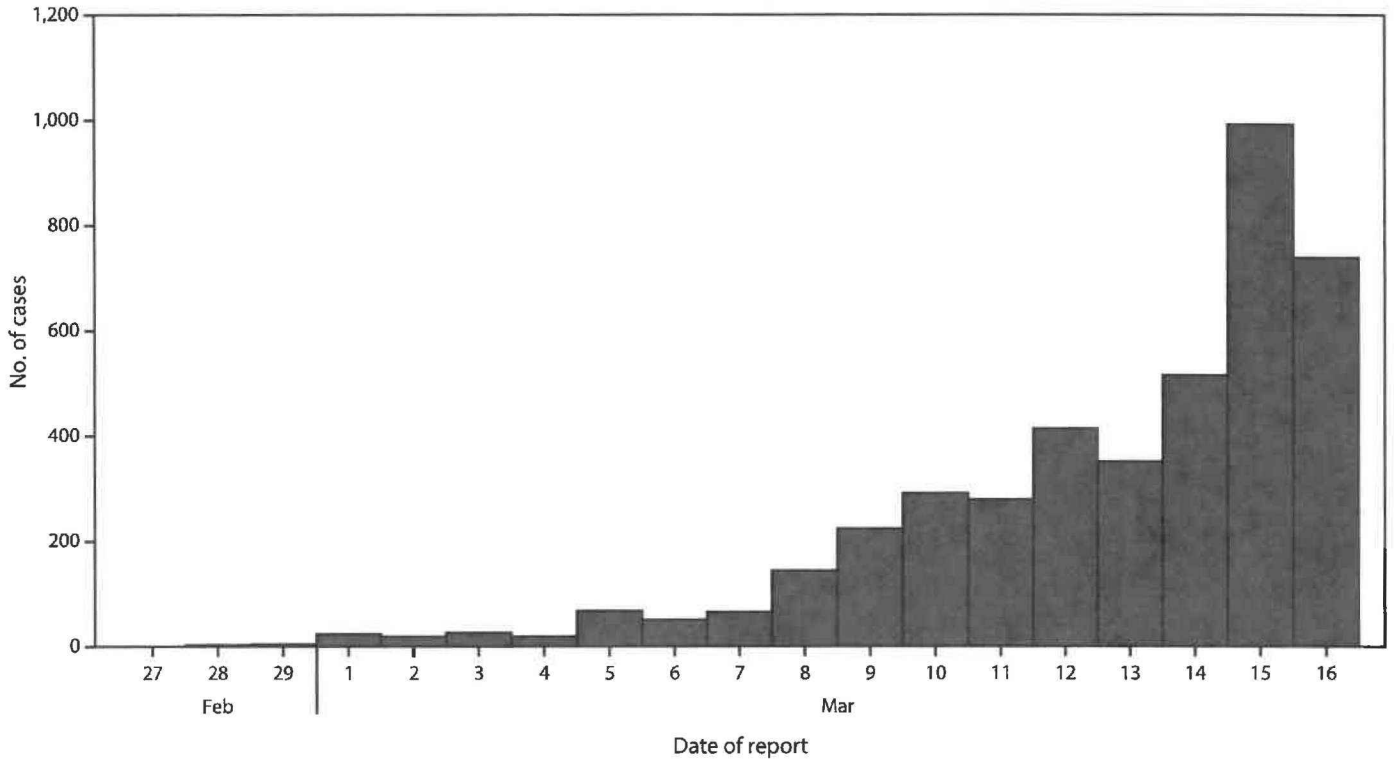
FIGURE 1. Number of new coronavirus disease 2019 (COVID-19) cases reported daily*,† (N = 4,226) — United States, February 12–March 16, 2020



* Includes both COVID-19 cases confirmed by state or local public health laboratories, as well as those testing positive at the state or local public health laboratories and confirmed at CDC.
† Cases identified before February 28 were aggregated and reported during March 1–3.

aged ≤19 years. Percentages of ICU admissions were lowest among adults aged 20–44 years (2%–4%) and highest among adults aged 75–84 years (11%–31%) (Table).

Among 44 cases with known outcome, 15 (34%) deaths were reported among adults aged ≥85 years, 20 (46%) among adults aged 65–84 years, and nine (20%) among adults aged 20–64 years. Case-fatality percentages increased with increasing age, from no deaths reported among persons aged ≤19 years to highest percentages (10%–27%) among adults aged ≥85 years (Table) (Figure 2).

Discussion

Since February 12, 4,226 COVID-19 cases were reported in the United States; 31% of cases, 45% of hospitalizations, 53% of ICU admissions, and 80% of deaths occurred among adults aged ≥65 years with the highest percentage of severe outcomes among persons aged ≥85 years. These findings are similar to data from China, which indicated >80% of deaths occurred among persons aged ≥60 years (*3*). These preliminary data also demonstrate that severe illness leading to hospitalization, including ICU admission and death, can occur in adults of any age with COVID-19. In contrast, persons aged ≤19 years appear to have milder COVID-19 illness, with almost no hospitalizations or deaths reported to date in the United States in this age group. Given the spread of COVID-19 in many U.S. communities, CDC continues to update current recommendations and develop new resources and guidance, including for adults aged ≥65 years as well as those involved in their care (*7,8*).

Approximately 49 million U.S. persons are aged ≥65 years (*9*), and many of these adults, who are at risk for severe COVID-19–associated illness, might depend on services and support to maintain their health and independence. To prepare for potential COVID-19 illness among persons at high risk, family members and caregivers of older adults should know what medications they are taking and ensure that food and required medical supplies are available. Long-term care facilities should be particularly vigilant to prevent the introduction and spread of COVID-19 (*10*). In addition, clinicians who care for adults should be aware that COVID-19 can result in severe disease among persons of all ages. Persons with suspected or confirmed COVID-19 should monitor their symptoms and call their provider for guidance if symptoms worsen or seek emergency care for persistent severe symptoms. Additional guidance is available

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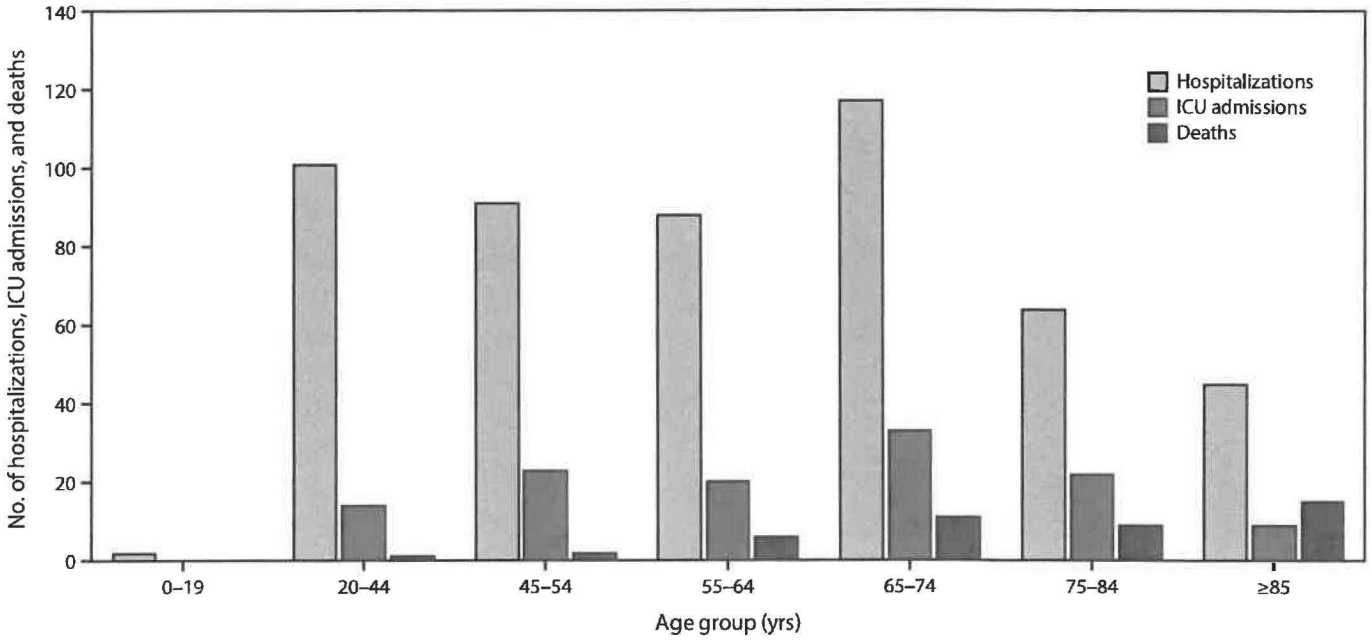
FIGURE 2. COVID-19 hospitalizations,* intensive care unit (ICU) admissions,† and deaths,§ by age group — United States, February 12–March 16, 2020



* Hospitalization status missing or unknown for 1,514 cases.
† ICU status missing or unknown for 2,253 cases.
§ Illness outcome or death missing or unknown for 2,001 cases.

for health care providers on CDC's website (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

This report describes the current epidemiology of COVID-19 in the United States, using preliminary data. The findings in this report are subject to at least five limitations. First, data were missing for key variables of interest. Data on age and outcomes, including hospitalization, ICU admission, and death, were missing for 9%–53% of cases, which likely resulted in an underestimation of these outcomes. Second, further time for follow-up is needed to ascertain outcomes among active cases. Third, the initial approach to testing was to identify patients among those with travel histories or persons with more severe disease, and these data might overestimate the prevalence of severe disease. Fourth, data on other risk factors, including serious underlying health conditions that could increase risk for complications and severe illness, were unavailable at the time of this analysis. Finally, limited testing to date underscores the importance of ongoing surveillance of COVID-19 cases. Additional investigation will increase the understanding about persons who are at risk for severe illness and death from COVID-19 and inform clinical guidance and community-based mitigation measures.*

* https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf.

TABLE. Hospitalization, intensive care unit (ICU) admission, and case-fatality percentages for reported COVID-19 cases, by age group — United States, February 12–March 16, 2020

Age group (yrs) (no. of cases)	%*		
	Hospitalization	ICU admission	Case-fatality
0–19 (123)	1.6–2.5	0	0
20–44 (705)	14.3–20.8	2.0–4.2	0.1–0.2
45–54 (429)	21.2–28.3	5.4–10.4	0.5–0.8
55–64 (429)	20.5–30.1	4.7–11.2	1.4–2.6
65–74 (409)	28.6–43.5	8.1–18.8	2.7–4.9
75–84 (210)	30.5–58.7	10.5–31.0	4.3–10.5
≥85 (144)	31.3–70.3	6.3–29.0	10.4–27.3
Total (2,449)	**20.7–31.4**	**4.9–11.5**	**1.8–3.4**

* Lower bound of range = number of persons hospitalized, admitted to ICU, or who died among total in age group; upper bound of range = number of persons hospitalized, admitted to ICU, or who died among total in age group with known hospitalization status, ICU admission status, or death.

The risk for serious disease and death in COVID-19 cases among persons in the United States increases with age. Social distancing is recommended for all ages to slow the spread of the virus, protect the health care system, and help protect vulnerable older adults. Further, older adults should maintain adequate supplies of nonperishable foods and at least a 30-day supply of necessary medications, take precautions to keep space between themselves and others, stay away from those who are sick, avoid crowds as much as possible, avoid cruise travel and

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Summary

What is already known about this topic?

Early data from China suggest that a majority of coronavirus disease 2019 (COVID-19) deaths have occurred among adults aged ≥60 years and among persons with serious underlying health conditions.

What is added by this report?

This first preliminary description of outcomes among patients with COVID-19 in the United States indicates that fatality was highest in persons aged ≥85, ranging from 10% to 27%, followed by 3% to 11% among persons aged 65–84 years, 1% to 3% among persons aged 55-64 years, <1% among persons aged 20–54 years, and no fatalities among persons aged ≤19 years.

What are the implications for public health practice?

COVID-19 can result in severe disease, including hospitalization, admission to an intensive care unit, and death, especially among older adults. Everyone can take actions, such as social distancing, to help slow the spread of COVID-19 and protect older adults from severe illness.

nonessential air travel, and stay home as much as possible to further reduce the risk of being exposed (*7*). Persons of all ages and communities can take actions to help slow the spread of COVID-19 and protect older adults.[†]

[†] https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.

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State and local health departments; clinical staff members caring for patients.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:00 AM
To: ""Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com
Subject: FW: [External] CMS_Approves_First_State_Request_for_1135 _Medicaid_Waiver_in_Florida

From: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 8:43 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Cc: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Subject: FW: [External] CMS_Approves_First_State_Request_for_1135_Medicaid_Waiver_in_Florida

Beth Kidder | Deputy Secretary for Medicaid
Agency for Health Care Administration | 850.412.4000

From: Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>
Sent: Tuesday, March 17, 2020 8:40 AM
To: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Subject: [External] CMS_Approves_First_State_Request_for_1135_Medicaid_Waiver_in_Florida

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CMS Approves First State Request for 1135 Medicaid Waiver in Florida

Action gives state greater flexibility for its COVID-19 response efforts

On March 13, 2020, President Trump declared the rapidly evolving COVID-19 situation a national emergency. This bold action enables the Centers for Medicare and Medicaid Services (CMS) to waive certain requirements in Medicare, Medicaid, and CHIP under Section 1135

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authority. This includes the ability to grant state and territorial Medicaid agencies a wider range of flexibilities, and states may now submit Section 1135 waiver requests for CMS approval that will remove administrative burdens and expand access to needed services.

Shortly after the President's declaration, Florida became the first state to submit a Section 1135 waiver request in response to the COVID-19 national emergency. In keeping with CMS's commitment to ensure our state partners have the tools they need to combat COVID-19, the agency acted within days to approve a wide variety of appropriate Medicaid flexibilities.

"I want to thank Governor DeSantis for his leadership in Medicaid and for taking full advantage of federal flexibilities," said CMS Administrator Seema Verma. "CMS is committed to removing all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests."

The state's approval letter can be found here, and includes flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests. These flexibilities will enable the state to focus its resources on combatting this outbreak and provide the best possible care to Medicaid beneficiaries in their state.

"Florida is acutely focused on eliminating unnecessary barriers on our health care providers who are on the front lines serving our communities most impacted by COVID-19," said Florida Governor Ron DeSantis. "President Trump recognizes this need and Administrator Seema Verma is providing Florida the critical flexibility for our state's Medicaid program by waiving prior authorization requirements for essential health care services and expedited provider enrollment."

CMS provides guidance to states on how to apply for Section 1135 waivers through the Medicaid Disaster Response Tool Kit, which can be found here. CMS will continue to expeditiously review and approve as appropriate all Section 1135 waivers and other requests that the agency receives to ensure that we are providing our state partners with the maximum flexibility they need to care for their Medicaid beneficiaries during the public health emergency. To support these efforts, CMS is developing checklists and tools to expedite requests and approvals for waivers and other commonly requested flexibilities.

While Florida is the first state to apply for this waiver authority, CMS expects more states will also submit similar requests. Additional Section 1135 approval letters will be posted here as they are issued.

This action, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.

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Here is a summary of CMS Public Health Action on COVID-19 to date:

March 13, 2020: CMS announced a series of blanket waivers and action taken across the agency's programs following the President's declaration of a national emergency. https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency

March 13: CMS announced new measures to protect nursing home residents by significantly restricting visitors and nonessential personnel. https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19

March 13, 2020: CMS issued Frequently Asked Questions (FAQs) on Essential Health Benefits (EHB) Coverage in response to the 2019 Novel Coronavirus (COVID-19) outbreak. The FAQs detail existing federal rules governing health coverage provided through the individual and small group insurance markets that apply to the diagnosis and treatment of COVID-19. https://www.cms.gov/newsroom/press-releases/cms-publishes-faqs-ensure-individuals-issuers-and-states-have-clear-information-coverage-benefits

March 12, 2020: CMS issued Frequently Asked Questions (FAQs) to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak. https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health

March 12, 2020: CMS posted the payment amounts determined by Local Medicare Administrative Contractors (MACs) for claims they receive for COVID-19 Test Pricing in their respective jurisdictions until Medicare establishes national payment rates. https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf

March 10, 2020: CMS issued guidance to home health agencies and dialysis facilities with actionable information for healthcare workers on screening, treatment and transfer procedures to follow when interacting with patients in response to the 2019 Novel Coronavirus (COVID-19) outbreak. https://www.cms.gov/newsroom/press-releases/cms-sends-more-detailed-guidance-providers-about-covid-19

March 10, 2020: CMS issued a frequently asked questions to ensure State Survey Agencies and accrediting organizations charged with inspecting nursing homes and other health care facilities, understand that non-emergency survey inspections are suspended. https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-guidance-state-survey-agencies

March 10, 2020: CMS issued guidance on Medicare Advantage (MA) and Part D health and prescription drug plans informing them of the flexibilities they have to provide healthcare coverage for testing, treatments, and prevention of 2019 Novel Coronavirus Disease (COVID-19). https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19

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March 10, 2020: CMS issued guidance on the range of facemasks that can be temporarily used based on recent changes to CDC and FDA facemask and respirator guidance in light of COVID-19 and supply demands. https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers

On March 9, 2020: CMS delivered detailed guidance on the screening, treatment and transfer procedures healthcare workers must follow when interacting with patients to prevent the spread of COVID-19 in a hospice setting. CMS also issued additional guidance specific to nursing homes to help control and prevent the spread of the virus. https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus

On March 9, 2020: CMS issued a fact sheet with additional guidance for healthcare providers and patients about the telehealth benefits in the agency's Medicare program. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus. https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak

On March 9, 2020: CMS published guidance to hospitals with emergency departments (EDs) on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. Medicare-participating hospitals are to follow both CDC guidance for infection control and Emergency Medical Treatment and Labor Act (EMTALA) requirements. https://www.cms.gov/newsroom/press-releases/cms-issues-call-action-hospital-emergency-departments-screen-patients-coronavirus

March 6, 2020: CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19). https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers

March 5, 2020: CMS issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs. https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests

March 4, 2020: CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare. https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

February 13, 2020: CMS issued a new HCPCS code for providers and laboratories to test patients for COVID-19. https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test

February 6, 2020: CMS gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. https://www.cms.gov/medicareprovider-enrollment-and-

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certificationsurveycertificationgeninfopolicy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt

February 6, 2020: CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov

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This e-mail was sent to beth.kidder@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of the Centers for Medicare & Medicaid Services (410-786-5473) · 7500 Security Boulevard · Baltimore MD 21244

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:01 PM
To: ""Miller"","" James; James.Miller@ahca.myflorida.com
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.

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- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida

How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:13 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: COVID-19 ALF/AFCH Questions for ESF8/DOH

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Friday, March 13, 2020 12:50:23 PM
To: Stateesf8.Planning@flhealth.gov <Stateesf8.Planning@flhealth.gov>; dayle.mooney@flhealth.gov <dayle.mooney@flhealth.gov>
Cc: Tiffani Hart <Tiffani@fala.org>; Mike Hardy <mike@fala.org>; Bussey, Jon <Jon.Bussey@em.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] COVID-19 ALF/AFCH Questions for ESF8/DOH

Good afternoon,

We had a call this morning with members. Had a few questions come up:

1. Residents that begin to show s/s of illness what is recommended protocol so that hospitals and DOH are not overwhelmed? Should they be calling local MD first with follow up to DOH to see about ruling out other illness first?
2. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
3. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?
4. In homes that have shared rooms what recommendations do you have for isolation if needed?
5. With shortage of PPE have we started to think of alternative measures such as cloth gowns that can be sterilized? And other items that may be able to be used?

We have sent out a questionnaire to members about staffing illnesses, visitors and supplies. If there is any other support we can provide please let us know.

My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

From: Mayhew, Mary
To: ""McKinstry,"" Molly; "."Smoak"","" Kimberly; "."Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Philpot, Toby
Subject: Re: facility list
Date: Tuesday, March 17, 2020 4:16:56 PM

It also needs to include totals at the bottom

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:50:13 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: RE: facility list

2 new added in yellow – ALF reported by facility following up

PROVIDER_TYPE	PROVIDER_NAME	ST_CITY	ST_COUNTY	TOTAL_CAPACITY	Status COVID-19	AHCA Visit	Details	COVID Testing Results
NURSING HOME	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	**Negative**	3/17/2020		Negative
NURSING HOME	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	**Positive Suspected**	3/17/2020		Pending
ASSISTED LIVING FACILITY	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	**Positive Confirmed**	3/17/2020	PHI	1 positive (exp) 1 pending (exp) 4 pending 2 staff pending
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48	**Positive Suspected**	3/16/2020		Visiting to clarify
	FT LAUDERDALE HEALTH AND REHABILITATION	FORT			**Positive**			

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NURSING HOME	CENTER	LAUDERDALE	BROWARD	169	**Suspected**		[redacted]	
ASSISTED LIVING FACILITY	HIGHLAND PLACE	INVERNESS	CITRUS	48	**Positive Suspected**			
ASSISTED LIVING FACILITY	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	**Negative**	3/14/2020		Negative
ASSISTED LIVING FACILITY	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	**Positive Confirmed**	3/13/2020 and 3/15/2020		Independent
ASSISTED LIVING FACILITY	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	**Negative**	3/15/2020		Negative
ASSISTED LIVING FACILITY	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	**Positive Suspected**	3/16/2020	PHI	Pending
NURSING HOME	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	**Positive Suspected**			Pending
NURSING HOME	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	**Negative**	N/A		Negative

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:31 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: facility list

Can I get this updated

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Tuesday, March 17, 2020 10:59:01 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: facility list

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pending etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	[redacted]	Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020	PHI	Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ

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ALF	Opal	100	Cape Coral	Lee	3/16/2020	[redacted]	Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford		PHI	Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:17 AM
To: ""Manzie"","" Mandi; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Haddock, Taylor; MacLafferty, Laura; Smoak, Kimberly
Subject: RE: CMS Memos

The Agency also encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida. For any other questions related to COVID-19 in Florida, please contact DOH's dedicated COVID-19 Call Center by calling 1-866-779-6121 or emailing COVID-19@flhealth.gov.

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:13 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: RE: CMS Memos

Please review the 5 attached email notifications to be sent.

All have links to the CDC website. Only the hospital one has a link to the FDOH website; do we want to include this link in all of them?

I will need to know to which provider types we want to send QSO-20-17-ALL Guidance for use of Certain Industrial Respirators by Health Care Personnel.

Thanks.
Mandi

Mandi Manzie
Government Operations Consultant III
BCS - CENTRAL SYSTEMS MGMT UNIT
850-412-4462 (Office) - Mandi.Manzie@ahca.myflorida.com

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From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 8:46 AM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: CMS Memos

Thank you!!

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 10:37 PM
To: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Re: CMS Memos

This is great -thank you!

Laura - can you please work with Taylor to draft the appropriate eblasts for these - which ones go to which provider types. Then send to me and Katie for approval - thanks much

---

From: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 3:50 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: CMS Memos

Molly - The following CMS Memos have not been distributed via eblast that I am able to find. Below is some draft language that I took from the CMS memos to accompany the link(s) to the guidance. Let me know how you would like for me to proceed. Thanks

QSO-20-15 Hospital/CAH/EMTALA (Distribute to all hospitals)

Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. By memorandum dated March 9, 2020 CMS addressed Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19). This memorandum conveys information in response to inquiries from hospitals concerning implications of COVID-19 for their compliance with EMTALA.

The most up-to-date guidance regarding screening, testing, treatment, isolation, and other COVID-19 topics can be found on the CDC website at https://emergency.cdc.gov.han/HAN00427.asp Hospitals are strongly urged to monitor this site as well as the Florida Department of Health's website and follow recommended guidelines and acceptable standards of practice.

QSO-20-16-Hospice (Distribute to all Hospices)

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Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. On March 9, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies. This memorandum responds to questions CMS has received and provides important guidance for hospice agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Hospice agencies should regularly monitor the CDC website for recent updates and contact their local county health department when needed.

QSO-20-17-ALL (Distribute to Hospitals, Nursing Homes, Home Health Agencies, Hospice, ???)

Guidance for use of Certain Industrial Respirators by Health Care Personnel

The Centers for Medicare and Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to the threat of the Coronavirus Disease 2019 (COVID-19) and other respiratory illnesses. On March 10, 2020 CMS provided Guidance for use of Certain Industrial Respirators by Health Care Personnel. This memorandum clarifies the application of CMS policies in light of recent CDC and FDA guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections.

Providers should monitor the CDC website for recent updates and contact their local county health department when needed.

QSO-20-18-HHA (Distribute to all Hospices) [should be Distribute to all HHAs]

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies

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The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. On March 10, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies. This memorandum responds to questions CMS has received and provides important guidance for home health agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Home health agencies should be monitoring the health status of everyone in the homecare setting for signs or symptoms of COVID-19. Also, home health agencies should regularly monitor the CDC website for recent information and resources and contact their local county health department when needed.

QSO-20-19-ESRD (Distribute to all ESRDs)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Dialysis Facilities

The Centers for Medicare and Medicaid Services (CMS) is dedicated to the continued health and safety of patients obtaining care within dialysis facilities to ensure facilities are prepared to respond to the threat of COVID-19. On March 10, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Dialysis Facilities. This memorandum provides additional guidance to dialysis facilities to help control and prevent the spread of the virus.

Facilities should be monitoring the health status of everyone (in-center and home dialysis patients/visitors/staff/etc.) in their facility for signs and symptoms of respiratory infection, including COVID-19. Also, facilities should regularly monitor the CDC website for recent information and resources and contact their local county health department when needed.

Sincerely,

Laura Mao..

412-4340

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 5:16 PM
To: ""Fillyaw"","" Tami; Tami.Fillyaw@dms.myflorida.com
Cc: Kidder, Beth
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Tami- I am sharing as this was brought up as a concern today with our executive leadership team.
Nothing critical, but definitely worth raising.

From: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:28 AM
To: Miller, James <James.Miller@ahca.myflorida.com>; Skipper, Jamie <Jamie.Skipper@ahca.myflorida.com>
Subject: RE: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Morning,
Is the policy around sick leave donations not being able to be used for those on mandatory self isolation a statewide policy, or does AHCA have some flexibility?

Beth Kidder | Deputy Secretary for Medicaid
Agency for Health Care Administration | 850.412.4000

From: Kidder, Beth
Sent: Friday, March 13, 2020 1:50 PM
To: Miller, James <James.Miller@ahca.myflorida.com>; Skipper, Jamie <Jamie.Skipper@ahca.myflorida.com>
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

I would like to request that you raise this for consideration and advocacy with DMS:

- Lowest level workers will be hardest hit in that they are both the lowest paid and are also less likely to have the type of work that can be done from home; is there anything else that can be done for them?
- Consider expanding the circumstances under which individuals can receive donated leave to include people who are not actively sick but who are required not to come to work

Beth Kidder | Deputy Secretary for Medicaid
Agency for Health Care Administration | 850.412.4000

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:46 PM
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please raise this circumstance to your bureau chief.

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Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it becomes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

Mary

MARY C. MAYHEW – SECRETARY
Florida Agency for Health Care Administration

(850) 412-3603

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

AMERICAN OVERSIGHT

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 1:42 PM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com
Subject: EO Talking Points
Attachments: EO Talking Points.docx

AMERICAN OVERSIGHT

In order to protect Florida's most vulnerable populations, the Florida Division of Emergency Management issued an Emergency Order temporarily restricting visitation to:

- nursing homes,
- assisted living facilities (ALF),
- adult family care facilities,
- intermediate care facilities (ICF), and
- Agency for Persons with Disabilities (APD) group homes.

The following conditions will be placed on anyone seeking to visit these facilities:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or
- Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
- Any person who resides in a community where community-spread of COVID-19 is occurring.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 13, 2020 11:15 PM
To: ""Kotas"","" James; James.Kotas@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

---

From: Strickland, Katie
Sent: Thursday, March 12, 2020 2:49:14 PM
To: Brewer, Hannah <Hannah.Brewer@ahca.myflorida.com>
Subject: FW: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Wednesday, March 11, 2020 7:22 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

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RELEASE

ormation Center on COVID-19 for the State of Florida
3F14@em.myflorida.com

sion of Emergency Management Issues Emergency Order to Protect Residents Homes, Assisted Living Facilities and Other Long-Term Care Facilities

AMERICAN OVERSIGHT

la. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Mosk emporarily restricting visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, long nes.

ion, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This orde fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from CO directions given by the Federal Centers for Medicare and Medicaid Services.

v be restricted from visiting nursing homes, ALFs, adult family-care homes, long-term care facilities and adult g

nfected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;
showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negati om visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United State
who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United Sta
who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for D ion or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the co spread; or
who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Dis or a state public health agency, is prohibited from visiting a facility.

the full Emergency Order, click **HERE**.

###

ne.symantec.com/3Wf53KbFRgwXU4J6S16frS47Vc?u=https%3A%2F%2Fcontent.govdelivery.com%2Faccounts%2FFLDEM%2Fbulleti

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l to you at no charge by the Florida Division of Emergency Management.

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rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee,

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 8:48 PM
To: ""Ernst"","" Colleen; Colleen.Ernst@eog.myflorida.com
Subject: Fwd: Visitation Order
Attachments: DRAFT Emergency Order (ALF Visitation) (6.38 pm NAP).docx

Get Outlook for iOS

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 6:39:47 PM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Moskowitz, Jared <jared.moskowitz@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>
Subject: [External] Visitation Order

Most recent draft

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-_____

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting

AMERICAN OVERSIGHT

nursing homes, assisted living facilities, adult family-care homes, long-term care facilities, and adult group homes for certain period of time as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or

c. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

d. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

f. Any person who resides in a community where community-spread of COVID-19 is occurring.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

AMERICAN OVERSIGHT

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

DRAFT

AMERICAN OVERSIGHT

By Order of the State Coordinating Officer executed this 10th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: _____

DRAFT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 13, 2020 7:12 PM
To: Steve Bahmer (sbahmer@leadingageflorida.org)
Subject: Rule
Attachments: Notice of Emergency Rule Screening3 (002).docx

AMERICAN OVERSIGHT

Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits visitors to assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services except under special circumstances and when such staff and visitors meet specific screening criteria in order to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

AMERICAN OVERSIGHT

59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any non-resident individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations;

2. Hospice or palliative care workers caring for residents in end-of-life situations;

3. Any third-party providing necessary health care to a resident; or

4. Facility staff.

5. Any representative of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any emergency medical personnel; and any representative of the State Long-Term Care Ombudsman Program.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility may require any individual entering the facility to wear personal protective equipment.

(3) Screening Requirements. Any non-resident individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

AMERICAN OVERSIGHT

4. Any person who traveled internationally within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 7:45 PM
To: Smoak, Kimberly; McKinstry, Molly; Samantha.Cooksey@flhealth.gov; Philpot, Toby; Jared Moskowitz (jared.moskowitz@em.myflorida.com)
Subject: Re: [External] Camellia

This is a major priority.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 7:35:38 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Samantha.Cooksey@flhealth.gov <Samantha.Cooksey@flhealth.gov>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: [External] Camellia

Below is a email from the Regional Director with Camellia for PPE.

Samantha can you assist?

As soon as I hear from the Jacksonville field office re the outcome of today's visit I will follow up.

Thanks

Kimberly Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Office (850) 412-4516
Cell (850) 559-8273
Agency for Health Care Administration
2727 Mahan Drive MS#59
Tallahassee, FL. 32308

From: Jennifer Fuse <jfuse@gracemanagement.com>
Sent: Sunday, March 15, 2020 6:08 PM
To: Smoak, Kimberly
Subject: [External] Camellia

Hi Kim,

Just wanted to send you an update to let you know our Wellness Director Brenda Simmons, RN was previously an Infection Control nurse for a SNF and is leading the Camellia team in adhering to safe infection control measures.

AMERICAN OVERSIGHT

Kim, can you please help us obtain PPE for this community? The Health Department directed us to the local Emergency Management. Captain Golden has not been able to locate a supply for the community.

Feel free to call if you have any questions, thanks for everything Kim!

Jennifer Fuse
Regional Director of Clinical Operations
Grace Management, Inc.
Phone: (941) 321-5694
Email jfuse@gracemanagement.com

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A CPF LIVING COMPANY

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 4, 2020 6:11 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: Response to COVID-19

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Reichmuth, Dawn <Dawn.Reichmuth@myflfamilies.com>
Sent: Wednesday, March 4, 2020 5:38:51 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; barbara.palmer@apdcares.org <barbara.palmer@apdcares.org>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Richard M Prudom <Prudomrm@elderaffairs.org>; 'Satter, Jonathan' <Jonathan.Satter@dms.myflorida.com>; SIMONE.MARSTILLER@DJJ.STATE.FL.US <SIMONE.MARSTILLER@DJJ.STATE.FL.US>; 'Burgess, Daniel (Danny)' <BurgessD@FDVA.STATE.FL.US>
Cc: Doria Moody <doria.moody@apdcares.org>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>; Linda Fullem <linda.fullem@flhealth.gov>; Melanie Ginn <ginnm@elderaffairs.org>; Nancy Cribbs <nancy.cribbs@dms.myflorida.com>; Patty Taff <patty.taff@djj.state.fl.us>; Steven Murray <murrayr@fdva.state.fl.us>; Poppell, Chad <Chad.Poppell@myflfamilies.com>
Subject: [External] FW: Response to COVID-19

From Secretary Poppell

Thanks,

Dawn Reichmuth
850-717-4522

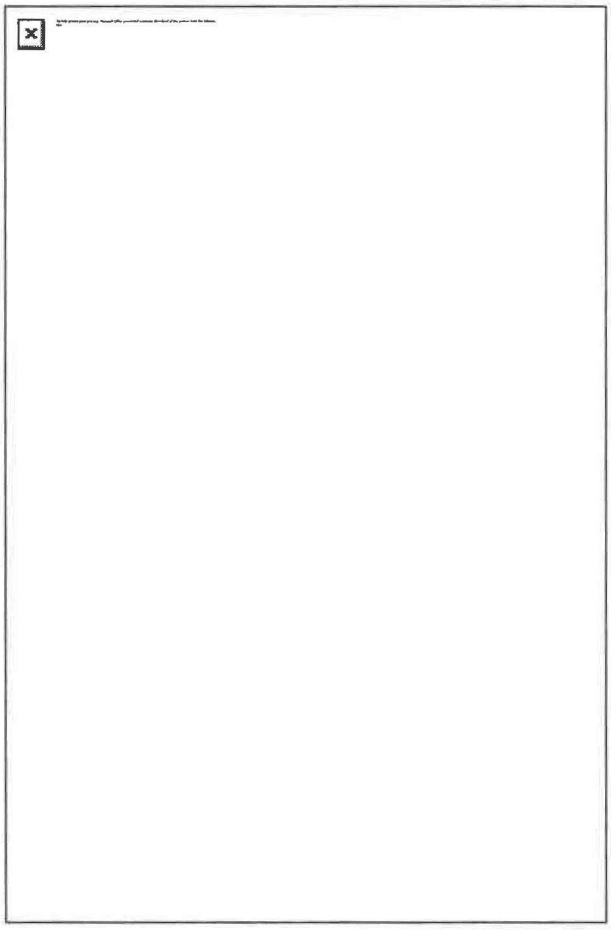
From: Chad Poppell <Chad.Poppell@info.dcf.state.fl.us>
Sent: Tuesday, March 3, 2020 3:29 PM
To: Coleman, Aly <alyssa.coleman@myflfamilies.com>
Subject: Response to COVID-19

AMERICAN OVERSIGHT

Dear Team,

As you may know, on Sunday, Governor DeSantis issued Executive Order 20-51, declaring a Public Health Emergency and establishing Florida's Response Protocol for Coronavirus Disease (COVID-19). Given that there have been two confirmed cases of COVID-19 in Florida, I urge you to be vigilant and take the necessary precautions to maintain your health and the health of those around you – including your colleagues and the vulnerable children or adults you all serve.

The Florida Department of Health (DOH) has been closely monitoring COVID-19 since November 2019, and the agency recently launched a website to share updates and helpful resources about the virus. The website also directs visitors to the Centers for Disease Control and Prevention (CDC) for more information and preventative measures, including guidelines for childcare program administrators.



Please ensure that you strictly follow these guidelines and preventative measures in the workplace and in the field, including washing your hands often and going or staying home when you feel sick.

AMERICAN OVERSIGHT

If you are requesting to go or stay home because you feel sick, you need to communicate with your supervisor and/or follow your standard operational chain of command for approval of personal leave (at this time, administrative leave is not authorized). If you are well enough to work, but believe you should stay home because of an undocumented concern that you might be contagious, you may be eligible to work from home for a temporary period – please discuss your eligibility with your supervisor, who will confer with management.

Supervisors, while you are not qualified to make a medical diagnosis, if you notice that a direct report is displaying symptoms of being sick – fever, sneezing, coughing, etc. – immediately consult with your management team about sending him or her home. To be clear, with the severity of COVID-19, it is unacceptable for someone who is or may be sick to be working.

It should also be noted, if a child or adult in your care has a suspected case of COVID-19, you must follow the protocol that is currently in place with all health care providers and practitioners, intended to contain and stop transmission of the virus. First, immediately contact your county health department or a local hospital – any hospital is equipped to handle COVID-19 – to review his or her symptoms and travel history. Then, the individual can be evaluated at the hospital, and tests will be sent to the CDC for further review.

While it is important to be aware of COVID-19, if you are healthy and taking good care of yourself, it should not prevent you from working to fulfill our shared mission: Protecting the vulnerable. To that end, until further notice, all frontline staff – such as child or adult protective investigators – are to ask the following questions prior to coming into direct contact with a potentially contagious individual or entering a home where COVID-19 may be present:

- Is anyone in your household sick, feverish, or experiencing ongoing coughing or sneezing?
- Has anyone in your household come into contact with someone who is sick, feverish, or experiencing ongoing coughing or sneezing?
- Has anyone in your household traveled outside the United States in the last three weeks?
    - *Currently, affected foreign countries include China, Iran, Italy, Japan, and South Korea.*

If the answer to any of these questions is "yes" and/or you have concerns regarding the prevalence of COVID-19 symptoms, you should try to limit physical contact, wear protective clothing (gloves), and be sure to wash your hands and sanitize any other exposed surfaces.

Additionally, all offices and facilities should continue with regular, thorough cleaning practices; display signage noting the importance of good hygiene; and be cognizant of current visitation policies, making necessary updates to limit the introduction of the virus.

Please be assured that Florida is doing everything in its power to prepare and respond to COVID-19 and the Department of Children and Families (DCF) will be available to assist as needed. Daily updates will be posted on the DOH website, and I will provide more information as I receive it.

In the meantime, if you or those you serve have any other questions pertaining to COVID-19 in Florida, please contact DOH's COVID-19 Call Center by calling 1-866-779-6121 or emailing COVID-19@flhealth.gov.

Thank you for your attention to this important matter.

God Bless,

Chad Poppell

Secretary

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This service is provided to you at no charge by Florida Department of Children and Families.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 11:07 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: For review
Attachments: News of Note 3.8.20 11 AM.xlsx

Please see attached.

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Date	Headline	Outlet
3/8/2020	Coronavirus updates: Florida reports first deaths on East Coast	CBS News
3/8/2020	Coronavirus might be in Broward, and all the health department can say is, 'Wash your hands?!" | Editorial	Miami Herald
3/7/2020	Coronavirus: Florida's week of miscues, miscommunication	The Palm Beach Post
3/7/2020	Florida Announces More Coronavirus Cases While Sen. Scott Questions State's Response	The Associated Press
3/7/2020	Florida asks insurers to look for ways to cut costs of coronavirus tests, treatment	News Service of Florida
3/7/2020	Can vulnerable Florida contain coronavirus? Experts are concerned.	Tampa Bay Times
3/6/2020	Florida announces 2 coronavirus deaths, 7 new cases in 24 hours	News4Jax

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Reporter	Topics
N/A	VP Pence trip to Florida; update on deaths
Ed Board	Lack of info
John Pacenti	Lack of info
Mark Schreiner	Need rapid info
N/A	Removing barriers to treatment
Justine Griffin	Uninsured adults, the elderly
N/A	Update on cases in Florida

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Link

https://www.cbsnews.com/live-updates/coronavirus-outbreak-death-toll-us-infections-latest-news-updates-2020-03-07/

https://www.miamiherald.com/opinion/editorials/article240989531.html

https://www.palmbeachpost.com/news/20200307/coronavirus-floridas-week-of-miscues-miscommunication

https://wusfnews.wusf.usf.edu/post/florida-announces-more-coronavirus-cases-while-sen-scott-questions-states-response

https://www.miamiherald.com/news/health-care/article240984076.html

https://www.tampabay.com/news/health/2020/03/07/can-vulnerable-florida-contain-coronavirus-experts-are-concerned/

https://www.news4jax.com/health/2020/03/07/department-of-health-2-florida-deaths-linked-to-coronavirus/

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:54 PM
To: ""Philpot"","" Toby; " "Strickland"","" Katie; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re:

Any update?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:42:55 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: RE:

Lauren Keenan is running it out to you

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:42 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: Re:

Can this get printed

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:01:29 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject:

Opening

- Governor DeSantis and the State Emergency Operations Team continue to take comprehensive steps to protect the citizens of Florida.
- This Administration is prepared to meet and respond to this public health challenge.

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- Let me assure all Floridians that every flexibility we can offer to health care providers and facilities is being explored to enhance communities' ability to respond to COVID-19.
- Our charge is to equip and resource the health care workforce on the frontlines with every necessary tool to protect the most vulnerable from the threat of COVID-19.
- We are taking decisive action to help prevent the impact and spread of this disease.
- Most importantly, we cannot afford to take the risk of spread in our skilled nursing and assisted living facilities.
- We know risk is greatest for our elderly – disproportionately impacting those 65 and older and those with underlying health conditions.
- While there may not be any identified community spread at this time, we know the first line of defense is stopping spread before it gets in the door.
- For our elderly and medically frail, the risk of fatality is high.
- It's why the Governor has taken decisive action to issued stronger visitation restrictions to eliminate any possible exposure to COVID-19.

Testing and Transfer

- For our nursing homes and assisted living facilities, We need to be able to quickly identify any individual in your facility that may be at risk for COVID-19.
- We need all of you, every facility, to work in coordination with your local county health department , the moment you anticipate someone may need to be tested or transferred to hospital.
- Florida's local county health departments are ready, and skilled to support you in determining what need to happen in terms of testing.
- They are ready to evaluate the precautions that may need to occur in your facility such as isolating other residents.
- To support and assist you to the extent hospital transfer is required.
- We understand that many of you are not going to have the level of PPE that is often more readily available in hospital.

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- If you are in need of certain PPE, contact your local county emergency manager if you cannot get it through your regular supply chain or if that is going to be delayed.

- While it is not a guarantee that the state will be able to turn that supply around to you, it will at least be recorded as a mission and a need – so the state can have a statewide perspective on what supplies are needed where.

- But again your local county health department and their skilled staff can help support you the moment you suspect someone may need to be tested or transferred to the hospital.

- We have over 11 long-term care facilities that have a suspected or confirmed COVID-19 case.

Prepare for Surge

- Hospitals across Florida must begin to plan for and develop a strategy for patient volume and complexity in the event of a surge of patients.
- CEOs, Administrators and medical team leadership must prepare now for how they will triage patients, allocate PPE resources and other critical life-saving equipment.
- Prepare contingency plans for capacity for hospitalization, ICU beds and ventilator supply.
- Develop and Refine protocols that define how patients will be triaged for admission, observation, discharge, and quarantine in a potential surge environment.
- Identifying locations and staffing plans that separate vulnerable patients from COVID-19 activities must be carefully considered.

- Hospitals systems should consider post-poneing elective surgeries, and taking additional steps to reduce non-life threatening procedure demand on doctors and nurses.

- Health systems in every community should begin planning for how they will communicate internally with their workforce, and externally to the public about hospital operations.

- A designated communications strategy will ensure patients and their families are equipped with just as much actionable information as hospital personnel.

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Ventilators

- Hospitals should be taking inventory of ventilators for potential surge of critical patients.

- Ventilators assist respiratory functions – and are a vital medical support for patients in the critical stages of COVID-19.

- Hospital should be planning and preparing to acquire more ventilators, and should look at purchasing or rental markets to explore options.

Personal Protective Equipment

- All hospitals should communicate and provide training on proper donning and doffing of personal protective equipment, including fit testing of N95 masks.

- Facilities should be monitoring rates of PPE use to ensure adequate supply.

- Inventories should be taken on PPE, to include burn rate of equipment, next anticipated delivery of PPE supplies and proper allocation to health care staff.

Exploring Financial Assistance for Medicaid Providers

- The state is cognizant of the economic hardships that may be faced by Medicaid Providers
- Our Agency will do everything possible to ensure providers can continue offering critical services in Florida
- We will do what is allowable within federal guidelines to ensure a prompt response to issues as they arise
- The Agency is exploring opportunities to make advanced payments to hospitals and providers that face financial hardships due to their COVID-19 response in order to stabilize and ensure continuity of care.
- Our Agency is currently monitoring the COVID-19 bill that is moving through Congress. This proposed FMAP increase could potentially provide additional funding to hospitals through the LIP program.
- Our Agency is also exploring relief for Medicaid providers with outstanding debt owed, by temporarily suspending terms of payment agreements for 90 days.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:32 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: Ruleme Place and Ruleme Center

Exactly what we need to see.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Zimmerman, Tara <Tara.Zimmerman@opismr.com>
Sent: Friday, March 13, 2020 1:03 PM
To: Mayhew, Mary
Cc: Wood, Marilyn; McKinstry, Molly
Subject: [External] Ruleme Place and Ruleme Center

Dear Secretary Mayhew,

First of all, we want to thank you for your visit to Opis' Tierra Pines Center, as well as everything you are doing to assist our centers to keep our customers and team members safe in light of the COVID-19 pandemic. And in an effort to assist as well, Opis would like to propose an option for our customers who may become infected with COVID-19. As we know, it is not clear if hospitals will accept all patients diagnosed with COVID-19, particularly if they are not in acute distress. That puts the customers in our centers at risk for spreading the virus. We would like to do what we can to help reduce that risk.

Opis has an ALF in Eustis, Ruleme Place. It is on the same campus as our SNF, Ruleme Center. At this time, we only have 13 customers in our ALF. We would like to move those 13 ALF customers to a wing in our SNF where they would all be together. Then our ALF would be empty. We would thoroughly clean the ALF and use it as a place to transfer and quarantine our willing customers with COVID-19 via EMS from all of our Opis Centers, if they are not being admitted to the hospitals. Our ALF is equipped with all private rooms and individual PTAC systems. We wanted AHCA's approval before we move forward with this plan.

In addition to approval for the plan, we would also need:

(1) A waiver of the 30 day discharge/transfer notice to move our customers from the ALF to the SNF, as we would like to start this process immediately.
(2) A waiver on the minimum staffing requirements. As you know, staffing is becoming an issue in all centers throughout the state. We will recruit team members to staff our ALF housing the affected customers, but we would need a waiver on the minimum staffing requirements.

We are hopeful that this plan can be approved as we work to keep our customers safe. We look forward to your response.

Tara A. Zimmerman
Associate General Counsel

AMERICAN OVERSIGHT

10150 Highland Manor Drive, Suite 300
Tampa, FL 33610-9712
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Mission Word for March is "Highest Standards"

Each day Meranda, Senior Health Information Coordinator and Linda, Unit Manager take a walking break around the immediate vicinity of the center. While on their break someone approached them and asked if they worked for Opis Tierra Pines Center. They explained that their mom is at another center and that they have heard of the care that Opis provides and might want to move her to our center. They indicated that their Mom really needs a memory care unit. Miranda and Linda were able to describe the CaringWay Memory Care Unit and also set a time for them to come to for a tour. Because of our highest standards of care, the word is out and people are asking to move into our Opis centers.

Submitted by Linda Rounds, LPN, Unit Coordinator at Opis Tierra Pines Center

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 12:10 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: memo - NH
Attachments: QSO-20-14-NH - REVISED 3-13-2020.pdf

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 13, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation*.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent

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monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

For ALL facilities nationwide:
Facilities should ***restrict*** *visitation of* ***all*** *visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

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transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

1. *Cancel communal dining and all group activities, such as internal and external group activities.*
2. *Implement active screening of residents and staff for fever and respiratory symptoms.*
3. *Remind residents to practice social distancing and perform frequent hand hygiene.*
4. *Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.*
5. *For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
6. *Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
7. *Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
8. *In lieu of visits, facilities should consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
9. *When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with*

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visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) *Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*

10. *Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been

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developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

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CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

CMS Resources:

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: https://www.cms.gov/files/document/qso-20-17-all.pdf
- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 9, 2020 1:52 PM
To: ""Mayhew"","" Mary; " "Kidder"","" Beth; " "Harris"","" Shevaun; " "Sokoloski"","" Kristin; Mary.Mayhew@ahca.myflorida.com; Kristin.Sokoloski@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Shevaun.Harris@ahca.myflorida.com
Cc: Strickland, Katie
Subject: COVID-19 Response: CMS Issues FAQs to Assist Medicare Providers

Beth and Shevaun,

Please see below. Have we sent out our Medicaid Coding provider alert?

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Special Edition – Monday, March 9, 2020

COVID-19 Response: CMS Issues FAQs to Assist Medicare Providers

On March 6, CMS issued frequently asked questions and answers (FAQs) for health care providers regarding Medicare payment for laboratory tests and other services related to the 2019-Novel Coronavirus (COVID-19). The agency is receiving questions from providers and created this document to be transparent and share answers to some of the most common questions.

Included in the FAQs is:

- Guidance on how to bill and receive payment for testing patients at risk of COVID-19.
- Details of Medicare's payment policies for laboratory and diagnostic services, drugs, and vaccines under Medicare Part B, ambulance services, and other medical services delivered by physicians, hospitals, and facilities accepting government resources.
- Information on billing for telehealth or in-home provider services. Since 2019, the Trump Administration has expanded flexibilities for CMS to pay providers for virtual check-ins and other digital communications with patients, which will make it easier for sick patients to stay home and lower the risk of spreading the infection.

This FAQ, and earlier CMS actions in response to the COVID-19 virus are part of the ongoing White House Task Force efforts. To keep up with the important work CMS is doing in response to COVID-19, visit the Current Emergencies website.

Below is an updated list of CMS' actions to date:

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- March 5: Issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs
- March 4: Issued a call to action to health care providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare
- February 13: Issued a new HCPCS code for providers and laboratories to test patients for COVID-19
- February 6: Gave CLIA-certified laboratories information about how they can test for SARS-CoV-2
- February 6: Issued a memo to help the nation's health care facilities take critical steps to prepare for COVID-19

Like our newsletter? Have suggestions? Please let us know!

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 5, 2020 2:59 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com); meredith.m.beatrice@eog.myflorida.com
Subject: FW: Nursing Home Visitor Screening Toolkit
Attachments: FHCA Visitor Screening Toolkit 2020FNL.pdf

This is excellent.

From: Bob Asztalos <basztalos@fhca.org>
Sent: Thursday, March 5, 2020 2:48 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Kristen Knapp <kknapp@fhca.org>
Subject: [External] Nursing Home Visitor Screening Toolkit

Secretary – Attached is a toolkit developed by FHCA staff and members to provide best practice protocols for visitor and employee screening in response to the COVID-19 virus. Please feel free to use the information and incorporate it in any document as seen useful by AHCA or DOH. Call me with any questions. - Bob

Bob Asztalos
Florida Health Care Association
307 West Park Ave
Tallahassee FL 32301
C: 850-284-1166



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FL-AHCA-20-0902-A-000587

Coronavirus 2019 (COVID-19) Visitor Screening Toolkit

A Resource for Long Term Care Centers

March 2020

Florida Health Care Association

PO Box 1459, Tallahassee, FL 32302
www.fhca.org

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Coronavirus 2019 (COVID-19) Visitor Screening Toolkit
A Resource for Long Term Care Centers
March 2020

The most effective way to protect your residents from coronavirus disease (COVID-19) is to prevent the disease from entering your nursing center. Thorough screening of staff, vendors and visitors can help prevent potential virus transmission to your residents and is essential. The following are best practices for Florida nursing centers in establishing effective screening protocols. This includes a COVID-19 Respiratory Checklist (Attachment 1) for an effective COVID-19 control and prevention process.

For additional resources and ongoing updates on COVID-19, visit the FHCA dedicated coronavirus web page at www.fhca.org/facility_operations/coronavirus.

Visitor Screening and Criteria

According to the March 4, 2020, Centers for Medicare and Medicaid Services (CMS) Memo *QSO-20-14-NH, Guidance for Infection Control and Prevention of COVID-19*, nursing homes should monitor and/or limit visitors. Nursing homes should screen visitors for the following:

- International travel within the last 14 days to CDC identified countries with travel restrictions (for updated information on travel-restricted countries visit https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html)
- Has had contact with someone who tested positive or is under investigation for COVID-19
- Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat

Each nursing home should designate staff members, trained in screening protocols, monitor the entrance to the facility and actively screen all persons entering it. All visitors should sign in and out on a visitor's log.

Tools to Develop Visitor Screening Protocols:

- Template letter for residents, family members and visitors, educating them about COVID-19 and policies of the nursing home to prevent its spread (Attachment 2);
- Template communication to vendors requested they not enter the nursing home if they are potentially at risk of carrying the COVID-19 virus (Attachment 3);
- COVID-19 Screener Competency tool for documenting training for staff assigned to screen all visitors and vendors entering the nursing home (Attachment 4);
- Two template Visitor Screening Tools that may be used to screen all persons entering the nursing home (Attachment 5 and 6); and
- Screener Sign-In Log to document staff members was conducted screenings (Attachment 7).

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Regulations About Limiting Access to the Nursing Home

According to the March 4, 2020 CMS Memo *QSO-20-14-NH*, if visitors meet the above criteria, nursing homes may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at CMS' State Operations Manual Appendix PP, Tag F-563. Specifically, a nursing home may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident.

A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication)."

Employee Screening

According to the March 4, 2020, CMS Memo *QSO-20-14-NH*, the same screening performed for visitors should also be performed for facility staff. Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work. Any staff who develop signs and symptoms of a respiratory infection while on the job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

Refer to the CDC guidance for exposures that might warrant restricting at risk, yet asymptomatic healthcare personnel from reporting to work.

Tools to Develop Staff Screening Protocols:

- Sample letter to educate staff on steps implemented to help reduce the potential for the virus to enter the nursing home (Attachment 8); and
    - Employee screening tool (Attachment 9).

Posting Information

It is important to post educational information that reminds employees and visitors to follow precautions to protect residents from the COVID-19. Attached are sample signage/infographics for facility use:

- Methods to Stop the Spread of Germs (Attachment 10);
- Hand Washing How-To (Attachment 11); and
- Coronavirus (COVID-19) Precautions to displayed at all entrances to your nursing home (Attachment 12).

**The information and materials provided in this toolkit are designed to serve as a best practice to support facilities' COVID-19 prevention activities. Facilities should consult their legal and clinical teams when developing and implementing any company-specific procedures and protocols.*

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Covid-19 (Respiratory) Checklist

	Assigned Person(s)
1) Infection Control and Prevention - Review of Guidelines (All Staff)	
• Review of current guidelines pertaining to respiratory illnesses	
• Education of guidelines and appropriate ICP procedures (including those from CDC on COVID-19)	
• Hand hygiene, cough etiquette/respiratory hygiene, including return demonstration of hand hygiene (hand washing and use of hand sanitizer	
2) Evaluate Supplies	
• Inventory of supplies (gown, gloves, masks, face shields, cleaning supplies)	
• Soap in bathroom for hand washing	
• Hand gel supplies for front desk and hallways; also for personal/individual use	
• Temp scanners for visitor/employee screening	
3) Front-Desk/Receptionist	
• Station(s) at entrances manned by nurse(s) – from 8a to 8p	
• Signage with printed education materials for visitors	
• Use of **Visitor Screening Tool**, including visitor temp, questionnaire	
4) Monitoring of Employee and Staff	
• Listing of employees working in another facility/setting	
• Listing of employees coming back from vacation and reach out to Health Department for guidance (i.e., if coming from South Korea, off for 14 days)	
• Process for residents temp daily x 14 days, including review of PCC Dashboard for temperature	
• Process for resident's skilled respiratory evaluation daily x 14 days	
• Line listing of residents with symptoms (fever, respiratory symptoms)	
• Line listing of employees with symptoms (fever, respiratory symptoms); use **Employee Screening Tool**. ***Note:*** Any employee with fever, not allowed to work for 48 hours or until fever subsides	
5) Housekeeping	
• Regular and routine cleaning of hand-rails, door knobs, any surfaces (at least daily, more if appropriate)	
• Terminal cleaning of rooms on droplet precautions	
6) Others	
• Referral process for new admission	
• Coordinate with local hospitals	
• Coordinate with local Health Department	
• Utensils in kitchen cleaned per code	

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Visitor Screening Resources

The following tools are provided to assist with developing visitor screening protocols:

- Template letter for residents, family members and visitors educating them about COVID-19 and policies of the nursing center to prevent its spread (Attachment 2)
- Template communication to vendors requested they not enter the nursing center if they potentially carry the COVID-19 virus (Attachment 3)
- COVID-19 Screener Competency tool to document training for staff assigned to screen all visitors and vendors entering the nursing center (Attachment 4)
- Template Visitor Screening Tools that may be used to screen all persons entering the nursing center (Attachment 5 and 6)
- Screener Sign-In Log to document who was conducting screenings (Attachment 7)

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****Template Letter to Residents, Families, Visitors on Center Letterhead****

*****Please Tailor as Needed*****

To Our Residents, Family Members and Visitors:

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here [Insert Center Name]. Ensuring residents are cared for in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our facility. The Centers for Disease Control and Prevention (CDC) and the Florida Surgeon General have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect the residents, as well as prevent the spread throughout the community.

At this time, we request that you do not visit the center if you have or have had within the last 48 hours any symptoms of respiratory illness, or if you have recently spent time with anyone exhibiting any of these symptoms. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath. We understand that connecting with family members is incredibly important, and there are a variety of other ways you might consider connecting with them. These may include telephone, email, text, or through Skype or Facebook.

The Florida Surgeon General has requested that all long-term care providers immediately implement health screening measures upon entry to the facility for all visitors, family, vendors and staff. Upon arrival at the facility, please check in with the health care professional stationed at the therapy entrance who will take your temperature, ask you to answer a brief questionnaire and provide you with handwashing and Coronavirus education. This health station will be open at the Therapy Entrance from 8:00 AM to 8:00 PM, 7 days a week. We would appreciate your limiting your arrival at the facility to that time window and that entrance. If you wish to arrive during a time outside this 12 hour window, please call the facility administrator to advise and we will schedule a screening upon your arrival. We also request that pet visits be suspended for the time being.

Our center is following the recommendations of the CDC on prevention steps, including following strict handwashing procedures, and in many circumstances, wearing gowns and gloves when interacting with residents who are sick. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, here [Insert Center Name]. is in close contact with the local and state health department, as well as the Agency for Health Care Administration and are following their guidance.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact our center at: here [Insert Center Phone Number] or one of the managers listed below.

Thank you for your cooperation as we all work together to keep our residents safe,

[Insert Center Key Contact Information].

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***** Sample Communication to Vendors/Business Partners******

Good afternoon valued vendor/business partner.

In an effort to protect [insert center name] residents and staff from COVID-19, we are asking that visitors and vendors not enter/visit the center for the following reasons:

- Fever greater than 100 degrees
- Cough, sneezing, or flu-like symptoms
- Recent travel to Italy, S. Korea, China, Japan and/or Iran in the past 14 days.

If this is going to inhibit any of the providers rendering services [insert center name], please contact [insert center point of contact].

We appreciate your understanding as we ensure the health and well-being of our residents and staff.

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Attachment 4

COVID-19 Screener Competency

Employee Name:	Job Title:	Date:
Competency: ☐ Annual ☐ New Hire ☐ Other		

Skills/Competency Checklist	Yes	No	Comments
1. Understands the need to screen individuals visiting the facility for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
2. Demonstrates ability to explain to individuals visiting the facility the need to screen for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
3. Understands/demonstrates use of infection control requirements for cleaning the temp scanner before and after its use. Able to verbalize to individuals visiting the facility the importance of infection control practices (i.e., hand hygiene, cough etiquette, etc.).			
4. Demonstrates use of temp scanner to obtain temperature of individuals visiting the facility. Understands that fever is a temp reading above 99.6°F.			
5. Demonstrates knowledge of documentation requirements when utilizing the Visitor Screening Tool for individuals visiting the facility.			
6. Demonstrates ability to politely not allow visitors entry into the facility if screening criteria not met, and explains why the visitor is not allowed entry into the facility.			
7. Able to find assistance and resources if concerns/issues arise pertaining to individuals visiting the facility.			

Employee:

I acknowledge my competencies in the areas as documented above. I understand it is my responsibility to sustain competencies in these and any other procedures/responsibilities that may not be represented here.

Employee Name: _____ Date: _____

Facilitator:

I acknowledge the above documented competencies have been reviewed.

Facilitator Name: _____ Date: _____

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Visitor Screening Tool

Visitor's Name:_____

Resident being visited:_____

Please let us know if you have had any of the following:

	YES	NO
Fever >100F	☐	☐
Cough/SOB	☐	☐
Pneumonia/flu - recent	☐	☐
Have you traveled out of the country in the last 14 days to China, Japan, Italy, Iran or S. Korea	☐	☐
Have you had contact with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?	☐	☐

If you have any of the above symptoms or exposures, we ask that you do not visit at this time. Please feel free to call your loved one or call our staff to check on them until your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our residents, staff and community safe.

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Visitor Screening Tool

Name of Visitor: _____

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

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Attachment 7

Screener Sign-In Form

Print Name	Date	Time In	Time Out	Signature

FL-AHCA-20-0902-A-000598

Employee Screening Resources

The following tools are provided to assist with developing employee screening protocols:

- Sample letter to educate staff on steps implemented to help reduce the potential for the virus to enter the nursing center (Attachment 8)

- Employee screening tool (Attachment 9)

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Template Letter to Employees on Center Letterhead

Please Tailor as Needed*

To Our Employees:

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here at **[Enter Facility Name]**. Ensuring our staff and residents are in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our **[center/community]**. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect yourselves and our residents, as well as prevent the spread throughout the community.

1. **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath.
2. **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat, runny nose, and/or shortness of breath.
3. **Practice proper hand washing hygiene.** All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
4. **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the CDC's information on coughing and sneezing etiquette.
5. **Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.

Our **[center/community]** is following the recommendations of the CDC on using basic contact precautions to prevent the spread which includes wearing gowns and gloves when interacting with residents who are sick as we always do. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, our **[center/community]** is in close contact with the local and state health department and are following their guidance. We are posting signs on our entryway doors to notify visitors of the symptoms of COVID-19 and request that they not enter the building if they are experiencing these symptoms.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact **[PLEASE FILL IN APPROPRIATE CENTER CONTACT INFORMATION AND TAILOR TO MEET YOUR CENTER'S NEEDS.]**

For additional information, please visit the CDC's coronavirus disease information page.

Sincerely,

[FILL IN YOUR CENTER INFORMATION]

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Employee Screening Tool

Name of Employee: _____

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

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Signage/Infographics

It is important to post information educating and reminding employees and visitors on precautions to protect residents from COVID-19. This section includes sample signage, including:

- Methods to Stop the Spread of Germs (Attachment 10)
- Hand Washing How-To (Attachment 11)
- Coronavirus (COVID-19) Precautions [for display at facility entrance (Attachment 12)]

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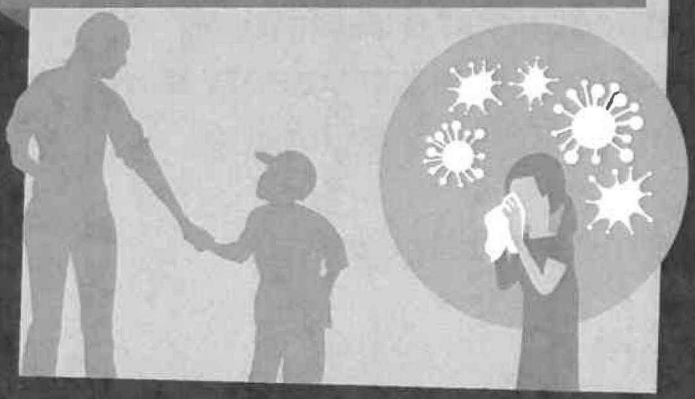
COVID 19
CORONAVIRUS DISEASE

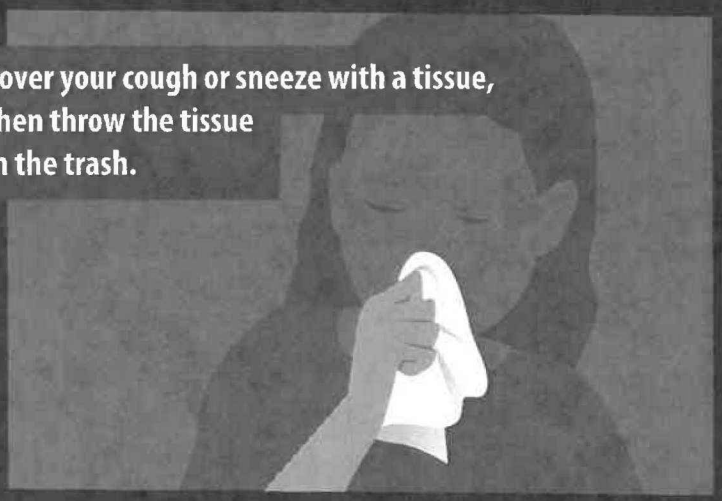
STOP THE SPREAD OF GERMS

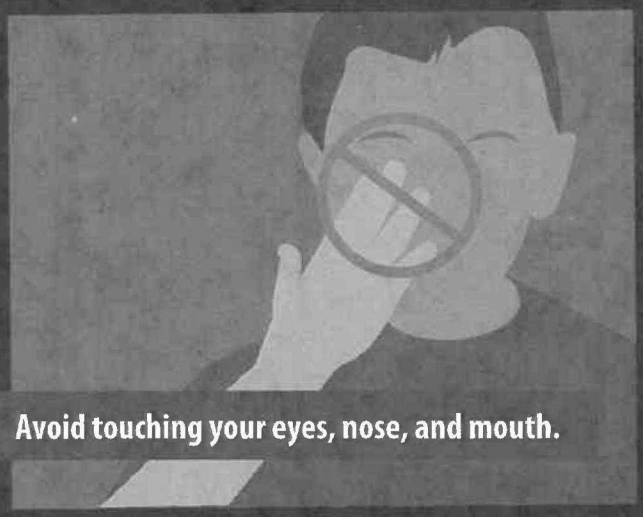
Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.





Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.





Wash your hands often with soap and water for at least 20 seconds.

For more information: **www.cdc.gov/COVID19**

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FL-AHCA-20-0902-A-000603

What to do if you are sick with coronavirus disease 2019 (COVID-19)

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

CS 314937-D 02/24/2020

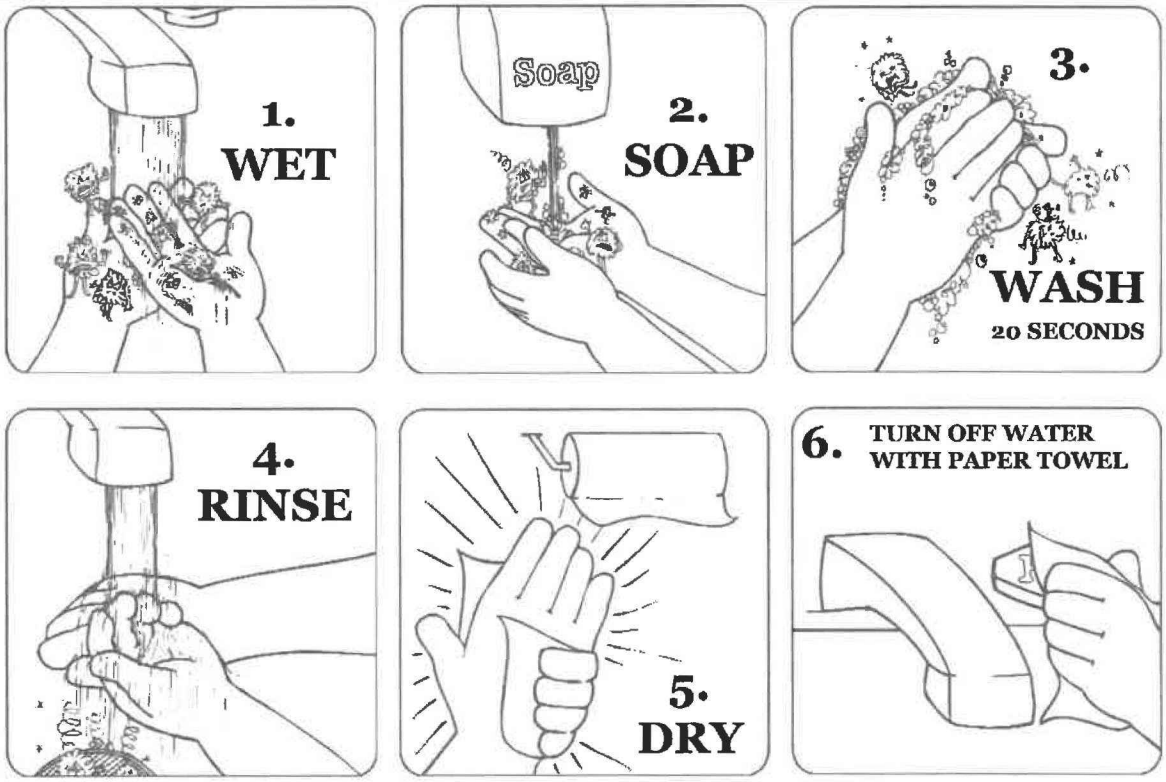
For more information: **www.cdc.gov/COVID19**

AMERICAN OVERSIGHT
FL-AHCA-20-0902-A-000604

Hand Washing How-To

Does it matter how I wash my hands?

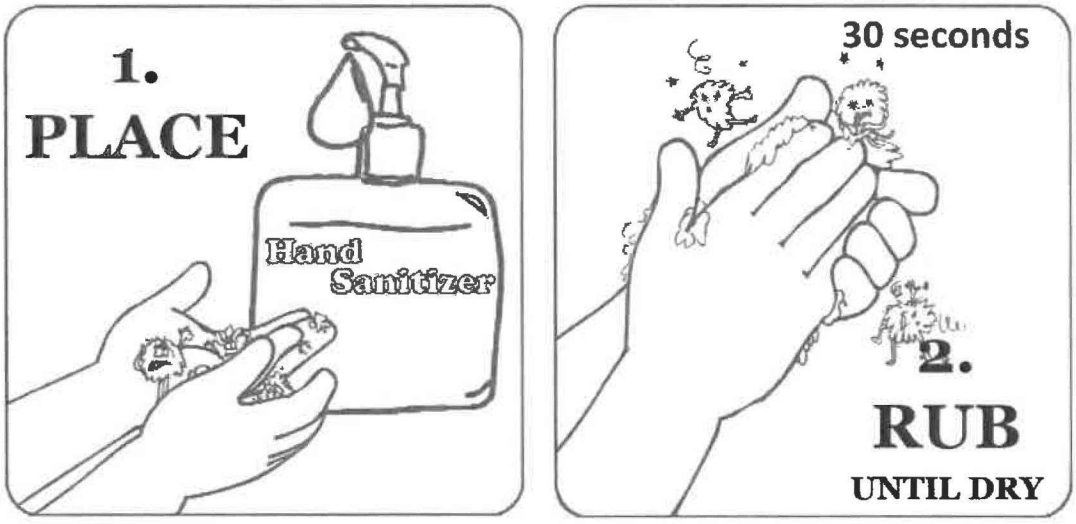
You have to rub your hands for at least 20 seconds to get rid of harmful microorganisms. Follow these instructions:



Hand Sanitizer How-To

How do I clean my hands with alcohol-based hand sanitizer?

Use enough to cover all the surfaces of your hands. Air dry for 30 seconds. Follow these instructions:



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Coronavirus (COVID-19) Precautions

In order to protect our residents, we ask that you DO NOT visit the facility during this time if you have the following active symptoms:



- *Fever*
- *Cough/Sneezing Cold Symptoms*
- *Difficulty Breathing*

In order to keep our facility free of COVID-19 we will begin screening ALL visitors prior to visiting. Any visitors that show "active" signs will not be allowed to enter.

We appreciate your understanding during this time. If you have any questions/concerns, please don't hesitate to call the facility.

Thank you for your understanding and cooperation.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 10:22 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: Information push request

Will you please review the draft below? Thank you.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department.

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Healthcare Personnel

Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.

HCP should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral

AMERICAN OVERSIGHT

pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

From: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 5:55:18 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: Information push request

Molly –

DOH (Samantha Cooksey) just said AHCA not DOH should take the lead on drafting content for the e-blast to the hospitals. Dr. Rivkees would like the information sent out to include:

- Direction that upon entering the E.R. door or triage of the hospital...if someone has a cough, fever, runny nose, etc., they should immediately be placed in a mask and possibly held in a separate triage area.
- Make sure they protect their staff including those working the triage desk.
- Make sure staff are trained on airborne pathogens, how to appropriately don PPE, etc.
- Include links to information like CDC guidance or guidance on how to use PPE and surface cleaning.

DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
Kimberly.Stewart@ahca.myflorida.com

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

Ryan and Team - can we have staff do another eblast today once we have info?

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FL-AHCA-20-0902-A-000608

Thanks
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From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly
Cc: MacLafferty, Laura; Stewart, Kimberly
Subject: Information push request

Dr. Rivkees stopped by and requested information get pushed out to the hospitals (possibly via eblast). He stated the message should be that everyone should have a mask immediately upon entering the ED with a cough (including triage) and possibly have a separate waiting area. Also, to be sure the staff is protected (including triage desk), and trained on airborne contaminations, how to appropriately don PPE, and surface cleaning.

DOH is working on the content.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:33 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Re: Call this morning

I think the EO will answer these questions and we should encourage them to follow all other CDC guidance.

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:34:43 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Fw: Call this morning

I think the EO will assist - do you have other thoughts on a response? thanks

---

From: Mike Hardy <mike@fala.org>
Sent: Tuesday, March 10, 2020 3:46 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>; Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Veronica Catoe <Veronica@fala.org>
Subject: [External] RE: Call this morning

Thank you very much for the information shared on the call today. During the call, it seemed as though assisted living facilities are presently directed, superseding any provision of law to the contrary, to screen visitors in accordance with the criteria available at http://ww11.doh.state.fl.us/comm/_partners/action/covid19_screening_facilities.pdf and to deny entry to any visitor meeting these criteria. Additionally, it seemed that any resident of an assisted living facility who meets these criteria or has had contact with anyone who meets the criteria (Example discussed was a resident leaving the Assisted Living Facility to visit a relative who had recently travelled internationally) are not to be permitted to return to the assisted living facility for 14 days. To help ensure our communities are fully compliant, can you confirm that the above is accurate and whether/when there will be an official directive memorializing such? We would be glad to assist in disseminating this information to our member communities. Thank you all for your work to protect those most vulnerable during this trying time.

Thanks,
Mike

FALA

Michael J. Hardy
General Counsel and Director of Government Affairs
T: (850) 383-1159
E: mike@fala.org | fala.org
1618 Mahan Center Blvd., Suite 103
Tallahassee, FL 32308

AMERICAN OVERSIGHT

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:51 AM
To: Veronica Catoe <Veronica@fala.org>; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; Mike Hardy <mike@fala.org>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Call this morning

Thank you Veronica. We will be prepared to discuss.

Mary

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35 AM
To: Mayhew, Mary; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha; Mike Hardy; McKinstry, Molly
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

My best,

AMERICAN OVERSIGHT

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:33 AM
To: ""Strickland"","" Katie; " "Mayhew"","" Mary; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re: Information push request

Can we create the TOP 5 bullets before diving into the more formal CDC Guidance

· Any individual entering the E.R. or triage of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area.

· All staff working triage desk must have and wear appropriate PPE.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:17:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Fwd: Information push request

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Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
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DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
Kimberly.Stewart@ahca.myflorida.com

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Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

Ryan and Team - can we have staff do another eblast today once we have info?
Thanks
Get Outlook for iOS

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly
Cc: MacLafferty, Laura; Stewart, Kimberly
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DOH is working on the content.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:36 PM
To: ""Kidder"","" Beth; " "Harris"","" Shevaun; " "Riddle"","" Abby; Beth.Kidder@ahca.myflorida.com; Abby.Riddle@ahca.myflorida.com; Shevaun.Harris@ahca.myflorida.com
Cc: Philpot, Toby; McKinstry, Molly; Smoak, Kimberly
Subject: Fwd: Letter:
Attachments: LetterTo APD March2020COVID-19 Concerns.pdf

Please review and let me know if this pertains to providers through Medicaid or that we regulate. Additionally let's discuss participation on the APD call. Thank you

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Barbara Palmer <Barbara.Palmer@apdcares.org>
Sent: Monday, March 16, 2020 4:30:41 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: Letter:

Mary
As we have discussed, we are getting many questions regarding the delivery of services, compensation considerations , etc. I have attached one such letter. Most questions relate to federal authority to waive regulations. Please call me when you have had a chance to review this. We plan to have a 2:00 call with provider associations tomorrow. If you could participate that would be very helpful. Thank you for all you do!

From: Kirk Hall <kirk@arcflorida.org>
Sent: Monday, March 16, 2020 2:35 PM
To: Barbara Palmer <Barbara.Palmer@apdcares.org>
Subject: Letter:

Good afternoon,

Here is the letter I mentioned on our call. You will see we have attempted to offer potential solutions for consideration. Chapters are seeing the huge financial toll that will occur over the next two weeks and are understandably scared about what the future holds. If you could have someone provide a statement that you are working closely with the Governor's Office and are setting up a conference call, it would help ease their concerns.

Please let me know if there is anything I can do to help as we work together to respond to this crisis.

Sincerely,

Kirk Hall

AMERICAN OVERSIGHT

Chief Executive Officer
The Arc of Florida

The Arc.
of Florida

Office: (850) 921-0460 or (800) 226-1155
Cell: (850) 688-6966
Fax: (850) 921-3063

www.arcflorida.org
www.facebook.com/TheArcOfFlorida

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The Arc.
of Florida

Achieve with us.

March 15, 2020

Barbara Palmer, Director
Agency for Persons with Disabilities
Esplanade Way
Tallahassee, FL 32308

Re: Provider Concerns with COVID-19

Dear Barbara,

I want to thank you and your staff for the near daily COVID-19 updates and alerts shared by APD staff. People receiving iBudget waiver typically have underlying health issues that put them at extreme risk if exposed and they contract the COVID-19 virus. We have diligently followed instructions provided to prevent the potential for exposure and spread of the virus. With the alarming rate at which this virus is spreading, we fear it is only a matter of time until some contract COVID-19.

The COVID-19 pandemic has created a crisis that will disproportionately impact people with Intellectual and Developmental Disabilities (I/DD), and has providers caught in a vicious cycle that could lead to a catastrophic system failure in Florida. With Friday's announcements from the Department of Education that VR has suspended its services and the closing of school systems until the end of the month, we have seen the start of a chain of events that will very soon impact all parts of the service system.

People with I/DD rely on Direct Service Professionals to deliver services to live independently and obtain the skills needed to work in the community. The Agency for Persons with Disabilities relies on providers through the state to deliver these required services. Delivery of those services is what generates the funds that pay the DSP.

To assure the health and safety of our people during the Pandemic, normal operations are being completely disrupted, including the ability to safely deliver services. Without funding necessary for providers to support these DSPs during the shutdown, providers will not be able to stay in the business of taking care of Florida's most vulnerable population. Any reserves will quickly be depleted and soon thereafter begin a downward spiral for the thousands of Floridians and the families who rely on this system of services.

It is clear that actions being taken to ensure the health and safety of our clients will substantially impact the system of care on which people with I/DD rely. The Arc of Florida and its many members have the following concerns and requests we would like to share with APD, including:

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FL-AHCA-20-0902-A-000618

1. We request that APD continue to deliver the service funding to providers during this crisis, including any relief or use of emergency funds that are available. Business disruption insurance does not apply to the COVID-19 crisis.
    - Providers could engage in monitoring, outreach and/or support to support the state's overall efforts to contain and reduce the spread of the virus.
    - Additional funding is needed for services in homes for people who would not normally be present due to participation in community services.

2. We request that APD seek and provide approval to suspend rules or regulations during this crisis to allow for services to be provided to the maximum extent possible.
    - To adhere to "social distancing" recommendations and avoid congregating in large numbers, can providers deliver ADT in alternate and/or off-site settings (e.g. group homes).
    - Homes could be combined to mitigate staffing shortages in the event staff are not available, as is sometimes done during hurricanes or to address quarantined clients.
    - Suspension of required ratios for staff to be able to deliver service(s).
    - Allowing training via conference call or face time technology for service delivery.

3. We need immediate guidance from APD on several critical issues that addresses:
    - Procedures to follow in the event of presumptive positive or confirmed case of COVID-19 in a facility or group home, including how to quarantine any that may have been exposed.
    - Adult Day Training or other service related closures, including suspension of services.
    - Companions and similar services that involve delivery at a client's home or taking the client into the community and how, if at all, visitation rules apply.
    - Visitation that occurs off-site, where a family member would pick up and drop off a client, but not come in (i.e. would this be permissible).
    - Restricting client rights to follow Executive Orders or other mandates to assure client safety.
    - The needs of Supported Living clients who have limited supplies and must go into the community on a regular basis for work.

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FL-AHCA-20-0902-A-000619

- Acquiring the medical health and safety supplies needed to serve clients while we are experiencing widespread shortages.

Unless funding is made available to mitigate these disruptions, providers across the state will soon be unable to care for their clients or sustain their business. Alternative services, designed to assure the health and safety of people with I/DD should be implemented to support the state's overall efforts to contain and reduce the spread of COVID-19. Services could include, monitoring, outreach and care for those impacted. Additional measures to support this effort could include suspension of rules that directly impact delivery of services. Guidance from APD is desperately needed.

Thank you for your support in addressing this unprecedented crisis.

Sincerely,

Kirk Hall

Kirk Hall
Chief Executive Officer
The Arc of Florida

The Arc.
of Florida

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Cell: (850) 688-6966
Fax: (850) 921-3063

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AMERICAN OVERSIGHT
FL-AHCA-20-0902-A-000620

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 12:20 PM
To: ""Mayhew"","" Mary; " "McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: RE:
Attachments: Notice of Emergency Rule Screening3 (002).docx

This is the language incorporating changes to include restrictions on the Ombudsman program and any anyone who has been in an airport. When we get the go-ahead, then we just need to finalize our filing package and get some signatures. I will then expedite review with EOG legal of the final package.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 12:13 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject:

When will you have final draft of emergency rule on visitation?

Mary Mayhew - SEC OF HEALTH CARE ADMINISTRATION-AHCA

Bldg 3 Rm 3116I - SECRETARY'S OFFICE
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-4335 (Office) - (Fax)
Mary.Mayhew@ahca.myflorida.com

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 72 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits visitors to assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services except under special circumstances and when such staff and visitors meet specific screening criteria in order to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

AMERICAN OVERSIGHT

59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations;

2. Hospice or palliative care workers caring for residents in end-of-life situations;

3. Any third-party providing necessary health care to a resident; or

4. Facility staff; or

5. Facility resident; or

6. Consistent with CMS guidance QSO-20-14-NH issued on March 13, 2020, Ombudsman representatives may access residents only during end-of-life situations;

7. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; and any emergency medical personnel.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility must require any individual entering the facility to wear personal protective equipment.

(3) Screening Requirements. Any individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

AMERICAN OVERSIGHT

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

4. Any person who traveled through any airport within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 2:50 PM
To: ""Mayhew"","" Mary; " "McKinstry"","" Molly; " "Philpot"","" Toby; " "Manderfield"","" Patrick; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: RE: COVID-19 Article

It's quite a bit:

CHANGES:

Facilities should actively screen and restrict visitation by those who meet the following criteria:

- Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
- In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID- 19, or under investigation for COVID-19, or are ill with respiratory illness.
- International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
- Residing in a community where community-based spread of COVID-19 is occurring.

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use PPE such as facemasks.

Facilities should instruct visitors to limit their movement within the facility to the resident's room.

In lieu of visits (either through limiting or discouraging), facilities can consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv communication to update families, such as advising to not visit.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

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When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:

- Suggest limiting physical contact with residents and others while in the facility.
- If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.
- Residents still have the right to access the Ombudsman program. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).

Visitor reporting:

- Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.
- Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 1:57 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Re: COVID-19 Article

I need to see some bullets in an email of the latest CMS changes to visitation

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 1:55:47 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: FW: COVID-19 Article

Kristin Knapp was contacted today by NBC Nightly, CBS Evening and WSJ regarding Florida and COVID 19 (they saw the article below and reached out) – should run tomorrow. She referred them to the state partners and 2 NHs too.

From: Kristen Knapp <kknapp@fhca.org>
Sent: Tuesday, March 10, 2020 1:51 PM

AMERICAN OVERSIGHT

To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] COVID-19 Article

This interview with Associated Press was from last week before CMS guidance came out, story ran two days ago.

Nursing homes face unique challenge with coronavirus

MIAMI (*AP*) — From Miami to Seattle, nursing homes and other facilities ... not at that stage," said *Kristen Knapp*, a spokeswoman for the Florida ..

Kristen Knapp, APR, CPRC, CAE
Director of Communications
Florida Health Care Association
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Connect with Us!

www.facebook.com/FloridaHealthCareAssociation
www.twitter.com/FHCA
www.youtube.com/FHCAFlorida



AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:04 PM
To: ""Strickland"","" Katie; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: AHA Letter to Sec. Azar on Waivers
Attachments: FINAL AHACOVID19_WaiverLettertoHHS_031620.pdf

Fyi

From: Crystal Stickle <crystals@fha.org>
Sent: Monday, March 16, 2020 3:55:23 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] FW: AHA Letter to Sec. Azar on Waivers

FYI. This just came from AHA to HHS on additional federal waiver.

AMERICAN OVERSIGHT

American Hospital Association™

Advancing Health in America

Washington, D.C. Office
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

March 16, 2020

Alex M. Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) asks **the Secretary of Health and Human Services (HHS) to consider additional actions to temporarily suspend certain requirements in order for health care providers to better respond to the novel coronavirus (COVID-19) outbreak.**

On Jan. 31, 2020, your office declared a public health emergency in the U.S. for COVID-19, representing an important first step in combatting this virus. The public health emergency together with the President's recent national emergency declaration enabled your office to make several critical waivers consistent with section 1135 of the Social Security Act. We appreciate your swift action in making these waivers, including removing the critical access hospitals (CAH) limitation of 25 inpatient beds and 96-hour average length of stay, the long-term care hospital (LTCH) 25-day length of stay requirement, the inpatient rehabilitation facility (IRF) 60% Rule, and certain physician licensing requirements. However, much more flexibility is required to allow hospitals and health systems to most effectively respond to this emergency and provide the best care possible to patients. For example, we ask you to:

1. Waive the CAH 96-hour condition of payment in addition to the 96-hour average length of stay. This is crucial for rural areas that may not have other options for inpatient beds.
2. Waive the requirement that an LTCH patient have a prior hospital stay that includes three or more days in the intensive care unit (ICU) in order to qualify for the full payment rate. Doing so would help ensure these hospitals are able to add capacity to the health care system by caring for more appropriate patients, without penalty.

AMERICAN OVERSIGHT

3. Waive the IRF 3-hour rule, which requires that IRF patients receive at least three hours of therapy a day, the "preponderance" of which must be one-on-one. This is critical to enabling them to add capacity to the health care system.

A list of our specific suggested actions are attached.

Other important waiver flexibilities that we urge you to consider cover conditions of participation or other certification requirements, program participation, preapproval requirements and performance deadlines and timetable delays. The HHS Secretary should also immediately implement unique codes for COVID-19 disease, exposure to COVID-19 and screening for the virus. Such codes are essential to tracking COVID-19 patients or patients without the disease that require health care services. While there are codes existing for coronaviruses, they are not unique to COVID-19. For all waivers, including those already made, the HHS Secretary should also consider creating a code for providers to use to identify patients *without* COVID-19 who are receiving care under a waiver – those who are, for example, transferred to a post-acute care hospital solely in order to meet the demands of the emergency. This is much less resource intensive than documentation in the medical record.

In addition, while a number of actions require the use of section 1135 waiver authority, there also are additional steps that HHS can take without such authority. For example, we encourage the agency to require that health plans reduce access barriers, such as limiting utilization management techniques that could delay access to COVID-19 testing and treatment, and require that coverage decisions be based on presenting symptoms, not final diagnosis.

Finally, we must acknowledge and accept the unknowns we face when combatting COVID-19. Our requests today represent actions we know are necessary at this moment. If taken, these steps will help care for patients, while keeping hospital workers and the public as safe as possible. As more information becomes available, we anticipate the need for additional assistance from HHS, and ask that the agency remain flexible as our hospitals and health systems continue to care for patients during this national emergency.

Communities rely on America's hospitals and health systems to be there for them in the face of an emergency. Whether that emergency develops in the form of a natural disaster, like a hurricane or tornado, or as a virus, like COVID-19, hospitals and health systems are prepared to fulfill their commitment to patients. While our members continue to do everything they can to address COVID-19 cases, the additional action we request would help them continue to put the health and safety of patients first by removing barriers that threaten to impede decisive and quick action by providers at a time when agility and flexibility are of utmost importance.

AMERICAN OVERSIGHT

We appreciate your leadership and the ongoing work of the White House Coronavirus Task Force. We look forward to continuing to work with you during this critical time to protect the health of our nation.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer

Cc: Seema Verma, Administrator, Centers for Medicare & Medicaid Services
Stephen M. Hahn, M.D., Commissioner, Food and Drug Administration
Robert R. Redfield, M.D., Director, Centers for Disease Control and Prevention

AMERICAN OVERSIGHT

ASSISTANCE MANAGING THE SURGE

Medicare Outpatient Observation Notice (MOON). In addition to the Centers for Medicare & Medicaid Services' (CMS) waiver of the skilled nursing facility (SNF) 3-day rule, waiving the MOON written and oral notification requirements is appropriate since undergoing observation care will have no implications for SNF eligibility.
Home Health (HH) Homebound Requirement. Waiving the requirement that a beneficiary must be "home-bound" in order to receive HH services would allow beneficiaries to obtain care while minimizing the risk to themselves or others.
Critical Access Hospital (CAH) 96-hour Condition of Payment. Waiving the requirement that a physician certify a patient can reasonably be expected to be discharged within 96 hours would provide critical flexibility for care in rural areas that may not have other options for inpatient care.
Medical Review Audits. Pausing all audits during the emergency, including additional documentation requests and other audit work, would help free capacity in the health care system.
HH Face-to-Face Requirement. Waiving the requirement that the certifying physician or nonphysician practitioner document a face-to-face encounter with the patient prior to certifying a patient's eligibility for the HH benefit would allow beneficiaries to obtain care while minimizing the risk to themselves or others. In these situations, a telephonic or telehealth visit may fulfill the requirements of the face-to-face requirement.
Transfer of Mechanically Ventilated Patients. Suspending the restrictions of Medicare Managed Care organizations surrounding transfer of mechanically ventilated patients to long-term care hospitals (LTCHs) would allow patients to be transferred as soon as they are physiologically stable enough. This would facilitate appropriate transfer of patients that benefit from the specialized care LTCHs provide and also add capacity to the health care system.
Federal Audits. Delaying all federal audits during the emergency, such as Medicaid disproportionate share hospital (DSH) and Payment Error Rate Measurement (PERM), would help free capacity in the health care system.
Waiving certain CMS certification requirements. If a nonprofit entity that holds multiple certificates to operate hospitals in that jurisdiction from the appropriate state licensing entity, a certificate of participation from CMS, a license from a state licensing authority to operate a new or refurnished hospital and has applied for accreditation to operate a new or refurbished hospital that facility may be deemed certified for billing by CMS and private insurance entities. The nonprofit entity would receive certification for no more than 90 days or until accreditation is received or the national emergency has ended. Entities may renew this temporary certification every 90 days for up to one year.
Physical Environment. Waiving physical environment requirements at 482.41; would allow non-hospital buildings and spaces to be used for patient care, provided sufficient safety and comfort is provided for patients and staff, thus adding capacity to the health care system.

AMERICAN OVERSIGHT

HH Review Choice Demonstration. Suspend expansion of the HH Review Choice Demonstration project to allow clinical staff to focus on accommodating coronavirus patients and those transferred to home health due to the disaster. Also, suspend ongoing demonstration activities in Illinois, Ohio and Texas.

ENSURING STAFF CAN FOCUS ON CARE DELIVERY

Additional EMTALA Sanctions Waiver. In addition to waivers issued on March 15, 2020, waiving the following EMTALA sanction would assist hospitals in most effectively managing patient care and health care system capacity: 1. Permit the medical screening examination to be conducted by other qualified staff authorized by the hospital and acting within their state scope of practice and licensure, who are not formally designated to perform medical screening examinations in the hospital by-laws or in the rules and regulations.
Practice Limitations. Waiving specific practice limitations on nurse practitioners that are more restrictive under CMS than under state licensure would help address workforce shortages.
Waiving standard death reporting requirements at 482.13(g), which would allow the reporting of the death of patients who were in seclusion or restraint to occur later than currently required. This would keep the requirement where any death where restraint may have contributed is reported within standard time limits.
Medical Record Timing. Waiving medical records timing requirements at 482.24 would allow medical records to be fully completed later than 30 days following discharge, providing flexibility to the health care system.
Verbal Orders. Waiving verbal order requirements at 482.24 would allow verbal orders to be used more frequently and authentication may occur later than 48 hours, thus providing flexibility to the health care system.
Physician Privileging. Waiving certain physician privileging requirements at 482.22(a) would allow physicians whose privileges will expire and new physicians to begin practice before full medical staff/governing body review and approval, adding capacity to the health care system.
Discharge Planning Requirements. Waiving hospital discharge planning requirements that prohibit hospitals from specifying or otherwise limiting the information provided on post-hospital services is necessary because the capacity and/or capabilities of available facilities to care for COVID-19 patients may be severely limited, effectively restricting patient choice, and this is a time consuming task that draws nurses away from direct patient care.
HH Assessments. Waiving HH requirements at 484.55 would remove a series of requirements around initial and comprehensive assessments. For example, it would allow HH agencies to perform initial assessments and determine patients' homebound status remotely or by record review, so that beneficiaries can obtain care while minimizing the risk to themselves or others. It also would grant greater flexibility with the timing of and information included in patient assessments.

AMERICAN OVERSIGHT

Expanded Use of Telehealth. Insurers should support management of scarce resources, such as personal protective equipment, and efforts to reduce community transmission by expanding access to services delivered via telehealth.
Credentialing. Requiring expedited or presumptive credentialing, such as requiring health plans to establish a process to recognize and credential community physicians who offer to work at hospitals and health systems, would help to ease workforce shortages during this time.
Patient Assessments. Granting relief to all providers on the timeframes related to pre- and post-admission patient assessment and evaluation criteria would help ensure patients are treated in a timely manner.
CMS Survey of 340B Hospitals. CMS should suspend its scheduled survey of all hospitals that participate in the 340B Drug Pricing Program collecting actual acquisition costs for specified covered outpatient drugs (SCODs). While AHA has significant issues with the survey design, our paramount concern is the significant reporting burden this survey would place on 340B hospitals during the COVID-19 national health emergency.
Administrative Timeframes. Allowing leniency in administrative timeframes, including for billing and the submission of Medicare Cost Reports, for hospitals/health systems that experience business disruptions, e.g., as a result of workforce shortages.

HELP US GET THE TOOLS WE NEED

Sterile Compounding. Waiving sterile compounding requirements at 482.25(b)(1) and USP 797 would allow face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift only to conserve scarce face mask supplies.
340B Eligibility. Providing for a limited waiver of the 340B Hospital Medicare DSH eligibility threshold for current 340B hospitals responding to the COVID-19 national health emergency and experiencing a significant change in patient mix would help ensure that hospitals do not lose their 340B status in the future as a result of a time-limited change in patient mix.
Prior Authorization for Post-acute Care (PAC). Requiring that plans waive prior authorization requirements for PAC placement would enable hospitals to free up inpatient bed capacity.
Restrictions on Telehealth Technology. Waive the restrictions on the type of technology that may be used to provide telehealth would allow patients to use the technology they have on hand, such as FaceTime and Skype, providing critical flexibility that will allow them to remain in their homes while still obtaining services. These waivers must be made in conjunction with those above on geographic and originating sites and below on HIPAA privacy requirements in order to be meaningful.
HIPAA Privacy Requirements. Waiving HIPAA privacy requirements and permitting a similar waiver of applicable security rule requirements would allow patients to use technologies such as FaceTime and Skype, as specified above. These waivers must be made in conjunction with those above on geographic and originating sites and telehealth technology in order to be meaningful.

AMERICAN OVERSIGHT

IRF 3-hour Rule. Waiver of the 3-hour rule, which requires that inpatient rehabilitation facility (IRF) patients receive at least three hours of therapy a day, the "preponderance" of which must be one-on-one, would help ensure that IRFs are able to add capacity to the health care system, without penalty.
LTCH 50% Rule. Waiving both the numerator and denominator of the requirement that LTCHs have no more than 50% of Medicare cases paid at the site-neutral rate would help ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.
Emergency Use Authorizations (EUAs). Expediting the approval of EUAs for hospital laboratory developed tests (LDTs), including the approval of licensed automated testing systems and rapid response testing, would assist hospitals in expeditiously testing and confirming COVID-19 infection in patients and thus responding to the emergency.
Access to Coronavirus. Access to the virus and its genomic RNA would allow hospitals to validate their LDTs. Some hospitals with laboratories certified for high complexity testing under CLIA are having difficulty obtaining this material

ENSURE COVERAGE SO ALL PATIENTS CAN SEEK HELP WHEN NECESSARY

Presumptive Authorization. Requiring plans to accept presumptive authorization in instances where health plans, due to business disruption such as reduced workforce capacity, cannot adjudicate requests within a timely manner, would help ensure patients are treated in a timely manner.
Presenting Symptoms as Basis for Coverage. Generally, insurers make coverage decisions in part by assessing whether care was medically necessary, and many insurers adjudicate medical necessity using information that becomes available during the course of treatment or testing. This approach could result in many coverage denials for individuals who were originally suspected to have coronavirus but who ultimately are found to have the flu. The government should clarify that coverage decisions must be made on the presenting symptoms, not the final diagnosis.
Cost-sharing. Mandating that all forms of cost-sharing (co-pays, co-insurance, deductibles) be waived not only for testing, but also for treatment of coronavirus would help eliminate cost as a barrier to care. CMS should also require plans to reimburse providers for the full contracted amount.
Out-of-network Care. We urge the government to direct health plans to hold the patient harmless for out-of-network care, such as laboratory services, and negotiate reimbursement with the provider.
Utilization Management Requirements. Requiring health plans to ease utilization management requirements during the emergency period to account for reduced workforce would help ensure there are not bottlenecks and unnecessary delays in care. Specifically, hospitals and health systems are expected to experience staff reductions and diversions and health plans should not be permitted to deny reimbursement for care for which providers were unable to complete prior authorization or other utilization management functions due solely to workforce constraints.

AMERICAN OVERSIGHT

Ensuring Adequate Coverage and Resources. Refraining from implementing policies that would reduce Medicaid coverage and/or resources would help ensure patients get the care they need. Specifically, we ask that the Administration withdraw the proposed Medicaid Fiscal Accountability Rule, which could have a negative impact on coverage and health care system resources just as we seek to manage COVID-19 patients.
Automatic Eligibility Renewal. Allowing states six month automatic eligibility renewal would help ensure continuity of coverage.
Increase Access to Presumptive Eligibility. The Administration should remove administrative barriers to Medicaid hospital presumptive eligibility during the COVID-19 emergency to increase access to coverage.
Children's Health Insurance Program (CHIP) Eligibility Limits. Federal law restricts states from increasing their CHIP eligibility limits. We urge flexibility to states seeking to expand CHIP eligibility within their current CHIP grants to enable access to testing and treatment for uninsured children.
Uncompensated Care Pools. Allow states to reestablish or create time-limited Medicaid-funded uncompensated care pools through Medicaid Section 1115 demonstration waivers to cover the costs of the uninsured.
Special Enrollment Period. Creating a special period enrollment for the Health Insurance Marketplaces would increase access to coverage and care.
Direct Provider Reimbursement. Establishing a federal program to directly reimburse providers for costs associated with caring for the uninsured would help ensure hospital have adequate resources for addressing the emergency. While federal law now provides a mechanism for reimbursement for testing and testing-related services, this must be expanded to treatment costs as well.
Medicaid DSH. Delaying Medicaid DSH cuts and establishing a temporary Medicaid DSH allotment increase would help cover COVID-19 related testing and treatment, including equipment.

ENSURE PAYMENT FLOWS APPROPRIATELY

Telehealth Geographic and Originating Site Requirements. Waiving the geographic site requirements that limit telehealth payment to services furnished within certain geographic areas, as well as the originating site requirements that specify the particular sites at which the eligible telehealth individual must be located would provide critical flexibility to allow patients to remain in their homes while still obtaining services. These waivers must be made in conjunction with those below on telehealth technology and HIPAA privacy requirements in order to be meaningful.
LTCH 50% Rule. Waiving both the numerator and denominator of the requirement that LTCHs have no more than 50% of Medicare cases paid at the site-neutral rate would help ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.

AMERICAN OVERSIGHT

LTCH ICU Requirement. Waiving the requirement that an LTCH patient have a prior hospital stay that includes three days or more in the intensive care unit (ICU) in order to qualify for the full payment rate would ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.
Alternative Payment Model (APM) Flexibility. Deeming coronavirus an 'extreme and uncontrollable circumstance' for APMs that have significant hardship policies would allow the agency flexibility in making adjustments to the APM specifications, such as for episode spending or quality measurement. This would help ensure that providers are not penalized for circumstances beyond their control.
Supplemental Payments. Allow states to create new time-limited supplemental hospital payment mechanisms (fee for service and managed care) to address COVID-19 related treatment, services, testing without CMS prior approval if state appropriately documents program.
Temporary Waiver of Certain Payment Caps. Allow states to suspend any Upper Payment Limit restrictions or Medicaid DSH hospital-specific caps to address hospital payments for COVID-19 related treatment, services, testing without CMS prior approval if state appropriately documents such payments.
Site-neutral Payment Cuts. Immediately cease paying claims for clinic visits provided at excepted off-campus provider-based departments at the reduced payment rate implemented with the 2020 Medicare final rule governing the hospital outpatient prospective payment system. Instead such clinic visit claims should be paid at the rate that would have been in effect absent the payment reduction. Refraining from reducing resources in this manner would help ensure patients get the care they need.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:48 PM
To: ""Godfrey"","" Diane; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Re: Nursing Home Guidance Going Out Tonight

It will be coming out later tonight. But this is our high risk population and we need to be extremely comprehensive in our assessment about COVID 19 for this population before transfer back to long term care facilities.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>
Sent: Tuesday, March 17, 2020 3:45:14 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] Nursing Home Guidance Going Out Tonight

Good afternoon,

I hope you both are getting some rest and staying well! I was going to ask the below question on the 3:00 call, however, we ran out of time.

We have nursing homes requesting a resident receive a COVID-19 negative test, even when they are not symptomatic or do not fit the criteria to be tested, before they will accept the patient/resident. Hospitals are expressing concern with the inability to discharge patients due to shortages of testing supplies and creating shortages in hospital beds. Is there specific guidance that can be provided to help eliminate the refusals to accept patients without first testing a patient who does not meet criteria and providing proof of the negative test?

Thank you in advance for the additional guidance coming out around staff. Will there be any additional guidance as it related to domestic travel for end-of-life situations, even including requiring the use of masks or other infection controls?

Blessings,
Diane L. Godfrey

AdventHealth
Executive Director | Regulatory Administration
407-200-2929

Diane.Godfrey@AdventHealth.com

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dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to this message and deleting the material from your computer. Thank you.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 9:28 AM
To: ""McKinstry"","" Molly; " "Grow"","" Stefan; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Philpot, Toby; Strickland, Katie
Subject: Fwd: : COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities
Attachments: DEM_ORDER_NO._20-002_In_re_COVID-19_Public_Health_Emergency_Issued_March_11_2020_.pdf

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Richard M Prudom <Prudomrm@elderaffairs.org>
Sent: Friday, March 13, 2020 9:25:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] : COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

From: Michael Phillips <Phillipsm@elderaffairs.org>
Sent: Thursday, March 12, 2020 12:37 AM
To: Jo Ann Quiles <Quilesja@elderaffairs.org>; Robin Baker <Bakerr@elderaffairs.org>
Cc: Carol Carr <carrc@elderaffairs.org>; Betsy McAllister <Mcallisterb@elderaffairs.org>
Subject: FW: COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

Here is the latest emergency order regarding COVID-19 and visitations in long-term care facilities. What follows are some of my thoughts and I request yours as well.

In reading this communique, be mindful of a few things:

1. The INTENT is to limit visitation in LTC facilities in order to minimize the risk to vulnerable individuals residing in these facilities as well as the needed staff who serve these residents.
2. There is an ENCOURAGEMENT for individuals not to visit LTC facilities in order to effectuate the INTENT of #1.
3. The particular words used in this carefully drafted order are INTENTIONAL and LIMITING!
4. It is clearly not the intent of the Governor to order ALL visitations to LTC facilities to cease.
5. The suspension of Florida Statutes concerning the right of visitation is LIMITED and intended to be the least drastic necessary with regards to the circumstances presented.
6. ONLY seven types of individuals are to be banned from visitations and only for a limited time.

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Therefore, facilities that are banning ALL visitations are doing so WITHOUT authorization. Having said that, let's give them the benefit of the doubt and recognize their intent is to protect their residents. Notwithstanding, we cannot abandon our mandate to advocate for resident who request our help in protecting their rights. In doing so, we are not precluded from attempting to help the resident recognize the benefit that accrues to all residents of the facility if visitation is allowed to be VOLUNTARILY limited for a short period of time. If the resident (not family members of a competent resident) insist that we secure his or her visitation rights, we should do so with fervency.

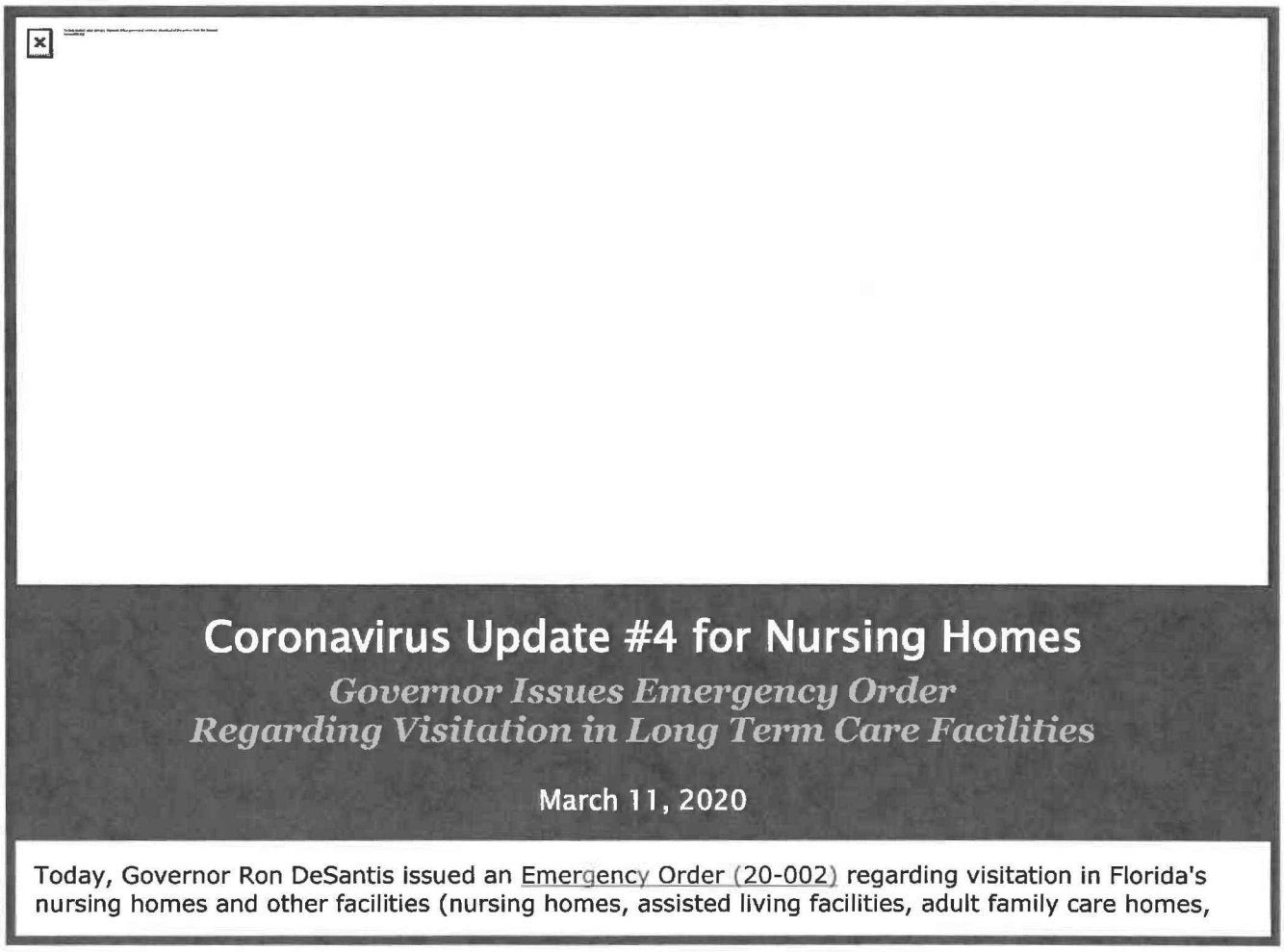
I suspect that there may be further revisions to this executive order as the President said tonight in his speech to the nation that he was "advising the suspension of all visitations in nursing homes." So stand by ...

FLORIDA
OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

Michael Phillips
North Regional Ombudsman Manager
Long-Term Care Ombudsman Program
1101 Gulf Breeze Pkwy, Bldg 3, Ste 5, Gulf Breeze, FL 32561
(850) 916-6720

From: Florida Health Care Association <kknapp@fhca.mmsend.com> **On Behalf Of** Florida Health Care Association
Sent: Wednesday, March 11, 2020 7:19 PM
To: Michael Phillips <Phillipsm@elderaffairs.org>
Subject: COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

To view this email as a web page, go here.



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long term care facilities and adult group homes). Pursuant to Executive Order 20-52, the Governor issued the following prohibitions on visitors:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or
- Any person showing or presenting signs or symptoms of a respiratory infection, including fever, cough, shortness of breath, or sore throat is prohibited from visiting a facility; or
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
- Any person who has traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread*; or
- Any person who resides in a community with confirmed community spread of COVID-19, as, identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

**During his press conference, the Governor stated there are no instances of community spread in Florida.*

As you work to prevent and mitigate the spread of COVID-19 in your center, communication with your residents and their families is extremely important. Messaging should be swift, empathetic, reassuring and informative. It's important to emphasize how your center is preparing, why your visitation protocols are in place and what individuals can do to assist with these efforts.

Posting signs at your facility entrance is not enough - your communications should be broad based to help families understand why you've adopted these protocols. Consider the following to educate and inform about your screening protocols:

- Host a family council meeting in your center's courtyard to educate and inform on your screening protocols
- Host a resident council meeting to inform your residents
- Involve your social workers, activity directors and other frontline staff with direct access to your residents to communicate why these protocols are in place – for the health and safety of the residents
- Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.)
- Create/increasing email or listserv communication to update families on your protocols
- Assign a staff member as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date
- Set up a manned hotline or offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits
- Create an infographic or video message from facility leadership to post on your social media channels
- Educate your staff on key messages regarding your screening protocols

FHCA's Visitor Screening Toolkit includes sample letters with suggested language for building content for these various forms of communications with your families.

Facilities should be prepared for media inquiries in response to this Emergency Order. It's important to designate one spokesperson to handle inquiries to ensure your messaging remains consistent. Below is a short-version of a media statement to assist centers in their response. For additional talking points, click here.

"[Our center] takes the threat of COVID-19 very seriously and have been taking proactive measures to ensure the health and safety of our residents and staff. We are following the guidance of Florida's

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Governor, the Department of Health and CDC and have implemented visitor screening procedures. It is essential that anyone who potentially carries the virus does not enter any of our facilities, and we are asking that individuals restrict visitation unless absolutely necessary to help keep our residents and caregivers safe and healthy."

Stay Informed

Please continue visiting FHCA's dedicated coronavirus web page, which includes updates from DOH, the Centers for Disease Control and Prevention (CDC), CMS and AHCA, along with links to support centers' strategies for reducing the spread of COVID-19.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org; Bob Asztalos at basztalos@fhca.org; or Melanie Motiska at mmotiska@fhca.org. Media inquiries can be directed to Kristen Knapp at kknapp@fhca.org.

Visit the FHCA website to learn more about our member services and upcoming events.

Click here to unsubscribe.



P.O. Box 1459, Tallahassee, FL 32302-1459



Please note: Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request. Emails sent to me at this email address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-002

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting facilities. For purposes of this order, a facility includes nursing homes, assisted living

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facilities, adult family-care homes, long-term care facilities, and adult group homes. The order applies as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat is prohibited from visiting a facility; or

c. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

d. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and

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Prevention or a state public health agency, is prohibited from visiting a facility.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: 3/11/20

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 13, 2020 3:19 PM
To: ""Hoeler"","" Thomas; Thomas.Hoeler@ahca.myflorida.com
Subject: RE: Hospital Lab Testing

Yes, but what obligation does the hospital have to report these cases and what enforcement do we have if they don't? Are there reporting obligations?

From: Hoeler, Thomas <Thomas.Hoeler@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:47 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: FW: Hospital Lab Testing

Stefan – Please note that per the Florida Department of Health, all practitioners, healthcare facilities, and laboratories in Florida are required to notify the DOH of diseases or conditions of public health significance under Section 381.0031, *Florida Statutes* (below, highlighted added) and Chapter 64D-3, *Florida Administrative Code* (*FAC*). (attached)

> **381.0031 Epidemiological research; report of diseases of public health significance to department.—**
> (1) The department may conduct studies concerning the epidemiology of diseases of public health significance affecting people in Florida.
> (2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory appropriately certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder which diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.
> (3) An animal control officer operating under s. 828.27, a wildlife officer operating under s. 379.3311, or an animal disease laboratory operating under s. 585.61 shall report knowledge of any animal bite, diagnosis of disease in an animal, or suspicion of a grouping or clustering of animals having similar disease, symptoms, or syndromes that may indicate the presence of a threat to humans.
> (4) The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (2). The list shall be based on the diseases recommended to be nationally notifiable by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. The department may expand upon the list if a disease emerges for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of a disease specific to Florida.
> (5) Reports required by this section must be in accordance with methods specified by rule of the department.
> (6) Information submitted in reports required by this section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when

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necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.

(7) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (4). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.

(8) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required followup activities by the department which are necessary to protect public health.

(9) This section does not affect s. 384.25.

History.—s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 67, ch. 77-147; s. 4, ch. 89-311; s. 2, ch. 90-347; s. 15, ch. 91-297; s. 2, ch. 95-188; s. 184, ch. 96-406; s. 175, ch. 97-101; s. 4, ch. 98-151; s. 252, ch. 98-166; s. 8, ch. 2000-367; s. 1, ch. 2012-173; s. 15, ch. 2012-184; s. 6, ch. 2018-24.

Note.—Former s. 381.231.

The Agency no longer issues clinical laboratory licenses, so we are most likely looking at just hospitals, which are governed chapter 395, Florida Statues, and chapter 59A-3, Florida Administrative Code. Specifically, rule 59A-3.250 states as follows:

59A-3.250 Surveillance, Prevention, and Control of Infection.

(1) Each hospital shall establish an infection control program involving members of the organized medical staff, the nursing staff, other professional staff as appropriate, and administration. The program shall comply with the requirements in sections 381.0098 and 395.1011, F.S. and shall provide for:

(a) The surveillance, prevention, and control of infections among patients and personnel;

(b) The establishment of a system for identifying, reporting, evaluating and maintaining records of infections;

(c) Ongoing review and evaluation of all septic, isolation and sanitation techniques employed in the hospital; and,

(d) Development and coordination of training programs in infection control for all hospital personnel.

(2) Each hospital shall have written policies and procedures reflecting the scope of the infection control program outlined in subsection (1). The written policies and procedures shall be reviewed at least every two years by the infection control

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program members, dated at the time of each review, revised as necessary, and enforced.

(3) The policies and procedures devised by the infection control program shall be approved by the governing board, and shall contain the following:

(a) Specific policies for the shelf life of all stored sterile items.

(b) Specific policies and procedures related to occupational exposure to blood and body fluids.

(c) Specific policies and procedures related to admixture and drug reconstitution, and to the manufacture of intravenous and irrigating fluids.

(d) Specific policies related to the handling and disposal of biomedical waste as required by chapter 64E-16, F.A.C., OSHA 29 CFR Part 1910.1030, Bloodborne Pathogens.

(e) Specific policies related to the selection, storage, handling, use and disposition of disposable items.

(f) Specific policies related to decontamination and sterilization activities performed in central services and throughout the hospital, including a requirement that steam gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.

(g) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.

(h) A requirement that soiled linen is collected in such a manner as to minimize microbial dissemination into the environment.

(i) A requirement that all cases of communicable diseases as set forth in chapter 64D-3, F.A.C., be promptly and properly reported as required by the provisions of that rule.

(4) The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the assigned professional staff and the governing board.

(5) Each hospital shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include work restrictions for an employee whenever it is likely that communicable disease may be transmitted until such time as a medical practitioner certifies that the employee may return to work.

Rulemaking Authority 395.1055 FS. Law Implemented 395.1011, 395.1055 FS. History–New 9-4-95, Formerly 59A-3.215, Amended 10-16-14.

If more detail is needed, please advise and I can ask Joe to assist.

Thanks,
Tom

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 13, 2020 11:53 AM
To: Hoeler, Thomas <Thomas.Hoeler@ahca.myflorida.com>
Subject: Hospital Lab Testing

Tom,

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COVID is a mandatory reporting condition. Labs and hospitals are required to report it into this "Merlin" system. What authority do we have to require them to report? Can I get a quick memo on this from someone?

Thanks,

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:50 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Strickland, Katie; Smoak, Kimberly
Subject: Re: Call this morning

Ok. I would like to see those points summarized in an email for me.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:46:44 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Re: Call this morning

Yes- the EO will address some and we are drafting responses for balance and working with DOH.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:33:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Fwd: Call this morning

Are you working on follow up to this?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mike Hardy <mike@fala.org>
Sent: Tuesday, March 10, 2020 3:46:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>; Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Veronica Catoe <Veronica@fala.org>
Subject: [External] RE: Call this morning

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Thank you very much for the information shared on the call today. During the call, it seemed as though assisted living facilities are presently directed, superseding any provision of law to the contrary, to screen visitors in accordance with the criteria available at http://ww11.doh.state.fl.us/comm/_partners/action/covid19_screening_facilities.pdf and to deny entry to any visitor meeting these criteria. Additionally, it seemed that any resident of an assisted living facility who meets these criteria or has had contact with anyone who meets the criteria (Example discussed was a resident leaving the Assisted Living Facility to visit a relative who had recently travelled internationally) are not to be permitted to return to the assisted living facility for 14 days. To help ensure our communities are fully compliant, can you confirm that the above is accurate and whether/when there will be an official directive memorializing such? We would be glad to assist in disseminating this information to our member communities. Thank you all for your work to protect those most vulnerable during this trying time.

Thanks,
Mike

Michael J. Hardy
General Counsel and Director of Government Affairs
T: (850) 383-1159
E: mike@fala.org | fala.org
1618 Mahan Center Blvd., Suite 103
Tallahassee, FL 32308

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:51 AM
To: Veronica Catoe <Veronica@fala.org>; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; Mike Hardy <mike@fala.org>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Call this morning

Thank you Veronica. We will be prepared to discuss.

Mary

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35 AM
To: Mayhew, Mary; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha; Mike Hardy; McKinstry, Molly
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

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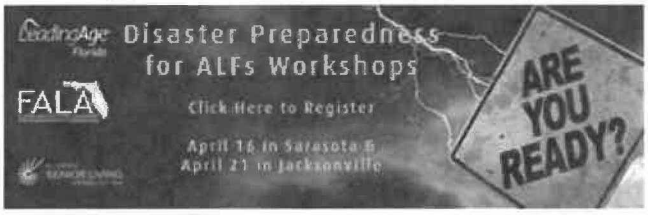
In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



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FL-AHCA-20-0902-A-000654

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 11:41 AM
To: ""Cooper"","" Matthew; Matthew.Cooper@ahca.myflorida.com
Subject: FW: COVID-19 Isolation Facility Plan
Attachments: FL COVID-19 Contingency Plan.xlsx

Matt – for discussion on today's call – see below

From: Philpot, Toby
Sent: Sunday, March 15, 2020 11:30 AM
To: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Meyer, Brian <Brian.Meyer@ahca.myflorida.com>
Cc: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Subject: FW: COVID-19 Isolation Facility Plan

Brian and Ryan,

I'll be setting up the noon call to discuss the concept below and our ability to leverage business intelligence and ESS data to create comprehensive mapping identifying hospitals, nursing homes and other locations for emergency contingency planning.

Please review the below email and the attached spreadsheet for the noon call.

From: Doug Burr
Sent: Friday, March 13, 2020 9:16 PM
To: 'mary.mayhew@ahca.myflorida.com'
Cc: Harris Schwartzberg
Subject: COVID-19 Isolation Facility Plan

Secretary Mayhew –

Attached - per our discussion – is the file that breaks down the multi-facility SNF companies in Florida by AHCA Planning Districts in which each company has clusters of facilities. Each company was then "selected" as "Primary" (shaded in light red) or "Secondary" (shaded in light orange) for one or more Planning Districts in an effort to (as best as possible) spread out the "Isolation Centers" across companies so that none were burdened with an excessive number of facilities relative to the total number of facilities they had in the State of Florida. Most companies were selected to "participate" in this COVID-19 Emergency Isolation Center Program in 1, 2 or 3 Districts with the exception being Consulate that had 5 Primary and 1 Secondary Directs due to the large volume of SNFs (76 in total) they operate in clusters across Florida. Individual facilities from each company were not chosen because there are likely operational considerations that would be known only to the companies themselves that would make certain facilities better or worse choices for use as a COVID Isolation Center.

I have spoken to Staff from FHCA since our call earlier this evening because this needs to be viewed as a public-private partnership with general industry "buy-in". I may have helped to develop the analysis because I felt from my position as FHCA Reimbursement Committee Chair that it would eventually be necessary, but FHCA staff had been in the loop and kept apprised all along the way.

AMERICAN OVERSIGHT

The first tab in the attached file provides grids that summarize the information. You will notice that there are a couple Districts in which Consulate was not either Primary or Secondary despite Consulate having 10+ SNFs. This was because they may have been the ONLY District in which another company had a large enough cluster of SNFs to be included OR there were other Districts in which there would not have been at least 2 Companies without Consulate being included (and clearly it would be patently unfair to ask Consulate to bear a disproportionate burden should it even become necessary to implement this type of program state-wide). The second tab actually lists the individual facilities (sorted by Planning District and multi-facility organization) for each of the multi-facility organizations that are either "Primary" or "Secondary" in the various District on the first tab.

I will send the conceptual draft Memorandum of Understanding materials once I have received authorization to do so. My commitment is to get this authorization over the weekend.

I truly hope and pray that the need to implement dedicated "Isolation Centers" does not arise, but given what you already know about the lack of negative pressure environments in most SNFs I do fear that it may be better to plan for safety as opposed to being sorry.

Sincerely,
HEALTH CARE NAVIGATOR, LLC

Douglas G. Burr

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AMERICAN OVERSIGHT

PROV NUM	PROVNAME	CITY
105445	UNIVERSITY HILLS HEALTH AND REHABILITATION	PENSACOLA
105935	CONSULATE HEALTH CARE OF PENSACOLA	PENSACOLA
106028	SHOAL CREEK REHABILITATION CENTER	CRESTVIEW
105862	DESTIN HEALTHCARE AND REHABILITATION CENTER	DESTIN
105267	BAYSIDE HEALTH AND REHABILITATION CENTER	PENSACOLA
105532	ARCADIA HEALTH & REHABILITATION CENTER	PENSACOLA
NEW CON	DELUNA HEALTH & REHABILITATION CENTER	PENSACOLA
105747	ROSEWOOD HEALTHCARE AND REHABILITATION CENTER	PENSACOLA
105751	SPECIALTY HEALTH AND REHABILITATION CENTER	PENSACOLA
106117	OLIVE BRANCH HEALTH AND REHAB CENTER	PENSACOLA
105487	BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER	GULF BREEZE
105612	SILVERCREST HEALTH AND REHABILITATION CENTER	CRESTVIEW
105601	GRAND BOULEVARD HEALTH AND REHABILITATION CENTER	MIRAMAR BEACH
105860	CENTURY HEALTH AND REHABILITATION CENTER	CENTURY
105328	SANTA ROSA HEALTH & REHABILITATION CENTER	MILTON
105552	SANDY RIDGE HEALTH AND REHABILITATION	MILTON
105148	EMERALD SHORES HEALTH AND REHABILITATION	CALLAWAY
105391	SEA BREEZE HEALTH CARE	PANAMA CITY
105433	HERITAGE HEALTHCARE CENTER AT TALLAHASSEE	TALLAHASSEE
105764	CONSULATE HEALTH CARE OF TALLAHASSEE	TALLAHASSEE
105631	MARSHALL HEALTH AND REHABILITATION CENTER	PERRY
106043	RIVERCHASE HEALTH AND REHABILITATION CENTER	QUINCY
105729	CHIPOLA HEALTH AND REHABILITATION CENTER	MARIANNA
105152	PANAMA CITY HEALTH AND REHABILITATION CENTER	PANAMA CITY
105775	GLENCOVE HEALTH AND REHABILITATION CENTER	PANAMA CITY
106045	BRYNWOOD HEALTH AND REHABILITATION CENTER	MONTICELLO
105662	SIGNATURE HEALTHCARE OF NORTH FLORIDA	GRACEVILLE
105970	SIGNATURE HEALTHCARE AT THE COURTYARD	MARIANNA
105727	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY
106084	AVANTE AT OCALA, INC	OCALA
105308	AVANTE AT INVERNESS INC	INVERNESS
105304	AVANTE AT LEESBURG, INC	LEESBURG
105333	AVANTE AT MT DORA, INC	MOUNT DORA
105846	BAYA POINTE NURSING AND REHABILITATION CENTER	LAKE CITY

AMERICAN OVERSIGHT

105460	NORTH FLORIDA REHABILITATION AND SPECIALTY CARE	GAINESVILLE
105461	HEALTH CENTER AT BRENTWOOD	LECANTO
105413	HERON POINTE HEALTH AND REHABILITATION	BROOKSVILLE
105996	SPRING HILL HEALTH AND REHABILITATION CENTER	BROOKSVILLE
106008	OSPREY POINT NURSING CENTER	BUSHNELL
105193	PARK MEADOWS HEALTH AND REHABILITATION CENTER	GAINESVILLE
106046	TERRACE HEALTH & REHABILITATION CENTER	GAINESVILLE
106095	CLUB HEALTH AND REHABILITATION CENTER AT THE VILLA	THE VILLAGES
105488	RIVERWOOD HEALTH & REHABILITATION CENTER	STARKE
105196	THE LODGE HEALTH AND REHABILITATION CENTER	OCALA
106036	GROVE HEALTH & REHABILITATION CENTER, THE	HERNANDO
106003	LADY LAKE SPECIALTY CARE CENTER	LADY LAKE
105401	AYERS HEALTH AND REHABILITATION CENTER	TRENTON
105437	CYPRESS COVE CARE CENTER	CRYSTAL RIVER
105297	BROOKSVILLE HEALTHCARE CENTER	BROOKSVILLE
106058	WOODLAND GROVE HEALTH & REHABILITATION CENTER	JACKSONVILLE
106065	ISLE HEALTH & REHABILITATION CENTER	ORANGE PARK
105580	CARLTON SHORES HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105822	GARDENS HEALTH & REHABILITATION CENTER, THE	DAYTONA BEACH
105930	VILLA HEALTH & REHABILITATION CENTER	DELAND
106061	RIDGECREST NURSING AND REHABILITATION CENTER	DELAND
106064	LIFE CARE CENTER OF JACKSONVILLE	JACKSONVILLE
105756	LIFE CARE CENTER OF HILLIARD	HILLIARD
105928	LIFE CARE CENTER OF ORANGE PARK	ORANGE PARK
105962	LIFE CARE CENTER AT WELLS CROSSING	ORANGE PARK
105666	LANIER REHABILITATION CENTER	JACKSONVILLE
105710	JACKSONVILLE NURSING AND REHAB CENTER	JACKSONVILLE
105548	MOULTRIE CREEK NURSING AND REHAB CENTER	SAINT AUGUSTINE
105735	ORANGE CITY NURSING AND REHAB CENTER	DEBARY
105776	PORT ORANGE NURSING AND REHAB CENTER	PORT ORANGE
105547	FLAGLER HEALTH AND REHABILITATION CENTER	BUNNELL
105052	SEASIDE HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105565	COASTAL HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105514	DEBARY HEALTH AND REHABILITATION CENTER	DEBARY
105145	PARKSIDE HEALTH AND REHABILITATION CENTER	DELAND
105274	CLEARWATER CENTER	CLEARWATER
105690	HIGHLAND PINES REHABILITATION CENTER	CLEARWATER
105271	BOCA CIEGA CENTER	GULFPORT
105117	SOUTH HERITAGE HEALTH & REHABILITATION CENTER	SAINT PETERSBURG
105713	ALPINE HEALTH AND REHABILITATION CENTER	SAINT PETERSBURG
105714	CONCORDIA MANOR	SAINT PETERSBURG
105749	ABBEY REHABILITATION AND NURSING CENTER	SAINT PETERSBURG
106041	HARBOURWOOD CARE CENTER	CLEARWATER
105486	GATEWAY CARE CENTER	PINELLAS PARK
105228	LAURELLWOOD CARE CENTER	SAINT PETERSBURG
105890	BAYWOOD CARE CENTER	SAINT PETERSBURG
105275	SOUTHERN PINES HEALTHCARE CENTER	NEW PORT RICHEY
106103	GULFPORT REHABILITATION CENTER	PASADENA
105409	GOLFVIEW HEALTHCARE CENTER	SAINT PETERSBURG
105451	PENINSULA CARE AND REHABILITATION CENTER	TARPON SPRINGS
105744	SYLVAN HEALTH CENTER	CLEARWATER
105412	SEMINOLE PAVILION REHABILITATION & NURSING SERVICE	SEMINOLE
106042	FREEDOM SQUARE REHABILITATION & NURSING SERVICES	SEMINOLE

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105234	REHABILITATION AND HEALTHCARE CENTER OF TAMPA	TAMPA
105299	WHISPERING OAKS	TAMPA
105553	CARROLLWOOD CARE CENTER	TAMPA
105327	CASA MORA REHABILITATION AND EXTENDED CARE	BRADENTON
105780	OAKS AT AVON	AVON PARK
105286	BARTOW CENTER	BARTOW
105176	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN
105520	CONSULATE HEALTH CARE OF BRANDON	BRANDON
105718	CENTRAL PARK HEALTHCARE AND REHABILITATION CENTER	BRANDON
105951	BRANDON HEALTH AND REHABILITATION CENTER	BRANDON
105417	HABANA HEALTH CARE CENTER	TAMPA
105644	FLETCHER HEALTH AND REHABILITATION CENTER	TAMPA
106017	BRADENTON HEALTH CARE	BRADENTON
105482	CONSULATE HEALTH CARE OF LAKELAND	LAKELAND
105693	CONSULATE HEALTH CARE OF LAKE PARKER	LAKELAND
106002	WEDGEWOOD HEALTHCARE CENTER	LAKELAND
105998	CONSULATE HEALTH CARE OF WINTER HAVEN	WINTER HAVEN
106120	SCOTT LAKE HEALTH AND REHABILITATION CENTER	LAKELAND
105891	YBOR CITY HEALTHCARE AND REHABILITATION CENTER	TAMPA
105629	SURREY PLACE HEALTHCARE AND REHABILITATION	BRADENTON
105301	VALENCIA HILLS HEALTH AND REHABILITATION CENTER	LAKELAND
105736	PALM GARDEN OF SUN CITY	SUN CITY CENTER
105591	PALM GARDEN OF TAMPA	TAMPA
105566	PALM GARDEN OF WINTER HAVEN	WINTER HAVEN
105701	SOLARIS HEALTHCARE MERRITT ISLAND	MERRITT ISLAND
105967	SOLARIS HEALTHCARE LAKE BENNET	OCOEE
105960	SOLARIS HEALTHCARE WINDERMERE	ORLANDO
105734	SOLARIS HEALTHCARE OSCEOLA	SAINT CLOUD
105904	ATLANTIC SHORES NURSING AND REHAB CENTER	MELBOURNE
105793	ROYAL OAKS NURSING AND REHAB CENTER	TITUSVILLE
105868	METRO WEST NURSING AND REHAB CENTER	ORLANDO
105987	HUNTERS CREEK NURSING AND REHAB CENTER	ORLANDO
105307	PARKVIEW REHABILITATION CENTER AT WINTER PARK	WINTER PARK
105872	TUSKAWILLA NURSING AND REHAB CENTER	WINTER SPRINGS
105782	ADVENTHEALTH CARE CENTER APOPKA NORTH	APOPKA
105783	ADVENTHEALTH CARE CENTER ORLANDO EAST	ORLANDO
106024	ADVENTHEALTH CARE CENTER ORLANDO NORTH	ORLANDO
105353	ADVENTHEALTH CARE CENTER APOPKA SOUTH	APOPKA
105861	CONSULATE HEALTH CARE OF MELBOURNE	MELBOURNE
105325	ISLAND HEALTH AND REHABILITATION CENTER	MERRITT ISLAND
105985	PALMS REHABILITATION AND HEALTHCARE CENTER, THE	PALM BAY
105530	VISTA MANOR	TITUSVILLE
105471	PARKS HEALTHCARE AND REHABILITATION CENTER	ORLANDO
105480	ROSEWOOD HEALTH AND REHABILITATION CENTER	ORLANDO
105564	RIO PINAR HEALTH CARE	ORLANDO
105440	COLONIAL LAKES HEALTH CARE	WINTER GARDEN
106011	CONSULATE HEALTH CARE OF KISSIMMEE	KISSIMMEE
106074	KEYSTONE REHABILITATION AND HEALTH CENTER	KISSIMMEE
105888	PLANTATION BAY REHABILITATION CENTER	SAINT CLOUD
105843	CONSULATE HEALTH CARE AT WEST ALTAMONTE	ALTAMONTE SPRINGS
106029	LAKE MARY HEALTH AND REHABILITATION CENTER	LAKE MARY
105982	CONSULATE HEALTH CARE OF PORT CHARLOTTE	PORT CHARLOTTE
105588	CORAL TRACE HEALTH CARE	CAPE CORAL
105238	HERITAGE PARK REHABILITATION AND HEALTHCARE	FORT MYERS
105507	CONSULATE HEALTH CARE OF NORTH FORT MYERS	FORT MYERS

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106000	EVANS HEALTH CARE	FORT MYERS
105452	ENGLEWOOD HEALTHCARE AND REHAB	ENGLEWOOD
105416	BENEVA LAKES HEALTHCARE AND REHABILITATION CENTER	SARASOTA
105983	CONSULATE HEALTH CARE OF SARASOTA	SARASOTA
106032	MAGNOLIA HEALTH AND REHABILITATION CENTER	SARASOTA
105443	BAY BREEZE HEALTH AND REHABILITATION CENTER	VENICE
105421	MANORCARE NURSING AND REHABILITATION CENTER	NAPLES
105499	MANORCARE AT LELY PALMS	NAPLES
105723	HEARTLAND HEALTH CARE CENTER FORT MYERS	FORT MYERS
106020	MANORCARE HEALTH SERVICES	FORT MYERS
105389	HEARTLAND HEALTH CARE CENTER - NORTH SARASOTA	SARASOTA
105454	MANORCARE HEALTH SERVICES SARASOTA	SARASOTA
105842	HEARTLAND HEALTH CARE & REHABILITATION CENTER	SARASOTA
105965	MANORCARE HEALTH SERVICES	VENICE
105779	HEALTHPARK CARE CENTER	FORT MYERS
106113	LEE MEMORIAL HOSPITAL SKILLED NURSING UNIT	FORT MYERS
106122	GULF COAST MEDICAL CENTER SKILLED NURSING UNIT	FORT MYERS
106019	LODGE AT CYPRESS COVE, THE	FORT MYERS
105342	REHAB & HEALTHCARE CENTER OF CAPE CORAL	CAPE CORAL
105882	WINKLER COURT	FORT MYERS
105155	SARASOTA HEALTH AND REHABILITATION CENTER	SARASOTA
105481	MANORCARE HEALTH SERVICES	BOCA RATON
105852	HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF	BOCA RATON
105496	MANORCARE HEALTH SERVICES BOYNTON BEACH	BOYNTON BEACH
105755	HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	BOYNTON BEACH
106005	MANORCARE HEALTH SERVICES	DELRAY BEACH
105762	HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS	PALM BEACH GARDENS
105911	MANORCARE HEALTH SERVICES WEST PALM BEACH	WEST PALM BEACH
105921	GARDENS COURT	PALM BEACH GARDENS
105268	LAKESIDE HEALTH CENTER	WEST PALM BEACH
105516	DARCY HALL OF LIFE CARE	WEST PALM BEACH
106012	LIFE CARE CENTER OF PORT SAINT LUCIE	PORT SAINT LUCIE
106111	HEALTH CENTER AT SINAI RESIDENCES	BOCA RATON
105083	BROWARD NURSING & REHABILITATION CENTER	FORT LAUDERDALE
105175	PLANTATION NURSING & REHABILITATION CENTER	PLANTATION
105686	SPRINGTREE REHABILITATION & HEALTH CARE CENTER	SUNRISE
105680	NSPIRE HEALTHCARE LAUDERHILL	LAUDERHILL
105519	NSPIRE HEALTHCARE PLANTATION	PLANTATION
105609	NSPIRE HEALTHCARE TAMARAC	TAMARAC
105503	PARK SUMMIT AT CORAL SPRINGS	CORAL SPRINGS
105691	FORUM AT DEER CREEK	DEERFIELD BEACH
105627	COURT AT PALM AIRE, THE	POMPANO BEACH
105469	GOLDEN GLADES NURSING AND REHABILITATION CENTER	MIAMI
105500	SOUTH DADE NURSING AND REHABILITATION CENTER	MIAMI
105502	NORTH DADE NURSING AND REHABILITATION CENTER	NORTH MIAMI
106021	PONCE PLAZA NURSING & REHABILITATION CENTER	MIAMI
106034	JACKSON PLAZA NURSING AND REHABILITATION CENTER	MIAMI
106100	UNIVERSITY PLAZA REHABILITATION AND NURSING CENTER	MIAMI
105008	ARCH PLAZA NURSING & REHABILITATION CENTER	NORTH MIAMI
105331	AVENTURA REHAB AND NURSING CENTER	NORTH MIAMI BEACH
192	TOTAL	

AMERICAN OVERSIGHT

Count of NFs	
4	1-PRIMARY-CONSULATE (CMC II LLC)
9	1-PRIMARY-GULF COAST HEALTH CARE LLC
3	1-SECONDARY-SUMMITT CARE II INC
5	2-PRIMARY-CONSULATE (CMC II LLC)
5	2-PRIMARY-GULF COAST HEALTH CARE LLC
3	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
4	3-PRIMARY-AVANTE GROUP, INC.
6	3-PRIMARY-CONSULATE (CMC II LLC)
7	3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3	3-SECONDARY-Health Services Mgt., Inc.
6	4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4	4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
5	4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
5	4-SECONDARY-GULF COAST HEALTH CARE LLC
7	5-PRIMARY-AIRAMID
4	5-PRIMARY-Senior Care Group, Inc.
4	5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
3	5-SECONDARY-AMERICAN RETIREMENT CORPORATION
7	6-PRIMARY-AIRAMID
10	6-PRIMARY-CONSULATE (CMC II LLC)
1	6-PRIMARY-SUMMIT CARE II INC
3	6-PRIMARY-SUMMITT CARE II INC
3	6-SECONDARY-PALM HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Solaris Foundation, Inc.
6	7-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Sunbelt Health Care Centers,Inc.
13	7-SECONDARY-CONSULATE (CMC II LLC)
10	8-PRIMARY-CONSULATE (CMC II LLC)
8	8-PRIMARY-HCR MANOR CARE SERVICES LLC
3	8-PRIMARY-LEE MEMORIAL HEALTH SYSTEM
1	8-PRIMARY-LEE MEMORIAL HOSPITAL INC
3	8-SECONDARY-AIRAMID
7	9-PRIMARY-HCR MANOR CARE SERVICES LLC
4	9-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
1	9-PRIMARY-LIFE CARE SERVICES LLC
3	10-PRIMARY-HBA HEALTH SYSTEM LLC
3	10-PRIMARY-NSPRMC, LLC
3	10-SECONDARY-FiveStar Quality Care Inc
3	11-PRIMARY-Adirhu Associates, LLC
5	11-PRIMARY-HEBREW HOMES HEALTH NETWORK INC

AMERICAN OVERSIGHT

County name	LEVEL	DISTRICT	Planning Direct & Subdistrict	Management Company	Landlord	BED CERT
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		119
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC		150
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	155
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Santa Rosa	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Okaloosa	PRIMARY	1	1.2	GULF COAST HEALTH CARE LLC	Omega	60
Walton	PRIMARY	1	1.3	GULF COAST HEALTH CARE LLC	Omega	97
Escambia	SECONDARY	1	1.1	SUMMITT CARE II INC		88
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		110
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		60
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		77
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		120
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		180
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		120
Taylor	PRIMARY	2	2.5	CONSULATE (CMC II LLC)		120
Gadsden	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Argent	120
Jackson	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Omega	60
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Omega	120
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Argent	115
Jefferson	PRIMARY	2	2.5	GULF COAST HEALTH CARE LLC	Argent	97
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Washington	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Alachua	PRIMARY	3	3.2	AVANTE GROUP, INC.		133
Citrus	PRIMARY	3	3.5	AVANTE GROUP, INC.		104
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Columbia	PRIMARY	3	3.1	CONSULATE (CMC II LLC)		90

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Alachua	PRIMARY	3	3.2	CONSULATE (CMC II LLC)		120
Citrus	PRIMARY	3	3.5	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Sumter	PRIMARY	3	3.7	CONSULATE (CMC II LLC)		60
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		154
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		132
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		68
Bradford	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Marion	PRIMARY	3	3.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		99
Citrus	PRIMARY	3	3.5	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Lake	PRIMARY	3	3.7	GREYSTONE HEALTHCARE MANAGEMENT CORP		145
Gilchrist	SECONDARY	3	3.2	Health Services Mgt., Inc.		120
Citrus	SECONDARY	3	3.5	Health Services Mgt., Inc.		120
Hernando	SECONDARY	3	3.6	Health Services Mgt., Inc.		180
Duval	PRIMARY	4	4.1	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Clay	PRIMARY	4	4.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		118
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		150
Duval	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Nassau	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		180
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		163
St. Johns	PRIMARY	4	4.3	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Flagler	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	118
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	192
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	122
Pinellas	PRIMARY	5	5.2	AIRAMID		109
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		69
Pinellas	PRIMARY	5	5.2	AIRAMID		57
Pinellas	PRIMARY	5	5.2	AIRAMID		39
Pinellas	PRIMARY	5	5.2	AIRAMID		132
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		60
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		59
Pasco	PRIMARY	5	5.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		126
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		56
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		60
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		116

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Hillsborough	PRIMARY	6	6.1	AIRAMID	174
Hillsborough	PRIMARY	6	6.1	AIRAMID	236
Hillsborough	PRIMARY	6	6.1	AIRAMID	120
Manatee	PRIMARY	6	6.2	AIRAMID	240
Highlands	PRIMARY	6	6.4	AIRAMID	104
Polk	PRIMARY	6	6.5	AIRAMID	120
Polk	PRIMARY	6	6.5	AIRAMID	140
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	110
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	150
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Manatee	PRIMARY	6	6.2	CONSULATE (CMC II LLC)	105
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	SUMMIT CARE II INC	120
Hillsborough	PRIMARY	6	6.1	SUMMITT CARE II INC	80
Manatee	PRIMARY	6	6.2	SUMMITT CARE II INC	74
Polk	PRIMARY	6	6.5	SUMMITT CARE II INC	249
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Polk	SECONDARY	6	6.5	PALM HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	Solaris Foundation, Inc.	180
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Osceola	PRIMARY	7	7.3	Solaris Foundation, Inc.	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	116
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	138
Seminole	PRIMARY	7	7.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC	98
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Seminole	PRIMARY	7	7.4	Sunbelt Health Care Centers,Inc.	222
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	167
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	116
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	120
Charlotte	PRIMARY	8	8.1	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120

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Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	81
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	117
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	87
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	178
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	140
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	129
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	112
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	18
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	75
Lee	PRIMARY	8	8.5	LEE MEMORIAL HOSPITAL INC	64
Lee	SECONDARY	8	8.5	AIRAMID	120
Lee	SECONDARY	8	8.5	AIRAMID	120
Sarasota	SECONDARY	8	8.6	AIRAMID	144
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	107
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	220
St. Lucie	PRIMARY	9	9.5	LIFE CARE CENTERS OF AMERICA, INC.	123
Palm Beach	PRIMARY	9	9.4	LIFE CARE SERVICES LLC	60
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	198
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	152
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	110
Broward	PRIMARY	10	10	NSPRMC, LLC	109
Broward	PRIMARY	10	10	NSPRMC, LLC	120
Broward	PRIMARY	10	10	NSPRMC, LLC	151
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	35
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	245
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	147
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	120
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	148
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	98
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	86
					23,400

Beds

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District	Beds per SNF	Empty Beds		BED CERT
1	119.75	39		479
1	111.33	148		1,002
1	86.00	23		258
2	123.40	168		617
2	102.40	255	Panama City & GlenCove = 235 beds	512
2	160.00	47		480
3	117.25	58		469
3	105.00	33		630
3	119.71	42		838
3	140.00	53		420
4	120.67	45		724
4	135.00	31		540
4	128.60	59		643
4	134.40	91		672
5	92.29	74		646
5	89.75	79		359
5	105.50	101		422
5	98.67	38		296
6	162.00	90		1,134
6	120.50	88		1,205
6	120.00	49		120
6	134.33	41		403
6	120.00	26		360
7	135.00	26		540
7	118.67	121		712
7	145.50	70		582
7	132.54	141		1,723
8	116.10	98		1,161
8	126.38	230		1,011
8	68.33	49		205
8	64.00	8		64
8	128.00	33		384
9	137.14	124		960
9	142.50	70		570
9	60.00	2		60
10	153.33	97		460
10	126.67	47		380
10	51.67	28		155
11	201.67	35		605
11	119.80	23		599

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RESIDENT TOTAL	OCCUPANT PERCENT	CERTIFICATION	INHOSP	PARTICIPATION DATE	FAC AGE (YEARS)	CCRC FACIL	SFF Status
110.0	91.7%	Medicare & Medicaid	N	01/03/1984	36.5	N	
111.7	93.1%	Medicare & Medicaid	N	01/08/1997	23.5	N	
111.6	93.0%	Medicare & Medicaid	N	04/27/2000	20.2	N	
106.7	89.7%	Medicare & Medicaid	N	08/11/1994	25.9	N	
115.6	96.3%	Medicare & Medicaid	N	01/01/1981	39.6	N	
140.5	93.7%	Medicare & Medicaid	N	12/21/1985	34.6	N	
2.0	2.2%	Medicare & Medicaid	N	NEW CON	-	N	
139.4	89.9%	Medicare & Medicaid	N	04/01/1991	29.3	N	
113.8	94.8%	Medicare & Medicaid	N	12/16/1991	28.6	N	
85.6	95.1%	Medicare & Medicaid	N	03/07/2018	2.4	N	
113.0	94.2%	Medicare & Medicaid	N	09/01/1984	35.9	N	
55.7	92.8%	Medicare & Medicaid	N	08/04/1988	32.0	N	
88.9	91.6%	Medicare & Medicaid	N	02/24/1988	32.4	N	
84.0	95.5%	Medicare & Medicaid	N	08/12/1994	25.9	N	
95.9	87.2%	Medicare & Medicaid	N	05/01/1978	42.2	N	
55.1	91.8%	Medicare & Medicaid	N	04/24/1987	33.2	N	
70.9	92.1%	Medicare & Medicaid	N	08/21/1967	52.9	N	
-	0.0%	Medicare & Medicaid	N	08/01/1981	39.0	N	
159.7	88.7%	Medicare & Medicaid	N	07/06/1983	37.0	N	
106.3	88.6%	Medicare & Medicaid	N	04/01/1992	28.3	N	SFF Candidate
111.8	93.2%	Medicare & Medicaid	N	12/21/1988	31.6	N	
109.9	91.6%	Medicare & Medicaid	N	05/07/2002	18.2	N	
57.4	95.7%	Medicare & Medicaid	N	05/07/1991	29.2	N	
-	0.0%	Medicare & Medicaid	N	10/05/1967	52.8	N	
-	0.0%	Medicare & Medicaid	N	09/16/1992	27.8	N	
90.1	92.9%	Medicare & Medicaid	N	05/28/2002	18.1	N	
159.8	88.8%	Medicare & Medicaid	N	09/01/1989	30.9	N	
116.4	97.0%	Medicare & Medicaid	N	08/27/1997	22.9	N	
156.8	87.1%	Medicare & Medicaid	N	06/01/1991	29.1	N	
117.5	88.3%	Medicare & Medicaid	N	01/05/2010	10.5	N	
95.1	91.4%	Medicare & Medicaid	N	10/01/1980	39.8	N	
97.6	84.1%	Medicare & Medicaid	N	10/01/1980	39.8	N	
100.6	86.7%	Medicare & Medicaid	N	10/01/1980	39.8	N	
85.4	94.9%	Medicare & Medicaid	N	01/25/1994	26.5	N	

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114.6	95.5%	Medicare & Medicaid	N	03/13/1984	36.4	N
110.2	91.8%	Medicare & Medicaid	N	04/13/1984	36.3	N
113.8	94.8%	Medicare & Medicaid	N	08/17/1982	37.9	N
117.0	97.5%	Medicare & Medicaid	N	10/07/1998	21.8	N
56.1	93.5%	Medicare & Medicaid	N	07/02/1999	21.1	N
147.0	95.5%	Medicare & Medicaid	N	11/20/1968	51.7	N
128.5	97.3%	Medicare & Medicaid	N	06/27/2002	18.1	N
61.7	90.7%	Medicare & Medicaid	N	10/18/2012	7.8	N
112.5	93.8%	Medicare & Medicaid	N	11/01/1984	35.7	N
94.9	95.9%	Medicare & Medicaid	N	06/01/1982	38.1	N
112.8	94.0%	Medicare & Medicaid	N	07/12/2001	19.0	N
138.8	95.7%	Medicare & Medicaid	N	03/30/1999	21.3	N
106.7	88.9%	Medicare & Medicaid	N	03/05/1982	38.4	N
111.5	92.9%	Medicare & Medicaid	N	06/14/1983	37.1	N
149.3	82.9%	Medicare & Medicaid	N	10/20/1976	43.8	N
111.7	93.1%	Medicare & Medicaid	N	02/20/2004	16.4	N
103.8	96.1%	Medicare & Medicaid	N	03/11/2005	15.4	N
106.6	90.3%	Medicare & Medicaid	N	10/19/1987	32.8	N
104.6	96.9%	Medicare & Medicaid	N	07/14/1993	27.0	N
116.5	97.1%	Medicare & Medicaid	N	09/27/1996	23.8	N
136.1	90.7%	Medicare & Medicaid	N	11/03/2004	15.7	N
117.2	97.7%	Medicare & Medicaid	N	01/04/2005	15.5	N
113.3	94.4%	Medicare & Medicaid	N	02/01/1992	28.5	N
163.8	91.0%	Medicare & Medicaid	N	09/19/1996	23.8	N
114.6	95.5%	Medicare & Medicaid	N	07/31/1997	23.0	N
110.4	92.0%	Medicare & Medicaid	N	10/01/1989	30.8	N
150.9	92.6%	Medicare & Medicaid	N	10/31/1990	29.7	N
106.1	88.4%	Medicare & Medicaid	N	12/09/1986	33.6	N
108.4	90.3%	Medicare & Medicaid	N	06/26/1991	29.1	N
107.9	89.9%	Medicare & Medicaid	N	10/09/1992	27.8	N
102.4	86.8%	Medicare & Medicaid	N	05/01/1986	34.2	N
139.6	72.7%	Medicare & Medicaid	N	01/01/1967	53.6	N
108.3	90.3%	Medicare & Medicaid	N	02/06/1987	33.5	N
115.0	95.8%	Medicare & Medicaid	N	07/01/1985	35.1	N
115.7	94.8%	Medicare & Medicaid	N	06/02/1967	53.1	N
97.6	89.5%	Medicare & Medicaid	N	08/22/1973	46.9	N
105.5	87.9%	Medicare & Medicaid	N	02/01/1990	30.5	N
97.1	80.9%	Medicare & Medicaid	N	11/01/1973	46.7	N
61.4	89.0%	Medicare & Medicaid	N	06/01/1982	38.1	N
54.8	96.1%	Medicare & Medicaid	N	03/01/1991	29.4	N
35.6	91.3%	Medicare & Medicaid	N	03/01/1991	29.4	N
120.3	91.1%	Medicare & Medicaid	N	01/01/1992	28.6	N
114.3	95.3%	Medicare & Medicaid	N	10/17/2001	18.8	N
111.9	93.3%	Medicare & Medicaid	N	12/21/1984	35.6	N
52.5	87.5%	Medicare & Medicaid	N	03/01/1979	41.4	N
1.0	1.7%	Medicare & Medicaid	N	08/01/1995	25.0	N
89.2	74.3%	Medicare & Medicaid	N	10/27/1978	41.7	N
68.2	54.1%	Medicare & Medicaid	N	11/24/2013	6.7	N
48.0	85.7%	Medicare & Medicaid	N	06/01/1982	38.1	N
115.8	96.5%	Medicare & Medicaid	N	01/27/1984	36.5	N
52.6	87.7%	Medicare & Medicaid	N	10/07/1991	28.8	Y
103.8	86.5%	Medicare & Medicaid	N	07/16/1982	38.0	Y
101.8	87.8%	Medicare & Medicaid	N	02/19/2002	18.4	Y

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160.2	92.1%	Medicare & Medicaid	N	06/23/1970	50.1	N
227.4	96.4%	Medicare & Medicaid	N	06/01/1980	40.1	N
114.9	95.8%	Medicare & Medicaid	N	01/09/1987	33.5	N
202.7	84.5%	Medicare & Medicaid	N	06/05/1978	42.1	N
91.6	88.1%	Medicare & Medicaid	N	01/06/1993	27.5	N
113.5	94.6%	Medicare & Medicaid	N	08/01/1975	45.0	N
133.7	95.5%	Medicare & Medicaid	N	06/01/1982	38.1	N
108.9	90.8%	Medicare & Medicaid	N	09/24/1985	34.8	N
112.9	100.0%	Medicare & Medicaid	N	02/25/1991	29.4	N
111.9	93.3%	Medicare & Medicaid	N	05/07/1997	23.2	N
138.4	92.3%	Medicare & Medicaid	N	10/01/1982	37.8	N
111.9	93.3%	Medicare & Medicaid	N	03/01/1989	31.4	N
98.3	93.6%	Medicare & Medicaid	N	12/09/1999	20.6	N
111.3	92.8%	Medicare & Medicaid	N	12/28/1984	35.6	N
105.2	87.7%	Medicare & Medicaid	N	05/14/1990	30.2	N
113.2	94.3%	Medicare & Medicaid	N	03/26/1999	21.3	N
105.2	87.7%	Medicare & Medicaid	N	10/02/1998	21.8	N
70.6	58.8%	Medicare & Medicaid	N	10/16/2018	1.8	N
73.4	91.8%	Medicare & Medicaid	N	08/28/1995	24.9	N
62.1	83.9%	Medicare & Medicaid	N	02/08/1989	31.4	N
226.6	91.0%	Medicare & Medicaid	N	02/16/1977	43.4	N
111.5	92.9%	Medicare & Medicaid	N	06/28/1991	29.1	N
110.6	92.2%	Medicare & Medicaid	N	11/19/1987	32.7	N
111.5	92.9%	Medicare & Medicaid	N	07/09/1987	33.0	N
166.5	92.5%	Medicare & Medicaid	N	08/01/1990	30.0	N
115.6	96.3%	Medicare & Medicaid	N	09/12/1997	22.9	N
116.9	97.4%	Medicare & Medicaid	N	06/18/1997	23.1	N
114.8	95.7%	Medicare & Medicaid	N	06/26/1991	29.1	N
92.4	77.0%	Medicare & Medicaid	N	01/31/1996	24.5	N
109.5	91.3%	Medicare & Medicaid	N	04/09/1993	27.3	N
108.3	90.3%	Medicare & Medicaid	N	10/21/1994	25.7	N
110.5	95.3%	Medicare & Medicaid	N	05/29/1998	22.1	N
98.7	71.5%	Medicare & Medicaid	N	01/01/1978	42.6	N
72.0	73.5%	Medicare & Medicaid	N	11/07/1994	25.7	N
115.1	95.9%	Medicare & Medicaid	N	02/09/1993	27.4	N
115.1	95.9%	Medicare & Medicaid	N	02/08/1993	27.4	N
114.6	95.5%	Medicare & Medicaid	N	07/27/2000	20.0	N
167.2	75.3%	Medicare & Medicaid	N	10/01/1979	40.8	N
143.8	86.1%	Medicare & Medicaid	N	08/19/1994	25.9	N
95.5	79.6%	Medicare & Medicaid	N	07/01/1978	42.1	N
114.0	95.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
104.0	86.7%	Medicare & Medicaid	N	09/16/1985	34.8	N
112.7	93.9%	Medicare & Medicaid	N	09/20/1984	35.8	N
109.8	91.5%	Medicare & Medicaid	N	11/06/1984	35.7	N
174.3	96.8%	Medicare & Medicaid	N	02/19/1987	33.4	N
167.6	93.1%	Medicare & Medicaid	N	09/12/1983	36.9	N
112.5	93.8%	Medicare & Medicaid	N	08/25/1999	20.9	N
110.3	91.9%	Medicare & Medicaid	N	10/19/2006	13.8	N
116.9	97.4%	Medicare & Medicaid	N	07/20/1995	25.0	N
103.8	89.5%	Medicare & Medicaid	N	02/17/1994	26.4	N
116.7	97.3%	Medicare & Medicaid	N	11/08/2000	19.7	N
111.6	93.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
107.7	89.8%	Medicare & Medicaid	N	11/03/1987	32.7	N
115.7	96.4%	Medicare & Medicaid	N	08/31/1970	49.9	N
113.4	94.5%	Medicare & Medicaid	N	06/13/1985	35.1	N

SFF Candidate

AMERICAN OVERSIGHT

106.9	89.1%	Medicare & Medicaid	N	12/14/1998	21.6	N	
104.7	87.3%	Medicare & Medicaid	N	09/02/1983	36.9	N	
111.5	92.9%	Medicare & Medicaid	N	09/10/1982	37.9	N	
74.2	91.6%	Medicare & Medicaid	N	02/18/1998	22.4	N	
106.3	88.6%	Medicare & Medicaid	N	02/01/2001	19.5	N	
111.1	92.6%	Medicare & Medicaid	N	12/29/1983	36.6	N	
88.2	73.5%	Medicare & Medicaid	N	10/22/1982	37.7	N	
107.0	91.5%	Medicare & Medicaid	N	05/22/1984	36.2	N	
101.9	84.9%	Medicare & Medicaid	N	04/25/1991	29.2	N	
86.1	71.8%	Medicare & Medicaid	N	04/07/2000	20.3	N	
72.0	82.8%	Medicare & Medicaid	N	08/01/1981	39.0	N	
144.5	81.2%	Medicare & Medicaid	N	01/05/1984	36.5	N	
85.8	61.3%	Medicare & Medicaid	N	11/23/1993	26.7	N	
95.3	73.9%	Medicare & Medicaid	N	06/05/1997	23.1	N	
103.3	92.2%	Medicare & Medicaid	N	12/30/1992	27.6	N	
16.6	92.2%	Medicare	Y	06/20/2017	3.1	N	
36.6	48.8%	Medicare	Y	02/07/2019	1.5	N	
56.2	87.8%	Medicare	N	04/26/2000	20.2	Y	
116.0	96.7%	Medicare & Medicaid	N	03/16/1979	41.3	N	
116.5	97.1%	Medicare & Medicaid	N	04/12/1995	25.3	N	
118.5	82.3%	Medicare & Medicaid	N	10/01/1971	48.8	N	
169.0	93.9%	Medicare & Medicaid	N	09/18/1984	35.8	N	
80.6	67.2%	Medicare & Medicaid	N	01/12/1995	25.5	N	
151.1	83.9%	Medicare & Medicaid	N	03/05/1985	35.4	N	
116.5	97.1%	Medicare & Medicaid	N	01/16/1992	28.5	N	
107.9	89.9%	Medicare & Medicaid	N	02/19/1999	21.4	N	
106.1	88.4%	Medicare & Medicaid	N	03/27/1992	28.3	N	
104.8	87.3%	Medicare & Medicaid	N	04/02/1996	24.3	N	
107.1	89.3%	Medicare & Medicaid	N	08/13/1996	23.9	N	
102.5	95.8%	Medicare & Medicaid	N	07/01/1979	41.1	N	
178.1	81.0%	Medicare & Medicaid	N	11/01/1985	34.7	N	
112.1	91.1%	Medicare & Medicaid	N	09/09/1999	20.9	N	
58.3	97.2%	Medicare	N	12/20/2016	3.6	Y	
157.8	79.7%	Medicare & Medicaid	N	09/01/1976	43.9	N	
101.9	67.0%	Medicare & Medicaid	N	03/01/1974	46.4	N	
103.5	94.1%	Medicare & Medicaid	N	03/06/1990	30.4	N	
106.2	97.4%	Medicare & Medicaid	N	12/27/1989	30.6	N	
104.9	87.4%	Medicare & Medicaid	N	09/23/1985	34.8	N	
121.6	80.5%	Medicare & Medicaid	N	07/07/1988	32.0	N	
32.1	91.7%	Medicare & Medicaid	N	06/13/1985	35.1	Y	
47.7	79.5%	Medicare & Medicaid	N	06/04/1990	30.1	N	
47.6	79.3%	Medicare & Medicaid	N	11/30/1988	31.6	Y	
177.2	98.4%	Medicare & Medicaid	N	09/06/1984	35.9	N	
173.5	96.4%	Medicare & Medicaid	N	05/15/1985	35.2	N	
218.9	89.3%	Medicare & Medicaid	N	04/01/1985	35.3	N	
140.6	95.6%	Medicare & Medicaid	N	04/21/2000	20.2	N	
116.5	97.1%	Medicare & Medicaid	N	01/26/2001	19.5	N	
142.6	96.4%	Medicare & Medicaid	N	08/22/2013	6.9	N	
96.3	98.3%	Medicare & Medicaid	N	04/01/1971	49.3	N	SFF Candidate
80.1	93.1%	Medicare & Medicaid	N	07/01/1978	42.1	N	
20,521.8	87.7%				30.1		

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	
440	91.9%	26.6
855	85.3%	26.1
235	91.1%	33.8
449	**72.7%**	37.8
257	**50.3%**	29.2
433	90.2%	27.6
411	87.6%	32.5
597	94.8%	30.0
796	95.0%	27.4
368	87.5%	39.7
679	93.8%	21.8
509	94.2%	22.7
584	90.8%	30.2
581	86.5%	41.9
572	88.6%	35.7
280	77.9%	30.2
321	76.1%	30.8
258	87.2%	28.4
1,044	92.1%	39.5
1,117	92.7%	28.6
71	58.8%	1.8
362	89.9%	33.3
334	92.7%	31.6
514	95.1%	26.2
591	83.1%	28.0
512	88.0%	28.9
1,582	91.8%	28.7
1,063	91.6%	31.5
781	77.2%	31.1
157	76.3%	10.7
56	87.8%	20.2
351	91.4%	38.5
836	87.1%	28.5
500	87.7%	30.1
58	97.2%	3.6
363	79.0%	40.2
333	87.6%	32.5
127	82.2%	32.3
570	94.1%	35.5
576	96.2%	27.6

AMERICAN OVERSIGHT

ABUSE ICON	Old Survey	CHOW LAST 12 MOS	RES FAM COUNCIL	SPRINKLER STATUS	Overall Rating	SURVEY RATING	Quality Rating	LS Quality Rating	SS Quality Rating
N	N	N	Both	Yes	1	1	4	3	5
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	2	1	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	4
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	NEW	NEW	NEW	NEW	NEW
N	N	N	Both	Yes	4	4	4	5	4
N	N	N	Resident	Yes	5	4	5	4	5
N	N	N	None	Yes	5	4	5		5
N	N	N	Resident	Yes	3	2	3	3	3
N	N	N	Both	Yes	4	4	3	1	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	2	2	2
N	N	N	Resident	Yes	4	4	3	4	3
N	N	N	Both	Yes	4	4	3	4	1
N	N	N	Both	Yes	2	2	4	3	5
N	Y	N	Both	Yes	2	2	3	4	1
N	N	N	Both	Yes	1	1	3	4	1
N	N	N	Resident	Yes	1	1	2	2	2
N	N	N	Resident	Yes	1	1	3	2	4
N	N	N	Both	Yes	5	5	5	5	5
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Resident	Yes	5	5	5	5	
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	5	4	5
N	N	N	Resident	Yes	3	3	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	2	2	2	2
N	N	N	Both	Yes	3	2	4	4	4
N	N	N	Both	Yes	3	2	2	3	1
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	2	2	4	4	4

AMERICAN OVERSIGHT

N	N	N	Both	Yes	1	1	3	3	4
N	N	N	Both	Yes	4	3	5	5	3
N	N	N	Both	Yes	5	4	5	4	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	3	3	4	5	4
Y	N	N	Both	Yes	2	1	3	3	3
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	5	4	5		5
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	5	3	5	5	5
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	5	4	4	5
N	N	N	Both	Yes	5	5	4	4	5
N	N	N	Both	Yes	2	2	4	5	4
N	N	N	Resident	Yes	5	5	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	3	4	4	5
N	N	N	Both	Yes	3	2	4	2	5
N	N	N	Resident	Yes	3	3	3	2	4
N	N	N	Resident	Yes	3	3	3	3	4
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	4	4	4	3	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	5	3	5	5	4
N	N	N	Resident	Yes	4	3	4	2	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	4	4	3	5
N	N	N	Resident	Yes	3	3	2	4	1
N	N	N	Resident	Yes	2	3	1	1	1
N	N	N	Both	Yes	3	3	3	5	1
N	N	N	Both	Yes	4	4	2	2	2
N	N	N	Both	Yes	5	5	4	5	2
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	4	4	3	3	2
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	2	2	1	2	1
N	N	N	Resident	Yes	1	1	1	1	1
N	N	N	Resident	Yes	1	1	4	4	
N	N	N	Both	Yes	3	2	4	5	2
N	N	N	Resident	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	3	2	2	2
N	N	N	Both	Yes	1	1	4	4	3
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	4	5	3
N	N	N	Resident	Yes	2	1	5	4	5

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	2	2	4	4	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Both	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	4	4	5	3
N	N	N	Both	Yes	2	2	4	4	3
N	N	N	Both	Yes	2	2	3	3	2
N	N	N	Both	Yes	1	1	3	4	2
N	N	N	Resident	Yes	3	2	4	5	4
N	N	N	Resident	Yes	1	1	4	5	3
N	N	N	Both	Yes	2	1	4	5	3
N	N	N	Both	Yes	2	1	5	4	5
N	N	N	Both	Yes	5	4	5	5	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	2	1	5	5	3
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Both	Yes	1	1	2	1	3
N	N	N	None	Yes					
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Resident	Yes	2	1	4	5	3
N	N	N	Resident	Yes	3	3	4	3	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	4	4	4	4
N	N	N	Resident	Yes	5	5	4	3	5
N	N	N	Resident	Yes	2	2	2	2	1
N	N	N	Resident	Yes	2	2	4	5	2
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Both	Yes	3	2	5	5	4
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Both	Yes	2	1	3	2	4
N	N	N	Both	Yes	2	2	4	5	3
N	N	N	Both	Yes	2	1	3	3	3
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	5	3	5	5	3
N	N	N	Resident	Yes	2	2	3	5	1
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	2	1	3	3	2
N	N	N	Both	Yes	3	3	4	5	2
N	N	N	Both	Yes	5	3	5	5	4
Y	N	N	Resident	Yes	2	1	2	1	4
N	N	N	Resident	Yes	2	2	4	4	4
N	N	N	Both	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	2	5	4	5
N	N	N	Resident	Yes	2	2	4	3	4
N	N	N	Resident	Yes	2	1	4	5	2

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	3	3	3	5	1
N	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Both	Yes	1	1	4	5	3
N	N	N	Resident	Yes	1	1	3	4	3
N	N	N	Resident	Yes	4	3	4	5	4
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Resident	Yes	2	2	4	5	3
N	N	N	Resident	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	2	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	5
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	None	Yes	5	5	5		5
N	N	N	None	ata Not Available					
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	5	5	5
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	3	3	3	4	2
N	N	N	Resident	Yes	5	3	5	5	4
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Both	Yes	2	1	3	4	3
N	N	N	None	Yes	4	4	2	4	1
N	N	N	Resident	Yes	3	2	3	4	3
N	N	N	Resident	Yes	5	5	2	4	1
N	N	N	Resident	Yes	4	3	2	3	2
N	N	N	Resident	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	2	2
Y	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Resident	Yes	3	2	4	4	5
N	N	N	None	Yes	5	4	4	2	5
N	N	N	Resident	Yes	4	3	4	4	3
N	N	N	Both	Yes	4	4	3	5	2
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	4	1
N	N	N	Resident	Yes	1	1	3	4	2
N	N	N	Resident	Yes	2	1	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	2	2	3	4	2
N	N	N	Both	Yes	5	5	4	4	4
N	N	N	None	Yes	5	4	5	5	
N	N	N	Both	Yes	4	4	4	3	4
N	N	N	Resident	Yes	2	2	1	2	1
N	N	N	Resident	Yes	3	2	4	5	3
Y	N	N	Resident	Yes	2	1	4	5	2
N	N	N	Both	Yes	3	2	4	5	2
					3.20	2.64	3.84	3.92	3.49

AMERICAN OVERSIGHT

2.50	2.00	4.00	3.75	4.25
3.56	2.78	3.89	3.11	3.89
4.00	3.67	2.67	3.33	2.00
1.40	1.40	3.00	3.00	2.60
4.60	4.20	4.80	4.80	3.80
4.00	3.67	4.33	4.67	4.00
3.25	2.00	3.25	3.50	3.00
3.17	2.67	4.33	4.33	4.17
3.43	2.57	4.14	3.43	4.29
5.00	4.00	5.00	5.00	4.67
4.00	4.00	4.00	4.17	4.33
3.00	2.50	3.75	3.00	4.50
4.20	3.80	4.40	4.40	4.20
4.40	3.40	4.60	4.00	4.80
3.57	3.71	2.57	3.14	1.71
1.50	1.50	2.00	2.25	1.00
2.25	2.00	3.25	3.75	2.50
3.33	2.33	4.67	4.67	4.33
3.00	2.86	4.00	4.29	3.29
2.20	1.60	4.10	4.30	3.70
-	-	-	-	-
3.67	3.00	4.33	5.00	3.67
4.00	3.33	4.67	4.33	4.67
4.00	3.75	3.75	3.50	3.75
3.00	2.17	4.67	4.67	4.33
3.25	2.75	3.50	3.00	3.75
2.77	2.00	3.85	4.08	3.23
2.10	1.60	3.90	4.30	3.30
2.88	1.88	4.50	4.63	4.38
3.33	3.00	3.33	1.67	3.33
5.00	4.00	5.00	5.00	5.00
4.00	3.33	4.33	4.67	4.00
4.00	3.29	3.00	4.14	2.57
2.75	1.75	3.25	3.50	3.25
5.00	4.00	4.00	2.00	5.00
4.00	3.33	3.67	4.33	3.00
1.67	1.00	3.00	4.00	2.00
4.00	3.33	4.33	4.33	4.33
4.00	3.67	4.00	4.33	2.00
2.80	2.20	3.40	4.00	2.40

AMERICAN OVERSIGHT

Staffing Rating	RN staffing rating	AIDHRD	VOCHRD	RNHRD	TOTLICHRD	TOTHRD	PTHRD	CM AIDE
3	2	2.660	0.923	0.415	1.338	3.998	0.049	1.8515
3	3	2.595	0.777	0.557	1.335	3.930	0.050	1.9278
3	2	2.613	0.915	0.449	1.364	3.977	0.049	2.0477
4	4	2.195	0.709	0.600	1.309	3.504	0.046	1.8945
4	4	2.847	0.546	0.801	1.348	4.195	0.031	1.9651
4	4	2.634	0.842	0.771	1.613	4.247	0.071	2.0831
NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW
4	4	2.555	0.905	0.589	1.494	4.049	0.037	1.9956
4	4	2.598	0.789	0.707	1.496	4.094	0.049	2.1364
4	4	2.766	1.179	1.359	2.538	5.303	0.277	2.2559
4	4	2.762	0.854	0.691	1.545	4.307	0.037	1.9919
3	2	2.638	1.294	0.393	1.687	4.325	0.031	1.9472
3	3	2.630	0.958	0.649	1.607	4.237	0.082	2.1193
4	4	2.561	0.907	0.708	1.615	4.176	0.026	1.8531
4	4	2.678	0.950	0.633	1.584	4.262	0.054	1.8434
4	4	2.657	0.951	0.586	1.537	4.193	0.110	1.9640
3	3	2.619	0.960	0.581	1.541	4.160	0.077	2.0271
3	2	2.680	0.808	0.410	1.218	3.898	0.067	1.9981
2	1	2.565	1.291	0.206	1.497	4.062	0.062	2.0211
3	2	2.553	1.015	0.341	1.355	3.909	0.051	1.8993
4	4	2.692	0.898	0.573	1.471	4.163	0.051	1.9824
4	4	2.498	1.013	0.672	1.685	4.184	0.057	2.0940
3	3	2.601	0.804	0.473	1.277	3.878	0.074	2.0121
3	2	2.563	0.953	0.391	1.344	3.907	0.040	1.9965
3	3	2.633	0.874	0.478	1.353	3.986	0.042	2.0205
3	2	2.551	1.002	0.395	1.397	3.948	0.047	1.9552
4	4	2.688	0.919	0.819	1.738	4.426	-	2.0200
4	4	2.511	0.936	0.643	1.579	4.090	-	2.1378
4	4	2.624	0.643	0.750	1.393	4.016	-	2.0976
4	4	2.783	0.638	0.856	1.494	4.277	-	2.0777
3	2	2.589	1.193	0.486	1.679	4.268	0.112	2.1150

AMERICAN OVERSIGHT

2	1	2.550	1.196	0.285	1.481	4.031	0.049	1.9024
2	2	2.578	1.061	0.432	1.493	4.071	0.108	2.1904
3	3	2.630	0.856	0.450	1.306	3.936	0.044	2.0338
3	3	2.511	0.618	0.741	1.359	3.870	0.105	2.3569
3	3	2.589	0.935	0.520	1.456	4.044	0.096	2.1107
4	3	2.534	1.007	0.520	1.527	4.061	0.116	1.9000
2	2	2.568	0.977	0.453	1.429	3.997	0.249	2.2204
3	3	2.477	1.072	0.934	2.006	4.483	0.571	2.2389
2	2	2.590	0.904	0.349	1.253	3.843	0.136	2.0694
4	4	2.554	0.804	0.711	1.515	4.069	0.281	1.9719
4	4	2.530	0.975	0.693	1.668	4.198	0.195	2.2221
2	2	2.472	0.913	0.387	1.300	3.772	0.146	2.1711
3	2	2.666	1.008	0.456	1.464	4.130	0.083	2.0278
3	3	2.725	0.764	0.499	1.262	3.988	0.044	2.1025
2	2	2.609	1.044	0.391	1.435	4.044	0.041	2.2180
3	3	2.472	0.842	0.427	1.269	3.741	0.039	2.0353
3	3	2.429	0.640	0.675	1.315	3.744	0.204	2.1538
3	3	2.584	0.850	0.624	1.474	4.058	0.218	1.9461
3	2	2.674	0.991	0.465	1.456	4.130	0.245	2.0705
3	3	2.582	0.837	0.507	1.344	3.926	0.085	2.2350
3	3	2.488	0.948	0.526	1.475	3.963	0.139	1.9349
4	4	2.507	0.681	0.857	1.537	4.045	0.163	2.2110
3	3	2.541	0.770	0.553	1.324	3.865	0.111	1.9770
3	3	2.572	1.030	0.555	1.585	4.157	0.213	2.0901
3	3	2.508	0.962	0.748	1.710	4.218	0.188	2.0940
2	1	2.678	1.152	0.216	1.368	4.045	0.147	1.9641
3	3	2.705	0.859	0.523	1.382	4.086	0.145	2.0986
3	2	2.752	1.095	0.460	1.555	4.307	0.177	2.2053
3	3	2.718	0.839	0.736	1.575	4.293	0.193	2.1597
3	3	2.758	0.867	0.674	1.541	4.299	0.170	1.9854
2	2	2.541	0.821	0.517	1.338	3.878	0.060	2.1620
4	3	2.629	0.884	0.464	1.348	3.977	0.001	1.7737
4	4	2.655	0.840	0.756	1.596	4.251	0.095	1.8731
3	3	2.629	0.865	0.673	1.538	4.167	0.058	2.1473
4	3	2.592	0.901	0.488	1.389	3.982	0.049	1.8446
2	2	2.493	0.952	0.323	1.274	3.768	0.088	1.9365
2	2	2.538	0.717	0.462	1.179	3.717	0.050	2.0069
3	3	2.557	0.608	0.636	1.244	3.801	0.082	1.9314
3	3	2.557	0.723	0.565	1.287	3.845	0.060	2.0967
3	2	2.514	0.879	0.437	1.316	3.831	0.069	1.8938
4	4	2.383	0.742	0.705	1.448	3.830	0.047	2.0971
3	3	2.477	0.748	0.537	1.284	3.761	0.099	1.9457
2	2	2.529	0.931	0.399	1.330	3.859	0.107	2.0889
4	3	2.573	0.730	0.556	1.286	3.859	0.098	1.7732
4	4	2.603	0.780	0.596	1.375	3.978	0.154	1.7629
4	4	2.558	0.844	0.663	1.507	4.064	0.056	1.9815
3	2	2.631	1.229	0.344	1.572	4.203	0.100	2.0726
3	3	2.572	0.747	0.707	1.455	4.026	0.178	1.9412
3	3	2.598	0.829	0.518	1.347	3.945	0.090	2.0660
5	5	2.711	0.617	1.223	1.840	4.550	0.198	2.2172
4	4	2.732	0.905	0.887	1.792	4.524	0.143	2.1020
3	3	2.700	1.042	0.746	1.789	4.489	0.138	2.1499

AMERICAN OVERSIGHT

3	3	2.568	0.634	0.738	1.372	3.940	0.091	2.2850
4	5	2.544	0.276	1.017	1.294	3.838	0.046	2.0390
3	4	2.502	0.277	0.978	1.255	3.758	0.089	2.3751
2	2	2.509	0.784	0.428	1.212	3.721	0.070	2.0145
1	1							
2	2	2.540	0.953	0.311	1.263	3.803	0.065	2.2001
2	2	2.522	0.850	0.385	1.235	3.757	0.057	2.1397
3	3	2.411	0.726	0.685	1.411	3.822	0.104	2.1595
4	5	2.564	0.583	0.988	1.571	4.135	0.089	2.1841
3	3	2.566	0.902	0.759	1.661	4.227	0.106	2.2415
5	5	2.650	0.413	1.193	1.606	4.257	0.039	2.0458
4	4	2.552	0.630	0.760	1.389	3.942	0.049	2.1188
3	3	2.548	0.666	0.806	1.472	4.020	0.077	2.1698
2	1	2.488	0.998	0.205	1.203	3.692	0.081	2.1633
3	2	2.627	1.048	0.421	1.468	4.095	0.050	1.9563
3	3	2.546	0.880	0.522	1.402	3.948	0.085	2.0959
3	3	2.655	0.927	0.489	1.416	4.071	0.068	2.1779
		2.920	1.011	0.754	1.765	4.685	0.162	2.0726
4	3	2.624	1.079	0.522	1.602	4.226	0.039	1.9606
3	2	2.820	1.523	0.568	2.090	4.910	0.168	2.2779
4	3	2.657	0.999	0.626	1.624	4.281	0.069	2.0301
3	3	2.577	1.022	0.547	1.568	4.145	0.056	2.0867
3	3	2.651	1.105	0.531	1.636	4.287	0.067	2.0780
3	3	2.537	0.764	0.674	1.438	3.976	0.090	2.1566
4	4	2.664	1.113	0.755	1.868	4.532	0.110	2.0899
4	4	2.696	0.885	0.769	1.654	4.350	0.141	2.0294
3	3	2.662	1.148	0.634	1.782	4.444	0.147	2.0986
3	2	2.705	1.088	0.346	1.434	4.139	0.090	2.0682
3	3	2.768	1.051	0.548	1.599	4.367	0.170	2.2341
3	3	2.964	1.008	0.581	1.589	4.553	0.183	2.2099
3	3	2.770	0.867	0.619	1.486	4.257	0.116	2.2012
3	3	2.860	0.986	0.682	1.668	4.528	0.189	2.3022
4	4	2.624	0.562	0.887	1.449	4.074	0.134	2.1364
4	3	3.111	1.518	0.573	2.091	5.202	0.281	2.2735
3	3	2.720	1.154	0.661	1.815	4.536	0.087	2.1731
3	2	2.722	1.458	0.689	2.147	4.869	0.134	2.3698
4	3	2.657	1.139	0.569	1.708	4.365	0.076	2.0466
4	3	3.048	1.199	0.807	2.006	5.053	0.061	2.1303
3	3	2.465	0.997	0.467	1.464	3.929	0.043	1.9759
4	3	2.596	0.853	0.620	1.472	4.068	0.086	1.8787
2	2	2.569	0.979	0.500	1.480	4.049	0.081	2.1816
4	4	2.089	0.731	0.598	1.329	3.418	0.041	1.8456
2	2	2.345	0.844	0.368	1.213	3.557	0.055	2.0107
2	2	2.552	0.891	0.366	1.257	3.808	0.055	2.0832
4	4	2.627	0.634	0.698	1.332	3.959	0.049	2.0988
3	2	2.545	0.918	0.371	1.289	3.834	0.064	1.9636
4	4	2.534	0.439	0.932	1.371	3.905	0.126	2.1398
5	5	2.769	0.400	0.992	1.392	4.161	0.108	2.0528
3	3	2.515	0.705	0.652	1.357	3.872	0.102	2.0015
4	3	2.652	1.037	0.447	1.484	4.136	0.047	1.9976
3	3	2.562	0.878	0.647	1.525	4.087	0.113	2.0911
2	2	2.603	1.013	0.419	1.432	4.034	0.059	2.1740
4	4	2.547	0.526	0.815	1.341	3.888	0.056	2.1293
2	2	2.570	0.863	0.357	1.219	3.789	0.050	2.0853
4	4	2.507	0.521	0.733	1.254	3.761	0.053	1.9493

AMERICAN OVERSIGHT

2	2	2.597	0.851	0.430	1.281	3.878	0.055	2.0841
3	3	2.633	0.897	0.574	1.472	4.105	0.038	2.0071
3	3	2.510	0.867	0.496	1.363	3.873	0.045	1.8110
4	3	2.557	0.909	0.582	1.491	4.048	0.030	1.9537
3	2	2.573	0.994	0.394	1.388	3.961	0.053	1.8543
3	2	2.682	0.925	0.320	1.245	3.926	0.048	1.9824
4	4	2.715	0.716	0.758	1.473	4.189	0.101	2.1799
4	4	2.612	0.498	1.017	1.516	4.127	0.181	2.3775
3	3	2.513	0.731	0.754	1.485	3.998	0.153	2.1402
5	5	2.602	0.574	1.069	1.642	4.244	0.187	2.2114
4	4	2.483	0.858	0.684	1.542	4.025	0.079	2.0694
3	3	2.542	0.899	0.513	1.412	3.954	0.082	2.1470
4	4	2.412	0.713	0.971	1.683	4.095	0.210	2.1856
2	2	2.556	0.997	0.480	1.476	4.032	0.118	2.3007
5	5	2.966	1.493	1.295	2.788	5.754	0.431	2.1415
5	5	2.916	-	3.665	3.665	6.581	1.019	2.1690
		2.753	-	4.601	4.601	7.353	1.011	2.2519
4	4	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2	2	2.501	0.825	0.510	1.335	3.836	0.102	2.2290
2	2	2.528	0.718	0.413	1.131	3.659	0.071	2.1905
3	3	2.498	0.619	0.654	1.273	3.771	0.076	1.9111
4	5	2.540	0.464	0.891	1.355	3.895	0.073	2.1000
4	3	2.724	1.334	0.753	2.088	4.812	0.267	2.1918
4	5	2.486	0.267	1.164	1.431	3.917	0.125	2.1761
4	4	2.556	0.417	0.827	1.244	3.800	0.038	2.2512
4	5	2.470	0.137	1.340	1.477	3.947	0.137	2.2945
4	4	2.491	0.800	0.784	1.584	4.075	0.137	2.1263
4	4	2.595	0.687	0.799	1.485	4.081	0.073	2.2224
5	5	2.506	0.321	1.361	1.682	4.188	0.197	2.1851
4	5	2.578	0.273	1.094	1.367	3.945	0.083	2.1623
5	5	2.631	0.389	1.067	1.456	4.087	0.119	2.1437
4	4	2.367	0.438	1.123	1.561	3.928	0.218	2.2618
5	5	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
4	4	2.915	1.318	0.822	2.140	5.055	0.049	2.0652
3	3	2.554	1.196	1.373	2.569	5.123	0.145	2.3341
4	3	2.749	1.040	0.666	1.706	4.455	0.104	2.0005
4	4	2.445	0.379	0.792	1.171	3.615	0.052	2.1432
3	3	2.554	0.735	0.620	1.355	3.909	0.050	2.1877
4	4	2.487	0.752	0.775	1.527	4.014	0.041	2.1924
4	3	2.944	1.235	0.591	1.826	4.770	0.159	2.1368
5	5	2.674	0.363	1.689	2.051	4.725	0.161	2.1350
4	4	2.738	0.879	0.856	1.734	4.472	0.115	2.3026
3	3	2.727	0.878	0.452	1.331	4.058	0.054	1.9988
4	4	2.529	0.449	0.740	1.189	3.718	0.034	2.1103
4	4	2.472	0.698	0.744	1.442	3.914	0.008	1.8768
4	4	2.707	0.659	0.990	1.649	4.357	0.094	2.2578
5	5	2.612	0.677	1.177	1.854	4.466	0.068	2.1814
5	5	2.879	0.195	1.645	1.840	4.718	0.070	2.1491
4	4	2.890	0.724	0.911	1.635	4.525	0.088	2.0576
4	4	3.148	1.182	0.851	2.032	5.181	0.067	2.2596
3.25	3.08	2.597	0.832	0.668	1.501	4.098	0.097	2.0744

AMERICAN OVERSIGHT

3.25	2.75	2.519	0.832	0.505	1.337	3.856	0.048	1.9310
3.33	3.22	2.669	0.880	0.746	1.626	4.295	0.072	2.0553
4.00	4.00	2.631	0.935	0.649	1.584	4.215	0.057	1.8751
2.20	1.60	2.611	0.998	0.371	1.369	3.981	0.063	1.9835
2.20	2.20	2.617	0.891	0.560	1.451	4.068	0.060	2.0177
3.00	2.33	2.577	0.950	0.416	1.366	3.943	0.043	1.9880
4.00	4.00	2.655	0.789	0.771	1.559	4.214	-	2.0798
2.67	2.33	2.572	0.968	0.484	1.452	4.024	0.083	2.1196
3.00	2.86	2.534	0.947	0.541	1.489	4.023	0.212	2.1034
2.67	2.33	2.661	0.948	0.443	1.391	4.052	0.054	2.1277
3.00	2.83	2.536	0.856	0.535	1.391	3.927	0.152	2.0590
3.25	3.25	2.536	0.876	0.668	1.544	4.080	0.173	2.0936
2.80	2.40	2.721	0.955	0.521	1.476	4.196	0.165	2.0830
3.40	3.00	2.611	0.864	0.574	1.438	4.049	0.050	1.9487
2.86	2.71	2.511	0.763	0.507	1.270	3.781	0.075	1.9736
2.50	2.25	2.551	0.819	0.497	1.316	3.867	0.112	1.8939
3.25	3.00	2.590	0.906	0.549	1.455	4.045	0.096	2.0253
4.00	4.00	2.715	0.900	0.900	1.800	4.515	0.152	2.1444
2.43	2.71	2.310	0.553	0.609	1.161	3.471	0.062	1.9605
3.30	3.20	2.563	0.767	0.696	1.464	4.026	0.074	2.1295
-	-	2.920	1.011	0.754	1.765	4.685	0.162	2.0726
3.67	2.67	2.678	1.105	0.595	1.700	4.378	0.079	2.0585
3.00	3.00	2.588	0.963	0.584	1.547	4.135	0.071	2.1072
3.50	3.25	2.680	1.064	0.639	1.703	4.384	0.121	2.0734
3.33	3.17	2.840	0.972	0.652	1.624	4.464	0.174	2.2248
3.50	2.75	2.813	1.234	0.695	1.928	4.741	0.087	2.1750
3.31	3.08	2.529	0.794	0.584	1.377	3.906	0.073	2.0273
3.00	2.70	2.578	0.833	0.509	1.342	3.920	0.049	2.0049
3.63	3.63	2.556	0.753	0.765	1.518	4.074	0.137	2.2044
3.33	3.33	2.911	0.985	2.320	3.305	6.215	0.629	2.1702
4.00	4.00	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2.33	2.33	2.509	0.720	0.526	1.246	3.755	0.083	2.1089
4.00	4.29	2.542	0.534	0.951	1.485	4.027	0.113	2.1875
4.50	4.75	2.534	0.362	1.148	1.510	4.044	0.151	2.1828
5.00	5.00	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
3.67	3.33	2.767	1.204	0.932	2.137	4.903	0.091	2.1222
3.67	3.67	2.494	0.627	0.732	1.359	3.853	0.047	2.1752
4.33	4.00	2.766	0.775	1.101	1.876	4.642	0.143	2.1981
3.67	3.67	2.569	0.678	0.652	1.330	3.899	0.030	1.9859
4.40	4.40	2.822	0.631	1.157	1.789	4.611	0.078	2.1822

AMERICAN OVERSIGHT

CM LPN	CM RN	CM TOTAL	ADJ AIDE	ADJ LPN	ADJ RN	ADJ TOTAL	CYCLE 1 SURVEY DATE	cycle 1 defs
0.6780	0.3223	2.8518	2.9859	1.0238	0.4848	4.4957	04/19/2019	22
0.6967	0.3338	2.9582	2.7982	0.8390	0.6284	4.2601	10/25/2019	7
0.7343	0.3379	3.1199	2.6519	0.9370	0.5002	4.0874	05/31/2019	3
0.6495	0.2961	2.8401	2.4077	0.8203	0.7633	3.9559	10/10/2019	8
0.6704	0.3118	2.9473	3.0116	0.6126	0.9672	4.5641	08/22/2019	8
0.7227	0.3388	3.1446	2.6284	0.8757	0.8570	4.3312	07/18/2019	3
NEW	NEW	NEW	NEW	NEW	NEW	NEW		
0.6781	0.2955	2.9692	2.6606	1.0033	0.7505	4.3725	06/27/2019	5
0.7299	0.3403	3.2066	2.5270	0.8132	0.7817	4.0937	03/28/2019	3
1.0543	0.5894	3.8997	2.5478	0.8410	0.8676	4.3610	02/08/2019	3
0.6857	0.2978	2.9754	2.8819	0.9362	0.8736	4.6417	01/10/2019	4
0.7229	0.3197	2.9898	2.8156	1.3458	0.4629	4.6387	01/25/2019	7
0.7208	0.3375	3.1776	2.5793	0.9996	0.7237	4.2761	11/07/2019	3
0.6477	0.2849	2.7856	2.8726	1.0526	0.9355	4.8071	09/19/2019	6
0.6541	0.3086	2.8061	3.0196	1.0927	0.7721	4.8702	05/09/2019	2
0.6310	0.2942	2.8892	2.8112	1.1334	0.7490	4.6538	04/05/2019	4
0.7737	0.3793	3.1801	2.6850	0.9325	0.5767	4.1943	02/21/2019	3
							09/28/2017	7
0.7061	0.3436	3.0478	2.7870	0.8606	0.4491	4.1007	02/08/2019	13
0.7268	0.3489	3.0968	2.6378	1.3362	0.2217	4.2063	10/17/2019	24
0.6697	0.3037	2.8727	2.7939	1.1395	0.4220	4.3630	10/03/2019	7
0.6524	0.2805	2.9153	2.8225	1.0349	0.7687	4.5790	10/31/2019	2
0.7317	0.3453	3.1709	2.4796	1.0415	0.7324	4.2308	03/08/2019	1
							04/12/2018	-
							01/10/2018	4
0.6401	0.2938	2.9459	2.6871	0.9445	0.6059	4.2216	08/09/2019	16
0.6742	0.2977	2.9684	2.6678	1.0631	0.4941	4.2204	08/15/2019	9
0.6995	0.3159	3.0358	2.7085	0.9401	0.5698	4.2101	02/28/2019	-
0.7201	0.3395	3.0148	2.7112	1.0463	0.4379	4.1988	02/14/2019	4
0.7463	0.3501	3.1163	2.7659	0.9261	0.8804	4.5545	02/28/2019	8
0.7130	0.3226	3.1734	2.4414	0.9870	0.7498	4.1327	10/17/2019	10
0.7089	0.3077	3.1143	2.5996	0.6815	0.9175	4.1354	07/25/2019	13
0.7269	0.3620	3.1666	2.7837	0.6603	0.8898	4.3311	12/20/2018	11
0.8011	0.4268	3.3428	2.5444	1.1196	0.4290	4.0946	11/22/2019	5

AMERICAN OVERSIGHT

0.7211	0.3705	2.9939	2.7859	1.2477	0.2895	4.3179	05/16/2019	8
0.7961	0.3975	3.3839	2.4461	1.0023	0.4091	3.8578	03/14/2019	5
0.7100	0.3137	3.0576	2.6872	0.9063	0.5401	4.1276	07/25/2019	2
0.8353	0.4311	3.6232	2.2142	0.5565	0.6472	3.4253	09/19/2019	3
0.7613	0.3524	3.2244	2.5493	0.9238	0.5556	4.0222	11/26/2019	3
0.6934	0.3340	2.9273	2.7719	1.0922	0.5860	4.4487	03/21/2019	10
0.8417	0.4297	3.4918	2.4036	0.8725	0.3964	3.6708	02/21/2019	6
1.0174	0.6064	3.8627	2.2992	0.7923	0.5797	3.7215	06/20/2019	3
0.7109	0.3396	3.1199	2.6011	0.9565	0.3870	3.9503	12/20/2018	2
0.7185	0.3320	3.0223	2.6918	0.8411	0.8067	4.3173	06/14/2019	3
0.6997	0.3396	3.2614	2.3661	1.0474	0.7687	4.1274	10/17/2019	5
0.7370	0.3461	3.2543	2.3665	0.9317	0.4204	3.7168	01/30/2019	7
0.7213	0.3578	3.1070	2.7329	1.0507	0.4794	4.2627	06/14/2019	3
0.7454	0.3470	3.1949	2.6938	0.7704	0.5408	4.0021	05/09/2019	4
0.7455	0.3601	3.3236	2.4447	1.0527	0.4091	3.9017	05/02/2019	2
0.6736	0.2879	2.9968	2.5246	0.9404	0.5576	4.0032	08/01/2019	3
0.7681	0.3697	3.2915	2.3437	0.6270	0.6868	3.6473	10/31/2019	4
0.7291	0.3534	3.0286	2.7595	0.8771	0.6642	4.2965	11/30/2018	10
0.7586	0.3523	3.1815	2.6840	0.9826	0.4964	4.1626	10/25/2018	1
0.6915	0.3407	3.2671	2.4012	0.9099	0.5605	3.8536	08/16/2018	-
0.6927	0.3267	2.9543	2.6725	1.0293	0.6064	4.3012	11/01/2018	3
0.7509	0.3410	3.3029	2.3567	0.6816	0.9456	3.9266	03/14/2019	9
0.6757	0.3098	2.9625	2.6716	0.8573	0.6725	4.1837	02/21/2019	6
0.7414	0.3368	3.1683	2.5576	1.0444	0.6202	4.2072	08/15/2019	5
0.7789	0.3962	3.2691	2.4892	0.9286	0.7106	4.1373	08/30/2018	3
0.7047	0.3357	3.0045	2.8337	1.2292	0.2417	4.3176	08/22/2019	-
0.6871	0.3274	3.1130	2.6786	0.9401	0.6009	4.2092	10/17/2019	3
0.7731	0.3766	3.3549	2.5932	1.0653	0.4601	4.1167	03/28/2019	5
0.7715	0.4007	3.3319	2.6156	0.8179	0.6910	4.1315	09/26/2019	4
0.7783	0.3957	3.1595	2.8873	0.8375	0.6408	4.3630	12/20/2018	5
0.7791	0.3883	3.3294	2.4424	0.7919	0.5012	3.7353	09/27/2018	2
0.6222	0.2722	2.6681	3.0806	1.0681	0.6422	4.7802	02/07/2019	10
0.7050	0.3378	2.9159	2.9464	0.8964	0.8418	4.6753	09/19/2019	7
0.7438	0.3497	3.2408	2.5445	0.8745	0.7248	4.1235	10/18/2018	10
0.6811	0.3107	2.8364	2.9209	0.9951	0.5910	4.5013	04/25/2019	7
0.7129	0.3623	3.0117	2.6761	1.0037	0.3355	4.0119	01/25/2019	4
0.7494	0.3572	3.1135	2.6286	0.7196	0.4865	3.8283	07/26/2019	6
0.7375	0.3568	3.0256	2.7512	0.6198	0.6713	4.0283	03/08/2019	7
0.7153	0.3338	3.1459	2.5349	0.7599	0.6366	3.9191	08/14/2019	2
0.7215	0.3366	2.9518	2.7593	0.9166	0.4886	4.1613	11/01/2018	1
0.6709	0.3328	3.1008	2.3612	0.8322	0.7979	3.9612	06/12/2019	4
0.6964	0.3178	2.9599	2.6457	0.8073	0.6355	4.0747	09/14/2018	2
0.7290	0.3266	3.1444	2.5159	0.9603	0.4602	3.9353	04/26/2019	8
0.6509	0.2988	2.7228	3.0155	0.8432	0.7005	4.5443	01/11/2019	12
0.6721	0.3056	2.7406	3.0686	0.8724	0.7336	4.6549	09/14/2018	24
							06/29/2018	14
0.6698	0.3088	2.9601	2.6826	0.9474	0.8078	4.4028	09/20/2018	5
0.7315	0.3638	3.1678	2.6380	1.2629	0.3556	4.2545	10/04/2019	9
0.7519	0.3758	3.0689	2.7535	0.7474	0.7084	4.2072	09/07/2018	6
0.7389	0.3506	3.1555	2.6130	0.8441	0.5559	4.0087	04/18/2019	10
0.7788	0.3870	3.3830	2.5411	0.5956	1.1892	4.3133	09/06/2019	1
0.7107	0.3549	3.1676	2.7012	0.9577	0.9402	4.5794	03/15/2019	9
0.7718	0.3976	3.3193	2.6101	1.0155	0.7064	4.3362	10/05/2018	15

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0.8150	0.3926	3.4925	2.3357	0.5853	0.7076	3.6178	07/11/2019	11
0.6962	0.3199	3.0551	2.5936	0.2985	1.1970	4.0287	10/10/2019	4
0.8820	0.4393	3.6963	2.1897	0.2362	0.8382	3.2598	04/18/2019	4
0.7285	0.3574	3.1005	2.5887	0.8094	0.4503	3.8485	03/14/2019	10
							03/07/2019	4
0.7461	0.3677	3.3139	2.3998	0.9600	0.3178	3.6803	10/04/2019	7
0.7100	0.3362	3.1859	2.4495	0.9001	0.4309	3.7812	10/18/2018	10
0.7687	0.3754	3.3036	2.3205	0.7098	0.6870	3.7098	08/22/2019	8
0.7574	0.3530	3.2944	2.4395	0.5789	1.0534	4.0244	01/31/2019	5
0.8594	0.4539	3.5548	2.3793	0.7896	0.6291	3.8131	11/22/2019	10
0.6782	0.3128	3.0368	2.6926	0.4582	1.4358	4.4950	02/28/2019	8
0.7210	0.3379	3.1777	2.5036	0.6566	0.8462	3.9775	03/22/2019	6
0.8024	0.4219	3.3941	2.4406	0.6243	0.7190	3.7981	08/23/2019	5
0.7315	0.3422	3.2370	2.3906	1.0260	0.2257	3.6570	08/09/2019	3
0.7013	0.3216	2.9792	2.7908	1.1235	0.4923	4.4081	10/11/2019	5
0.7395	0.3694	3.2047	2.5246	0.8949	0.5324	3.9508	05/30/2019	10
0.7609	0.3521	3.2909	2.5337	0.9162	0.5229	3.9671	09/27/2019	25
0.7899	0.4146	3.2771					10/16/2018	
0.6714	0.2991	2.9311	2.7818	1.2090	0.6570	4.6231	05/31/2019	2
0.8310	0.4226	3.5315	2.5733	1.3777	0.5055	4.4588	11/08/2019	2
0.6962	0.3401	3.0665	2.7201	1.0785	0.6925	4.4771	04/05/2019	11
0.7652	0.3535	3.2054	2.5663	1.0039	0.5818	4.1463	07/03/2019	5
0.7747	0.3601	3.2128	2.6517	1.0726	0.5546	4.2788	09/28/2018	6
0.7561	0.3771	3.2898	2.4452	0.7602	0.6727	3.8752	02/14/2019	9
0.7573	0.3698	3.2171	2.6497	1.1049	0.7686	4.5178	03/07/2019	
0.7174	0.3472	3.0940	2.7609	0.9280	0.8337	4.5086	01/10/2019	3
0.7835	0.3885	3.2707	2.6365	1.1019	0.6139	4.3572	10/24/2019	2
0.7300	0.3338	3.1320	2.7186	1.1213	0.3896	4.2380	08/22/2019	1
0.7754	0.3869	3.3963	2.5750	1.0193	0.5329	4.1229	06/07/2019	11
0.8278	0.4175	3.4552	2.7873	0.9158	0.5235	4.2252	08/15/2019	4
0.7857	0.3882	3.3751	2.6157	0.8299	0.6003	4.0441	04/05/2019	6
0.8126	0.4254	3.5403	2.5820	0.9124	0.6032	4.1012	11/08/2018	7
0.7283	0.3456	3.2103	2.5531	0.5800	0.9664	4.0690	10/04/2018	5
0.7934	0.3765	3.4434	2.8441	1.4385	0.5728	4.8443	06/14/2019	11
0.7710	0.3822	3.3262	2.6017	1.1254	0.6513	4.3725	10/17/2019	1
0.9060	0.5719	3.8477	2.3870	1.2099	0.4538	4.0578	10/18/2018	3
0.6959	0.3207	3.0632	2.6979	1.2311	0.6675	4.5692	12/20/2018	14
0.7666	0.4862	3.3830	2.9733	1.1757	0.6250	4.7900	07/26/2019	9
0.7092	0.3255	3.0106	2.5930	1.0569	0.5397	4.1846	01/10/2019	8
0.7161	0.3512	2.9460	2.8715	0.8953	0.6640	4.4277	08/16/2018	7
0.8165	0.4173	3.4154	2.4477	0.9020	0.4514	3.8017	05/16/2019	12
0.6692	0.3003	2.8151	2.3524	0.8212	0.7494	3.8931	06/27/2019	9
0.6775	0.3235	3.0117	2.4237	0.9374	0.4283	3.7877	02/07/2019	12
0.7278	0.3696	3.1805	2.5456	0.9202	0.3731	3.8397	06/20/2019	9
0.7029	0.3262	3.1279	2.6017	0.6778	0.8060	4.0591	09/19/2019	6
0.6984	0.3306	2.9926	2.6940	0.9883	0.4220	4.1081	06/20/2019	9
0.7938	0.3931	3.3268	2.4614	0.4160	0.8919	3.7640	10/12/2018	4
0.7312	0.3375	3.1215	2.8035	0.4115	1.1061	4.2745	11/02/2018	22
0.7730	0.3782	3.1526	2.6119	0.6854	0.6489	3.9382	11/08/2018	6
0.6869	0.3209	3.0054	2.7596	1.1349	0.5242	4.4130	09/12/2019	6
0.7875	0.3923	3.2709	2.5465	0.8383	0.6207	4.0067	05/23/2019	3
0.6982	0.3363	3.2085	2.4882	1.0906	0.4688	4.0319	03/27/2019	5
0.6915	0.3190	3.1398	2.4858	0.5722	0.9618	3.9708	02/07/2019	10
0.7049	0.3255	3.1156	2.5611	0.9202	0.4124	3.8995	04/11/2019	10
0.7116	0.3537	3.0146	2.6726	0.5506	0.7800	4.0003	05/16/2019	12

AMERICAN OVERSIGHT

0.7318	0.3449	3.1608	2.5902	0.8742	0.4695	3.9347	07/25/2019	13
0.7248	0.3326	3.0645	2.7267	0.9310	0.6497	4.2952	08/08/2019	16
0.7012	0.3484	2.8606	2.8802	0.9297	0.5359	4.3412	04/03/2019	6
0.6737	0.3080	2.9354	2.7199	1.0144	0.7115	4.4220	05/16/2019	12
0.7000	0.3385	2.8928	2.8844	1.0676	0.4382	4.3913	11/07/2019	13
0.6561	0.3011	2.9396	2.8113	1.0596	0.4004	4.2831	01/10/2019	12
0.7611	0.3669	3.3078	2.5889	0.7071	0.7775	4.0607	01/17/2019	6
0.8050	0.3955	3.5779	2.2832	0.4655	0.9682	3.6991	08/08/2019	6
0.7985	0.4074	3.3461	2.4400	0.6884	0.6968	3.8313	09/26/2019	14
0.7796	0.3758	3.3669	2.4455	0.5533	1.0701	4.0424	03/28/2019	8
0.7054	0.2996	3.0743	2.4935	0.9149	0.8594	4.1983	12/13/2018	3
0.7031	0.3268	3.1769	2.4605	0.9613	0.5914	3.9912	06/28/2019	9
0.8663	0.4624	3.5143	2.2934	0.6185	0.7903	3.7368	08/15/2019	10
0.7769	0.3755	3.4531	2.3087	0.9649	0.4806	3.7443	06/13/2019	8
0.8667	0.4405	3.4487	2.8782	1.2950	1.1067	5.3497	01/17/2019	3
1.0300	0.5609	3.7599	2.7946	-	2.4592	5.6128	04/17/2019	2
1.0751	0.5777	3.9047					02/07/2019	.
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	02/21/2019	2
0.8301	0.4248	3.4838	2.3323	0.7473	0.4520	3.5312	10/10/2019	6
0.8210	0.3959	3.4075	2.3986	0.6577	0.3925	3.4434	08/15/2019	8
0.7117	0.3421	2.9649	2.7165	0.6539	0.7199	4.0785	08/01/2019	5
0.6944	0.3160	3.1104	2.5136	0.5022	1.0612	4.0150	04/04/2019	4
0.8550	0.4434	3.4901	2.5832	1.1736	0.6394	4.4209	08/29/2019	3
0.7459	0.3609	3.2829	2.3743	0.2691	1.2144	3.8263	04/25/2019	10
0.6702	0.3010	3.2224	2.3593	0.4679	1.0343	3.7810	10/03/2019	3
0.7901	0.3853	3.4699	2.2372	0.1308	1.3086	3.6474	10/25/2019	4
0.7519	0.3400	3.2181	2.4349	0.7997	0.8678	4.0600	02/07/2019	1
0.7415	0.3475	3.3114	2.4272	0.6962	0.8653	3.9517	01/10/2019	8
0.7586	0.3569	3.3006	2.3832	0.3186	1.4348	4.0686	04/11/2019	7
0.7042	0.3296	3.1960	2.4780	0.2917	1.2488	3.9579	03/27/2019	14
0.6711	0.2946	3.1093	2.5508	0.4361	1.3632	4.2150	09/12/2019	13
0.8268	0.4216	3.5102	2.1751	0.3986	1.0022	3.5883	05/09/2019	13
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	12/05/2019	3
0.7032	0.3374	3.1058	2.9340	1.4091	0.9172	5.2196	09/26/2019	5
0.9365	1.0157	4.2863	2.2741	0.9601	0.5088	3.8324	12/06/2018	4
0.7248	0.3470	3.0722	2.8560	1.0794	0.7222	4.6501	05/23/2019	5
0.7075	0.3231	3.1738	2.3705	0.4026	0.9225	3.6526	04/18/2019	11
0.7518	0.3473	3.2867	2.4259	0.7351	0.6725	3.8137	03/07/2019	18
0.7596	0.3562	3.3082	2.3575	0.7441	0.8191	3.8906	02/21/2019	18
0.7236	0.3430	3.2033	2.8635	1.2830	0.6486	4.7745	08/22/2019	3
0.7668	0.3929	3.2947	2.6029	0.3557	1.6176	4.5989	11/07/2019	4
0.7420	0.3606	3.4051	2.4711	0.8904	0.8932	4.2114	11/15/2019	3
0.7340	0.3297	3.0625	2.8359	0.8997	0.5164	4.2489	03/06/2019	9
0.7195	0.2865	3.1163	2.4904	0.4693	0.9720	3.8254	09/27/2018	3
0.6388	0.2816	2.7972	2.7372	0.8216	0.9947	4.4869	07/19/2018	1
0.7744	0.3609	3.3932	2.4922	0.6403	1.0320	4.1170	02/07/2019	2
0.6872	0.2971	3.1657	2.4890	0.7408	1.4911	4.5242	08/23/2018	16
0.8268	0.4293	3.4051	2.7841	0.1770	1.4423	4.4434	04/04/2019	14
0.7461	0.3977	3.2013	2.9192	0.7295	0.8621	4.5322	10/25/2018	13
0.7541	0.3575	3.3712	2.8960	1.1782	0.8957	4.9279	09/20/2018	13
0.7348	0.3562	3.1653	2.5832	0.8482	0.6965	4.1138		6.83

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0.6901	0.3228	2.9440	2.7133	0.9055	0.5927	4.2015	10.00
0.7358	0.3458	3.1368	2.6984	0.8986	0.8062	4.3860	4.00
0.6464	0.2968	2.8183	2.9182	1.0879	0.8251	4.7969	4.00
0.7126	0.3406	3.0367	2.7373	1.0541	0.4086	4.2059	10.80
0.6658	0.2996	2.9830	2.6986	1.0047	0.7036	4.3762	4.60
0.6976	0.3177	3.0033	2.6945	1.0240	0.4941	4.2098	4.33
0.7250	0.3366	3.1414	2.6556	0.8170	0.8613	4.3026	10.50
0.7704	0.3829	3.2729	2.5356	0.9532	0.4744	3.9621	4.33
0.7564	0.3740	3.2338	2.5140	0.9501	0.5501	4.0076	5.14
0.7385	0.3555	3.2216	2.6039	0.9665	0.4695	4.0370	3.00
0.7167	0.3374	3.1131	2.5668	0.9017	0.5949	4.0534	3.50
0.7374	0.3451	3.1762	2.5213	0.8931	0.7271	4.1216	5.75
0.7386	0.3641	3.1857	2.7193	0.9759	0.5315	4.2269	3.40
0.7011	0.3279	2.9777	2.8052	0.9346	0.6607	4.3909	7.20
0.7188	0.3437	3.0361	2.6469	0.7997	0.5591	3.9952	3.71
0.6844	0.3104	2.8887	2.8105	0.8935	0.6060	4.2999	14.50
0.7201	0.3455	3.0909	2.6586	0.9472	0.6061	4.2000	7.50
0.7486	0.3783	3.2713	2.6327	0.9067	0.8987	4.4293	8.33
0.6872	0.3307	2.9784	2.2415	0.5576	0.6387	3.4230	7.14
0.7499	0.3624	3.2417	2.5054	0.7692	0.7343	3.9929	8.50
0.7899	0.4146	3.2771	-	-	-	-	-
0.7143	0.3460	3.1188	2.7074	1.1563	0.6532	4.5036	5.00
0.7653	0.3636	3.2361	2.5541	0.9452	0.6032	4.0996	6.67
0.7482	0.3609	3.1826	2.6871	1.0681	0.6634	4.4167	1.50
0.7883	0.3918	3.4049	2.6522	0.9232	0.6338	4.2022	7.33
0.7831	0.4450	3.4031	2.6963	1.1845	0.6019	4.4821	6.75
0.7285	0.3497	3.1055	2.5940	0.8244	0.6296	4.0384	8.69
0.7001	0.3316	3.0365	2.6800	0.8967	0.5775	4.1459	10.90
0.7716	0.3750	3.3510	2.4126	0.7425	0.7636	3.9048	8.00
0.9327	0.4854	3.5884	2.1962	0.8548	0.9913	4.1265	1.67
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	2.00
0.7871	0.3873	3.2833	2.4840	0.6860	0.5227	3.6868	6.33
0.7414	0.3502	3.2791	2.4171	0.5341	1.0273	3.9378	4.71
0.7315	0.3436	3.2580	2.4157	0.3729	1.2741	3.9903	11.75
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	3.00
0.7748	0.5304	3.4274	2.7266	1.1891	0.7471	4.6681	4.67
0.7405	0.3428	3.2585	2.3832	0.6322	0.8059	3.7904	15.67
0.7466	0.3682	3.3129	2.6193	0.7891	1.1028	4.4984	3.33
0.6930	0.2981	2.9769	2.6927	0.7386	0.8390	4.2113	4.33
0.7622	0.3706	3.3150	2.6913	0.6356	1.1790	4.4623	11.60

AMERICAN OVERSIGHT

cycle 1 N from Defs	cycle 1 N from Comp	cycle 1 defs score	cycle 1 NumRevis	cycle 1 Revisit Score	cycle 1 Total Score	CYCLE 2 SURVEY DATE
10	12	200	2	100	300	04/27/2018
6	1	28	1	-	28	10/05/2018
2	1	24	1	-	24	06/14/2018
3	5	96	1	-	96	11/30/2018
3	5	312	1	-	312	08/23/2018
3	-	58	1	-	58	07/27/2018
5	-	20	1	-	20	06/21/2018
2	1	16	1	-	16	02/01/2018
3	-	24	1	-	24	03/07/2018
1	3	48	1	-	48	10/26/2017
7	-	40	1	-	40	02/15/2018
3	-	12	1	-	12	12/20/2018
5	1	40	1	-	40	09/14/2018
1	1	8	1	-	8	05/11/2018
4	-	16	1	-	16	04/19/2018
3	-	12	1	-	12	12/21/2017
7	-	28	1	-	28	11/04/2016
12	1	56	1	-	56	11/17/2017
6	18	393	1	-	393	10/04/2018
2	5	174	1	-	174	04/12/2019
2	-	4	-	-	4	12/20/2018
1	-	4	1	-	4	01/18/2018
-	-	-	-	-	-	03/29/2017
4	-	16	1	-	16	03/10/2017
14	2	64	1	-	64	09/13/2018
7	2	44	1	-	44	07/19/2018
-	-	-	-	-	-	12/14/2017
4	-	12	1	-	12	11/09/2017
6	2	52	1	-	52	12/21/2017
7	3	56	1	-	56	01/10/2019
10	4	72	1	-	72	05/10/2018
11	-	56	1	-	56	12/15/2017
5	-	24	-	-	24	09/13/2018

AMERICAN OVERSIGHT

6	2	32	1	-	32	03/16/2018
5	-	24	1	-	24	05/03/2018
2	-	8	1	-	8	04/26/2018
3	1	28	1	-	28	01/10/2019
3	-	24	-	-	24	11/21/2018
5	5	232	1	-	232	01/11/2018
6	-	36	1	-	36	11/16/2017
3	-	16	1	-	16	04/19/2018
2	-	20	1	-	20	09/21/2017
3	-	20	1	-	20	03/15/2018
5	-	40	1	-	40	11/29/2018
7	-	44	1	-	44	10/26/2017
3	-	16	1	-	16	03/22/2018
4	-	28	1	-	28	03/29/2018
2	-	8	1	-	8	02/15/2018
2	1	12	1	-	12	04/12/2018
4	-	16	1	-	16	07/12/2018
10	3	48	1	-	48	10/12/2017
1	-	4	1	-	4	09/21/2017
-	-	-	-	-	-	07/27/2017
1	2	12	1	-	12	09/28/2017
9	1	40	1	-	40	01/11/2018
6	-	24	1	-	24	12/29/2017
4	1	20	1	-	20	04/19/2018
3	-	28	1	-	28	07/20/2017
-	-	-	-	-	-	04/26/2018
2	1	28	1	-	28	06/28/2018
5	-	20	1	-	20	02/22/2018
3	1	16	1	-	16	06/01/2018
5	-	32	1	-	32	12/07/2017
2	-	8	1	-	8	08/24/2017
7	3	44	1	-	44	12/14/2017
1	6	28	1	-	28	05/24/2018
9	1	44	1	-	44	08/10/2017
7	-	28	1	-	28	02/01/2018
3	1	16	1	-	16	10/26/2017
3	3	24	1	-	24	04/13/2018
4	3	32	1	-	32	02/23/2018
2	-	8	1	-	8	04/26/2018
1	-	4	1	-	4	09/28/2017
3	1	16	1	-	16	03/22/2018
2	-	8	1	-	8	07/28/2017
7	1	52	1	-	52	02/02/2018
6	6	52	1	-	52	07/11/2018
12	12	144	1	-	144	07/28/2017
12	2	72	1	-	72	07/07/2017
3	2	24	1	-	24	08/11/2017
8	2	44	1	-	44	07/27/2018
4	2	24	1	-	24	08/23/2017
6	4	169	1	-	169	03/22/2018
1	-	4	1	-	4	05/24/2018
7	2	52	1	-	52	02/09/2018
15	2	80	2	40	120	09/29/2017

AMERICAN OVERSIGHT

9	2	52	1	-	52	04/06/2018
4	-	24	-	-	24	08/10/2018
3	1	16	1	-	16	01/26/2018
7	3	48	1	-	48	01/12/2018
3	1	16	1	-	16	01/19/2018
5	2	48	1	-	48	06/14/2018
4	6	48	1	-	48	07/28/2017
7	1	32	1	-	32	04/27/2018
5	-	24	1	-	24	11/03/2017
7	3	52	-	-	52	08/10/2018
8	-	32	1	-	32	11/16/2017
3	3	24	1	-	24	08/03/2018
4	1	24	1	-	24	11/08/2018
1	2	12	1	-	12	04/19/2018
3	2	20	1	-	20	04/11/2019
8	2	60	1	-	60	01/26/2018
9	16	168	1	-	168	01/11/2019
2	1	8	1	-	8	03/30/2018
2	-	8	-	-	8	08/03/2018
6	5	189	1	-	189	01/05/2018
5	-	24	1	-	24	05/04/2018
5	1	24	1	-	24	08/17/2017
8	1	36	1	-	36	11/03/2017
-	-	-	-	-	-	03/22/2018
3	-	12	1	-	12	09/28/2017
2	-	12	1	-	12	07/12/2018
1	-	4	1	-	4	01/31/2019
11	-	56	1	-	56	03/29/2018
2	2	16	1	-	16	06/14/2018
1	5	48	1	-	48	12/21/2017
7	-	28	1	-	28	07/29/2017
4	1	44	1	-	44	06/15/2017
7	4	165	1	-	165	02/23/2018
1	-	4	1	-	4	08/23/2018
3	-	12	1	-	12	06/29/2017
11	3	80	1	-	80	09/22/2017
3	6	231	1	-	231	06/20/2018
4	4	40	1	-	40	07/19/2018
2	5	28	1	-	28	05/25/2017
8	4	236	1	-	236	02/15/2018
6	3	40	1	-	40	04/12/2018
6	6	84	1	-	84	11/02/2017
5	4	40	1	-	40	04/05/2018
2	5	28	1	-	28	03/01/2019
8	1	36	1	-	36	03/22/2018
4	4	24	1	-	24	06/22/2017
10	12	414	1	-	414	07/20/2017
4	2	28	1	-	28	07/21/2017
-	6	316	-	-	316	05/24/2018
3	-	12	1	-	12	02/22/2018
5	-	20	1	-	20	03/22/2018
9	1	64	1	-	64	08/16/2018
9	2	44	1	-	44	02/09/2018
9	3	72	1	-	72	04/26/2018

AMERICAN OVERSIGHT

9	5	68	1	-	68	08/09/2018
11	7	88	2	44	132	06/28/2018
6	-	28	1	-	28	10/04/2018
12	-	88	1	-	88	04/05/2018
11	2	80	-	-	80	09/20/2018
12	3	92	1	-	92	01/11/2018
5	1	24	1	-	24	03/08/2018
6	-	60	1	-	60	07/19/2018
8	6	64	1	-	64	07/26/2018
3	8	52	1	-	52	09/27/2018
3	-	12	1	-	12	01/08/2018
8	1	278	1	-	278	05/10/2018
7	3	88	1	-	88	07/26/2018
8	-	40	1	-	40	05/03/2018
3	-	16	1	-	16	01/11/2018
2	-	8	1	-	8	05/17/2018
2	-	8	1	-	8	03/15/2018
6	-	36	1	-	36	08/23/2018
3	5	32	1	-	32	08/02/2018
5	-	40	1	-	40	08/30/2018
4	-	16	1	-	16	02/01/2018
3	-	12	1	-	12	07/19/2018
9	1	56	1	-	56	03/15/2018
3	-	16	1	-	16	07/12/2018
4	-	16	1	-	16	08/09/2018
1	-	8	1	-	8	12/21/2017
6	2	36	1	-	36	11/02/2017
7	-	24	1	-	24	02/15/2018
14	-	76	1	-	76	03/22/2018
9	5	272	1	-	272	06/28/2018
13	-	60	1	-	60	04/26/2018
3	-	16	-	-	16	09/27/2018
5	-	20	1	-	20	08/16/2018
3	1	16	1	-	16	10/19/2017
5	-	20	1	-	20	04/05/2018
7	4	52	1	-	52	02/23/2018
14	4	80	1	-	80	01/11/2018
11	7	88	1	-	88	01/05/2018
3	-	16	1	-	16	06/14/2018
4	-	44	-	-	44	09/07/2018
3	-	12	-	-	12	09/13/2018
5	4	52	1	-	52	01/26/2018
2	1	12	1	-	12	08/25/2017
1	-	4	1	-	4	06/23/2017
2	-	8	-	-	8	04/19/2018
9	7	64	1	-	64	08/10/2017
14	-	56	1	-	56	02/22/2018
7	6	390	1	-	390	09/21/2017
10	3	52	1	-	52	08/18/2017
5.09	1.88	51.48	0.91	0.96	52.44	

AMERICAN OVERSIGHT

5.25	4.75	87.00	1.25	25.00	112.00
3.00	1.00	58.89	0.89	-	58.89
3.33	0.67	21.33	1.00	-	21.33
6.00	4.80	132.60	1.00	-	132.60
4.20	0.40	17.60	0.60	-	17.60
3.67	0.67	18.67	0.67	-	18.67
8.50	2.25	59.00	1.00	-	59.00
4.00	0.50	23.33	0.67	-	23.33
4.43	0.71	58.29	1.00	-	58.29
3.00	-	17.33	1.00	-	17.33
3.00	1.00	15.33	0.83	-	15.33
5.50	0.50	28.00	1.00	-	28.00
3.00	0.40	19.20	0.80	-	19.20
5.20	2.00	30.40	1.00	-	30.40
2.57	1.14	15.43	1.00	-	15.43
9.25	5.25	80.00	1.00	-	80.00
5.25	2.50	65.25	1.00	-	65.25
7.67	1.33	45.33	1.33	13.33	58.67
5.00	2.14	36.00	0.86	-	36.00
5.50	3.00	44.80	0.90	-	44.80
-	-	-	-	-	-
3.33	2.00	68.33	0.67	-	68.33
6.00	0.67	28.00	1.00	-	28.00
1.50	-	7.00	0.75	-	7.00
5.33	2.00	59.50	1.00	-	59.50
4.50	2.25	81.75	1.00	-	81.75
4.77	4.31	102.00	0.92	-	102.00
9.30	2.30	64.40	1.00	4.40	68.80
6.00	2.38	77.25	1.00	-	77.25
1.67	-	8.00	0.67	-	8.00
2.00	-	8.00	1.00	-	8.00
4.67	1.67	36.00	1.00	-	36.00
4.29	0.43	22.86	1.00	-	22.86
10.75	1.25	108.00	1.00	-	108.00
3.00	-	16.00	-	-	16.00
4.33	0.33	18.67	1.00	-	18.67
10.67	5.00	73.33	1.00	-	73.33
3.33	-	24.00	0.33	-	24.00
2.67	1.67	22.67	1.00	-	22.67
8.40	3.20	114.00	0.80	-	114.00

AMERICAN OVERSIGHT

cycle 2 defs	cycle 2 N from Defs	cycle 2 N from Comp	cycle 2 defs score	cycle 2 Num Revis	cycle 2 Revisit Score	cycle 2 Total Score	CYCLE 3 SURVEY DATE
8	8	-	32	1	-	32	05/11/2017
13	11	2	68	1	-	68	07/21/2017
3	3	-	12	1	-	12	04/27/2017
3	3	-	12	1	-	12	08/24/2017
2	2	-	8	1	-	8	06/02/2017
3	3	-	12	1	-	12	06/08/2017
4	4	-	16	1	-	16	08/03/2017
5	5	-	20	1	-	20	03/09/2017
1	-	1	4	-	-	4	
8	8	-	44	1	-	44	11/17/2016
1	1	-	4	1	-	4	03/01/2017
3	2	1	24	1	-	24	01/25/2018
3	2	1	12	1	-	12	08/18/2017
7	5	2	28	1	-	28	03/23/2017
4	4	-	16	1	-	16	05/04/2017
11	8	3	60	2	30	90	10/28/2016
15	8	7	68	1	-	68	08/20/2015
11	9	2	80	1	-	80	01/13/2017
10	7	3	60	1	-	60	07/28/2017
14	12	5	68	1	-	68	04/27/2018
-	-	-	-	-	-	-	10/25/2017
-	-	-	-	-	-	-	03/15/2017
4	2	2	16	1	-	16	04/14/2016
3	2	1	8	1	-	8	12/04/2015
1	-	1	4	-	-	4	12/08/2017
5	1	4	20	1	-	20	05/25/2017
8	5	3	40	1	-	40	12/15/2016
4	4	-	24	1	-	24	10/13/2016
7	7	-	32	1	-	32	12/22/2016
5	5	-	36	1	-	36	09/28/2017
5	5	-	16	1	-	16	06/23/2017
11	11	-	44	1	-	44	03/09/2017
8	7	1	44	1	-	44	08/10/2017

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21	9	12	108	1	-	108	04/27/2017
6	5	1	24	1	-	24	06/15/2017
5	5	-	28	1	-	28	05/18/2017
3	3	-	8	1	-	8	09/28/2017
5	5	-	32	1	-	32	08/17/2017
9	9	-	48	1	-	48	02/09/2017
7	6	1	52	1	-	52	11/10/2016
2	2	-	20	1	-	20	05/25/2017
5	4	1	20	1	-	20	08/04/2016
9	9	-	40	1	-	40	04/20/2017
3	3	-	24	1	-	24	08/24/2017
9	9	-	60	1	-	60	08/18/2016
2	2	-	8	1	-	8	05/04/2017
1	1	-	4	1	-	4	05/04/2017
4	4	-	16	1	-	16	03/23/2017
1	1	-	4	1	-	4	02/16/2017
1	-	1	4	-	-	4	05/18/2017
5	3	2	24	1	-	24	09/15/2016
4	4	-	16	1	-	16	11/10/2016
7	7	-	32	1	-	32	09/09/2016
15	12	3	64	1	-	64	12/08/2016
13	13	-	60	1	-	60	11/10/2016
4	4	-	44	1	-	44	10/14/2016
7	7	-	36	1	-	36	03/16/2017
9	9	-	56	1	-	56	06/09/2016
8	5	3	32	1	-	32	03/23/2017
2	2	-	8	1	-	8	04/27/2017
-	-	-	-	-	-	-	03/30/2017
9	9	-	36	1	-	36	04/07/2017
3	2	1	12	1	-	12	10/12/2016
9	9	-	36	1	-	36	09/15/2016
2	1	1	8	1	-	8	10/20/2016
7	7	-	28	1	-	28	07/20/2017
5	5	-	20	1	-	20	06/30/2016
3	3	-	12	1	-	12	01/06/2017
11	10	1	44	1	-	44	08/31/2016
10	2	8	48	1	-	48	07/07/2017
6	5	1	24	1	-	24	05/12/2017
6	3	3	44	1	-	44	05/26/2017
-	-	-	-	-	-	-	02/09/2017
1	1	-	4	1	-	4	03/16/2017
4	4	-	24	1	-	24	04/14/2016
7	7	-	32	1	-	32	04/07/2017
4	4	-	20	1	-	20	01/12/2018
10	8	2	52	2	26	78	08/12/2016
6	2	4	32	1	-	32	04/01/2016
14	13	1	84	1	-	84	05/27/2016
10	10	-	48	1	-	48	06/09/2017
6	2	4	32	1	-	32	02/03/2017
6	5	1	48	1	-	48	04/07/2017
8	6	2	40	1	-	40	07/28/2017
10	10	-	48	1	-	48	02/16/2017
12	8	4	48	1	-	48	01/06/2017

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8	7	1	44	1	-	44	03/31/2017
3	3	-	12	1	-	12	08/04/2017
2	2	-	12	1	-	12	01/20/2017
7	5	2	28	1	-	28	04/05/2017
4	2	2	12	1	-	12	12/15/2016
12	8	4	60	1	-	60	05/18/2017
8	8	-	36	1	-	36	04/27/2016
8	6	2	32	1	-	32	05/05/2017
10	7	3	56	1	-	56	06/15/2017
18	11	7	80	1	-	80	08/17/2017
10	8	2	40	2	20	60	10/21/2016
8	7	1	36	1	-	36	01/26/2018
1	-	1	4	-	-	4	08/04/2017
14	7	7	68	2	34	102	03/31/2017
22	10	12	271	1	-	271	06/22/2018
11	4	7	52	1	-	52	12/09/2016
13	10	3	60	1	-	60	09/22/2017
3	3	-	12	1	-	12	04/28/2017
2	2	-	8	1	-	8	06/15/2017
13	11	2	88	2	44	132	12/15/2016
6	6	-	24	1	-	24	05/05/2017
2	2	-	12	1	-	12	05/27/2016
5	2	3	24	1	-	24	05/18/2017
11	11	-	48	1	-	48	09/28/2017
8	5	3	28	1	-	28	12/15/2016
-	-	-	-	-	-	-	04/20/2017
3	3	-	12	1	-	12	06/28/2018
10	8	2	52	1	-	52	02/02/2017
4	4	-	16	1	-	16	03/09/2017
4	4	-	20	1	-	20	09/15/2016
4	4	-	28	1	-	28	08/11/2016
8	8	-	44	1	-	44	04/07/2016
3	2	1	12	1	-	12	11/04/2016
6	6	-	24	1	-	24	05/11/2017
4	4	-	16	1	-	16	04/28/2016
4	4	-	20	1	-	20	01/12/2017
8	8	-	48	1	-	48	04/13/2017
3	3	-	16	1	-	16	02/02/2018
16	11	5	68	2	34	102	03/04/2016
4	4	-	28	1	-	28	01/26/2017
3	3	-	24	1	-	24	02/11/2017
4	4	-	20	1	-	20	09/22/2016
4	4	-	40	1	-	40	10/19/2017
10	7	3	100	1	-	100	08/16/2018
1	-	1	4	-	-	4	10/05/2017
10	7	3	44	1	-	44	04/14/2016
14	10	4	140	1	-	140	06/11/2016
4	4	-	68	1	-	68	05/26/2016
7	5	2	28	1	-	28	03/03/2017
14	10	4	68	1	-	68	12/08/2016
4	4	-	32	1	-	32	02/23/2017
9	8	1	36	1	-	36	03/29/2018
5	2	3	32	1	-	32	01/12/2017
7	6	1	64	1	-	64	04/27/2017

AMERICAN OVERSIGHT

7	6	1	52	2	26	78	10/26/2017
3	1	2	24	2	12	36	05/25/2017
8	7	1	40	1	-	40	05/24/2018
8	8	-	68	1	-	68	03/30/2017
18	14	4	92	1	-	92	10/12/2017
10	7	3	108	1	-	108	03/02/2017
2	-	2	8	-	-	8	02/23/2017
3	3	-	24	1	-	24	06/15/2017
6	6	-	24	1	-	24	08/24/2017
7	3	4	191	1	-	191	08/17/2017
8	8	-	72	1	-	72	12/15/2016
2	1	1	8	1	-	8	04/27/2017
4	4	-	16	1	-	16	06/29/2017
3	3	-	24	1	-	24	04/13/2017
2	2	-	20	1	-	20	12/08/2016
-	-	-	-	-	-	-	04/13/2017
6	6	-	28	2	14	42	04/13/2017
1	-	1	4	-	-	4	07/13/2017
2	1	2	8	1	-	8	08/03/2017
3	3	-	28	1	-	28	03/01/2018
5	4	1	36	1	-	36	11/17/2016
1	1	-	4	1	-	4	06/08/2017
10	10	-	80	1	-	80	01/12/2017
1	1	-	8	1	-	8	05/18/2017
8	7	1	44	1	-	44	06/29/2017
3	1	2	12	1	-	12	11/03/2016
6	3	3	24	1	-	24	09/29/2016
7	7	-	32	1	-	32	12/15/2016
9	8	1	48	1	-	48	01/20/2017
5	5	-	20	1	-	20	05/19/2017
9	6	3	44	1	-	44	03/23/2017
3	3	-	24	1	-	24	10/12/2017
9	9	-	40	1	-	40	06/23/2017
3	2	1	16	1	-	16	08/11/2016
3	3	-	24	1	-	24	03/02/2017
11	11	-	80	1	-	80	01/26/2017
13	10	3	72	1	-	72	10/20/2016
12	12	-	92	1	-	92	10/11/2016
2	2	-	12	1	-	12	06/15/2017
6	3	3	24	1	-	24	07/27/2017
5	5	-	36	1	-	36	08/17/2017
11	10	1	52	1	-	52	06/16/2017
1	1	-	8	1	-	8	06/09/2016
4	4	-	20	1	-	20	03/17/2016
5	5	-	24	1	-	24	04/20/2017
13	13	-	52	1	-	52	08/18/2016
9	8	1	48	1	-	48	01/26/2017
8	8	-	32	1	-	32	06/16/2016
12	12	-	48	1	-	48	05/26/2016
6.30	5.13	1.19	35.28	0.96	1.25	36.53	

AMERICAN OVERSIGHT

6.75	6.25	0.50	31.00	1.00	-	31.00
3.00	2.78	0.22	14.67	0.78	-	14.67
4.67	3.67	1.00	18.67	1.00	-	18.67
12.20	8.80	4.00	67.20	1.20	6.00	73.20
1.60	0.80	0.80	5.60	0.40	-	5.60
5.67	3.33	2.33	28.00	1.00	-	28.00
7.00	7.00	-	32.00	1.00	-	32.00
8.00	5.67	2.33	40.67	1.00	-	40.67
6.29	6.00	0.29	37.71	1.00	-	37.71
2.33	2.33	-	9.33	1.00	-	9.33
5.50	4.50	1.00	24.00	0.83	-	24.00
8.25	8.25	-	49.00	1.00	-	49.00
4.40	3.60	0.80	17.60	0.80	-	17.60
5.20	5.00	0.20	20.80	1.00	-	20.80
5.43	3.57	1.86	26.86	0.86	-	26.86
6.75	5.25	1.50	34.00	1.25	6.50	40.50
9.00	7.50	1.50	53.00	1.00	-	53.00
10.00	8.00	2.00	45.33	1.00	-	45.33
6.29	5.00	1.29	29.14	1.00	-	29.14
11.50	7.00	4.50	69.90	1.10	5.40	75.30
-	-	-	-	-	-	-
6.00	5.33	0.67	36.00	1.33	14.67	50.67
4.33	3.33	1.00	20.00	1.00	-	20.00
5.50	4.75	0.75	22.00	0.75	-	22.00
5.50	5.00	0.50	28.67	1.00	-	28.67
5.50	5.50	-	27.00	1.00	-	27.00
7.23	5.54	1.69	49.85	1.00	2.62	52.46
7.90	6.30	1.60	54.80	1.20	3.80	58.60
4.38	3.50	0.88	45.88	0.88	-	45.88
0.67	0.67	-	6.67	0.33	-	6.67
6.00	6.00	-	28.00	2.00	14.00	42.00
2.00	1.33	1.00	13.33	0.67	-	13.33
4.86	3.86	1.00	29.71	1.00	-	29.71
7.50	6.50	1.00	36.00	1.00	-	36.00
3.00	3.00	-	24.00	1.00	-	24.00
5.00	4.67	0.33	26.67	1.00	-	26.67
12.00	11.00	1.00	81.33	1.00	-	81.33
4.33	3.33	1.00	24.00	1.00	-	24.00
5.33	5.00	0.33	26.67	1.00	-	26.67
9.40	9.20	0.20	40.80	1.00	-	40.80

AMERICAN OVERSIGHT

cycle 3 defs	cycle 3 N from Defs	cycle 3 N from Comp	cycle 3 defs score	cycle 3 Num Revis	cycle 3 Revisit Score	cycle 3 Total Score	WEIGHTED ALL CYCLES SCORE	INCIDENT CNT	CMPLNT CNT
14	4	10	140	1	-	140	184	1	19
7	4	3	40	3	28	68	48	2	5
2	2	-	8	1	-	8	17	-	1
3	3	-	16	1	-	16	55	-	1
4	3	1	16	1	-	16	161	1	1
4	4	-	16	1	-	16	36	-	-
5	5	-	20	1	-	20	19	-	-
-	-	-	-	-	-	-	15	-	3
.	.	.	.	.	.	.	16	-	1
2	2	-	8	1	-	8	40	-	1
2	2	-	8	1	-	8	23	-	-
1	-	1	4	-	-	4	15	-	2
5	5	-	20	1	-	20	27	-	2
4	4	-	16	1	-	16	16	2	4
2	2	-	8	1	-	8	15	-	-
3	3	-	12	1	-	12	38	-	1
6	3	3	24	1	-	24	41	-	6
16	5	11	136	1	-	136	77	2	10
11	6	5	60	1	-	60	227	-	31
15	6	9	68	1	-	68	121	-	18
1	1	-	4	1	-	4	3	-	-
1	1	-	4	1	-	4	3	-	-
2	2	-	8	1	-	8	7	-	1
2	2	-	8	1	-	8	12	-	1
7	7	-	28	1	-	28	38	-	1
-	-	-	-	-	-	-	29	1	3
3	3	-	12	1	-	12	15	-	1
2	2	-	8	1	-	8	15	-	-
7	7	-	36	1	-	36	43	1	1
9	9	-	40	2	20	60	50	1	3
12	11	1	72	1	-	72	53	-	5
5	5	-	44	1	-	44	50	-	-
12	12	-	60	1	-	60	37	-	-

AMERICAN OVERSIGHT

15	10	5	68	1	-	68	63	-	6
7	5	2	68	1	-	68	31	-	1
6	6	-	36	1	-	36	19	-	-
9	8	1	60	1	-	60	27	-	1
9	9	-	52	1	-	52	31	-	-
11	8	3	60	1	-	60	142	1	3
7	6	1	32	1	-	32	41	-	1
3	3	-	24	1	-	24	19	-	-
8	8	-	56	1	-	56	26	-	3
2	1	1	8	1	-	8	25	-	1
7	7	-	32	1	-	32	33	-	-
4	3	1	28	1	-	28	47	-	1
3	3	-	12	1	-	12	13	-	-
3	3	-	24	1	-	24	19	-	-
6	6	-	36	1	-	36	15	-	-
5	5	-	24	1	-	24	11	-	1
-	-	-	-	-	-	-	9	-	1
20	16	4	88	1	-	88	47	-	5
5	5	-	20	1	-	20	11	-	-
2	2	-	8	1	-	8	12	-	-
12	10	2	48	1	-	48	35	-	5
2	2	-	12	1	-	12	42	-	1
-	-	-	-	-	-	-	27	-	-
3	1	2	12	1	-	12	24	-	2
5	5	-	20	1	-	20	36	-	-
4	2	2	24	1	-	24	15	-	3
4	2	2	16	1	-	16	19	1	1
4	4	-	20	1	-	20	13	-	-
3	3	-	12	1	-	12	22	-	-
6	3	3	36	1	-	36	26	-	1
1	1	-	4	1	-	4	17	-	-
1	1	-	4	1	-	4	25	1	4
1	1	-	4	1	-	4	24	-	4
5	5	-	24	1	-	24	33	1	-
1	1	-	4	1	-	4	19	-	-
4	2	2	16	1	-	16	25	-	4
4	1	3	24	1	-	24	32	-	13
4	3	1	16	1	-	16	27	1	3
5	3	2	20	1	-	20	22	-	3
3	3	-	12	1	-	12	4	-	-
4	3	1	24	1	-	24	13	-	2
8	8	-	32	1	-	32	17	-	-
8	7	1	36	1	-	36	43	4	4
8	7	1	36	1	-	36	39	2	6
14	13	1	96	1	-	96	114	-	14
14	13	1	88	2	44	132	69	-	4
4	4	-	24	1	-	24	44	-	1
5	3	2	20	1	-	20	41	-	5
1	1	-	16	1	-	16	25	-	4
5	5	-	24	1	-	24	105	1	2
-	-	-	-	-	-	-	15	-	3
9	4	5	44	1	-	44	49	1	6
7	7	-	32	1	-	32	81	-	3

AMERICAN OVERSIGHT

17	8	9	76	1	-	76	53	-	15
4	2	2	24	1	-	24	20	-	1
6	4	2	36	1	-	36	18	-	7
5	4	1	28	1	-	28	38	-	6
8	4	4	40	1	-	40	19	-	5
2	1	1	8	1	-	8	45	-	11
6	5	1	28	1	-	28	41	-	4
12	8	4	201	1	-	201	60	-	4
12	7	5	48	1	-	48	39	-	4
11	4	7	52	1	-	52	61	-	21
18	8	10	92	2	46	138	59	-	11
13	5	8	328	1	-	328	79	-	11
7	-	7	28	-	-	28	18	-	11
7	5	2	28	1	-	28	45	-	12
19	13	6	88	1	-	88	115	-	9
5	3	2	20	1	-	20	51	-	12
17	7	10	84	2	42	126	125	1	20
.	.	.	.	.	.	.	.	-	-
8	6	2	36	1	-	36	14	-	1
8	8	-	36	1	-	36	13	-	-
7	6	1	44	1	-	44	146	4	3
10	6	4	40	1	-	40	27	-	4
4	3	1	16	1	-	16	19	-	4
10	6	4	40	1	-	40	33	-	9
1	1	-	16	1	-	16	19	-	-
3	3	-	16	1	-	16	18	-	2
4	4	-	20	1	-	20	9	-	-
9	5	4	249	1	-	249	48	2	-
1	1	-	8	1	-	8	47	-	1
2	2	-	8	1	-	8	15	-	1
3	2	1	12	1	-	12	33	1	4
10	5	5	120	1	-	120	43	-	2
2	2	-	20	1	-	20	40	1	-
1	1	-	4	1	-	4	87	2	5
4	4	-	24	1	-	24	14	-	-
1	1	-	4	1	-	4	12	-	-
5	4	1	24	1	-	24	51	2	1
8	4	4	32	1	-	32	137	1	2
15	10	5	168	1	-	168	53	-	7
22	14	8	120	1	-	120	68	1	6
4	4	-	16	1	-	16	130	1	2
5	5	-	32	1	-	32	33	-	3
3	3	-	12	1	-	12	51	-	3
-	-	-	-	-	-	-	33	-	1
11	6	5	104	1	-	104	65	1	3
8	8	-	36	1	-	36	25	-	2
7	7	-	28	2	14	42	34	-	1
19	18	1	88	1	-	88	268	-	10
6	6	-	36	1	-	36	43	-	3
8	8	-	36	1	-	36	173	1	1
5	4	1	36	1	-	36	35	-	2
8	8	-	44	1	-	44	28	-	-
2	2	-	8	1	-	8	45	-	1
14	8	6	96	1	-	96	49	-	12
12	6	6	80	2	40	120	77	-	9

AMERICAN OVERSIGHT

2	2	-	12	1	-	12	62	-	7
6	6	-	56	1	-	56	87	1	4
6	3	3	44	1	-	44	35	-	4
6	5	1	28	1	-	28	71	-	2
5	3	2	32	1	-	32	76	-	10
7	7	-	32	2	16	48	90	-	4
8	7	1	56	1	-	56	24	-	2
1	1	-	16	1	-	16	41	-	-
-	-	-	-	-	-	-	40	1	5
9	6	3	44	1	-	44	97	-	11
8	6	2	40	1	-	40	37	-	2
5	5	-	36	1	-	36	148	-	1
5	5	-	16	1	-	16	52	1	-
6	6	-	28	1	-	28	33	-	-
3	3	-	12	1	-	12	17	-	-
3	3	-	28	1	-	28	9	-	-
.	.	.	.	.	.	.	.	-	-
-	-	-	-	-	-	-	18	-	-
6	6	-	40	1	-	40	26	-	2
-	-	-	-	-	-	-	19	-	7
7	5	2	32	1	-	32	35	-	5
7	4	3	40	1	-	40	27	-	3
2	2	-	12	1	-	12	9	-	-
3	1	2	12	1	-	12	57	-	5
3	3	-	20	1	-	20	14	-	-
12	12	-	80	1	-	80	36	-	1
3	3	-	20	1	-	20	11	-	1
6	3	3	36	1	-	36	32	-	6
13	13	-	72	1	-	72	35	-	-
1	1	-	4	1	-	4	55	-	1
9	9	-	44	1	-	44	150	2	-
5	5	-	24	1	-	24	49	-	3
3	3	-	12	1	-	12	18	-	-
8	8	-	36	1	-	36	29	-	-
7	5	2	32	1	-	32	19	-	3
5	5	-	40	1	-	40	25	-	-
5	5	-	36	1	-	36	59	1	-
9	8	1	44	1	-	44	71	-	5
1	1	-	4	1	-	4	75	1	7
6	6	-	28	1	-	28	17	-	-
4	3	1	32	1	-	32	35	-	2
4	4	-	12	1	-	12	20	-	-
6	4	2	28	1	-	28	48	-	3
2	1	1	12	1	-	12	11	-	2
5	4	1	32	1	-	32	14	-	2
9	9	-	48	1	-	48	20	-	-
6	6	-	24	1	-	24	53	1	3
6	4	2	24	1	-	24	48	-	2
8	8	-	32	1	-	32	211	2	1
6	6	-	28	1	-	28	47	-	2
5.92	**4.54**	**1.38**	**35.51**	**0.97**	**1.30**	**36.81**	**44.55**	**0.27**	**3.29**

AMERICAN OVERSIGHT

6.50	3.25	3.25	51.00	1.50	7.00	58.00	76.00	3	26
2.00	1.78	0.22	8.00	0.56	-	8.00	35.96	1	8
3.67	3.67	-	14.67	1.00	-	14.67	19.33	2	6
10.20	4.60	5.60	60.00	1.00	-	60.00	100.70	2	66
2.60	2.60	-	10.40	1.00	-	10.40	12.40	-	3
1.67	1.67	-	6.67	0.67	-	6.67	19.78	1	4
8.25	8.00	0.25	48.00	1.25	5.00	53.00	49.00	2	9
9.67	8.33	1.33	57.33	1.00	-	57.33	34.78	-	8
6.00	5.14	0.86	34.29	1.00	-	34.29	47.43	1	9
4.00	4.00	-	24.00	1.00	-	24.00	15.78	-	-
7.33	6.33	1.00	31.33	0.83	-	31.33	20.89	-	12
2.50	2.00	0.50	11.00	0.75	-	11.00	32.17	-	3
4.20	2.80	1.40	21.60	1.00	-	21.60	19.07	1	5
1.80	1.80	-	8.00	1.00	-	8.00	23.47	2	8
4.57	3.29	1.29	20.57	1.00	-	20.57	20.10	1	25
11.00	10.00	1.00	64.00	1.25	11.00	75.00	66.00	6	28
3.75	3.25	0.50	21.00	1.00	-	21.00	53.79	1	12
5.33	3.67	1.67	25.33	0.67	-	25.33	48.67	1	12
6.86	4.00	2.86	34.29	1.00	-	34.29	33.43	-	49
12.10	6.00	6.10	96.90	1.10	8.80	105.70	65.12	1	115
-	-	-	-	-	-	-	-	-	-
7.67	6.67	1.00	38.67	1.00	-	38.67	57.50	4	4
8.00	5.00	3.00	32.00	1.00	-	32.00	26.00	-	17
4.25	3.25	1.00	75.25	1.00	-	75.25	23.38	2	2
3.17	2.17	1.00	28.67	1.00	-	28.67	44.08	4	13
4.50	3.25	1.25	21.00	1.00	-	21.00	53.38	3	3
8.69	7.15	1.54	54.77	1.00	1.08	55.85	77.79	4	44
6.80	5.00	1.80	43.20	1.20	5.60	48.80	62.07	1	53
5.25	4.50	0.75	29.50	0.88	-	29.50	58.83	2	21
2.00	2.00	-	13.33	0.67	-	13.33	8.44	-	-
-	-	-	-	-	-	-	18.00	-	-
4.33	3.67	0.67	24.00	0.67	-	24.00	26.44	-	14
5.14	4.00	1.14	31.43	1.00	-	31.43	26.57	-	16
7.00	7.00	-	36.00	1.00	-	36.00	72.00	2	4
3.00	3.00	-	12.00	1.00	-	12.00	18.00	-	-
6.67	6.00	0.67	36.00	1.00	-	36.00	24.22	-	3
5.00	4.67	0.33	28.00	1.00	-	28.00	68.44	2	12
4.67	4.33	0.33	24.00	1.00	-	24.00	24.00	-	2
4.33	3.00	1.33	24.00	1.00	-	24.00	24.22	-	7
7.00	6.60	0.40	31.20	1.00	-	31.20	75.80	3	8

AMERICAN OVERSIGHT

					7	9
						VALLUE B
FINE CNT	FINE TOT	PAY DENIAL CNT	TOT PENLTY CNT	FILEDATE	Baseline Period: FY 2016 Risk-Standardized Readmission Rate	Performance Period: FY 2018 Risk-Standardized Readmission Rate
5	236,871	2	7	01/01/2020	0.2011	0.2070
2	53,739	1	3	01/01/2020	0.1893	0.2144
-	-	-	-	01/01/2020	0.1770	0.1907
1	7,963	-	1	01/01/2020	0.1726	0.2081
-	-	-	-	01/01/2020	0.1915	0.1806
1	9,623	-	1	01/01/2020	0.1987	0.1917
-	-	-	-	01/01/2020	0.1870	0.1982
-	-	-	-	01/01/2020	0.2054	0.1735
-	-	-	-	01/01/2020	-	0.1932
1	88,595	-	1	01/01/2020	0.2159	0.2214
-	-	-	-	01/01/2020	0.1700	0.2068
-	-	-	-	01/01/2020	0.2136	0.1721
1	9,623	-	1	01/01/2020	0.1893	0.2219
1	3,318	-	1	01/01/2020	0.2067	0.1948
-	-	-	-	01/01/2020	0.1710	0.1949
2	16,000	-	2	01/01/2020	0.1788	0.1967
-	-	-	-	01/01/2020	0.1891	0.1842
2	103,994	-	2	01/01/2020	0.1989	0.2065
3	29,375	-	3	01/01/2020	0.2030	0.1908
3	48,914	-	3	01/01/2020	0.2247	0.2190
-	-	-	-	01/01/2020	0.1845	0.1954
-	-	-	-	01/01/2020	0.1890	0.2401
-	-	-	-	01/01/2020	0.1915	0.1839
-	-	-	-	01/01/2020	0.2081	0.1833
-	-	-	-	01/01/2020	0.2125	0.1972
1	15,990	-	1	01/01/2020	0.1628	0.1678
-	-	-	-	01/01/2020	0.1696	0.1703
-	-	-	-	01/01/2020	0.1982	0.1951
1	7,963	-	1	01/01/2020	0.1913	0.2181
-	-	-	-	01/01/2020	0.2107	0.1973
-	-	-	-	01/01/2020	0.2126	0.1812
-	-	-	-	01/01/2020	0.1730	0.1892
-	-	-	-	01/01/2020	0.2121	0.2251

AMERICAN OVERSIGHT

-	-	-	-	01/01/2020		0.2433	0.2184
-	-	-	-	01/01/2020		0.1686	0.1861
-	-	-	-	01/01/2020		0.2011	0.1959
-	-	-	-	01/01/2020		0.1879	0.1864
-	-	-	-	01/01/2020		0.2149	0.2036
-	-	-	-	01/01/2020		0.2084	0.2098
-	-	-	-	01/01/2020		0.2507	0.2245
-	-	-	-	01/01/2020		0.2119	0.2367
-	-	-	-	01/01/2020		0.2089	0.2130
-	-	-	-	01/01/2020		0.1905	0.2102
-	-	-	-	01/01/2020		0.2345	0.2188
-	-	-	-	01/01/2020		0.2236	0.2164
-	-	-	-	01/01/2020		0.2332	0.2415
-	-	-	-	01/01/2020		0.1857	0.1949
-	-	-	-	01/01/2020		0.2168	0.1942
-	-	-	-	01/01/2020		0.1717	0.2136
-	-	-	-	01/01/2020		0.2215	0.2192
-	-	-	-	01/01/2020		0.1832	0.2216
-	-	-	-	01/01/2020		0.1708	0.2278
-	-	-	-	01/01/2020		0.1786	0.2128
-	-	-	-	01/01/2020		0.1951	0.1829
1	4,549	-	1	01/01/2020		0.2019	0.1955
1	1,623	-	1	01/01/2020		0.1777	0.1882
-	-	-	-	01/01/2020		0.1874	0.2218
-	-	-	-	01/01/2020		0.1938	0.2204
-	-	-	-	01/01/2020		0.1915	0.1943
1	9,760	-	1	01/01/2020		0.1748	0.1905
-	-	-	-	01/01/2020		0.2040	0.1899
-	-	-	-	01/01/2020		0.2323	0.1848
-	-	-	-	01/01/2020		0.1910	0.1577
-	-	-	-	01/01/2020		0.1645	0.1870
-	-	-	-	01/01/2020		0.2024	0.1859
-	-	-	-	01/01/2020		0.1828	0.1831
-	-	-	-	01/01/2020		0.1594	0.1976
-	-	-	-	01/01/2020		0.2086	0.1889
-	-	-	-	01/01/2020		0.2071	0.2230
1	13,501	-	1	01/01/2020		0.1748	0.2179
1	38,026	-	1	01/01/2020		0.2307	0.2045
1	13,627	-	1	01/01/2020		-	0.1858
-	-	-	-	01/01/2020		0.1802	0.2129
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1918	0.1937
1	9,922	-	1	01/01/2020		0.1816	0.1971
1	4,419	-	1	01/01/2020		0.2079	0.1849
1	24,175	-	1	01/01/2020		-	-
1	67,680	-	1	01/01/2020		0.1924	-
-	-	-	-	01/01/2020		0.2043	0.1951
1	4,163	-	1	01/01/2020		0.2070	0.1973
-	-	-	-	01/01/2020		0.1669	0.1735
1	6,662	-	1	01/01/2020		0.1791	0.2116
-	-	-	-	01/01/2020		0.1833	0.1629
-	-	-	-	01/01/2020		0.2468	0.1931
1	13,878	-	1	01/01/2020		0.1877	0.2018

AMERICAN OVERSIGHT

1	22,386	1	2	01/01/2020		0.2261	0.1882
-	-	-	-	01/01/2020		0.1644	0.1862
1	12,490	-	1	01/01/2020		0.2060	0.1950
1	49,600	-	1	01/01/2020		0.2261	0.2061
-	-	-	-	01/01/2020		0.1874	0.2007
1	21,393	-	1	01/01/2020		0.1852	0.1917
-	-	-	-	01/01/2020		0.2175	0.1858
2	91,225	-	2	01/01/2020		0.2402	0.2405
-	-	-	-	01/01/2020		0.2071	0.2316
1	13,904	-	1	01/01/2020		0.2414	0.2324
1	21,158	-	1	01/01/2020		0.1934	0.1943
1	188,268	1	2	01/01/2020		0.1796	0.1981
1	1,363	-	1	01/01/2020		0.2248	0.2179
3	24,410	1	4	01/01/2020		0.1879	0.2153
3	231,882	2	5	01/01/2020		0.1634	0.1930
2	33,947	1	3	01/01/2020		0.1903	0.2269
4	83,256	1	5	01/01/2020		0.2199	0.2201
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1798	0.2139
-	-	-	-	01/01/2020		0.2220	0.2431
3	189,577	-	3	01/01/2020		0.2058	0.2142
2	13,355	-	2	01/01/2020		0.2042	0.2325
-	-	-	-	01/01/2020		0.1927	0.2127
-	-	-	-	01/01/2020		0.2150	0.1942
-	-	-	-	01/01/2020		0.2094	0.1906
-	-	-	-	01/01/2020		0.2306	0.2012
-	-	-	-	01/01/2020		0.1921	0.2430
1	269,511	1	2	01/01/2020		0.2391	0.2424
-	-	-	-	01/01/2020		0.1722	0.1964
-	-	-	-	01/01/2020		0.1999	0.2301
1	14,040	-	1	01/01/2020		0.1911	0.1990
1	8,128	-	1	01/01/2020		0.2144	0.2090
1	8,099	-	1	01/01/2020		0.2444	0.2145
-	-	1	1	01/01/2020		0.2505	0.1706
-	-	-	-	01/01/2020		0.2196	0.2204
-	-	-	-	01/01/2020		0.2198	0.1911
-	-	-	-	01/01/2020		0.1797	0.1771
1	158,487	-	1	01/01/2020		0.1958	0.1684
2	731,206	1	3	01/01/2020		0.2058	0.1848
2	6,145	-	2	01/01/2020		0.1774	0.1942
-	-	-	-	01/01/2020		0.1573	0.1778
-	-	-	-	01/01/2020		0.1681	0.2253
2	35,058	-	2	01/01/2020		0.1650	0.1956
-	-	-	-	01/01/2020		0.2118	0.2125
3	222,034	-	3	01/01/2020		0.1926	0.1979
-	-	-	-	01/01/2020		0.1812	0.2106
-	-	-	-	01/01/2020		0.1951	0.2452
2	89,401	-	2	01/01/2020		0.1960	0.1988
1	7,027	-	1	01/01/2020		0.1725	0.1977
1	258,516	1	2	01/01/2020		0.2007	0.1989
-	-	-	-	01/01/2020		0.2039	0.2286
-	-	-	-	01/01/2020		0.2167	0.1801
2	108,789	1	3	01/01/2020		0.2162	0.2296
-	-	-	-	01/01/2020		0.1722	0.1988
2	55,916	-	2	01/01/2020		0.2142	0.2031

AMERICAN OVERSIGHT

2	6,253	-	2	01/01/2020		0.1946	0.2199
2	70,549	-	2	01/01/2020		0.1932	0.1765
2	463,937	1	3	01/01/2020		0.2029	0.1883
1	7,904	-	1	01/01/2020		0.1671	0.2176
1	44,747	1	2	01/01/2020		0.1720	0.1977
2	85,780	-	2	01/01/2020		0.1878	0.1995
1	1,575	-	1	01/01/2020		0.1710	0.2014
1	7,242	-	1	01/01/2020		0.2021	0.1940
-	-	-	-	01/01/2020		0.2162	0.2027
3	337,177	1	4	01/01/2020		0.1953	0.1998
1	9,412	-	1	01/01/2020		0.2022	0.1855
1	13,905	-	1	01/01/2020		0.1819	0.2012
1	68,744	-	1	01/01/2020		0.1738	0.2057
-	-	-	-	01/01/2020		0.2403	0.1820
-	-	-	-	01/01/2020		0.1963	0.1998
-	-	-	-	01/01/2020		-	0.1731
-	-	-	-	01/01/2020		-	-
1	12,659	-	1	01/01/2020		0.1826	0.1880
-	-	-	-	01/01/2020		0.1912	0.2254
-	-	-	-	01/01/2020		0.2137	0.1900
-	-	-	-	01/01/2020		0.1964	0.2030
1	13,627	-	1	01/01/2020		0.2357	0.2156
-	-	-	-	01/01/2020		0.2157	0.2348
-	-	-	-	01/01/2020		0.2292	0.2074
1	1,691	-	1	01/01/2020		0.2487	0.2689
-	-	-	-	01/01/2020		0.1658	0.2111
-	-	-	-	01/01/2020		0.1948	0.1975
-	-	-	-	01/01/2020		0.2133	0.2397
-	-	-	-	01/01/2020		0.1916	0.1949
-	-	-	-	01/01/2020		0.1915	0.1945
1	57,083	1	2	01/01/2020		0.1842	0.2059
-	-	-	-	01/01/2020		0.2524	0.2225
-	-	-	-	01/01/2020		-	0.2273
-	-	-	-	01/01/2020		0.2342	0.1836
-	-	-	-	01/01/2020		-	0.2208
-	-	-	-	01/01/2020		0.2067	0.2210
-	-	-	-	01/01/2020		0.2410	0.2027
1	2,932	-	1	01/01/2020		0.2221	0.2441
-	-	-	-	01/01/2020		0.2142	0.2205
-	-	-	-	01/01/2020		0.2094	0.2125
-	-	-	-	01/01/2020		0.1969	0.2171
-	-	-	-	01/01/2020		0.2417	0.2062
-	-	-	-	01/01/2020		0.2786	0.2437
-	-	-	-	01/01/2020		0.1887	0.1835
-	-	-	-	01/01/2020		0.2165	-
-	-	-	-	01/01/2020		0.1896	0.2075
1	9,009	-	1	01/01/2020		0.2415	0.1947
1	3,998	-	1	01/01/2020		0.1968	0.2251
-	-	-	-	01/01/2020		0.2184	0.2034
-	-	-	-	01/01/2020		0.1929	0.2274
0.58	$ 26,212	0.10	0.68			0.2011	0.2041

AMERICAN OVERSIGHT

8	298,573	3	11	0.1851	0.2050
2	98,218	-	2	0.1986	0.1919
2	12,941	-	2	0.1921	0.2045
10	198,283	-	10	0.2031	0.2044
-	-	-	-	0.1953	0.2060
1	15,990	-	1	0.1774	0.1783
1	7,963	-	1	0.1963	0.1975
-	-	-	-	0.2035	0.2014
-	-	-	-	0.2198	0.2172
-	-	-	-	0.2121	0.2081
-	-	-	-	0.1868	0.2116
2	6,172	-	2	0.1900	0.2079
1	9,760	-	1	0.1970	0.1840
-	-	-	-	0.1848	0.1885
3	65,154	-	3	0.1978	0.2068
4	106,196	-	4	0.1946	0.1910
2	10,825	-	2	0.1902	0.1983
1	13,878	-	1	0.2106	0.1904
4	105,869	1	5	0.2015	0.1931
18	689,413	6	24	0.2043	0.2165
-	-	-	-	-	-
3	189,577	-	3	0.2033	0.2191
2	13,355	-	2	0.2040	0.2131
1	269,511	1	2	0.2169	0.2165
3	30,267	1	4	0.2102	0.2054
1	158,487	-	1	0.2029	0.1871
13	1,349,387	2	15	0.1872	0.2048
14	843,875	3	17	0.1946	0.2005
8	438,055	1	9	0.1975	0.1970
-	-	-	-	0.1963	0.1961
1	12,659	-	1	0.1826	0.1880
-	-	-	-	0.2004	0.2061
2	15,318	-	2	0.2174	0.2235
1	57,083	1	2	0.2026	0.2049
-	-	-	-	-	0.2273
-	-	-	-	0.2233	0.2047
1	2,932	-	1	0.2253	0.2223
-	-	-	-	0.2168	0.2119
-	-	-	-	0.2274	0.2139
2	13,007	-	2	0.2071	0.2113

AMERICAN OVERSIGHT

11	13	15	17	Data from CMS FFY 2020 SNF QRP Data Files	S_001_01
		66th Percentile	#REF!		Denominator
ASED PAYMENT (VBP) HOSPITAL READMISSION					S 001 01 DENOMINATOR NQF # 2631
FFY 2020 Achievement Score	FFY 2020 Improvement Score	FFY 2020 Performance Score	FFY 2020 Incentive Payment Multiplier		% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - DENOMINATOR
-	-	-	0.9803449243		148
-	-	-	0.9803449243		196
23.3700	-	23.3700	0.9833597546		229
-	-	-	0.9803449243		146
49.2678	33.0223	49.2678	1.0048251289		133
20.6723	14.4150	20.6723	0.9826055225		309
-	-	-	0.9803449243		117
67.4065	69.8006	69.8006	1.0252842257		220
16.7928	-	16.7928	0.9817969140		827
-	-	-	0.9803449243		247
-	-	-	0.9803449243		145
71.0034	76.6178	76.6178	1.0281726332		186
-	-	-	0.9803449243		98
12.8618	22.1588	22.1588	0.9829988117		127
12.5021	-	12.5021	0.9811844147		122
8.0060	-	8.0060	0.9807618474		233
40.0443	13.7927	40.0443	0.9939051108		74
-	-	-	0.9803449243		160
22.9589	25.2314	25.2314	0.9839938719		155
-	4.1438	4.1438	0.9805202308		68
11.1918	-	11.1918	0.9810418991		70
-	-	-	0.9803449243		79
40.8921	21.6713	40.8921	0.9947825504		37
42.3566	49.7382	49.7382	1.0054308832		221
6.6186	25.7290	25.7290	0.9841810880		58
82.2566	-	82.2566	1.0295669685		190
75.7051	-	75.7051	1.0278740401		155
12.0140	3.8086	12.0140	0.9811292224		175
-	-	-	0.9803449243		182
6.3617	22.9449	22.9449	0.9832286817		109
47.5978	57.9518	57.9518	1.0155055126		81
27.1981	-	27.1981	0.9847813838		139
-	-	-	0.9803449243		364

AMERICAN OVERSIGHT

-	25.9527	25.9527	0.9842678479		242
35.1370	-	35.1370	0.9895073106		227
9.9072	8.4570	9.9072	0.9809185337		108
34.4433	0.9833	34.4433	0.9889811826		433
-	16.6865	16.6865	0.9817785817		197
-	-	-	0.9803449243		227
-	24.8134	24.8134	0.9838425527		546
-	-	-	0.9803449243		822
-	-	-	0.9803449243		174
-	-	-	0.9803449243		257
-	16.9295	16.9295	0.9818207745		242
-	6.7657	6.7657	0.9806741416		256
-	-	-	0.9803449243		341
12.4251	-	12.4251	0.9811755278		282
14.3777	36.9104	36.9104	0.9909597432		168
-	-	-	0.9803449243		105
-	-	-	0.9803449243		311
-	-	-	0.9803449243		242
-	-	-	0.9803449243		250
-	-	-	0.9803449243		149
43.3842	32.8788	43.3842	0.9975421958		259
10.9863	11.3041	11.3041	0.9810534179		451
29.8187	-	29.8187	0.9860458600		216
-	-	-	0.9803449243		758
-	-	-	0.9803449243		475
13.9409	-	13.9409	0.9813628468		124
23.7810	-	23.7810	0.9834911911		242
25.4767	29.4000	29.4000	0.9858259564		332
38.3486	63.2962	63.2962	1.0207536998		341
100.0000	90.0000	100.0000	1.0311913097		466
32.8504	-	32.8504	0.9878603897		326
35.5224	36.6141	36.6141	0.9907062587		97
42.7162	-	42.7162	0.9967776831		140
5.5652	-	5.5652	0.9805987697		249
27.8661	37.9102	37.9102	0.9918472308		124
-	-	-	0.9803449243		117
-	-	-	0.9803449243		137
-	33.6019	33.6019	0.9883741770		203
35.8821	-	35.8821	0.9900986219		48
-	-	-	0.9803449243		54
-	-	45.4460	1.0000000000		28
15.6366	-	15.6366	0.9816068406		193
6.9783	-	6.9783	0.9806884358		77
38.2201	45.9869	45.9869	1.0006659329		85
-	-	45.4460	1.0000000000		16
-	-	45.4460	1.0000000000		21
11.9369	17.0588	17.0588	0.9818436329		91
6.3874	16.8976	16.8976	0.9818151937		86
67.4065	-	67.4065	1.0238454682		58
-	-	-	0.9803449243		165
94.7945	90.0000	94.7945	1.0309583816		195
17.1268	58.9381	58.9381	1.0165740498		369
-	-	-	0.9803449243		264

AMERICAN OVERSIGHT

29.7417	54.8609	54.8609	1.0119105068		285
34.9829	-	34.9829	0.9893883648		179
12.3223	20.4748	20.4748	0.9825570917		299
-	26.5473	26.5473	0.9845064722		245
-	-	-	0.9803449243		309
20.7237	-	20.7237	0.9826182648		87
35.9592	52.9890	52.9890	1.0095907824		123
-	-	-	0.9803449243		339
-	-	-	0.9803449243		250
-	6.4308	6.4308	0.9806522182		388
14.1208	-	14.1208	0.9813869124		55
-	-	-	0.9803449243		205
-	6.1434	6.1434	0.9806339682		215
-	-	-	0.9803449243		161
17.4864	-	17.4864	0.9819211776		114
-	-	-	0.9803449243		222
-	-	-	0.9803449243		148
-	-	-			-
-	-	-	0.9803449243		82
-	-	-	0.9803449243		391
-	-	-	0.9803449243		294
-	-	-	0.9803449243		324
-	-	-	0.9803449243		385
14.3777	34.8851	34.8851	0.9893134988		108
23.5498	35.3859	35.3859	0.9897017476		609
-	38.4257	38.4257	0.9923241051		353
-	-	-	0.9803449243		407
-	-	-	0.9803449243		171
8.5455	-	8.5455	0.9808034228		242
-	-	-	0.9803449243		512
-	-	-	0.9803449243		299
-	5.4243	5.4243	0.9805904887		311
-	31.5821	31.5821	0.9870521922		133
75.0114	86.1339	86.1339	1.0301832780		335
-	-	-	0.9803449243		365
22.2909	45.3944	45.3944	0.9999369337		413
58.3628	10.8205	58.3628	1.0159558923		318
80.7151	78.1311	80.7151	1.0292532893		384
38.3999	43.7317	43.7317	0.9979464108		155
14.1978	-	14.1978	0.9813973531		150
56.3331	-	56.3331	1.0136655564		232
-	-	-	0.9803449243		111
10.6009	-	10.6009	0.9809832547		120
-	-	-	0.9803449243		92
-	-	-	0.9803449243		205
-	-	-	0.9803449243		118
-	-	-	0.9803449243		296
-	-	-	0.9803449243		168
5.3340	-	5.3340	0.9805852386		247
-	-	-	0.9803449243		152
-	-	-	0.9803449243		428
50.5010	62.8426	62.8426	1.0203617974		160
-	-	-	0.9803449243		190
-	-	-	0.9803449243		134
-	16.5522	16.5522	0.9817556650		123

AMERICAN OVERSIGHT

-	-	-	0.9803449243	172
59.6731	49.8143	59.6731	1.0173423202	246
29.4077	31.3183	31.3183	0.9868931454	124
-	-	-	0.9803449243	106
5.3597	-	5.3597	0.9805867268	133
-	-	-	0.9803449243	93
-	-	-	0.9803449243	293
14.7117	15.4632	15.4632	0.9815800681	618
-	20.2294	20.2294	0.9824981280	318
-	-	-	0.9803449243	310
36.5501	37.3028	37.3028	0.9913021811	120
-	-	-	0.9803449243	272
-	-	-	0.9803449243	570
45.6966	70.2515	70.2515	1.0255277418	510
-	-	-	0.9803449243	713
68.5370	-	68.5370	1.0245561969	290
-	-	-		-
30.1270	-	30.1270	0.9862123385	276
-	-	-	0.9803449243	405
25.0400	41.5555	41.5555	0.9954916549	366
-	-	-	0.9803449243	82
-	22.5569	22.5569	0.9831132423	227
-	-	-	0.9803449243	521
-	27.7913	27.7913	0.9850449960	217
-	-	-	0.9803449243	133
-	-	-	0.9803449243	470
5.8735	-	5.8735	0.9806172933	135
-	-	-	0.9803449243	144
12.5535	-	12.5535	0.9811903761	597
13.6583	-	13.6583	0.9813258462	155
-	-	-	0.9803449243	224
-	28.3631	28.3631	0.9853112701	548
-	-	-	0.9803449243	632
41.4573	65.8001	65.8001	1.0227341219	159
-	-	-	0.9803449243	44
-	-	-	0.9803449243	155
-	43.9582	43.9582	0.9982122846	74
-	-	-	0.9803449243	139
-	-	-	0.9803449243	177
-	-	-	0.9803449243	133
-	-	-	0.9803449243	155
-	39.9360	39.9360	0.9937954650	245
-	25.1252	25.1252	0.9839549045	202
41.8684	15.2468	41.8684	0.9958328344	188
-	-	45.4460	1.0000000000	16
-	-	-	0.9803449243	197
13.0417	54.4612	54.4612	1.0114224592	187
-	-	-	0.9803449243	286
-	21.8719	21.8719	0.9829187852	145
-	-	-	0.9803449243	112
30.5961	33.9782	33.4405	0.98783195184	43,961

AMERICAN OVERSIGHT

				[redacted]
23.3700	-	23.3700	0.9811095949	719
44.1226	44.8939	45.5398	0.9951693136	2,184
12.7306	22.1588	18.6351	0.9816247699	347
16.9760	14.4217	12.8477	0.9813189431	690
9.1316	25.7290	17.7408	0.9819853123	465
55.0588	3.8086	55.0588	1.0115713670	520
27.2304	40.6754	36.0528	0.9904525839	511
26.4792	12.4228	25.2877	0.9847251105	1,571
-	15.8833	15.8833	0.9811758920	2,524
13.5429	36.9104	26.4422	0.9849092910	791
43.3842	32.8788	43.3842	0.9837904545	1,316
20.2432	11.3041	20.4048	0.9817773304	1,900
39.0230	61.0783	44.3692	0.9992507390	1,505
28.9382	37.2015	31.2007	0.9895630014	936
22.4780	33.6019	28.5142	0.9842415636	780
22.4335	45.9869	29.9425	0.9923747090	199
23.0570	16.9890	28.7711	0.9875740130	400
43.2477	69.3848	70.9972	1.0052204126	828
28.4053	38.6052	35.6093	0.9922023993	1,527
15.5742	6.2964	11.2767	0.9806786445	2,097
-	-	-	-	-
-	-	-	0.9803449243	767
14.3777	34.8851	34.8851	0.9833425144	817
23.5498	36.6315	36.6315	0.9860722586	1,540
37.6547	35.2709	28.6611	0.9876494034	1,832
57.3183	49.2024	64.0182	1.0086916740	1,480
25.9359	43.7317	27.2512	0.9844729889	2,474
36.2414	39.8862	35.0680	0.9890508961	1,481
31.2090	34.8132	34.8132	0.9873203557	3,011
68.5370	-	68.5370	0.9864659178	1,003
30.1270	-	30.1270	0.9862123385	276
25.0400	41.5555	41.5555	0.9853722580	853
5.8735	25.0278	20.2594	0.9817886144	1,847
13.0938	28.3631	18.4146	0.9818411623	1,524
-	-	-	0.9803449243	632
41.4573	65.8001	65.8001	0.9987618169	358
-	43.9582	43.9582	0.9860483017	390
-	39.9360	39.9360	0.9853704010	533
41.8684	20.2381	38.0345	0.9937391254	406
13.0417	39.7133	39.7133	0.9870597232	927

AMERICAN OVERSIGHT

S_001_01	S_001_01	S_002_01	S_002_01	S_002_01	S_002_01
Numerator	Rate	Adj Rate	Denominator	Numerator	Rate
		Short Stay	Short Stay	Short Stay	Short Stay
S 001 01 NUMERATOR	S 001 01 OBS RATE	S 002 01 ADJ RATE	S 002 01 DENOMINATOR	S 002 01 NUMERATOR	S 002 01 OBS RATE
NQF # 2631	NQF # 2631	NQF # 0678	NQF # 0678	NQF # 0678	NQF # 0678
% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - NUMERATOR	% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - ADJ RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - DENOMINATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - NUMERATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - OBSERVED RATE
148	100.00%				
196	100.00%				
228	99.56%				
146	100.00%				
132	99.25%				
306	99.03%				
110	94.02%				
217	98.64%				
809	97.82%				
247	100.00%				
141	97.24%				
182	97.85%				
98	100.00%				
127	100.00%				
122	100.00%				
233	100.00%				
73	98.65%				
159	99.38%				
153	98.71%				
68	100.00%				
68	97.14%				
79	100.00%				
37	100.00%				
219	99.10%				
56	96.55%				
190	100.00%				
155	100.00%				
174	99.43%				
177	97.25%				
108	99.08%				
80	98.77%				
139	100.00%				
364	100.00%				

AMERICAN OVERSIGHT

242	**100.00%**
227	**100.00%**
108	**100.00%**
433	**100.00%**
197	**100.00%**
220	**96.92%**
539	**98.72%**
819	**99.64%**
174	**100.00%**
252	**98.05%**
242	**100.00%**
253	**98.83%**
336	98.53%
280	99.29%
168	100.00%
105	**100.00%**
309	**99.36%**
242	**100.00%**
250	**100.00%**
149	**100.00%**
259	**100.00%**
450	**99.78%**
213	**98.61%**
732	**96.57%**
475	**100.00%**
124	**100.00%**
233	**96.28%**
324	**97.59%**
340	**99.71%**
461	**98.93%**
321	98.47%
97	100.00%
138	98.57%
248	99.60%
122	98.39%
117	**100.00%**
137	**100.00%**
203	**100.00%**
48	**100.00%**
54	**100.00%**
28	**100.00%**
192	**99.48%**
74	**96.10%**
84	**98.82%**
-	**0.00%**
20	**95.24%**
91	**100.00%**
84	**97.67%**
58	**100.00%**
165	**100.00%**
195	100.00%
366	99.19%
256	96.97%

AMERICAN OVERSIGHT

285	**100.00%**
179	**100.00%**
298	**99.67%**
243	**99.18%**
309	**100.00%**
87	**100.00%**
123	**100.00%**
339	**100.00%**
249	**99.60%**
388	**100.00%**
55	**100.00%**
205	**100.00%**
215	**100.00%**
161	**100.00%**
114	**100.00%**
222	**100.00%**
148	**100.00%**
-	**0.00%**
82	**100.00%**
390	**99.74%**
294	**100.00%**
323	99.69%
342	88.83%
108	100.00%
606	**99.51%**
347	**98.30%**
390	**95.82%**
165	**96.49%**
239	**98.76%**
512	**100.00%**
298	**99.67%**
311	**100.00%**
132	**99.25%**
335	**100.00%**
364	**99.73%**
410	**99.27%**
314	**98.74%**
384	**100.00%**
155	100.00%
150	100.00%
232	100.00%
111	100.00%
120	100.00%
92	100.00%
205	100.00%
118	100.00%
296	100.00%
166	98.81%
246	99.60%
152	100.00%
428	100.00%
160	**100.00%**
190	**100.00%**
134	**100.00%**
122	**99.19%**

AMERICAN OVERSIGHT

171	99.42%
246	100.00%
124	100.00%
106	100.00%
133	100.00%
92	98.92%
280	95.56%
599	96.93%
299	94.03%
306	98.71%
118	98.33%
270	99.26%
560	98.25%
510	100.00%
646	90.60%
274	94.48%
-	0.00%
271	98.19%
405	100.00%
366	100.00%
81	98.78%
225	99.12%
518	99.42%
215	99.08%
132	99.25%
464	98.72%
135	100.00%
139	96.53%
591	98.99%
147	94.84%
223	99.55%
522	95.26%
621	98.26%
157	98.74%
42	95.45%
154	99.35%
67	90.54%
125	89.93%
177	100.00%
125	93.98%
155	100.00%
242	98.78%
194	96.04%
188	100.00%
-	0.00%
194	98.48%
173	92.51%
280	97.90%
144	99.31%
109	97.32%
43,353	98.62%

AMERICAN OVERSIGHT

718	99.86%
2,144	98.17%
347	100.00%
686	99.42%
459	98.71%
519	99.81%
504	98.63%
1,571	100.00%
2,499	99.01%
784	99.12%
1,314	99.85%
1,870	98.42%
1,482	98.47%
926	98.93%
779	99.87%
178	89.45%
398	99.50%
817	98.67%
1,524	99.80%
2,096	99.95%
-	0.00%
766	99.87%
773	94.61%
1,508	97.92%
1,827	99.73%
1,472	99.46%
2,471	99.88%
1,478	99.80%
2,942	97.71%
920	91.72%
271	98.19%
852	99.88%
1,828	98.97%
1,483	97.31%
621	98.26%
353	98.60%
369	94.62%
522	97.94%
382	94.09%
900	97.09%

AMERICAN OVERSIGHT

S_004_01	S_004_01	S_004_01	S_004_01	S_004_01	S_004_01
	Observed	Observed			
S 004 01 PPR PD COMP PERF	S 004 01 PPR PD OBS	S 004 01 PPR PD OBS READM	S 004 01 PPR PD RSRR	S 004 01 PPR PD RSRR 2 5	S 004 01 PPR PD RSRR 97 5
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - COMP PERF	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED RATE	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED READMITS	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 2.5	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 97.5
-	6.42	7	7.09	5.40	8.94
-	9.88	16	7.56	5.85	9.67
-	8.77	27	7.56	5.94	9.39
-	7.61	14	7.50	5.91	9.64
-	11.00	22	8.01	6.28	9.93
-	5.42	29	6.75	5.51	8.60
-	7.89	12	7.23	5.49	9.52
-	8.11	39	7.62	6.07	9.42
-	7.19	24	7.76	6.04	9.81
-	6.41	23	7.11	5.53	9.22
-	14.72	34	9.13	7.30	11.42
-	5.75	15	6.96	5.32	8.67
-	7.81	10	7.28	5.46	9.46
-	14.12	24	8.84	6.77	11.03
-	3.75	6	6.55	5.00	8.53
-	8.64	26	7.36	5.79	9.07
-	9.91	11	7.45	5.85	9.57
-	8.93	10	7.40	5.49	9.78
-	8.15	11	7.15	5.53	9.28
-	6.90	6	7.22	5.39	9.55
-	8.89	8	7.50	5.82	9.85
-	3.92	4	6.78	5.10	8.95
-	1.52	1	6.68	4.94	8.93
-	8.61	42	7.80	6.28	9.48
-	4.23	3	6.95	5.17	9.12
-	0.93	1	6.50	4.85	8.77
-	10.06	16	7.95	6.22	10.31
-	9.79	14	7.63	5.93	9.73
-	12.05	20	8.06	6.34	10.12
-	3.09	3	6.60	5.06	8.71
-	8.70	12	7.46	5.71	9.82
-	6.02	13	6.89	5.32	8.73
-	9.85	27	7.82	6.20	9.76

AMERICAN OVERSIGHT

-	9.73	32	7.74	6.14	9.63
-	6.47	15	7.00	5.54	8.90
-	5.68	5	6.96	5.19	8.99
-	10.45	53	8.61	7.14	10.48
-	6.59	12	6.83	5.29	8.78
-	10.64	20	8.02	6.21	10.24
-	5.73	34	6.54	5.44	8.07
-	7.36	95	8.26	6.97	9.74
-	9.69	19	7.59	5.96	9.72
-	9.28	35	8.28	6.68	10.25
-	9.84	30	8.24	6.53	10.48
-	7.30	23	7.20	5.73	9.03
-	9.02	35	8.31	6.62	10.24
-	9.06	28	7.83	6.18	9.84
-	5.24	15	6.50	5.20	8.29
-	13.79	16	8.14	6.20	10.25
-	8.31	32	7.80	6.18	9.97
-	7.08	25	7.38	5.74	9.15
-	11.66	33	8.81	7.13	10.95
-	9.14	16	7.53	5.78	9.38
-	9.55	32	8.44	6.80	10.60
-	10.02	66	7.84	6.55	9.30
-	9.68	27	8.02	6.41	9.97
-	7.08	74	6.90	5.79	8.22
-	9.68	64	8.38	6.94	9.89
-	13.19	12	7.96	6.21	10.28
-	10.96	25	7.76	6.03	9.68
-	6.13	25	6.83	5.44	8.46
-	8.05	38	7.02	5.71	8.48
-	4.89	30	6.52	5.31	8.02
-	6.37	26	7.25	5.86	9.12
-	4.41	3	7.12	5.18	9.66
-	5.97	8	6.72	5.23	8.46
-	6.88	17	6.94	5.27	8.72
-	9.89	9	7.33	5.58	9.46
-	5.80	4	7.07	5.26	9.08
-	10.19	11	7.48	5.76	9.37
-	6.12	9	6.84	5.28	8.91
-	3.45	1	7.03	5.33	9.28
-	7.14	3	7.06	5.34	8.97
-	17.86	5	7.75	5.72	10.18
-	10.64	15	7.75	5.87	9.94
-	11.36	10	7.55	5.85	9.66
-	4.76	3	6.88	5.00	9.21
-	-	-	-	-	-
-	7.41	2	7.34	5.45	9.91
-	12.63	12	7.75	5.87	9.99
-	12.31	8	7.64	5.90	10.10
-	10.87	5	7.52	5.62	9.58
-	7.45	7	7.19	5.50	9.27
-	4.56	13	6.48	4.96	8.34
-	7.58	35	7.54	6.15	9.48
-	8.20	21	7.57	5.98	9.60

AMERICAN OVERSIGHT

-	11.93	21	7.92	6.27	9.90
-	10.28	11	7.49	5.75	9.77
-	9.24	28	7.82	6.31	9.74
-	8.29	17	7.50	5.66	9.54
-	9.59	35	7.71	6.27	9.67
-	8.51	4	7.25	5.43	9.32
-	4.20	5	6.62	4.96	8.43
-	12.16	36	8.44	6.82	10.52
-	4.82	8	6.58	5.06	8.24
-	10.75	40	8.18	6.66	9.99
-	10.94	7	7.61	5.78	9.90
-	8.82	18	7.35	5.74	9.33
-	9.45	24	7.91	6.11	9.84
-	14.57	22	8.26	6.45	10.48
-	14.06	18	8.09	6.28	10.38
-	8.87	18	7.48	5.86	9.71
-	10.67	16	7.52	5.85	9.58
-	-	-	-	-	-
-	7.27	4	7.03	5.37	9.06
-	4.84	28	6.69	5.27	8.38
-	7.56	26	7.47	5.92	9.26
-	10.86	38	8.80	6.87	10.95
-	8.91	31	7.89	6.23	9.86
-	7.87	10	7.14	5.54	9.30
-	7.92	65	7.79	6.58	9.35
-	6.81	26	6.74	5.45	8.31
-	7.45	35	7.25	5.90	8.91
-	9.55	19	7.77	6.02	9.92
-	7.63	19	6.99	5.45	9.17
-	9.66	57	9.00	7.47	11.16
-	7.02	12	6.83	5.30	8.69
-	9.59	35	8.10	6.44	10.02
-	8.66	11	7.57	5.74	9.79
-	8.45	36	7.82	6.26	9.67
-	8.01	37	7.68	6.17	9.48
-	9.69	40	8.14	6.47	9.88
-	6.99	26	6.93	5.40	8.71
-	8.51	33	7.66	6.16	9.50
-	7.28	11	7.22	5.62	9.35
-	7.83	13	7.22	5.40	9.07
-	6.21	11	7.01	5.43	9.07
-	8.51	12	7.51	5.67	9.65
-	12.86	9	7.78	5.95	10.25
-	13.46	7	7.74	5.84	10.11
-	7.30	10	7.22	5.59	9.45
-	6.67	4	7.10	5.38	9.25
-	6.23	16	6.75	5.33	8.42
-	12.24	12	7.91	5.94	10.45
-	8.65	23	7.45	5.81	9.53
-	4.39	5	6.83	5.11	8.98
-	7.20	34	7.37	5.90	8.98
-	8.20	15	7.17	5.54	9.21
-	11.46	29	8.08	6.41	10.14
-	12.15	13	7.79	5.96	9.90
-	6.76	10	6.95	5.19	8.83

AMERICAN OVERSIGHT

-	9.74	19	7.71	6.09	9.79
-	5.85	20	7.02	5.61	8.74
-	5.95	5	6.93	5.26	8.97
-	4.29	6	6.67	5.07	8.61
-	5.22	7	6.77	5.10	8.75
-	4.08	6	6.53	4.90	8.65
-	7.05	28	7.05	5.57	8.80
-	7.10	53	7.38	6.03	9.01
-	9.57	40	8.27	6.63	10.31
-	9.16	35	8.08	6.48	10.05
-	10.99	10	7.73	5.90	10.00
-	4.45	15	6.37	5.06	8.08
-	4.35	28	6.37	5.13	8.04
-	5.74	30	6.82	5.44	8.39
-	7.82	78	7.93	6.67	9.45
-	5.21	11	6.73	5.21	8.64
-	-	-	-	-	-
-	4.23	23	7.11	5.43	8.90
-	9.45	45	8.14	6.61	9.93
-	9.29	29	7.53	5.92	9.46
-	13.70	10	8.07	6.12	10.69
-	9.13	22	8.09	6.27	10.34
-	8.20	46	8.06	6.55	9.74
-	7.05	17	7.12	5.72	9.05
-	1.50	2	6.37	4.66	8.36
-	9.15	58	8.17	6.74	9.88
-	8.94	16	7.69	5.93	10.10
-	10.96	16	7.88	6.20	10.09
-	6.63	65	7.21	6.08	8.51
-	5.11	7	6.80	5.23	8.88
-	13.30	27	8.35	6.58	10.29
-	7.00	52	7.46	6.02	9.18
-	6.59	38	7.57	6.11	9.35
-	8.62	15	7.41	5.76	9.38
-	11.32	6	7.58	5.70	9.85
-	7.94	17	7.51	5.87	9.70
-	4.69	3	7.01	5.09	9.31
-	5.43	7	6.88	5.22	8.83
-	10.00	16	7.27	5.75	9.49
-	11.68	32	8.82	7.10	10.93
-	7.94	20	7.86	6.05	10.02
-	10.19	32	8.48	6.87	10.94
-	13.16	15	7.73	6.19	9.92
-	15.63	15	8.29	6.34	10.59
-	3.23	1	7.11	5.17	9.48
-	9.15	15	7.27	5.74	9.14
-	9.60	12	7.39	5.72	9.73
-	8.56	16	6.92	5.48	8.67
-	14.52	9	7.69	5.84	10.25
-	13.10	11	7.89	6.13	10.16
		3,979			

AMERICAN OVERSIGHT

64
198
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170
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239
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63

AMERICAN OVERSIGHT

S_004_01	S_005_01	S_005_01	S_005_01	S_005_01	S_005_01
	Comp Performance	Numerator	Denominator		
S 004 01 PPR PD VOLUME	S 005 01 DTC COMP PERF	S 005 01 DTC NUMBER	S 005 01 DTC VOLUME	S 005 01 DTC OBS RATE	S 005 01 DTC RS RATE
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - COMP PERF	Rate of Scuccessful Return to Home & Community from a SNF - NUMBER	Rate of Scuccessful Return to Home & Community from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - OBSERVED RATE	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE
109	-	30	147	20.41	31.14
162	-	73	229	31.88	47.53
308	-	207	403	51.36	62.16
184	-	111	223	49.78	56.37
200	-	84	235	35.74	50.31
535	-	412	655	62.90	65.15
152	-	70	184	38.04	55.14
481	-	334	536	62.31	74.74
334	-	269	372	72.31	71.61
359	-	205	415	49.40	56.67
231	-	119	250	47.60	59.36
261	-	142	284	50.00	54.56
128	-	39	126	30.95	40.51
170	-	65	188	34.57	40.40
160	-	97	169	57.40	64.08
301	-	195	355	54.93	64.08
111	-	31	151	20.53	29.64
112	-	39	202	19.31	29.11
135	-	55	184	29.89	43.44
87	-	42	126	33.33	43.51
90	-	34	102	33.33	43.33
102	-	63	150	42.00	49.23
66	-	12	72	16.67	25.21
488	-	290	574	50.52	57.62
71	-	24	79	30.38	36.79
107	-	19	142	13.38	21.70
159	-	75	198	37.88	42.71
143	-	52	210	24.76	35.06
166	-	77	245	31.43	45.56
97	-	48	109	44.04	53.09
138	-	59	147	40.14	49.15
216	-	129	254	50.79	58.93
274	-	149	393	37.91	51.39

AMERICAN OVERSIGHT

329	-	166	417	39.81	50.06
232	-	84	258	32.56	39.97
88	-	23	117	19.66	28.45
507	-	304	604	50.33	60.04
182	-	107	224	47.77	60.23
188	-	74	258	28.68	40.12
593	-	375	779	48.14	57.49
1,290	-	1,025	1,530	66.99	65.27
196	-	102	235	43.40	56.43
377	-	244	434	56.22	57.93
305	-	138	354	38.98	48.51
315	-	182	357	50.98	60.73
388	-	239	463	51.62	53.75
309	-	169	375	45.07	51.92
286	-	147	368	39.95	49.72
116	-	39	144	27.08	40.72
385	-	272	455	59.78	64.90
353	-	238	377	63.13	64.83
283	-	147	310	47.42	54.49
175	-	74	216	34.26	43.29
335	-	208	381	54.59	56.52
659	-	393	820	47.93	58.97
279	-	174	323	53.87	62.41
1,045	-	639	1,318	48.48	55.82
661	-	451	847	53.25	59.25
91	-	43	119	36.13	50.45
228	-	74	280	26.43	38.90
408	-	209	466	44.85	52.96
472	-	295	567	52.03	59.99
613	-	452	653	69.22	67.70
408	-	236	435	54.25	57.99
68	-	14	75	18.67	32.29
134	-	61	140	43.57	56.41
247	-	136	288	47.22	56.34
91	-	50	102	49.02	61.49
69	-	10	111	9.01	20.68
108	-	16	156	10.26	19.52
147	-	23	185	12.43	22.17
29	-	6	45	13.33	30.17
42	-	13	79	16.46	35.21
28	-	9	45	20.00	35.27
141	-	44	215	20.47	34.88
88	-	23	124	18.55	28.53
63	-	10	89	11.24	22.60
23	-	1	49	2.04	15.64
27	-	1	33	3.03	20.41
95	-	36	118	30.51	44.43
65	-	28	93	30.11	41.17
46	-	12	54	22.22	33.06
94	-	39	133	29.32	39.45
285	-	222	305	72.79	81.12
462	-	311	553	56.24	63.90
256	-	150	303	49.50	61.50

AMERICAN OVERSIGHT

176	-	64	253	25.30	42.98
107	-	14	161	8.70	19.35
303	-	126	381	33.07	44.97
205	-	46	257	17.90	25.08
365	-	195	444	43.92	55.53
47	-	16	79	20.25	38.03
119	-	37	140	26.43	39.40
296	-	152	438	34.70	48.36
166	-	72	237	30.38	41.36
372	-	171	496	34.48	46.00
64	-	31	92	33.70	52.93
204	-	98	263	37.26	53.80
254	-	111	321	34.58	43.29
151	-	70	169	41.42	56.15
128	-	49	160	30.63	43.68
203	-	105	231	45.45	56.49
150	-	56	183	30.60	43.77
-	-	-	-	-	-
55	-	12	71	16.90	30.34
579	-	454	665	68.27	65.15
344	-	157	385	40.78	47.41
350	-	247	436	56.65	62.83
348	-	187	418	44.74	53.09
127	-	66	142	46.48	59.74
821	-	486	885	54.92	60.98
382	-	193	473	40.80	52.06
470	-	256	594	43.10	49.88
199	-	89	257	34.63	42.19
249	-	109	287	37.98	53.00
590	-	358	676	52.96	55.41
171	-	77	222	34.68	46.74
365	-	238	484	49.17	59.09
127	-	68	151	45.03	51.60
426	-	295	495	59.60	67.76
462	-	280	553	50.63	57.53
413	-	252	522	48.28	58.87
372	-	226	451	50.11	57.65
388	-	163	469	34.75	43.95
151	-	71	165	43.03	53.86
166	-	65	187	34.76	48.68
177	-	100	195	51.28	63.02
141	-	67	158	42.41	49.92
70	-	23	96	23.96	37.86
52	-	12	73	16.44	29.33
137	-	20	165	12.12	21.10
60	-	27	117	23.08	37.12
257	-	127	372	34.14	45.94
98	-	28	117	23.93	36.84
266	-	159	345	46.09	56.11
114	-	37	142	26.06	35.13
472	-	296	576	51.39	61.83
183	-	89	216	41.20	52.88
253	-	123	326	37.73	47.64
107	-	29	170	17.06	27.83
148	-	79	186	42.47	53.93

AMERICAN OVERSIGHT

195	-	97	240	40.42	51.10
342	-	259	418	61.96	66.95
84	-	17	127	13.39	20.93
140	-	64	169	37.87	42.63
134	-	51	181	28.18	40.10
147	-	63	173	36.42	45.23
397	-	238	463	51.40	58.76
747	-	446	828	53.86	58.83
418	-	206	462	44.59	51.21
382	-	246	442	55.66	63.52
91	-	48	143	33.57	45.71
337	-	172	409	42.05	48.44
643	-	504	764	65.97	65.77
523	-	384	604	63.58	68.79
998	-	757	1,145	66.11	68.04
211	-	166	231	71.86	71.65
-	-	-	-	-	-
544	-	445	596	74.66	63.73
476	-	326	580	56.21	66.07
312	-	152	355	42.82	56.92
73	-	14	82	17.07	29.37
241	-	130	287	45.30	52.87
561	-	393	680	57.79	59.43
241	-	131	276	47.46	57.19
133	-	24	150	16.00	24.74
634	-	398	728	54.67	63.30
179	-	105	216	48.61	57.04
146	-	85	197	43.15	55.03
980	-	690	1,099	62.78	65.09
137	-	29	175	16.57	26.62
203	-	67	259	25.87	36.81
743	-	523	912	57.35	60.80
577	-	445	642	69.31	68.10
174	-	72	207	34.78	46.50
53	-	34	66	51.52	61.02
214	-	134	246	54.47	61.58
64	-	18	88	20.45	34.80
129	-	74	198	37.37	52.03
160	-	78	236	33.05	49.33
274	-	184	282	65.25	72.89
252	-	145	278	52.16	55.57
314	-	206	352	58.52	69.77
114	-	10	259	3.86	11.94
96	-	22	153	14.38	30.01
31	-	5	53	9.43	24.76
164	-	45	220	20.45	33.90
125	-	34	188	18.09	29.51
187	-	85	284	29.93	45.17
62	-	13	105	12.38	26.97
84	-	31	120	25.83	40.47
49,207	46.87%	28,031	59,803		54.53

AMERICAN OVERSIGHT

763	42.02%	421	1,002	52.98
2,553	55.78%	1,635	2,931	63.18
458	41.61%	201	483	48.71
746	35.56%	362	1,018	45.76
817	43.30%	423	977	50.77
409	26.55%	146	550	34.36
617	41.46%	313	755	51.84
1,612	41.38%	833	2,013	51.90
3,264	54.22%	2,140	3,947	58.84
983	46.02%	555	1,206	51.95
1,647	51.94%	978	1,883	57.15
2,644	50.09%	1,657	3,308	58.12
1,812	51.46%	1,073	2,085	57.46
948	47.79%	497	1,040	55.81
564	14.47%	121	836	27.11
201	11.86%	35	295	23.69
300	28.89%	115	398	40.46
1,003	58.83%	683	1,161	67.80
1,322	29.04%	498	1,715	41.25
1,988	35.33%	915	2,590	47.97
-	#DIV/0!	-	-	#DIV/0!
978	55.58%	623	1,121	56.85
825	50.20%	500	996	58.30
1,872	46.36%	1,024	2,209	53.90
1,928	49.46%	1,145	2,315	57.44
1,635	46.17%	921	1,995	54.72
2,161	38.11%	1,032	2,708	49.16
1,733	39.48%	871	2,206	48.46
3,538	54.53%	2,244	4,115	59.73
1,209	67.08%	923	1,376	68.65
544	74.66%	445	596	63.73
861	48.38%	492	1,017	59.92
2,135	49.96%	1,266	2,534	56.96
2,063	53.54%	1,309	2,445	57.74
577	69.31%	445	642	68.10
441	46.24%	240	519	55.49
353	32.57%	170	522	47.90
840	58.66%	535	912	66.41
241	7.96%	37	465	19.35
622	22.68%	208	917	36.56

AMERICAN OVERSIGHT

S_005_01	S_005_01	S_006_01	S_006_01	S_013_01	S_013_01
				Denominator	Numerator
S 005 01 DTC RS RATE 97 5	S 005 01 DTC RS RATE 2 5	S 006 01 MSPB NUMB	S 006 01 MSPB SCORE	S 013 01 DENOMINATOR	S 013 01 NUMERATOR
				NQF # 0674	NQF # 0674
Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 97.5	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 2.5	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - VOLUME	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - SCORE	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - DENOMINATOR	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - NUMERATOR
41.01	22.60	143	1.080	148	3
56.15	39.96	214	1.190	196	1
68.28	56.85	334	0.990	229	1
63.63	49.63	210	1.030	146	-
58.57	41.99	216	0.970	133	-
68.64	61.51	590	1.010	309	6
64.83	46.51	152	0.920	117	1
79.55	69.67	506	0.910	220	1
75.92	67.13	305	0.790	827	7
62.14	51.10	388	1.070	247	2
66.55	52.83	229	0.960	144	1
60.64	48.95	266	1.040	186	2
50.66	31.45	137	0.930	98	-
47.41	33.57	170	0.920	127	-
72.08	56.00	154	0.970	122	2
69.31	59.31	366	1.080	233	4
37.78	22.29	182	0.970	74	1
37.26	22.55	162	1.140	160	1
52.22	35.52	151	1.040	155	2
53.77	34.56	119	1.100	68	-
54.55	33.20	100	1.120	70	-
58.16	41.36	118	1.250	79	2
36.58	16.81	98	1.340	37	1
62.19	53.46	548	1.050	221	-
47.62	26.81	69	0.950	58	-
30.62	15.37	174	1.530	190	2
50.15	36.14	204	1.290	155	1
43.35	28.29	192	1.440	175	4
53.72	38.44	238	1.040	182	2
63.40	43.16	117	0.940	109	-
58.12	40.98	161	1.110	81	2
65.50	52.33	277	1.200	139	1
57.36	46.07	374	1.090	364	1

AMERICAN OVERSIGHT

55.58	**44.26**	**401**	**0.910**	**242**	**1**
47.25	**33.57**	**241**	**1.220**	**227**	**-**
39.03	**20.32**	**109**	**0.850**	**108**	**-**
64.84	**55.72**	**557**	**1.040**	**433**	**5**
67.65	**52.26**	**224**	**1.130**	**197**	**1**
47.51	**33.00**	**228**	**0.750**	**225**	**2**
61.12	**53.91**	**668**	**1.200**	**546**	**1**
67.44	**62.85**	**1,397**	**1.040**	**821**	**1**
64.01	**48.79**	**203**	**0.960**	**174**	**2**
62.29	**53.39**	**406**	**0.950**	**257**	**-**
55.08	**42.68**	**289**	**0.890**	**242**	**4**
66.19	**55.05**	**377**	**0.950**	**256**	**1**
58.49	49.59	412	1.200	341	1
57.29	46.66	348	0.910	282	4
55.47	44.02	351	1.410	168	-
51.69	**31.47**	**131**	**0.840**	**105**	**-**
69.16	**60.18**	**415**	**0.950**	**310**	**-**
69.66	**60.20**	**357**	**0.960**	**242**	**2**
60.29	**48.89**	**298**	**0.950**	**250**	**1**
50.91	**35.52**	**203**	**1.070**	**149**	**-**
61.78	**51.58**	**381**	**1.000**	**259**	**4**
62.61	**55.31**	**740**	**1.220**	**450**	**-**
68.83	**57.09**	**295**	**1.040**	**216**	**1**
58.87	**53.15**	**1,110**	**1.100**	**758**	**2**
62.71	**55.64**	**716**	**1.190**	**475**	**2**
61.99	**40.16**	**128**	**1.060**	**124**	**1**
45.98	**32.32**	**285**	**1.110**	**242**	**-**
58.04	**48.19**	**478**	**1.250**	**332**	**2**
64.38	**55.74**	**512**	**1.080**	**341**	**2**
70.78	**64.45**	**624**	**1.200**	**466**	**4**
62.58	53.40	428	1.120	326	2
46.05	19.78	81	1.120	97	-
66.51	47.26	152	1.130	140	3
62.93	49.92	283	1.290	249	2
72.16	51.11	123	1.170	124	2
31.85	**13.03**	**106**	**1.170**	**117**	**1**
28.20	**13.29**	**189**	**1.180**	**137**	**-**
30.42	**15.80**	**184**	**1.000**	**203**	**1**
47.78	**17.06**	**51**	**1.330**	**48**	**-**
50.36	**22.79**	**55**	**1.080**	**54**	**1**
53.35	**21.99**	**30**	**0.940**	**28**	**1**
43.24	**27.33**	**193**	**1.280**	**193**	**-**
38.29	**21.13**	**119**	**1.460**	**77**	**1**
35.24	**14.33**	**86**	**1.300**	**85**	**-**
28.62	**7.95**	**41**	**1.320**	**16**	**-**
39.77	**9.57**	**35**	**1.220**	**21**	**-**
55.10	**34.33**	**108**	**1.120**	**91**	**-**
52.45	**31.37**	**89**	**1.340**	**86**	**1**
46.56	**20.57**	**55**	**1.360**	**58**	**2**
49.96	**31.86**	**135**	**1.450**	**165**	**4**
86.37	75.42	287	1.120	195	-
68.38	59.39	497	1.130	369	1
67.31	54.82	271	1.370	264	1

AMERICAN OVERSIGHT

51.62	34.93	256	1.290	285	-
28.59	12.66	174	1.350	178	-
51.37	39.18	357	1.280	299	3
31.18	19.90	268	1.210	245	2
60.87	50.04	382	1.130	309	-
53.26	25.86	78	1.430	87	1
49.59	29.71	155	1.170	123	1
54.24	42.71	373	1.270	339	2
48.96	34.24	213	1.090	250	-
51.01	40.77	432	1.200	388	3
68.11	41.26	96	0.990	55	3
61.99	45.98	264	1.000	205	2
49.36	37.77	296	1.230	215	1
64.44	47.02	165	0.820	161	1
53.59	34.46	169	1.010	114	1
63.58	49.17	251	1.100	222	1
52.62	35.71	163	1.120	148	-
-	-	-	-	-	-
45.38	19.10	68	1.060	82	1
68.18	61.93	586	1.120	391	2
52.51	41.79	401	1.260	294	5
67.08	57.59	409	0.960	324	2
58.39	47.87	368	0.970	385	2
70.04	49.68	143	1.170	108	1
64.33	57.52	808	0.940	609	8
58.05	46.92	440	1.140	353	2
54.30	45.41	538	1.190	407	4
49.18	35.60	238	1.170	171	1
60.89	45.86	264	1.140	242	-
59.09	52.13	602	1.210	512	2
54.78	39.55	223	1.200	299	1
63.84	54.38	464	1.100	311	-
60.07	42.56	167	1.250	133	2
72.67	62.60	451	1.270	335	1
61.87	52.80	508	1.070	365	2
63.75	54.16	475	1.230	413	2
62.53	52.59	444	0.990	318	1
49.26	38.97	430	1.050	384	1
63.03	45.32	187	1.320	155	-
58.10	40.27	190	1.100	150	1
70.54	55.39	201	1.410	232	2
58.87	41.48	193	1.080	111	-
50.32	26.90	93	0.980	120	1
42.76	19.03	87	1.440	92	1
29.93	14.26	191	1.510	205	1
48.69	27.33	130	1.550	118	1
51.62	40.55	333	1.210	296	1
47.88	27.80	144	1.260	168	2
62.16	49.88	331	1.200	247	3
44.62	26.73	145	1.210	152	2
66.62	57.27	547	1.170	428	2
60.39	45.52	187	1.080	160	-
53.81	41.69	331	1.060	190	1
36.55	20.75	186	1.620	134	1
61.73	45.49	190	1.220	123	1

AMERICAN OVERSIGHT

58.75	44.68	246	1.070	172	1
71.51	61.88	380	1.110	246	1
30.00	14.39	145	1.360	124	-
49.85	35.65	179	1.090	106	-
48.39	32.32	190	1.030	133	-
54.23	37.84	170	1.060	93	1
63.72	54.28	462	1.140	292	3
62.32	55.50	827	1.120	618	4
56.02	46.84	477	1.170	317	1
68.34	58.66	445	1.220	310	3
55.49	37.07	144	1.300	120	-
53.39	43.73	399	1.110	272	6
68.73	62.66	743	1.140	570	4
72.39	64.56	535	1.000	510	5
70.41	65.12	1,022	0.920	713	2
76.55	66.45	193	0.780	290	4
-	-	-	-	-	-
66.43	60.67	534	0.930	276	-
70.35	61.52	549	1.210	405	1
63.50	51.31	334	1.180	366	-
42.51	19.15	80	1.040	82	-
59.47	46.24	300	1.250	227	1
62.84	56.14	623	1.100	521	3
64.58	49.84	269	1.250	217	2
34.68	18.04	160	1.140	133	2
67.09	59.51	677	1.100	470	4
64.03	49.38	210	0.950	135	-
63.18	47.55	181	1.190	144	3
67.89	61.96	1,013	0.940	597	1
35.18	19.82	167	1.220	155	-
43.81	30.23	252	1.140	224	2
63.82	57.72	780	1.120	548	2
71.61	64.85	526	1.030	632	6
54.79	39.02	203	0.960	159	1
74.87	48.23	67	0.820	44	-
68.22	54.79	231	0.930	155	-
47.04	24.18	102	1.340	74	-
61.46	44.31	193	1.040	139	1
57.81	41.79	194	1.130	177	-
78.80	66.87	273	0.830	133	4
61.73	49.53	291	1.130	155	-
75.16	63.56	335	1.030	244	4
18.81	7.63	255	1.230	202	3
42.06	21.25	164	1.370	188	1
41.22	13.45	65	1.430	16	-
41.70	27.06	213	1.080	197	-
38.30	21.88	182	1.210	187	-
52.79	38.38	278	1.220	286	-
39.00	17.06	92	1.260	144	1
52.09	30.57	99	0.940	112	-
		56,380	1.1080	43,950	276

AMERICAN OVERSIGHT

901	1.0611	719	5
2,652	0.9647	2,183	20
461	0.9397	347	2
980	1.0658	690	8
933	1.1059	465	3
570	1.4138	520	7
793	1.0953	511	5
1,906	1.0449	1,571	8
3,568	1.0150	2,521	11
1,111	1.1755	791	5
1,785	0.9682	1,315	7
2,861	1.1474	1,899	5
2,027	1.1600	1,505	9
1,067	1.1723	936	9
808	1.1553	780	4
281	1.3607	199	1
387	1.3198	400	7
1,055	1.1889	828	2
1,670	1.2401	1,526	7
2,422	1.1198	2,097	14
-	#DIV/0!	-	-
1,055	1.1693	767	8
920	0.9966	817	5
2,024	1.0770	1,540	15
2,171	1.1925	1,832	6
1,857	1.0872	1,480	6
2,772	1.2450	2,474	17
2,204	1.1521	1,481	6
4,032	1.1324	3,009	26
1,215	0.8978	1,003	6
534	0.9300	276	-
963	1.1855	853	1
2,420	1.1316	1,847	15
2,212	1.0474	1,524	5
526	1.0300	632	6
501	0.9274	358	1
489	1.1383	390	1
899	1.0016	532	8
484	1.3043	406	4
864	1.1556	926	1

AMERICAN OVERSIGHT

S_013_01						
Rate						
S 013 01 OBS RATE	Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
NQF # 0674						
% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - RATE	OVERALL RATING	% NFs with OVERALL STAR RATING = 5	SURVEY RATING	% NFs with SURVEY STAR RATING = 5	QUALITY RATING	% NFs with QUALITY RATING = 5
2.00	0		0		0	
0.50	0		0		0	
0.40	1		0		1	
-	0		0		1	
-	0		0		1	
1.90	0		0		1	
0.90	0		0		0	
0.50	1		0		1	
0.80	1		0		1	
0.80	0		0		0	
0.70	0		0		0	
1.10	1		0		1	
-	0		0		0	
-	0		0		0	
1.60	0		0		0	
1.70	0		0		0	
1.40	0		0		0	
0.60	0		0		0	
1.30	0		0		0	
-	0		0		0	
-	1		1		1	
2.50	1		1		0	
2.70	1		1		1	
-	1		0		1	
-	0		0		1	
1.10	0		0		0	
0.60	1		0		1	
2.30	0		0		0	
1.10	0		0		0	
-	0		0		0	
2.50	0		0		0	
0.70	0		0		1	
0.30	0		0		0	

AMERICAN OVERSIGHT

0.40	0	0	0
-	0	0	1
-	1	0	1
1.20	0	0	1
0.50	0	0	0
0.90	0	0	0
0.20	0	0	1
0.10	1	0	1
1.10	0	0	0
-	1	0	1
1.70	0	0	0
0.40	0	0	0
0.30	1	0	1
1.40	1	0	1
-	1	0	1
-	1	1	0
-	1	1	0
0.80	0	0	0
0.40	1	1	0
-	0	0	0
1.50	0	0	0
-	0	0	0
0.50	0	0	0
0.30	0	0	0
0.40	0	0	1
0.80	0	0	0
-	1	0	1
0.60	0	0	0
0.60	0	0	0
0.90	0	0	1
0.60	1	0	1
-	1	0	1
2.10	0	0	0
0.80	0	0	1
1.60	0	0	0
0.90	0	0	0
-	0	0	0
0.50	0	0	0
-	0	0	0
1.90	1	1	0
3.60	0	0	0
-	0	0	0
1.30	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
1.20	0	0	0
3.40	0	0	0
2.40	0	0	0
-	1	0	1
0.30	0	0	0
0.40	0	0	1

AMERICAN OVERSIGHT

-	0	0	0
-	1	0	1
1.00	1	0	1
0.80	0	0	0
-	0	0	0
1.10	0	0	0
0.80	0	0	0
0.60	0	0	0
-	0	0	0
0.80	0	0	0
5.50	0	0	0
1.00	0	0	1
0.50	1	0	1
0.60	0	0	0
0.90	0	0	1
0.50	0	0	1
-	0	0	0
-	0	0	0
1.20	0	0	0
0.50	1	0	1
1.70	0	0	0
0.60	0	0	0
0.50	1	0	1
0.90	0	0	1
1.30	1	0	1
0.60	0	0	0
1.00	1	1	0
0.60	0	0	0
-	0	0	0
0.40	1	0	1
0.30	0	0	1
-	0	0	1
1.50	0	0	0
0.30	0	0	1
0.50	0	0	0
0.50	0	0	0
0.30	0	0	0
0.30	0	0	0
-	0	0	0
0.70	0	0	0
0.90	0	0	1
-	1	0	1
0.80	0	0	0
1.10	0	0	0
0.50	0	0	0
0.80	0	0	0
0.30	1	0	1
1.20	0	0	0
1.20	0	0	0
1.30	0	0	0
0.50	0	0	1
-	0	0	1
0.50	0	0	1
0.70	0	0	0
0.80	0	0	0

AMERICAN OVERSIGHT

0.60	0		0		0	
0.40	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
1.10	0		0		0	
1.00	0		0		0	
0.60	0		0		0	
0.30	0		0		0	
1.00	0		0		0	
-	0		0		1	
2.20	0		0		1	
0.70	0		0		1	
1.00	0		0		1	
0.30	1		0		1	
1.40	1		1		1	
-	0		0		0	
-	1		0		1	
0.20	0		0		1	
-	1		0		1	
-	0		0		0	
0.40	1		0		1	
0.60	1		1		0	
0.90	0		0		0	
1.50	0		0		0	
0.90	0		0		0	
-	1		1		0	
2.10	0		0		0	
0.20	0		0		0	
-	0		0		0	
0.90	0		0		0	
0.40	0		0		0	
0.90	1		0		0	
0.60	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
3.00	0		0		0	
-	0		0		0	
1.60	1		0		1	
1.50	0		0		0	
0.50	1		1		0	
-	1		0		1	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
0.63%	44	23.3%	12	6.3%	62	32.8%

AMERICAN OVERSIGHT

0.70%	1	25.0%	-	0.0%	2	50.0%
0.92%	3	37.5%	-	0.0%	5	62.5%
0.58%	-	0.0%	-	0.0%	-	0.0%
1.16%	-	0.0%	-	0.0%	-	0.0%
0.65%	4	80.0%	3	60.0%	4	80.0%
1.35%	1	33.3%	-	0.0%	1	33.3%
0.98%	-	0.0%	-	0.0%	1	25.0%
0.51%	1	16.7%	-	0.0%	3	50.0%
0.44%	2	28.6%	-	0.0%	3	42.9%
0.63%	3	100.0%	-	0.0%	3	100.0%
0.53%	3	50.0%	3	50.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	1	25.0%
0.60%	1	20.0%	-	0.0%	2	40.0%
0.96%	2	40.0%	-	0.0%	3	60.0%
0.51%	1	14.3%	1	14.3%	-	0.0%
0.50%	-	0.0%	-	0.0%	-	0.0%
1.75%	-	0.0%	-	0.0%	-	0.0%
0.24%	1	33.3%	-	0.0%	2	66.7%
0.46%	2	28.6%	-	0.0%	2	28.6%
0.67%	1	10.0%	-	0.0%	4	40.0%
0.00%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1.04%	1	33.3%	-	0.0%	1	33.3%
0.61%	1	33.3%	-	0.0%	2	66.7%
0.97%	2	50.0%	1	25.0%	1	25.0%
0.33%	1	16.7%	-	0.0%	4	66.7%
0.41%	-	0.0%	-	0.0%	-	0.0%
0.69%	2	15.4%	-	0.0%	4	30.8%
0.41%	-	0.0%	-	0.0%	2	20.0%
0.86%	-	0.0%	-	0.0%	4	50.0%
0.60%	2	100.0%	1	50.0%	2	100.0%
0.00%	1	100.0%	-	0.0%	1	100.0%
0.12%	1	33.3%	-	0.0%	2	66.7%
0.81%	3	42.9%	2	28.6%	1	14.3%
0.33%	-	0.0%	-	0.0%	-	0.0%
0.95%	1	100.0%	-	0.0%	-	0.0%
0.28%	-	0.0%	-	0.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	-	0.0%
1.50%	1	33.3%	-	0.0%	1	33.3%
0.99%	2	66.7%	1	33.3%	1	33.3%
0.11%	-	0.0%	-	0.0%	-	0.0%

AMERICAN OVERSIGHT

Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
SHORT STAY QUALITY RATING	% NFs WITH SHORT STAY QUALITY RATING = 5	LONG STAY QUALITY RATING	% NFs WITH LONG STAY QUALITY RATING = 5	STAFFING RATING	% NFs with STAFFING WITH STAR RATING = 5	RN STAFFING RATING	% NFs with RN STAFFING WITH STAR RATING = 5
0		1		0		0	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		0		0	
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0		1		0		0	
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AMERICAN OVERSIGHT

0	0	0	0
1	0	0	0
0	1	0	0
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1	0	0	0
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0	0	0	0
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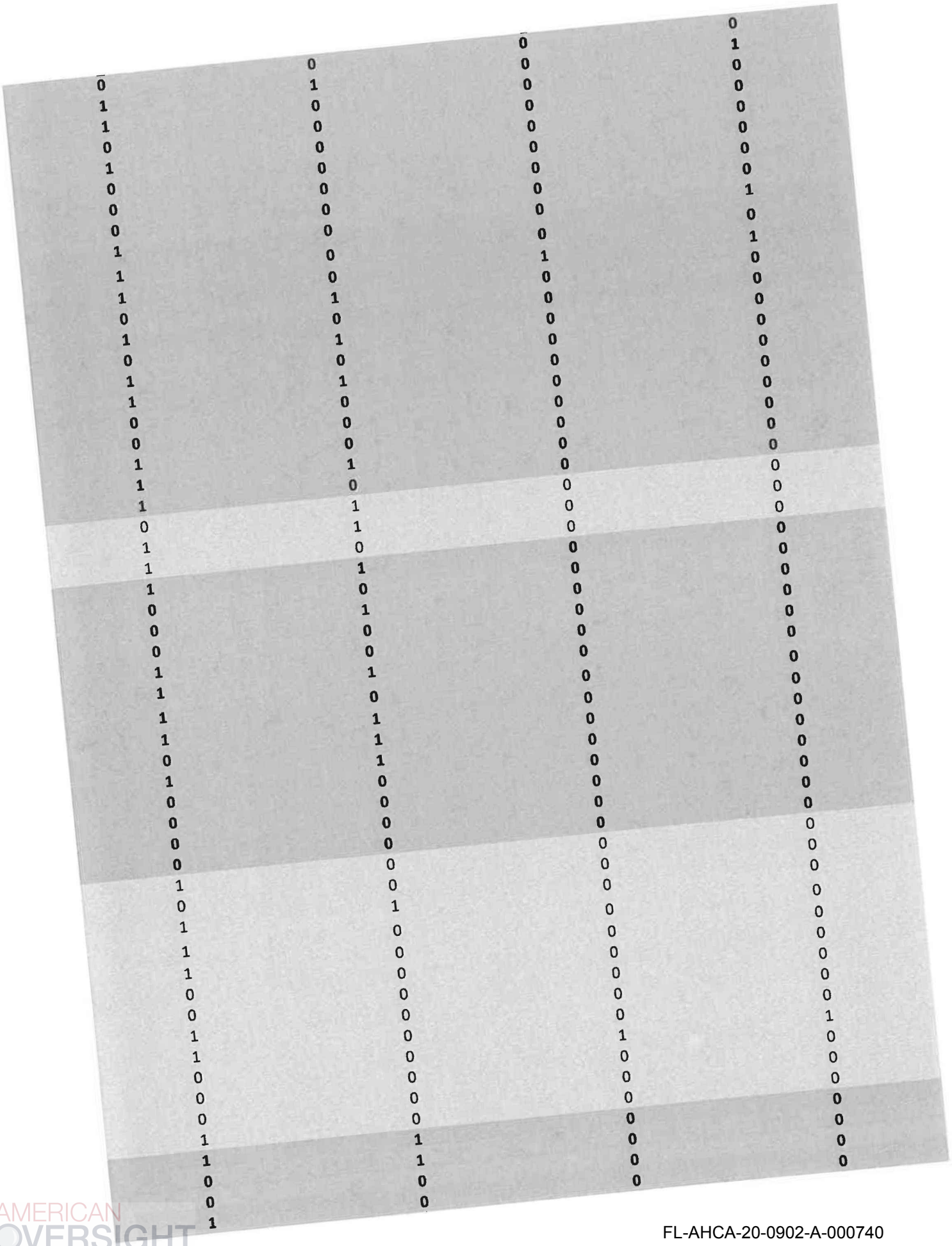
1	0	0	0
0	1	0	0

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

0		0		0		0	
0		0		0		0	
1		0		0		0	
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0		0		1		1	
0		0		1		1	
1		1		0		0	
0		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
0		0		1		1	
1		0		1		1	
1		0		0		0	
1		0		0		0	
83	44.6%	62	33.3%	12	6.5%	18	9.7%

AMERICAN OVERSIGHT

2	50.0%	3	75.0%	-	0.0%	-	0.0%
4	57.1%	4	50.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	1	20.0%	-	0.0%	-	0.0%
4	80.0%	3	75.0%	-	0.0%	-	0.0%
2	66.7%	1	33.3%	-	0.0%	-	0.0%
1	25.0%	1	25.0%	-	0.0%	-	0.0%
3	50.0%	2	33.3%	-	0.0%	-	0.0%
2	33.3%	4	57.1%	-	0.0%	-	0.0%
3	100.0%	2	66.7%	-	0.0%	-	0.0%
1	16.7%	3	50.0%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
3	60.0%	2	40.0%	-	0.0%	-	0.0%
3	60.0%	4	80.0%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	25.0%	-	0.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	1	33.3%	1	33.3%
3	42.9%	1	14.3%	-	0.0%	1	14.3%
6	60.0%	3	30.0%	1	10.0%	2	20.0%
-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3	100.0%	1	33.3%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
5	83.3%	4	66.7%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
7	53.8%	1	7.7%	1	7.7%	1	7.7%
4	40.0%	2	20.0%	-	0.0%	-	0.0%
6	75.0%	4	50.0%	1	12.5%	1	12.5%
1	100.0%	2	100.0%	2	100.0%	2	100.0%
1	100.0%	1	100.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	3	42.9%
-	0.0%	1	25.0%	2	50.0%	3	75.0%
-	0.0%	1	100.0%	1	100.0%	1	100.0%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	33.3%	1	33.3%	1	33.3%	1	33.3%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
3	60.0%	-	0.0%	2	40.0%	2	40.0%

AMERICAN OVERSIGHT

Count if RESTOT is >0	Data from CMS Deficiency Files	4	5	6	7	8	9	10
		Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1
		B	C	D	E	F	G	H
1		-	-	8	-	2	-	-
1		-	-	6	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	2	-	-	-	-
1								
1		-	-	5	-	-	-	-
1		-	-	1	1	-	-	-
1		-	-	2	-	1	-	-
1		-	-	1	-	-	-	-
1		-	-	6	-	1	-	-
1		-	-	3	-	-	-	-
1		-	-	4	-	-	1	-
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1		-	-	4	-	-	-	-
1		-	-	3	-	-	-	-
0		-	-	7	-	-	-	-
1		-	-	12	-	-	-	-
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1		-	-	5	1	-	-	-
1		-	-	6	-	1	-	-
1		-	-	8	-	1	-	-
1		-	-	10	-	1	-	-
1		-	-	4	1	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	6	-	-	-	-
1		-	-	4	1	-	-	-
1		-	-	2	-	-	-	-
1		-	-	-	1	1	-	-
1		-	-	2	-	1	-	-
1		-	-	4	1	-	-	-
1		-	-	5	-	1	-	-
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1		-	-	2	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	5	1	-	-	-
1		-	-	8	1	3	-	-
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1		-	-	4	-	-	-	-
1		-	-	5	-	1	-	-
1		-	-	1	-	-	-	-
1		-	-	5	1	1	-	-
1		-	-	8	5	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	8	1	-	-	-
1		-	-	2	2	-	-	-
1		-	-	3	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	3	-	-	-	-
1		-	-	4	1	-	-	-
1		-	-	2	2	-	-	-
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1		-	-	4	1	-	-	-
1		-	-	5	2	-	-	-
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1		-	-	3	-	-	-	-
1		-	-	3	1	-	-	-
1		-	-	1	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	6	1	-	1	-
1		-	-	5	3	-	1	-
1								
1		-	-	1	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	3	3	-	-	-
1		-	-	4	1	-	-	-
1		-	-	5	-	-	-	-
1		-	-	8	-	-	-	-
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1		-	-	1	-	-	-	-
1		-	-	7	-	-	-	-
1		-	-	2	2	-	-	-
1		-	1	6	-	-	-	-
1		-	-	1	-	-	-	-
1		-	-	3	-	-	-	-
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1		-	-	2	-	-	-	-
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1		-	-	3	-	-	-	-
1		-	-	5	-	-	-	-
1		-	-	6	2	1	-	-
1		-	-	7	1	-	-	-
1		-	-	5	3	1	-	-

AMERICAN OVERSIGHT

1		-	-	6	1	1	-	-
1		-	-	6	3	-	-	-
1		-	-	5	1	-	-	-
1		-	-	6	4	2	-	-
1		-	-	8	3	-	-	-
1		-	1	3	2	3	-	-
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1		-	-	6	2	-	-	-
1		-	-	2	1	-	-	-
1		-	-	2	-	-	-	-
1								
1		-	-	2	-	-	-	-
1		-	-	5	-	1	-	-
1		-	-	3	-	-	-	-
1		-	-	2	2	1	-	-
1		-	-	4	-	-	-	-
1		-	-	3	-	-	-	-
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1		-	1	2	1	-	-	-
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1		-	-	5	1	-	-	-
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1		-	-	11	2	1	-	-
1		-	-	7	1	-	-	-
1		-	-	11	2	-	-	-
1		-	-	2	1	-	-	-
1		-	-	5	-	-	-	-
1		-	-	3	-	-	-	-
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1		-	-	3	-	-	-	-
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1		-	-	2	-	-	-	-
1		-	-	1	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	9	-	-	-	-
1		-	-	14	-	-	-	-
1		-	-	5	2	-	-	-
1		-	-	10	-	-	-	-
189		**4**	**6**	**759**	**123**	**40**	**6**	**-**

AMERICAN OVERSIGHT

	[redacted]							
4		-	-	19	-	2	-	-
9		-	-	23	1	2	-	-
3		-	-	9	-	-	1	-
4		-	1	24	1	-	-	-
3		1	-	20	-	-	-	-
3		-	1	9	1	-	-	-
4		-	-	29	1	3	-	-
6		-	-	18	3	2	-	-
7		-	1	20	5	5	-	-
3		-	-	7	1	1	-	-
6		-	-	14	1	-	-	-
4		-	-	18	2	1	-	-
5		-	-	14	-	1	-	-
5		-	-	24	2	-	-	-
7		-	-	17	1	-	-	-
4		-	-	27	7	3	-	-
4		-	-	17	2	1	-	-
3		-	-	14	6	1	-	-
7		-	-	28	7	-	-	-
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1		-	-	-	-	-	-	-
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4		-	-	12	3	2	1	-
13		1	-	47	5	-	-	-
10		-	1	57	20	8	-	-
8		-	-	28	11	-	2	-
3		-	-	4	1	-	-	-
1		-	-	2	-	-	-	-
3		-	-	10	2	2	-	-
7		-	1	21	8	-	-	-
4		1	-	35	5	1	-	-
1		-	-	2	1	-	-	-
3		-	-	13	-	-	-	-
3		1	-	26	3	2	-	-
3		-	-	6	2	2	-	-
3		-	-	6	1	1	-	-
5		-	-	40	2	-	-	-

AMERICAN OVERSIGHT

11	12	13	14	15	16	17	18	19	20
Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2
I	J	K	L	TOTAL ANNUAL CYCLE 1	B	C	D	E	F
-	-	-	-	10	-	-	8	-	-
-	-	-	-	6	-	-	10	-	-
-	-	-	-	2	-	-	3	-	-
-	-	-	-	3	-	-	3	-	-
-	-	-	-	3	-	-	2	-	-
-	1	-	-	3	-	-	3	-	-
-	-	-	-	5	-	-	4	-	-
-	-	-	-	2	-	-	5	-	-
-	-	-	-	3	-	-	-	-	-
-	-	-	-	1	-	-	7	-	1
-	-	-	-	7	-	-	1	-	-
-	-	-	-	3	-	-	1	-	1
-	-	-	-	5	-	-	2	-	-
-	-	-	-	1	-	-	5	-	-
-	-	-	-	4	-	-	4	-	-
-	-	-	-	3	-	-	7	-	-
-	-	-	-	7	-	-	8	-	-
-	-	-	-	12	-	-	7	-	-
-	4	-	-	6	-	-	6	-	-
-	-	-	-	2	-	-	7	2	-
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-	-	-	-	-	-	-	2	-	-
-	-	-	-	4	-	-	2	-	-
-	-	-	-	14	-	-	-	-	-
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-	-	-	-	6	-	-	6	1	-
-	-	-	-	7	-	-	3	1	1
-	-	-	-	9	-	1	4	-	-
-	-	-	-	11	-	-	11	-	-
-	-	-	-	5	-	-	6	-	1

AMERICAN OVERSIGHT

-	-	-	-	6	-	-	8	-	1
-	-	-	-	5	-	-	5	-	-
-	-	-	-	2	-	1	3	-	1
-	-	-	-	2	-	1	2	-	-
-	-	-	-	3	-	-	4	-	1
-	-	-	-	5	-	-	8	-	1
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-	-	-	-	6	-	-	3	1	-
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-	-	-	-	4	-	-	1	1	-
-	-	-	-	6	-	-	3	-	2
-	-	-	-	1	-	-	4	2	-
-	-	-	-	7	-	-	8	2	-
-	-	-	-	13	-	-	8	-	-

AMERICAN OVERSIGHT

-	-	-	-	9	-	1	4	1	1
-	-	-	-	4	-	-	3	-	-
-	-	-	-	3	-	-	1	1	-
-	-	-	-	7	-	-	5	-	-
-	-	-	-	3	-	-	2	-	-
-	-	-	-	5	-	-	7	-	1
-	-	-	-	4	-	-	7	1	-
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-	-	-	-	3	-	-	6	1	-
-	-	-	-	4	-	-	-	-	-
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-	-	-	-	5	-	-	1	1	-
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-	-	-	-	3	-	-	5	-	-
-	-	-	-	2	-	-	-	-	-
-	-	-	-	1	-	-	3	-	-
-	-	-	-	11	-	-	7	-	1
-	-	-	-	2	-	-	4	-	-
-	-	-	-	1	-	-	3	1	-
-	-	-	-	7	-	-	3	-	1
-	-	-	-	4	-	-	5	3	-
-	-	-	-	7	-	-	2	-	-
-	-	-	-	1	-	1	4	1	-
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-	-	-	-	11	-	-	3	1	-
-	-	-	-	3	-	-	6	1	1
-	-	-	-	4	-	-	2	1	-
-	-	-	-	2	-	-	10	1	-
-	-	-	-	8	-	-	3	-	1
-	-	-	-	6	-	-	2	-	1
-	-	-	-	6	-	-	3	1	-
-	-	-	-	5	-	-	2	-	2
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-	-	-	-	-	-	-	6	1	-
-	4	-	-	10	-	1	7	-	2
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-	-	-	-	3	-	-	7	3	-
-	-	-	-	5	-	-	2	1	1
-	-	-	-	9	-	-	8	-	-
-	-	-	-	8	-	-	1	-	1
-	-	-	-	9	-	-	1	3	2

AMERICAN OVERSIGHT

-	-	-	-	8	-	-	4	-	2
-	-	-	-	9	-	-	-	-	1
-	-	-	-	6	-	-	6	1	-
-	-	-	-	12	-	-	4	2	1
-	-	-	-	11	1	-	11	1	1
-	-	-	-	9	-	-	4	2	1
-	-	-	-	5	-	-	-	-	-
-	-	-	-	6	-	-	2	-	1
-	-	-	-	8	-	-	6	-	-
-	-	-	-	-	-	-	3	-	-
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-	4	-	-	8	-	-	1	-	-
-	-	-	-	7	-	-	4	-	-
-	-	-	-	8	-	-	2	-	1
-	-	-	-	3	-	-	1	-	1
-	-	-	-	2	-	-	-	-	-
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-	-	-	-	1	-	-	3	1	-
-	-	-	-	2	-	-	4	1	-
-	-	-	-	9	-	-	13	-	-
-	-	-	-	14	-	-	7	-	1
-	-	-	-	7	-	-	8	-	-
-	-	-	-	10	-	-	12	-	-
-	13	-	-	951	2	12	774	118	64

AMERICAN OVERSIGHT

-	-	-	-	21	-	-	24	-	-
-	1	-	-	27	-	-	23	-	2
-	-	-	-	10	-	-	11	-	-
-	4	-	-	30	-	-	35	2	-
-	-	-	-	21	-	-	4	-	-
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-	-	-	-	33	-	1	24	2	1
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-	-	-	-	6	-	-	18	1	-
-	-	-	-	32	-	-	24	4	2
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-	-	-	-	13	-	-	11	2	1
-	-	-	-	32	-	-	15	14	4
-	-	-	-	10	-	-	7	2	1
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-	-	-	-	42	-	-	44	1	1

AMERICAN OVERSIGHT

21	22	23	24	25	26	27	28	29	30
Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3

G	H	I	J	K	L	TOTAL ANNUAL CYCLE 2	B	C	D
-	-	-	-	-	-	8	-	-	2
1	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	3	-	-	4
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-	-	-	-	-	-	1	-	-	2
-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	2	-	-	5
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-	-	-	-	-	-	-	-	-	1
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-	-	-	-	-	-	2	-	-	2
-	-	-	-	-	-	2	-	-	2
-	-	-	-	-	-	-	-	-	7
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-	-	-	-	-	-	7	-	-	5
-	-	-	-	-	-	5	-	-	8
-	-	-	-	-	-	5	-	-	9
-	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	7	-	-	11

AMERICAN OVERSIGHT

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-	-	-	-	-	-	5	-	-	1
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-	-	-	-	-	-	5	-	-	7
-	-	-	-	-	-	9	-	-	6
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-	-	-	-	-	-	9	-	-	3
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-	-	-	-	-	-	1	-	-	1
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-	-	-	-	-	-	10	-	-	3
-	-	-	-	-	-	8	-	-	6

AMERICAN OVERSIGHT

-	-	-	-	-	-	7	-	-	6
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	5	-	-	2
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	8	-	-	1
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-	-	-	-	-	-	6	-	-	4
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-	-	-	-	-	-	8	-	-	5
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-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	7	-	-	5
-	-	-	-	-	-	10	-	-	10
-	-	-	-	-	-	4	-	-	3
-	-	-	-	-	-	10	-	-	7
-	-	-	-	-	-	3	-	-	5
-	-	-	-	-	-	2	-	-	7
-	-	-	-	-	-	11	-	-	4
-	-	-	-	-	-	6	-	-	6
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	2	-	-	6
-	-	-	-	-	-	11	-	-	-
-	-	-	-	-	-	5	-	-	2
-	-	-	-	-	-	-	1	-	1
-	-	-	-	-	-	3	-	-	4
-	-	-	-	-	-	8	-	-	-
-	-	-	-	-	-	4	-	-	2
-	-	-	-	-	-	4	-	-	2
-	-	-	-	-	-	4	-	-	5
-	-	-	-	-	-	8	-	-	1
-	-	-	-	-	-	2	-	-	1
-	-	-	-	-	-	6	-	1	2
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-	-	-	-	-	-	4	-	-	4
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-	-	-	-	-	-	3	-	-	4
-	-	-	-	-	-	11	-	-	10
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-	-	-	-	-	-	10	-	-	3
-	-	-	-	-	-	4	-	-	5
-	-	-	-	-	-	8	-	-	2
-	-	-	-	-	-	2	-	-	7
-	-	-	-	-	-	6	-	-	3

AMERICAN OVERSIGHT

-	-	-	-	-	-	6	-	-	1
-	-	-	-	-	-	1	-	-	4
-	-	-	-	-	-	7	1	-	1
1	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	14	-	-	2
-	-	-	-	-	-	7	-	-	6
-	-	-	-	-	-	-	-	-	4
-	-	-	-	-	-	3	-	-	-
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	3	-	-	5
1	-	-	-	-	-	8	-	-	5
-	-	-	-	-	-	1	-	-	3
-	-	-	-	-	-	4	-	1	4
-	-	-	-	-	-	3	-	-	5
-	-	-	-	-	-	2	-	-	3
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-	-	-	-	-	-	3	-	-	3
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-	-	-	-	-	-	13	-	-	6
-	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	8	-	-	8
-	-	-	-	-	-	12	-	-	5
10	-	-	-	-	-	980	3	8	683

AMERICAN OVERSIGHT

1	-	-	-	-	-	25	-	-	9
-	-	-	-	-	-	25	-	-	16
-	-	-	-	-	-	11	-	-	11
4	-	-	-	-	-	41	-	-	20
-	-	-	-	-	-	4	-	-	13
-	-	-	-	-	-	10	-	-	5
-	-	-	-	-	-	28	-	-	25
-	-	-	-	-	-	34	-	-	37
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-	-	-	-	-	-	27	-	-	35
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-	-	-	-	-	-	22	-	1	11
3	-	-	-	-	-	72	-	1	71
1	-	-	-	-	-	63	1	-	35
1	-	-	-	-	-	28	-	1	26
-	-	-	-	-	-	2	-	-	4
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-	-	-	-	-	-	27	1	1	14
-	-	-	-	-	-	26	-	-	22
-	-	-	-	-	-	3	-	-	3
-	-	-	-	-	-	14	-	1	11
-	-	-	-	-	-	33	-	-	10
-	-	-	-	-	-	10	-	1	10
-	-	-	-	-	-	15	-	-	7
-	-	-	-	-	-	46	-	-	29

AMERICAN OVERSIGHT

31	32	33	34	35	36	37	38	39	40
Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey TOTAL	Complaint Survey Cycle 1

E	F	G	H	J	K	L	TOTAL ANNUAL CYCLE 3	TOTAL ANNUAL	B
2	-	-	-	-	-	-	4	22	-
-	1	-	-	-	-	-	4	21	-
-	-	-	-	-	-	-	2	7	-
1	-	-	-	-	-	-	3	9	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	4	10	-
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-	-	-	-	-	-	-	2	10	-
-	-	-	-	-	-	-	-	5	-
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2	-	-	-	-	-	-	5	26	-
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-	-	-	-	-	-	-	2	4	-
-	-	-	-	-	-	-	2	8	-
-	-	-	-	-	-	-	7	21	-
-	-	-	-	-	-	-	-	8	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	2	10	-
2	-	-	-	-	-	-	7	20	-
1	-	-	-	-	-	-	9	21	-
-	2	-	-	-	-	-	11	25	-
-	2	-	-	-	-	-	5	27	-
-	1	-	-	-	-	-	12	24	-

AMERICAN OVERSIGHT

2	-	-	-	-	-	-	10	25	-
1	3	-	-	-	-	-	5	15	-
-	1	-	-	-	-	-	6	13	-
1	2	-	-	-	-	-	8	13	-
1	1	-	-	-	-	-	9	17	-
1	1	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	6	18	-
-	1	-	-	-	-	-	3	8	-
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-	-	-	-	-	-	-	1	13	-
1	-	-	-	-	-	-	7	15	-
-	1	-	-	-	-	-	3	19	-
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-	1	-	-	-	-	-	3	8	-
-	1	-	-	-	-	-	6	12	-
1	-	-	-	-	-	-	5	8	-
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2	-	-	-	-	-	-	16	26	-
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-	-	-	-	-	-	-	2	9	-
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-	-	-	-	-	-	-	1	12	-
-	-	-	-	-	-	-	5	17	-
-	-	-	-	-	-	-	2	7	-
-	-	-	-	-	-	-	2	6	-
1	-	-	-	-	-	-	4	9	-
-	-	-	-	-	-	-	3	15	-
3	-	-	-	-	-	-	3	10	-
-	-	-	-	-	-	-	1	12	-
-	-	-	-	-	-	-	1	9	-
-	-	-	-	-	-	-	1	9	-
1	-	-	-	-	-	-	5	19	-
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2	-	-	-	-	-	-	3	7	-
-	-	-	-	-	-	-	8	14	-
1	-	-	-	-	-	-	7	21	-
1	-	-	-	-	-	-	7	17	-
1	-	2	-	-	-	-	13	33	-
5	1	-	-	-	-	-	13	27	-
2	-	-	-	-	-	-	4	20	-
-	-	-	-	-	-	-	3	20	-
-	1	-	-	-	-	-	1	7	-
1	-	-	-	-	-	-	5	16	-
-	-	-	-	-	-	-	-	7	-
1	-	-	-	-	-	-	4	21	-
1	-	-	-	-	-	-	7	28	-

AMERICAN OVERSIGHT

2	-	-	-	-	-	-	8	24	-
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1	-	-	-	-	-	-	4	9	-
2	-	-	-	-	-	-	4	16	-
-	-	-	-	-	-	-	4	9	-
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1	-	-	-	-	-	-	5	17	-
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2	-	-	-	-	-	-	4	6	-
1	-	-	-	-	-	-	5	9	-
1	-	-	-	-	-	-	1	20	-
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-	-	-	-	-	-	-	2	7	-
-	-	-	-	-	-	-	5	16	-
-	1	-	-	-	-	-	2	14	-
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3	-	-	-	-	-	-	8	17	-
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2	1	-	-	-	-	-	6	21	-

AMERICAN OVERSIGHT

1	-	-	-	-	-	-	2	16	-
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1	-	-	-	-	-	-	3	16	-
1	-	-	-	-	-	-	5	25	-
-	1	-	-	-	-	-	3	28	-
1	-	-	-	-	-	-	7	23	-
1	2	-	-	-	-	-	7	12	-
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-	-	-	-	-	-	-	6	28	-
-	-	-	-	-	-	-	4	26	-
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122	51	4	-	-	-	-	871	2,802	-

AMERICAN OVERSIGHT

3	1	-	-	-	-	-	13	59	-
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-	-	-	-	-	-	-	11	32	-
2	1	-	-	-	-	-	23	94	-
-	-	-	-	-	-	-	13	38	-
-	-	-	-	-	-	-	5	26	-
3	4	-	-	-	-	-	32	93	-
5	8	-	-	-	-	-	50	107	-
3	5	-	-	-	-	-	36	109	-
-	2	-	-	-	-	-	12	28	-
3	-	-	-	-	-	-	38	80	-
1	-	-	-	-	-	-	8	62	-
4	-	-	-	-	-	-	14	47	-
1	-	-	-	-	-	-	9	60	-
2	-	-	-	-	-	-	23	66	-
8	1	2	-	-	-	-	40	98	-
3	1	-	-	-	-	-	13	63	-
2	-	-	-	-	-	-	11	56	-
6	-	-	-	-	-	-	28	98	-
9	1	-	-	-	-	-	60	185	-
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3	1	-	-	-	-	-	20	45	-
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4	1	-	-	-	-	-	13	38	-
1	1	-	-	-	-	-	13	75	-
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11	10	-	-	-	-	-	93	222	-
10	2	2	-	-	-	-	50	199	-
5	4	-	-	-	-	-	36	109	-
1	1	-	-	-	-	-	6	13	-
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1	1	-	-	-	-	-	11	28	-
10	2	-	-	-	-	-	28	85	-
5	1	-	-	-	-	-	28	96	-
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5	1	-	-	-	-	-	18	45	-
3	1	-	-	-	-	-	14	79	-
2	-	-	-	-	-	-	13	33	-
2	-	-	-	-	-	-	9	32	-
4	-	-	-	-	-	-	33	121	-

AMERICAN OVERSIGHT

41	42	43	44	45	46	47	48	49	50
Complaint Survey Cycle 1	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**	**Complaint Survey Cycle 1**

C	D	E	F	G	H	I	J	K	L
-	**5**	**2**	-	**5**	-	-	-	-	-
-	**1**	-	-	-	-	-	-	-	-
-	-	-	**1**	-	-	-	-	-	-
-	**1**	-	-	**4**	-	-	-	-	-
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-	**1**	-	-	-	-	-	-	-	-
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-	**1**	-	-	**2**	-	-	-	-	-
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-	1	-	-	-	-	-	-	-	-
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-	-	**1**	-	-	-	-	-	-	-
-	**11**	**2**	-	**5**	-	-	-	-	-
-	**4**	-	-	-	-	-	-	-	**1**
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-	**2**	-	-	-	-	-	-	-	-
-	**1**	**1**	-	-	-	-	-	-	-
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-	**1**	-	-	**1**	-	-	-	-	-
-	**2**	**1**	-	-	-	-	-	-	-
-	**2**	**2**	-	-	-	-	-	-	-
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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1	244	45	4	27	-	-	34	4	1

AMERICAN OVERSIGHT

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-	7	1	-	-	-	-	2	-	-
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1	31	11	1	2	-	-	8	2	-
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AMERICAN OVERSIGHT

51	52	53	54	55	56	57	58	59	60
Complaint Survey Cycle 1	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2
TOTAL COMPLAINT CYCLE 1	B	C	D	E	F	G	H	I	J
12	-	-	-	-	-	-	-	-	-
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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7	-	-	2	-	-	-	-	-	-
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2	-	-	2	2	-	-	-	-	-
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2	-	-	2	1	-	-	-	-	-
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4	1	-	2	-	-	-	-	-	-
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7	-	-	-	-	-	-	-	-	-
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6	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
360	3	1	185	21	2	1	-	-	16

AMERICAN OVERSIGHT

19	-	-	2	-	-	-	-	-	-
9	-	-	2	-	-	-	-	-	-
2	-	-	3	-	-	-	-	-	-
24	-	-	15	5	-	-	-	-	-
2	1	-	3	-	-	-	-	-	-
2	-	-	7	-	-	-	-	-	-
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8	-	-	9	3	-	1	-	-	-
21	-	-	5	1	-	-	-	-	-
10	-	-	5	1	-	-	-	-	-
4	-	-	6	-	-	-	-	-	-
15	1	-	8	-	-	-	-	-	-
30	-	-	38	4	-	-	-	-	3
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6	-	-	1	1	-	-	-	-	-
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12	-	-	3	-	-	-	-	-	-
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56	-	-	15	-	-	-	-	-	7
23	-	-	10	3	-	-	-	-	3
19	-	-	4	-	-	-	-	-	3
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15	1	-	2	-	-	-	-	-	-
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5	-	-	1	-	-	-	-	-	-
16	-	-	1	-	-	-	-	-	-

AMERICAN OVERSIGHT

61	62	63	64	65	66	67	68	69	70
Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3
K	L	TOTAL COMPLAINT CYCLE 2	B	C	D	E	F	G	H
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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-	-	-	-	-	-	2	-	-	-
-	-	2	-	-	1	-	-	-	-
-	-	2	-	1	-	3	-	-	-
-	-	4	-	-	1	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	2	-	-	-	-	-	-	4
-	-	3	-	-	5	-	-	-	-
-	-	7	-	-	5	2	-	-	-
-	-	2	-	-	8	2	-	-	-
-	-	1	-	-	2	1	-	-	-
-	-	1	-	-	7	-	-	-	-
-	-	7	-	-	2	-	-	-	-
-	-	12	-	-	6	-	-	-	-
-	-	7	-	-	2	-	-	-	-
-	-	3	-	-	8	1	1	-	-
-	-	-	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	1	-	-	-	-
-	-	-	-	-	4	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	3	-	-	4	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	-	-
-	-	-	-	-	4	-	-	-	-
-	-	-	-	-	1	1	-	3	-
-	-	5	-	-	8	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	2	-	-	3	-
-	-	1	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	4	1	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	4	-	-	-	1	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	3	-	-	3	-	3	-	-
-	-	1	-	-	3	3	-	-	-

AMERICAN OVERSIGHT

-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	1	-	-	1	1	-	1	-
-	-	-	-	-	1	-	-	-	-
-	-	4	-	-	2	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	2	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	4	-	-	2	1	-	-	-
-	-	-	-	-	1	1	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	1	1	-	-	-
-	-	1	-	-	2	-	-	1	-
-	-	-	-	-	-	-	-	-	-
-	-	-	1	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	3	-	-	1	2	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	-	-	1	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	1	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	229	2	3	185	34	7	16	4

AMERICAN OVERSIGHT

-	-	2	-	-	8	-	1	4	-
-	-	2	-	-	2	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	20	-	-	21	3	-	4	-
-	-	4	-	-	-	-	-	-	-
-	-	7	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	14	-	1	7	-	-	-	-
-	-	2	-	-	6	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	6	-	-	6	-	-	-	-
-	-	-	-	-	2	-	-	-	-
-	-	4	-	-	5	2	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	13	-	-	7	2	-	-	-
-	-	6	-	-	3	1	-	-	-
-	-	6	-	-	2	-	-	-	-
-	-	6	-	-	4	1	-	-	-
-	-	9	-	1	12	7	-	-	-
-	-	45	-	-	45	6	1	-	4
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	3	-	-	-	-
-	-	3	-	-	9	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	-	-	-	4	1	-	-	-
-	-	22	1	-	11	2	-	6	-
-	-	16	-	-	10	4	3	1	-
-	-	7	-	1	3	2	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	1	1	-	-	-
-	-	7	1	-	4	2	-	1	-
-	-	4	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	3	-	-	-	-	1	-	-
-	-	1	-	-	3	-	1	-	-
-	-	1	-	-	2	-	-	-	-

AMERICAN OVERSIGHT

71	72	73	74	75	76	77	> 0.0%
							> / = 10.0%
							> / = 20.0%
Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Annual Health Survey TOTAL	TOTAL TOTAL	
I	J	K	L	TOTAL COMPLAINT CYCLE 3	TOTAL ANNUAL	TOTAL CITATIONS	G+ Citations as a % of Total Health Citations - Cycle 1
-	-	-	-	10	22	44	0.0%
-	-	-	-	3	6	27	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	5	14	0.0%
-	-	-	-	1	6	14	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	-	14	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	1	4	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	1	2	7	0.0%
-	-	-	-	-	2	14	20.0%
-	-	-	-	-	3	13	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	3	10	28	0.0%
-	-	-	-	11	14	40	0.0%
-	-	-	-	5	26	45	66.7%
-	-	-	-	9	19	36	0.0%
-	-	-	-	-	-	3	0.0%
-	-	-	-	-	-	2	0.0%
-	-	-	-	-	2	6	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	-	6	14	0.0%
-	-	-	-	-	3	11	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	1	5	30	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	25	0.0%

AMERICAN OVERSIGHT

-	-	-	-	5	19	44	0.0%
-	-	-	-	2	3	18	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	1	2	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	3	8	30	0.0%
-	-	-	-	1	2	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	1	1	14	0.0%
-	-	-	-	-	-	15	0.0%
-	-	-	-	1	1	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	1	5	0.0%
-	-	-	-	4	9	35	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	7	30	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	2	3	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	2	5	12	0.0%
-	-	-	-	2	3	9	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	1	16	0.0%
-	-	-	-	3	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	-	6	15	0.0%
-	-	-	-	-	1	20	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	2	4	19	0.0%
-	-	-	-	3	14	20	0.0%
-	-	-	-	1	5	17	0.0%
-	-	-	-	2	5	13	0.0%
-	-	-	-	-	-	4	0.0%
-	-	-	-	1	2	9	0.0%
-	-	-	-	-	-	14	0.0%
-	-	-	-	1	2	23	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	1	15	48	0.0%
-	-	-	-	1	7	34	0.0%
-	-	-	-	-	3	23	0.0%
-	-	-	-	2	4	24	0.0%
-	-	-	-	-	6	13	0.0%
-	-	-	-	-	5	21	0.0%
-	-	-	-	-	2	9	0.0%
-	-	-	-	5	7	28	0.0%
-	-	-	-	-	6	34	0.0%

AMERICAN OVERSIGHT

-	-	-	-	9	12	36	0.0%
-	-	-	-	2	2	11	0.0%
-	-	-	-	2	3	12	0.0%
-	-	-	-	1	6	22	0.0%
-	-	-	-	4	7	16	0.0%
-	-	-	-	1	7	21	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	4	7	28	0.0%
-	-	-	-	5	8	27	0.0%
-	-	-	-	7	17	39	0.0%
-	-	-	-	10	12	36	0.0%
-	5	-	-	8	12	27	0.0%
-	-	-	-	7	9	13	0.0%
-	-	-	-	2	11	24	0.0%
-	-	-	-	6	20	46	0.0%
-	-	-	-	2	11	26	12.5%
-	-	-	-	10	29	55	11.1%
							0.0%
-	-	-	-	2	3	13	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	1	8	31	0.0%
-	-	-	-	4	4	21	0.0%
-	-	-	-	1	2	12	0.0%
-	-	-	-	4	8	24	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	6	0.0%
-	4	-	-	4	4	13	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	2	10	0.0%
-	-	-	-	1	6	13	0.0%
-	5	-	-	5	5	21	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	-	5	15	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	1	4	23	0.0%
-	-	-	-	4	10	25	33.3%
-	-	-	-	5	9	26	0.0%
-	-	-	-	8	18	45	0.0%
-	-	-	-	-	4	20	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	-	6	19	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	5	13	27	0.0%
-	-	-	-	-	2	18	0.0%
-	-	-	-	-	7	21	0.0%
-	-	-	-	1	17	55	40.0%
-	-	-	-	-	2	16	0.0%
-	-	-	-	-	8	21	0.0%
-	-	-	-	1	5	22	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	2	21	0.0%
-	-	-	-	6	11	29	0.0%
-	-	-	-	6	10	31	0.0%

AMERICAN OVERSIGHT

-	-	-	-	-	6	22	0.0%
-	-	-	-	-	9	25	0.0%
-	-	-	-	3	4	20	0.0%
-	-	-	-	1	1	26	0.0%
-	-	-	-	2	8	36	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	1	4	16	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	6	20	0.0%
-	-	-	-	3	15	24	0.0%
-	-	-	-	2	2	19	0.0%
-	-	-	-	-	2	16	50.0%
-	-	-	-	-	3	19	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	5	0.0%
							0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	13	0.0%
-	-	-	-	-	7	10	0.0%
-	-	-	-	2	2	15	0.0%
-	-	-	-	3	4	16	0.0%
-	-	-	-	-	-	6	0.0%
-	-	-	-	2	3	23	0.0%
-	-	-	-	-	-	7	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	2	7	0.0%
-	-	-	-	3	8	20	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	5	27	0.0%
-	-	-	-	-	3	27	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	-	22	0.0%
-	-	-	-	2	4	14	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	4	27	0.0%
-	-	-	-	1	8	40	0.0%
-	-	-	-	-	7	31	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	1	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	2	7	26	0.0%
-	-	-	-	1	2	6	0.0%
-	-	-	-	1	1	10	0.0%
-	-	-	-	-	-	16	0.0%
-	-	-	-	-	7	35	0.0%
-	-	-	-	2	3	29	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	-	3	31	0.0%
-	14	-	-	265	854	3,656	2.0%

AMERICAN OVERSIGHT

-	-	-	-	13	34	93	0.0%
-	-	-	-	2	13	81	3.7%
-	-	-	-	-	5	37	10.0%
-	-	-	-	28	72	166	13.3%
-	-	-	-	-	6	44	0.0%
-	-	-	-	-	9	35	0.0%
-	-	-	-	1	10	103	0.0%
-	-	-	-	8	25	132	0.0%
-	-	-	-	6	13	122	0.0%
-	-	-	-	-	-	28	0.0%
-	-	-	-	6	18	98	0.0%
-	-	-	-	2	4	66	0.0%
-	-	-	-	7	13	60	0.0%
-	-	-	-	-	11	71	0.0%
-	-	-	-	9	30	96	0.0%
-	-	-	-	4	31	129	0.0%
-	-	-	-	2	18	81	0.0%
-	-	-	-	5	15	71	0.0%
-	-	-	-	20	44	142	0.0%
-	5	-	-	61	136	321	3.6%
-	-	-	-	-	-	-	0.0%
-	-	-	-	3	11	56	0.0%
-	-	-	-	9	14	57	0.0%
-	4	-	-	4	7	45	0.0%
-	5	-	-	6	21	96	0.0%
-	-	-	-	5	14	67	5.6%
-	-	-	-	20	98	320	7.0%
-	-	-	-	18	57	256	0.0%
-	-	-	-	6	32	141	13.3%
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	2	10	38	0.0%
-	-	-	-	8	18	103	0.0%
-	-	-	-	-	9	105	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	4	49	0.0%
-	-	-	-	1	19	98	0.0%
-	-	-	-	1	4	37	0.0%
-	-	-	-	4	10	42	0.0%
-	-	-	-	2	19	140	0.0%

AMERICAN OVERSIGHT

> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%
> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%
> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%

G+ Citations as a % of Total Health Citations - Cycle 2	G+ Citations as a % of Total Health Citations - Cycle 3	G+ Citations as a % of Total Health Citations	G+ Citations as a % of Total Complaint Citations - Cycle 1	G+ Citations as a % of Total Complaint Citations - Cycle 2	G+ Citations as a % of Total Complaint Citations - Cycle 3
0.0%	0.0%	0.0%	41.7%	0.0%	18.2%
9.1%	0.0%	4.8%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	8.3%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12.5%	0.0%	7.1%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
22.2%	0.0%	7.7%	0.0%	0.0%	28.6%
14.3%	0.0%	26.3%	27.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	41.7%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	25.0%	0.0%
0.0%	0.0%	6.7%	0.0%	0.0%	0.0%
0.0%	0.0%	3.8%	6.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	6.7%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	75.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	33.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	23.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	10.5%	33.3%	100.0%	0.0%
75.0%	0.0%	21.4%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	33.3%	12.5%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	25.0%
12.5%	0.0%	4.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	75.0%	0.0%
12.5%	0.0%	5.9%	0.0%	0.0%	0.0%
0.0%	0.0%	28.6%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0

4.0%	0.0%	1.7%	47.4%	0.0%	11.8%
0.0%	0.0%	1.5%	77.8%	0.0%	0.0%
0.0%	0.0%	3.1%	0.0%	0.0%	0.0%
9.8%	0.0%	8.5%	25.0%	0.0%	5.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	11.1%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	7.7%	0.0%
0.0%	5.0%	2.0%	4.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	6.7%	0.0%	0.0%
0.0%	0.0%	1.1%	3.3%	6.7%	6.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	33.3%	0.0%	23.8%
0.0%	0.0%	1.9%	33.3%	0.0%	0.0%
4.2%	0.0%	3.2%	21.4%	31.8%	6.1%
1.6%	4.0%	1.5%	4.3%	18.8%	1.8%
3.6%	0.0%	6.4%	10.5%	42.9%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	5.6%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	31.3%	0.0%	0.0%

AMERICAN OVERSIGHT

> 0.0% > / = 10.0% > / = 20.0%	> 0.0% > / = 10.0% > / = 20.0%		9	11	6		10
			Per CMS SNF PUF Stats Files				
			UNDUPLICATED (DISTINCT) MEDICARE A BENEFICIARIES SERVED				A
G+ Citations as a % of Total Complaint Citations	G+ Citations as a % of Total Citations		2015	2016	2017	2018	2015
40.9%	20.5%		154	134	108		25.20
0.0%	3.7%		192	179	166		27.53
0.0%	0.0%		249	212	241		27.18
80.0%	28.6%		166	143	145		23.89
83.3%	35.7%		172	162	179		28.52
0.0%	10.0%		426	445	474		25.52
0.0%	0.0%		138	139	117		37.65
0.0%	0.0%		361	358	338		21.97
0.0%	0.0%						
66.7%	14.3%		260	237	251		25.45
0.0%	0.0%		123	112	141		27.10
0.0%	0.0%		172	152	180		24.86
0.0%	7.1%		103	102	95		27.59
0.0%	0.0%		133	137	133		20.78
0.0%	0.0%		112	104	110		22.10
0.0%	5.9%		263	253	232		26.00
0.0%	0.0%		131	107	117		32.80
28.6%	15.0%		134	153	129		28.65
19.2%	22.2%		187	142	137		31.29
5.3%	2.8%		97	104	96		31.33
0.0%	0.0%		81	75	69		28.67
0.0%	0.0%		113	100	88		29.22
0.0%	0.0%		89	64	74		35.43
0.0%	0.0%		255	307	361		34.54
0.0%	0.0%		57	49	43		31.58
0.0%	0.0%		149	126	125		48.33
0.0%	0.0%		141	154	140		30.72
0.0%	0.0%		153	148	157		39.17
50.0%	4.5%		200	174	199		25.00
0.0%	0.0%		81	86	93		26.41
0.0%	0.0%		174	109	145		25.05
0.0%	0.0%		275	236	228		33.32
0.0%	0.0%		277	267	282		27.54

AMERICAN OVERSIGHT

0.0%	0.0%	369	305	300	21.85
0.0%	0.0%	188	189	212	39.00
0.0%	0.0%	124	101	77	29.60
0.0%	0.0%	524	520	514	22.78
0.0%	0.0%	191	191	170	27.15
37.5%	10.0%	237	226	188	19.25
0.0%	0.0%	469	446	459	27.22
0.0%	0.0%	830	952	916	21.98
0.0%	0.0%	166	198	142	23.86
0.0%	0.0%	292	289	295	21.48
0.0%	0.0%	239	212	232	24.35
0.0%	0.0%	521	413	330	20.24
0.0%	0.0%	297	285	261	26.98
0.0%	0.0%	234	222	234	23.70
0.0%	0.0%	234	268	275	34.05
0.0%	0.0%	193	104	113	18.97
0.0%	0.0%	352	349	257	22.94
0.0%	0.0%	391	373	254	21.35
0.0%	0.0%	270	222	220	23.76
0.0%	0.0%	214	206	168	22.89
0.0%	0.0%	311	273	277	22.41
0.0%	0.0%	672	556	517	26.44
0.0%	0.0%	192	173	208	28.61
0.0%	0.0%	602	603	657	28.30
0.0%	0.0%	531	487	477	28.07
0.0%	0.0%	161	150	99	28.54
33.3%	11.1%	230	194	203	35.75
0.0%	0.0%	379	320	287	27.26
0.0%	0.0%	426	420	387	23.08
0.0%	0.0%	488	430	425	25.55
0.0%	0.0%	221	277	300	28.41
0.0%	0.0%	56	63	69	39.35
0.0%	0.0%	106	98	131	32.80
0.0%	0.0%	199	222	243	33.31
0.0%	0.0%	85	92	107	26.25
0.0%	0.0%	56	60	83	35.09
0.0%	0.0%	76	160	160	29.25
0.0%	0.0%	108	106	129	30.01
20.0%	7.7%	47	26	38	31.34
0.0%	0.0%	46	33	41	42.19
0.0%	0.0%	38	40	35	32.24
0.0%	0.0%	120	170	141	32.85
50.0%	4.3%	76	88	110	28.79
0.0%	0.0%	89	65	67	39.68
0.0%	4.2%	24	24	32	33.27
0.0%	0.0%	30	30	26	34.71
0.0%	0.0%	108	79	88	32.49
0.0%	0.0%	154	93	89	34.72
0.0%	0.0%	101	46	48	36.86
40.0%	9.5%	189	170	152	38.04
0.0%	0.0%	203	187	174	28.28
0.0%	0.0%	375	445	335	27.25
0.0%	0.0%	155	169	189	31.18

AMERICAN OVERSIGHT

0.0%	0.0%	313	289	193	30.92
0.0%	0.0%	128	128	136	37.47
0.0%	0.0%	310	282	292	26.54
0.0%	0.0%	188	170	147	30.36
0.0%	0.0%	228	261	269	31.72
14.3%	4.8%	84	92	95	33.46
0.0%	0.0%	96	134	131	38.93
57.1%	14.3%	247	306	334	28.43
0.0%	0.0%	248	194	193	25.90
0.0%	0.0%	556	514	339	23.57
0.0%	0.0%	114	117	84	19.78
41.7%	18.5%	256	214	185	21.98
0.0%	0.0%	288	276	254	24.81
0.0%	0.0%	131	115	126	27.84
15.0%	6.5%	187	165	138	22.22
0.0%	3.8%	377	242	198	29.87
3.4%	3.6%	177	189	129	31.82
0.0%	0.0%				
0.0%	0.0%	67	52	57	26.85
0.0%	0.0%	339	308	356	27.35
37.5%	9.7%	296	271	287	27.49
0.0%	0.0%	225	278	282	21.49
0.0%	0.0%	189	163	212	25.09
0.0%	0.0%	91	110	128	28.49
0.0%	0.0%	595	564	496	20.70
0.0%	0.0%	342	318	264	24.33
0.0%	0.0%	408	351	354	28.04
100.0%	30.8%	203	170	167	23.69
0.0%	0.0%	231	212	199	25.57
0.0%	0.0%	463	432	395	24.25
16.7%	7.7%	168	153	177	23.34
100.0%	23.8%	383	356	333	22.96
100.0%	6.7%	176	145	130	26.58
40.0%	13.3%	408	363	327	27.12
0.0%	0.0%	400	365	351	25.99
0.0%	0.0%	318	278	315	25.79
0.0%	0.0%	356	343	322	25.00
30.0%	16.0%	262	301	292	28.40
33.3%	11.5%	269	262	148	31.94
0.0%	0.0%	144	162	158	37.75
75.0%	15.0%	171	198	211	35.06
0.0%	0.0%	181	149	155	28.67
33.3%	10.5%	95	87	98	35.51
0.0%	0.0%	96	91	82	32.76
46.2%	22.2%	178	203	165	34.79
0.0%	0.0%	165	141	125	35.39
0.0%	0.0%	244	237	234	31.12
47.1%	21.8%	185	149	120	27.97
0.0%	18.8%	174	209	247	30.77
37.5%	14.3%	232	186	164	27.83
0.0%	0.0%	462	427	412	27.88
0.0%	0.0%	169	147	154	26.72
0.0%	0.0%	356	299	246	24.31
0.0%	0.0%	146	145	123	34.58
0.0%	0.0%	234	208	143	23.54

AMERICAN OVERSIGHT

0.0%	0.0%	162	195	182		27.30
0.0%	8.0%	280	286	264		28.07
25.0%	5.0%	136	112	100		30.85
0.0%	3.8%	131	143	136		31.27
12.5%	2.8%	151	127	127		30.59
50.0%	10.3%	104	97	128		28.29
0.0%	0.0%	313	264	327		28.13
0.0%	20.0%	543	576	513		28.04
0.0%	0.0%	343	389	362		29.35
20.0%	12.5%	408	367	304		27.79
0.0%	5.3%	103	125	107		29.55
0.0%	25.0%	262	291	278		28.47
66.7%	10.5%	512	560	472		27.25
0.0%	0.0%	408	345	382		25.44
0.0%	0.0%	696	658	650		21.06
0.0%	0.0%			98		
0.0%	0.0%					
0.0%	0.0%	354	310	318		19.95
0.0%	0.0%	375	361	410		28.30
0.0%	0.0%	216	195	220		32.38
0.0%	0.0%	71	70	54		29.59
25.0%	6.3%	259	235	213		25.87
0.0%	0.0%	387	391	431		23.89
0.0%	0.0%	251	237	233		31.27
0.0%	0.0%	164	150	126		30.19
0.0%	0.0%	543	486	493		25.68
0.0%	0.0%	216	146	158		23.01
0.0%	0.0%	197	170	155		23.30
0.0%	0.0%	467	562	655		26.87
0.0%	0.0%	109	115	117		37.79
80.0%	14.8%	175	191	204		29.75
0.0%	0.0%	647	574	533		25.18
0.0%	0.0%			329		
0.0%	0.0%	150	134	153		21.95
0.0%	0.0%	22	18	44		14.23
0.0%	0.0%	155	144	155		19.86
0.0%	0.0%	127	138	86		35.57
0.0%	0.0%	217	196	157		24.99
0.0%	0.0%	201	171	160		26.29
0.0%	0.0%	202	174	172		21.01
0.0%	0.0%	242	216	192		27.65
0.0%	0.0%	261	256	226		23.91
0.0%	0.0%	300	242	218		25.80
0.0%	0.0%	239	233	187		42.55
0.0%	0.0%	309	252	55		29.39
0.0%	0.0%	188	171	155		25.22
0.0%	0.0%	113	114	115		30.84
0.0%	0.0%	245	241	211		25.36
83.3%	17.2%	79	81	67		31.34
0.0%	0.0%	60	38	55		26.97
13.7%	4.1%	44,049	41,758	40,493	-	28.02

AMERICAN OVERSIGHT

38.2%	15.1%	761	668	660	-	-
53.8%	9.9%	1,652	1,605	1,680	-	-
0.0%	2.7%	348	343	338	-	-
13.9%	10.8%	812	759	711	-	-
0.0%	0.0%	595	595	635	-	-
0.0%	0.0%	443	428	422	-	-
10.0%	1.0%	730	605	665	-	-
0.0%	0.0%	1,673	1,573	1,555	-	-
23.1%	2.5%	2,754	2,736	2,562	-	-
0.0%	0.0%	765	775	770	-	-
0.0%	0.0%	1,731	1,527	1,289	-	-
0.0%	0.0%	1,997	1,819	1,859	-	-
7.7%	1.7%	1,684	1,514	1,401	-	-
0.0%	0.0%	667	752	850	-	-
3.3%	1.0%	491	595	627	-	-
3.2%	2.3%	219	207	235	-	-
11.1%	2.5%	552	388	377	-	-
0.0%	0.0%	733	801	698	-	-
2.3%	0.7%	1,347	1,356	1,263	-	-
9.6%	4.7%	2,581	2,332	1,980	-	-
0.0%	0.0%	-	-	-	-	-
27.3%	5.4%	702	631	700	-	-
0.0%	0.0%	505	551	622	-	-
57.1%	8.9%	1,548	1,403	1,281	-	-
42.9%	9.4%	1,829	1,661	1,561	-	-
21.4%	6.0%	1,336	1,287	1,280	-	-
25.5%	10.0%	2,596	2,501	2,319	-	-
8.8%	3.1%	1,869	1,759	1,603	-	-
15.6%	8.5%	2,892	2,917	2,745	-	-
0.0%	0.0%	696	658	748	-	-
0.0%	0.0%	354	310	318	-	-
0.0%	0.0%	662	626	684	-	-
5.6%	1.0%	2,017	1,815	1,809	-	-
44.4%	3.8%	1,398	1,442	1,509	-	-
0.0%	0.0%	-	-	329	-	-
0.0%	0.0%	327	296	352	-	-
0.0%	0.0%	545	505	403	-	-
0.0%	0.0%	705	646	590	-	-
0.0%	0.0%	848	727	460	-	-
26.3%	3.6%	685	645	603	-	-

AMERICAN OVERSIGHT

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VERAGE LENGTH OF STAY			PERCENT OF BENEFICIARIES WITH < / = 7 MEDICARE A COVERED DAYS				TOTAL MEDICARE CO	
2016	2017	2018	2015	2016	2017	2018	2015	2016
27.54	28.52				12.0%			
28.25	27.98				7.0%			
23.62	25.54				8.0%			
23.56	27.96				10.0%			
28.75	22.33				14.0%			
23.73	23.85				17.0%			
24.70	25.66				*			
21.84	20.76				12.0%			
24.37	23.76				11.0%			
27.90	21.16				9.0%			
26.50	23.58				17.0%			
26.88	26.19				*			
20.51	20.81				11.0%			
25.29	27.19				16.0%			
26.40	26.21				7.0%			
35.19	23.06				10.0%			
26.65	26.99				11.0%			
26.77	26.05				*			
28.02	27.81				13.0%			
36.57	29.56				*			
27.95	27.83				*			
47.26	41.07				*			
27.62	23.81				12.0%			
29.65	20.36				*			
51.98	46.54				*			
37.09	34.27				*			
39.68	38.58				8.0%			
27.08	25.23				11.0%			
22.95	21.52				13.0%			
24.84	30.48				8.0%			
32.38	29.48				12.0%			
24.07	21.36				13.0%			

AMERICAN OVERSIGHT

23.41	**17.26**		**18.0%**
34.50	**27.76**		**10.0%**
27.75	**26.58**	*	
21.93	**21.63**		**14.0%**
26.02	**24.00**		**8.0%**
16.57	**16.39**		**13.0%**
27.30	**27.58**		**9.0%**
19.42	**19.67**		**10.0%**
19.21	**23.32**	*	
21.05	**18.74**		**16.0%**
20.66	**19.11**		**10.0%**
22.38	**21.33**		**12.0%**
25.60	26.73		8.0%
22.48	20.55		15.0%
31.91	35.35		12.0%
18.89	**15.86**		**17.0%**
19.51	**19.76**		**8.0%**
20.52	**20.95**		**11.0%**
25.17	**19.68**		**12.0%**
23.92	**22.66**		**10.0%**
23.93	**21.81**		**11.0%**
27.83	**25.60**		**9.0%**
30.03	**26.35**		**7.0%**
25.70	**22.74**		**10.0%**
26.39	**24.79**		**9.0%**
26.36	**27.16**		**17.0%**
30.76	**26.64**		**10.0%**
27.92	**30.39**		**6.0%**
22.99	**23.56**		**10.0%**
26.26	**27.43**		**10.0%**
27.97	27.78		12.0%
36.18	36.45	*	
27.20	30.07		18.0%
33.38	28.72		13.0%
26.15	28.56	*	
25.50	**29.40**	*	
34.42	**26.01**		**16.0%**
27.02	**21.85**		**12.0%**
33.21	**31.43**	*	
36.55	**23.91**	*	
24.80	**23.12**	*	
29.37	**32.53**		**11.0%**
34.68	**36.82**	*	
36.30	**37.10**	*	
24.60	**32.63**	*	
27.21	**31.79**	*	
30.25	**28.50**	*	
32.02	**30.26**		**13.0%**
42.79	**31.50**	*	
39.33	**37.81**		**9.0%**
25.15	28.34		7.0%
26.47	27.79		7.0%
34.83	31.09		12.0%

AMERICAN OVERSIGHT

32.87	31.34		11.0%
36.38	36.28	*	
27.58	28.76		12.0%
32.47	30.23	*	
28.08	28.12		15.0%
36.29	34.49	*	
32.69	28.44		15.0%
28.41	26.74		13.0%
23.15	24.69		13.0%
24.34	26.23		12.0%
18.93	27.11		18.0%
23.16	22.66		14.0%
25.92	24.28		18.0%
20.25	16.76		17.0%
23.86	22.65		12.0%
30.64	27.04		11.0%
29.58	28.14	*	
24.12	31.39	*	
25.61	26.73		11.0%
30.20	28.43		9.0%
20.70	22.38		16.0%
21.25	23.68		6.0%
29.15	29.76		13.0%
20.76	21.33		8.0%
23.32	24.84		6.0%
28.27	26.63		6.0%
24.54	24.69		8.0%
27.79	28.92		9.0%
25.14	27.39		7.0%
23.26	26.73		9.0%
25.46	24.04		18.0%
28.19	33.32		9.0%
29.16	29.18		10.0%
21.51	23.89		10.0%
26.37	26.90		10.0%
23.76	23.11		13.0%
26.32	25.44		9.0%
34.27	30.99		9.0%
30.57	28.49		11.0%
36.81	34.00		8.0%
30.21	22.94		17.0%
32.66	23.64		16.0%
38.98	33.54		20.0%
34.35	38.56	*	
39.25	36.83		11.0%
31.37	28.66		9.0%
34.64	35.14	*	
30.60	26.53		11.0%
31.32	29.29		8.0%
24.56	24.81		12.0%
27.12	27.59		8.0%
24.24	24.61		15.0%
36.93	41.32		11.0%
26.51	28.55		14.0%

AMERICAN OVERSIGHT

23.59	20.76				20.0%			
27.12	28.03				11.0%			
32.65	35.68			*				
30.34	24.47				16.0%			
29.82	24.82				9.0%			
30.06	24.31				14.0%			
27.30	26.58				16.0%			
25.42	26.52				9.0%			
26.58	27.86				9.0%			
27.00	29.42				12.0%			
25.77	33.63			*				
28.84	26.32				12.0%			
28.05	27.28				11.0%			
25.40	22.93				14.0%			
21.60	20.48				15.0%			
	21.49				12.0%			
20.39	21.14				5.0%			
29.76	25.10				13.0%			
33.43	24.27				15.0%			
31.42	28.77			*				
25.77	26.35				12.0%			
21.35	21.39				13.0%			
30.40	28.22				12.0%			
29.88	25.08				17.0%			
25.59	23.15				16.0%			
22.39	21.16				15.0%			
25.29	26.33				7.0%			
23.36	21.42				14.0%			
36.61	35.93			*				
25.27	23.68				9.0%			
25.06	24.14				7.0%			
	22.91				13.0%			
21.04	23.13				8.0%			
18.32	19.08			*				
20.43	17.62				12.0%			
31.64	37.88			*				
21.55	26.15				11.0%			
25.33	23.38				13.0%			
21.94	19.13				12.0%			
26.93	24.30				14.0%			
22.68	21.51				9.0%			
30.14	31.18				17.0%			
40.29	37.93				10.0%			
28.92	41.38			*				
28.27	29.55			*				
32.25	28.17				12.0%			
27.74	26.87				11.0%			
31.84	28.53				19.0%			
23.04	21.43			*				
27.59	26.96	-	0.0%	0.0%	9.3%	0.0%	$ -	$ -

AMERICAN OVERSIGHT

-	-	-	0.0%	0.0%	0.0%	0.0%	$	-	$	-

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NSURANCE AMOUNT			PERCENT OF DUAL ELIGIBLE BENEFICIARIES			AVERAGE PATIENT AGE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
$ 474,418				54.0%		71.75	71.49	74.0
$ 709,982				57.0%		73.21	71.59	73.0
$ 622,304				27.0%		76.93	76.44	78.0
$ 461,916				30.0%		76.51	76.97	76.0
$ 368,645				49.0%		77.56	76.93	76.0
$ 1,191,967				22.0%		75.61	76.12	78.0
$ 279,815				55.0%		74.19	72.86	73.0
$ 577,231				17.0%		80.47	79.85	80.0
$ 643,031				24.0%		81.35	80.92	81.0
$ 306,628				26.0%		78.81	79.75	80.0
$ 407,302				17.0%		79.63	78.89	81.0
$ 279,157				58.0%		79.17	77.88	79.0
$ 276,031				52.0%		77.34	76.75	78.0
$ 321,762				42.0%		79.46	79.66	80.0
$ 605,196				24.0%		76.32	77.31	77.0
$ 406,644				64.0%		73.53	75.93	75.0
$ 480,834				65.0%		73.01	74.20	71.0
$ 541,205				45.0%		73.79	74.97	74.0
$ 355,649				50.0%		76.96	75.89	74.0
$ 212,205				58.0%		79.19	80.33	80.0
$ 352,524				49.0%		80.53	78.89	78.0
$ 453,362				73.0%		82.11	82.64	84.0
$ 893,400				33.0%		79.29	78.59	78.0
$ 81,757				53.0%		79.28	78.53	81.0
$ 884,681				75.0%		77.42	77.16	78.0
$ 592,365				43.0%		78.86	77.56	78.0
$ 894,716				61.0%		76.22	75.77	76.0
$ 691,964				42.0%		77.57	76.93	77.0
$ 224,214				44.0%		77.54	77.86	77.0
$ 612,598				41.0%		81.79	80.70	79.0
$ 771,999				30.0%		80.11	80.12	79.0
$ 733,670				38.0%		77.23	76.03	77.0

AMERICAN OVERSIGHT

$ 467,674	31.0%	76.97	76.55	75.0
$ 751,272	43.0%	81.16	80.39	80.0
$ 292,646	58.0%	74.31	74.80	74.0
$ 1,075,172	24.0%	79.30	79.94	81.0
$ 442,341	36.0%	76.66	76.96	78.0
$ 260,075	48.0%	72.85	72.08	73.0
$ 1,514,552	20.0%	82.07	80.83	80.0
$ 1,289,680	4.0%	79.14	79.41	79.0
$ 363,216	44.0%	77.40	76.08	76.0
$ 385,917	23.0%	77.18	77.53	78.0
$ 390,852	25.0%	78.56	78.25	80.0
$ 683,498	26.0%	80.87	81.16	81.0
$ 802,102	23.0%	81.48	80.46	80.0
$ 463,890	35.0%	77.66	78.32	79.0
$ 1,356,688	33.0%	81.38	82.49	82.0
$ 146,405	42.0%	73.99	76.26	76.0
$ 425,891	20.0%	78.36	78.56	79.0
$ 457,639	25.0%	76.20	75.92	75.0
$ 413,882	30.0%	76.24	78.03	78.0
$ 418,817	40.0%	78.82	77.86	79.0
$ 513,405	27.0%	77.79	77.39	77.0
$ 1,602,395	19.0%	79.50	79.16	79.0
$ 572,460	30.0%	75.70	76.55	76.0
$ 1,721,986	16.0%	78.81	79.42	79.0
$ 1,403,679	17.0%	78.89	78.59	79.0
$ 346,437	49.0%	71.58	72.13	76.0
$ 746,008	48.0%	72.54	74.02	74.0
$ 1,223,058	26.0%	80.23	80.67	82.0
$ 1,006,082	26.0%	78.76	79.58	78.0
$ 1,218,781	12.0%	81.75	81.45	81.0
$ 992,429	25.0%	80.05	80.27	80.0
$ 324,723	65.0%	71.34	69.40	69.0
$ 500,080	48.0%	71.94	73.01	72.0
$ 935,183	30.0%	81.46	80.49	80.0
$ 460,107	47.0%	74.85	71.50	75.0
$ 380,653	71.0%	73.02	72.20	71.0
$ 622,797	73.0%	71.72	71.28	72.0
$ 397,352	61.0%	73.28	74.28	73.0
$ 204,309	95.0%	64.77	67.81	65.0
$ 164,500	80.0%	66.91	71.45	70.0
$ 87,476	74.0%	74.45	76.50	73.0
$ 725,774	72.0%	72.93	72.60	73.0
$ 610,953	63.0%	80.62	77.53	78.0
$ 394,307	79.0%	74.98	71.26	68.0
$ 184,734	81.0%	68.63	64.71	68.0
$ 164,829	88.0%	64.13	67.13	67.0
$ 340,515	55.0%	77.03	78.44	78.0
$ 393,155	40.0%	82.03	81.01	81.0
$ 232,768	63.0%	78.57	79.24	77.0
$ 840,924	44.0%	78.78	77.76	76.0
$ 523,933	11.0%	86.00	86.07	86.0
$ 1,261,715	22.0%	84.47	83.14	83.0
$ 802,102	14.0%	86.92	86.44	86.0

AMERICAN OVERSIGHT

$ 1,043,917	67.0%	75.38	75.07	73.0
$ 771,012	82.0%	69.88	70.42	71.0
$ 1,010,030	41.0%	80.75	78.94	80.0
$ 756,207	64.0%	77.28	77.10	76.0
$ 1,063,164	28.0%	78.75	79.12	78.0
$ 554,026	59.0%	74.18	72.76	73.0
$ 488,236	60.0%	73.61	72.99	74.0
$ 1,240,659	46.0%	76.60	77.13	77.0
$ 609,966	47.0%	75.49	76.97	77.0
$ 1,123,864	31.0%	77.49	77.30	77.0
$ 277,676	65.0%	69.91	73.01	70.0
$ 497,606	57.0%	74.56	72.90	73.0
$ 711,792	35.0%	78.82	77.54	81.0
$ 212,863	53.0%	77.41	73.54	74.0
$ 479,322	64.0%	74.46	73.55	75.0
$ 654,381	42.0%	78.38	77.26	77.0
$ 468,661	60.0%	79.24	75.08	75.0
$ 218,621	72.0%	74.67	74.15	77.0
$ 1,002,299	9.0%	84.14	83.95	85.0
$ 1,100,999	43.0%	80.38	79.68	79.0
$ 719,653	24.0%	82.02	81.44	81.0
$ 583,975	33.0%	79.47	78.93	81.0
$ 487,414	42.0%	77.37	75.42	79.0
$ 966,602	15.0%	81.36	81.74	82.0
$ 759,497	30.0%	78.32	79.51	80.0
$ 1,365,350	25.0%	79.76	79.75	80.0
$ 493,994	32.0%	80.72	81.07	80.0
$ 706,528	46.0%	78.53	77.95	79.0
$ 1,240,659	20.0%	79.58	79.49	79.0
$ 670,338	47.0%	74.05	72.58	74.0
$ 1,046,714	29.0%	77.44	78.60	78.0
$ 495,145	35.0%	79.34	79.34	79.0
$ 1,141,959	19.0%	82.00	82.11	83.0
$ 924,161	19.0%	79.56	78.98	79.0
$ 1,101,492	23.0%	76.23	76.80	78.0
$ 771,960	27.0%	76.31	75.67	75.0
$ 856,716	29.0%	78.35	77.80	79.0
$ 665,732	48.0%	77.77	77.13	78.0
$ 676,753	61.0%	75.81	76.35	74.0
$ 932,222	48.0%	79.27	80.25	80.0
$ 364,039	41.0%	77.65	76.48	77.0
$ 285,408	55.0%	70.35	71.05	73.0
$ 458,791	63.0%	71.88	68.44	70.0
$ 1,079,778	71.0%	77.93	77.92	78.0
$ 730,380	63.0%	74.96	71.52	70.0
$ 936,005	42.0%	78.00	76.97	78.0
$ 570,815	58.0%	76.84	76.51	77.0
$ 838,128	29.0%	79.07	79.36	78.0
$ 754,891	45.0%	75.82	75.06	77.0
$ 1,085,105	25.0%	80.01	80.22	80.0
$ 515,050	36.0%	78.71	77.16	79.0
$ 778,579	38.0%	79.28	78.38	78.0
$ 847,669	68.0%	69.10	71.17	72.0
$ 532,980	43.0%	73.89	73.54	74.0

AMERICAN OVERSIGHT

$ 413,028				36.0%		74.24	76.89	75.0
$ 841,747				18.0%		81.70	80.99	81.0
$ 497,942				69.0%		74.42	73.03	73.0
$ 449,908				43.0%		79.05	77.07	78.0
$ 448,690				50.0%		72.00	72.89	73.0
$ 403,683				38.0%		81.13	80.42	81.0
$ 983,504				25.0%		79.96	79.07	80.0
$ 1,462,734				13.0%		82.16	81.89	81.0
$ 1,051,484				14.0%		82.45	82.56	81.0
$ 1,003,286				20.0%		80.64	81.20	81.0
$ 459,449				49.0%		74.57	75.78	76.0
$ 840,431				26.0%		82.20	81.16	80.0
$ 1,487,367				12.0%		80.09	81.01	81.0
$ 871,189				14.0%		83.25	83.17	83.0
$ 1,110,984				10.0%		80.34	80.45	81.0
$ 146,405			*					78.0
$ 463,068			*			81.13	82.63	82.0
$ 1,139,656				26.0%		79.43	80.79	81.0
$ 571,631				30.0%		80.70	82.05	79.0
$ 241,322				80.0%		75.96	76.49	78.0
$ 727,255				37.0%		82.05	80.59	81.0
$ 863,790				13.0%		80.53	80.14	81.0
$ 825,132				37.0%		80.58	81.00	81.0
$ 430,497				52.0%		83.12	83.78	82.0
$ 1,291,983				17.0%		83.03	82.56	82.0
$ 339,199				30.0%		79.27	77.79	79.0
$ 567,854				52.0%		74.93	75.84	76.0
$ 1,292,946				10.0%		81.82	81.42	82.0
$ 649,940				77.0%		72.56	71.45	70.0
$ 663,758				62.0%		74.62	76.80	75.0
$ 1,373,246				15.0%		81.94	81.51	82.0
$ 641,715			*					85.0
$ 455,336				57.0%		77.99	76.66	77.0
$ 59,056				34.0%		82.00	84.06	82.0
$ 185,063				28.0%		83.73	85.30	84.0
$ 530,569				74.0%		80.17	78.49	81.0
$ 572,296				61.0%		74.90	76.37	77.0
$ 475,734				43.0%		76.19	74.75	76.0
$ 210,578				11.0%		86.72	87.71	87.0
$ 466,193				19.0%		85.84	85.42	87.0
$ 434,116				23.0%		85.14	84.71	85.0
$ 1,164,989				77.0%		62.28	62.76	69.0
$ 1,079,113				78.0%		68.53	72.14	73.0
$ 368,974				95.0%		62.15	62.65	70.0
$ 616,217				82.0%		79.69	79.26	79.0
$ 482,916				76.0%		79.32	79.84	78.0
$ 724,129				76.0%		77.92	79.44	77.0
$ 316,169				76.0%		76.51	75.37	75.0
$ 201,513				55.0%		77.50	78.05	75.0
$ 690,395	$ -	0.00%	0.00%	43.02%	0.00%	76.28	76.11	76.54

AMERICAN OVERSIGHT

$	-	$	-	0.00%	0.00%	0.00%	0.00%	-	-	-

26 28 32 33

	AVERAGE HIERARCHICAL CLINICAL CLASSIFICATION (HCC) SCORE				AVERAGE NUMBER OF CHRONIC CONDITIONS PER PATIENT			
2018	2015	2016	2017	2018	2015	2016	2017	2018
	3.175	3.222	3.110				8.50	
	2.946	3.554	3.300				7.80	
	2.687	2.322	2.560				7.40	
	2.427	2.472	2.560				7.70	
	2.807	2.785	2.830				7.70	
	2.053	2.177	2.090				7.20	
	2.805	3.385	3.790				7.90	
	2.400	2.341	2.190				7.60	
	2.210	2.055	2.270				7.30	
	2.196	2.578	2.890				7.80	
	2.018	2.336	2.350				7.30	
	2.678	2.487	2.640				7.40	
	2.837	2.663	2.300				7.60	
	2.255	2.312	1.970				7.30	
	2.403	2.508	2.770				7.90	
	3.085	2.911	2.810				7.90	
	2.936	3.218	2.940				7.40	
	2.719	2.888	3.020				6.90	
	2.172	2.351	2.410				6.60	
	2.845	2.319	2.310				7.10	
	2.290	2.265	2.210				7.50	
	2.299	2.206	2.290				7.50	
	2.564	2.436	2.440				8.10	
	2.714	2.060	1.970				7.10	
	2.046	2.317	2.160				7.60	
	2.110	2.229	2.260				7.10	
	2.648	2.674	3.070				7.30	
	3.151	3.391	3.070				8.30	
	2.722	2.262	2.940				7.90	
	2.549	2.484	2.410				7.50	
	2.285	2.628	2.580				7.80	
	2.395	2.394	2.840				7.40	

AMERICAN OVERSIGHT

2.554	**2.627**	**2.910**	**7.50**
2.665	**2.516**	**2.420**	**7.50**
3.273	**3.230**	**2.680**	**7.20**
2.539	**2.652**	**2.560**	**7.80**
2.693	**2.342**	**2.460**	**7.60**
2.799	**2.563**	**2.730**	**7.10**
2.108	**2.433**	**2.220**	**7.50**
2.220	**2.186**	**2.340**	**7.40**
2.263	**2.739**	**2.790**	**8.00**
2.503	**2.559**	**2.220**	**7.70**
2.359	**2.721**	**2.720**	**7.60**
2.403	**2.603**	**2.600**	**7.60**
2.007	2.094	1.870	6.90
2.300	2.281	2.170	7.30
2.538	2.392	2.480	8.20
3.581	**3.788**	**3.800**	**8.10**
2.472	**2.426**	**2.400**	**7.80**
2.373	**2.585**	**2.700**	**7.30**
2.862	**2.784**	**2.760**	**7.30**
2.866	**2.982**	**2.800**	**8.00**
2.664	**2.280**	**2.390**	**7.20**
2.858	**3.117**	**3.160**	**7.80**
2.568	**2.602**	**2.350**	**7.50**
2.469	**2.460**	**2.580**	**7.90**
2.335	**2.442**	**2.730**	**7.80**
3.624	**4.203**	**3.350**	**8.00**
3.401	**3.609**	**3.840**	**7.90**
2.680	**2.599**	**2.430**	**7.50**
2.685	**2.618**	**2.780**	**7.60**
2.052	**2.112**	**2.080**	**7.10**
2.522	2.280	2.410	7.30
2.843	2.582	2.860	6.90
2.513	2.860	3.120	7.50
2.681	2.790	2.740	7.80
3.516	3.513	3.180	7.00
3.265	**3.692**	**3.240**	**7.90**
2.926	**3.565**	**3.190**	**7.50**
2.860	**3.619**	**3.000**	**7.40**
3.051	**4.416**	**4.300**	**8.10**
4.120	**3.273**	**3.460**	**7.60**
3.213	**3.582**	**3.060**	**7.90**
2.581	**3.323**	**3.360**	**7.50**
2.364	**3.004**	**3.330**	**7.30**
3.027	**3.380**	**3.260**	**7.70**
2.463	**3.442**	**3.170**	**7.60**
2.950	**2.765**	**2.650**	**7.70**
3.285	**2.714**	**3.270**	**8.50**
2.688	**3.077**	**3.070**	**6.70**
2.930	**2.658**	**2.610**	**7.40**
2.502	**2.653**	**2.690**	**6.50**
2.134	2.293	2.300	7.80
2.336	2.310	2.490	7.40
2.023	2.201	2.130	7.60

AMERICAN OVERSIGHT

3.722	3.875	4.460	8.20
3.446	3.803	3.790	8.00
2.841	3.242	3.150	8.00
2.829	3.198	2.830	7.80
2.814	3.074	3.030	8.40
3.061	3.587	3.660	7.80
3.078	3.167	3.360	7.90
3.207	3.194	3.320	8.30
3.348	2.956	3.330	8.20
2.777	2.888	3.090	8.20
3.929	3.505	3.400	7.50
3.397	3.581	3.840	8.00
2.500	2.821	2.500	7.80
2.767	3.351	2.680	8.10
3.339	2.908	3.520	7.70
2.492	2.800	2.820	7.50
3.254	3.462	3.780	7.90
3.764	4.352	3.140	7.80
1.945	1.760	1.740	6.90
2.612	2.488	2.560	7.30
2.443	2.271	2.420	7.90
2.985	3.076	2.760	7.70
3.967	2.902	2.940	7.10
2.058	2.218	2.260	7.30
2.919	2.602	2.830	8.40
2.511	2.855	2.900	7.70
2.407	2.674	2.510	8.20
2.366	2.958	3.270	7.70
2.416	2.330	2.460	7.10
3.627	3.326	3.460	7.70
2.687	2.725	2.940	7.50
2.354	2.480	2.690	7.50
2.259	2.452	2.470	7.50
2.455	2.510	2.490	7.20
3.324	3.337	3.280	7.80
3.079	2.678	2.770	7.40
2.371	2.541	2.620	7.50
2.706	2.949	2.720	7.30
2.653	2.628	3.470	7.50
2.329	2.387	2.170	7.40
2.229	2.495	3.180	7.10
3.514	3.342	3.830	7.60
3.599	3.656	3.750	7.30
2.982	2.864	2.870	7.70
2.837	3.343	3.250	7.60
2.676	3.012	2.880	7.60
3.013	3.068	3.560	7.70
2.723	2.628	2.930	7.70
2.463	3.281	3.320	7.30
2.386	2.489	2.660	7.50
2.512	2.936	3.040	7.80
2.476	2.499	2.690	7.20
3.120	2.715	3.310	7.80
2.523	2.784	2.950	7.70

AMERICAN OVERSIGHT

	3.025	3.100	3.000				7.50	
	2.171	2.190	2.350				7.50	
	2.732	3.110	2.980				7.60	
	2.533	2.604	2.670				7.20	
	3.091	3.351	3.350				7.60	
	2.414	2.237	2.550				7.40	
	2.699	2.926	2.810				7.60	
	2.228	2.254	2.470				7.70	
	2.147	2.212	2.350				7.60	
	2.107	2.402	2.560				8.00	
	2.516	2.951	3.470				7.80	
	2.416	2.285	2.380				7.40	
	2.149	2.296	2.270				7.30	
	2.192	2.304	2.350				7.50	
	2.317	2.240	2.330				7.30	
			2.070				6.90	
	1.546	1.697	1.750				6.70	
	2.694	2.640	2.410				7.30	
	2.568	2.766	3.200				7.90	
	2.808	2.944	2.640				8.10	
	2.757	2.942	2.830				7.90	
	2.439	2.670	2.310				7.50	
	2.660	2.883	2.630				8.00	
	2.114	2.099	1.940				7.50	
	2.723	2.996	2.710				8.10	
	2.485	2.866	3.020				8.00	
	3.203	2.891	2.880				7.80	
	2.152	2.270	2.300				7.50	
	2.768	2.701	2.690				7.90	
	3.148	3.128	3.200				7.70	
	2.247	2.410	2.360				7.70	
			2.030				7.50	
	2.921	3.249	3.360				8.30	
	2.801	2.056	2.320				7.80	
	2.562	2.558	2.540				8.30	
	2.143	2.299	2.640				8.20	
	3.248	3.324	3.220				7.40	
	4.580	5.080	5.290				8.60	
	2.353	2.407	2.270				8.00	
	2.295	2.500	2.430				8.30	
	2.326	2.463	2.480				7.90	
	4.525	3.754	4.390				8.40	
	3.687	3.609	4.070				7.90	
	2.797	3.191	4.540				7.70	
	3.928	3.512	3.580				8.60	
	3.627	3.459	3.440				8.40	
	3.177	3.645	3.760				8.50	
	3.855	3.210	4.090				8.40	
	3.610	3.733	4.170				8.40	
-	2.7287	2.8147	2.8810	-	-	-	7.59	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

27	29	34		28	30	35		29

PERCENT OF BENEFICIARIES WITH ATRIAL FIBRILATION				PERCENT OF BENEFICIARIES WITH ALZHEIMERS				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
18.2%	20.1%	22.0%		57.1%	61.2%	71.0%		33.1%
21.9%	12.8%	25.0%		51.0%	57.5%	61.0%		34.4%
23.7%	28.3%	27.0%		53.0%	48.6%	51.0%		26.1%
26.5%	25.9%	30.0%		50.6%	53.1%	58.0%		30.1%
25.6%	28.4%	31.0%		70.3%	67.3%	66.0%		28.5%
25.1%	24.7%	31.0%		38.3%	40.7%	47.0%		24.4%
23.9%	25.9%	20.0%		65.2%	56.8%	53.0%		29.7%
30.5%	32.7%	30.0%		56.5%	48.0%	56.0%		26.0%
35.0%	32.5%	30.0%		54.6%	49.8%	54.0%		23.1%
22.8%	30.4%	26.0%		53.7%	56.3%	62.0%		26.0%
23.8%	34.9%	37.0%		44.2%	46.7%	51.0%		21.5%
14.6%	26.5%	22.0%	*		67.6%	73.0%		24.3%
21.8%	26.3%	30.0%		54.9%	60.6%	71.0%		27.8%
26.8%	22.1%	35.0%		62.5%	60.6%	61.0%		25.9%
25.5%	26.9%	24.0%		50.6%	50.6%	52.0%		37.6%
23.7%	22.4%	18.0%		55.7%	70.1%	62.0%		39.7%
24.6%	20.3%	23.0%		62.7%	65.4%	68.0%		28.4%
25.1%	23.9%	20.0%		50.8%	58.5%	55.0%		26.2%
18.6%	22.1%	14.0%		68.0%	56.7%	57.0%		23.7%
17.3%	17.3%	22.0%		69.1%	72.0%	64.0%		23.5%
27.4%	27.0%	34.0%		52.2%	47.0%	52.0%		28.3%
28.1%	29.7%	16.0%	*	*	**			27.0%
33.7%	33.9%	24.0%		55.7%	52.8%	59.0%		40.4%
38.6%	32.7% *			66.7% *		65.0%		29.8%
23.5%	18.3%	18.0%	*	*	**			18.8%
23.4%	22.1%	26.0%		59.6%	59.1%	52.0%		26.2%
24.2%	25.7%	19.0%		62.1%	54.1%	62.0%		30.7%
29.5%	27.0%	36.0%		53.0%	57.5%	60.0%		29.5%
27.2%	27.9%	29.0%		67.9%	55.8%	68.0%		23.5%
28.2%	31.2%	29.0%		63.2%	67.9%	68.0%		23.0%
34.2%	28.0%	36.0%		53.8%	55.1%	60.0%		26.9%
24.9%	19.5%	21.0%		50.5%	57.3%	56.0%		35.7%

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23.3%	26.2%	21.0%		50.9%	50.8%	48.0%	32.8%
22.3%	29.1%	22.0%		56.9%	58.7%	70.0%	22.3%
24.2%	14.9%	17.0%		56.5%	60.4%	61.0%	25.0%
29.8%	28.7%	26.0%		51.3%	53.8%	57.0%	28.1%
31.9%	31.9%	26.0%		44.0%	42.9%	49.0%	27.7%
19.8%	19.9%	23.0%		56.5%	59.3%	62.0%	32.1%
28.1%	30.0%	29.0%		52.7%	58.3%	56.0%	24.1%
33.3%	36.5%	36.0%		33.1%	38.9%	40.0%	24.2%
27.1%	19.2%	24.0%		60.2%	58.1%	61.0%	29.5%
26.7%	26.3%	31.0%		45.5%	47.1%	47.0%	29.8%
28.5%	30.7%	33.0%		49.4%	54.7%	54.0%	30.1%
41.3%	35.8%	37.0%		58.0%	65.4%	58.0%	19.0%
30.3%	28.1%	28.0%		46.8%	45.3%	50.0%	30.6%
22.7%	27.0%	24.0%		40.6%	50.0%	56.0%	35.0%
35.9%	23.1%	32.0%		65.8%	66.8%	61.0%	28.6%
29.5%	28.8%	27.0%		54.9%	65.4%	61.0%	35.8%
31.8%	35.2%	33.0%		40.1%	45.3%	54.0%	32.4%
31.2%	29.8%	30.0%		34.0%	37.0%	39.0%	31.5%
36.7%	28.4%	30.0%		50.4%	49.6%	49.0%	31.9%
38.8%	33.0%	27.0%		46.3%	51.0%	63.0%	26.2%
35.7%	27.1%	26.0%		37.0%	37.0%	42.0%	28.9%
33.2%	38.0%	33.0%		44.2%	45.7%	53.0%	28.4%
29.2%	26.0%	28.0%		49.0%	45.7%	49.0%	30.2%
36.0%	32.2%	34.0%		41.9%	44.1%	45.0%	32.6%
31.8%	34.9%	34.0%		35.8%	41.5%	45.0%	32.6%
24.8%	22.7%	27.0%		62.7%	56.7%	62.0%	32.3%
20.0%	24.2%	22.0%		59.1%	54.1%	59.0%	29.6%
31.4%	29.7%	37.0%		54.6%	52.5%	58.0%	26.6%
31.0%	34.8%	33.0%		42.3%	49.0%	43.0%	30.3%
33.0%	33.0%	36.0%		38.3%	40.7%	43.0%	29.1%
28.5%	27.1%	31.0%		49.8%	49.8%	47.0%	22.2%
17.9%	19.0%	19.0%	*		66.7%	59.0%	30.4%
15.1%	26.5%	24.0%		74.5%	59.2%	48.0%	32.1%
26.6%	32.9%	33.0%		57.8%	52.7%	51.0%	25.6%
28.2%	20.7%	13.0%		61.2%	50.0%	50.0%	31.8%
25.0%	18.3%	19.0%	*	*	**		30.4%
18.4%	19.4%	21.0%		67.1%	58.1%	61.0%	42.1%
16.7%	17.0%	16.0%		72.2%	74.5%	74.0%	31.5%
10.6%	19.2% *			57.4%	61.5%	68.0%	42.6%
17.4%	18.2% *			63.0%	72.7%	71.0%	34.8%
15.8%	22.5% *		*		70.0% **		36.8%
26.7%	17.6%	15.0%		70.8%	68.2%	72.0%	38.3%
19.7%	17.0%	17.0%		67.1%	64.8%	70.0%	22.4%
27.0%	20.0%	19.0%	*	*		70.0%	38.2%
12.5%	25.0% *			66.7%	58.3% **		41.7%
13.3%	0.0% *		*	*	**		26.7%
21.3%	32.9%	39.0%		56.5%	60.8% **		25.0%
27.9%	24.7%	21.0%		70.1%	69.9%	66.0%	19.5%
22.8%	10.9%	25.0%		62.4%	56.5%	73.0%	27.7%
19.6%	17.1%	17.0%		51.3%	60.0%	51.0%	20.1%
36.0%	38.0%	36.0%		53.7%	53.5%	53.0%	22.2%
31.2%	29.7%	31.0%		53.3%	52.6%	56.0%	27.5%
31.6%	30.8%	32.0%	*	*		64.0%	21.3%

AMERICAN OVERSIGHT

23.3%	20.8%	24.0%	67.1%	69.6%	69.0%	35.1%
14.1%	10.2%	15.0%	*	*	**	39.1%
23.5%	25.9%	28.0%	*	74.5%	73.0%	28.7%
27.1%	24.1%	22.0%	73.4% *		74.0%	26.1%
31.6%	30.7%	30.0%	54.4%	54.4%	51.0%	33.8%
19.0%	16.3%	22.0%	65.5%	67.4%	64.0%	31.0%
15.6%	22.4%	28.0%	*	70.9%	67.0%	19.8%
31.6%	29.1%	29.0%	61.9%	69.9%	68.0%	32.0%
29.0%	25.3%	26.0%	58.9%	67.0%	66.0%	36.3%
28.2%	26.5%	31.0%	52.0%	57.6%	62.0%	31.5%
12.3%	17.1% *		64.0%	70.1%	69.0%	38.6%
25.8%	27.1%	26.0%	61.3%	61.7%	65.0%	33.2%
28.1%	25.0%	35.0%	58.3%	67.0%	67.0%	30.6%
28.2%	25.2%	26.0%	61.8%	61.7%	60.0%	28.2%
18.7%	23.6%	28.0%	55.1%	59.4%	67.0%	32.6%
31.6%	24.8%	32.0%	53.1%	57.9%	62.0%	32.1%
28.2%	25.9%	26.0%	66.7%	61.4%	63.0%	26.6%
28.4%	25.0%	30.0%	*	69.2%	65.0%	34.3%
37.2%	37.0%	36.0%	37.8%	42.5%	42.0%	21.2%
27.7%	22.5%	30.0%	67.2%	69.0%	61.0%	29.7%
30.7%	34.2%	37.0%	55.1%	52.9%	55.0%	32.0%
25.9%	25.2%	30.0%	60.8%	61.4%	59.0%	31.7%
33.0%	26.4%	22.0%	56.0%	50.9%	52.0%	30.8%
31.6%	30.5%	33.0%	43.0%	44.9%	49.0%	25.5%
27.8%	32.4%	37.0%	55.6%	66.0%	74.0%	25.7%
35.3%	36.5%	35.0%	48.8%	56.4%	55.0%	22.5%
35.5%	31.2%	38.0%	52.7%	60.6%	64.0%	35.5%
27.3%	27.4%	36.0%	68.8%	72.2%	70.0%	32.0%
29.4%	33.8%	36.0%	45.1%	40.5%	45.0%	32.0%
28.0%	23.5%	21.0%	64.9%	58.8%	56.0%	21.4%
23.2%	24.2%	23.0%	53.8%	61.5%	56.0%	26.1%
30.1%	26.2%	28.0%	59.7%	59.3%	48.0%	27.8%
31.1%	33.3%	35.0%	56.4%	54.5%	53.0%	28.9%
29.3%	26.0%	26.0%	52.8%	49.0%	56.0%	27.3%
30.5%	25.5%	30.0%	52.8%	51.4%	54.0%	24.8%
35.4%	28.9%	30.0%	48.6%	44.6%	52.0%	27.5%
31.7%	29.2%	25.0%	61.5%	58.8%	64.0%	24.0%
26.8%	26.7%	29.0%	67.7%	65.6%	66.0%	33.8%
17.4%	24.7%	27.0%	66.0%	64.8%	66.0%	37.5%
21.1%	28.3%	30.0%	*	69.2%	72.0%	26.3%
28.7%	29.5%	28.0%	51.4%	60.4%	49.0%	21.5%
25.3%	13.8%	26.0%	57.9%	72.4%	64.0%	30.5%
24.0%	28.6%	15.0%	63.5%	52.7%	60.0%	31.3%
31.5%	26.6%	29.0%	*	*	**	29.8%
21.8%	18.4%	15.0%	74.5%	73.1%	69.0%	27.3%
20.5%	22.4%	22.0%	57.8%	57.0%	59.0%	32.4%
21.6%	24.2%	32.0%	62.2%	68.5%	67.0%	27.6%
28.2%	29.7%	30.0%	54.0%	56.5%	52.0%	29.9%
24.1%	28.0%	22.0%	53.4%	53.8%	59.0%	23.3%
31.8%	28.6%	28.0%	62.8%	60.4%	60.0%	24.5%
20.1%	23.1%	27.0%	67.5%	70.1%	68.0%	33.7%
32.3%	33.1%	35.0%	48.9%	49.8%	59.0%	21.3%
17.1%	15.2%	24.0%	50.7%	53.1%	74.0%	33.6%
22.2%	22.1%	29.0%	49.1%	58.2%	64.0%	31.6%

AMERICAN OVERSIGHT

16.7%	23.6%	26.0%		60.5%	66.7%	60.0%	29.6%
32.1%	34.3%	36.0%		53.6%	52.8%	59.0%	25.0%
30.1%	26.8%	17.0%		53.7%	58.0%	62.0%	29.4%
31.3%	25.9%	24.0%		53.4%	49.0%	57.0%	25.2%
21.2%	26.8%	28.0%		57.0% *	**		30.5%
30.8%	26.8%	27.0%		74.0%	70.1%	69.0%	26.0%
32.9%	33.3%	32.0%		54.6%	54.2%	58.0%	21.7%
31.1%	35.2%	37.0%		60.8%	65.1%	64.0%	25.0%
34.7%	34.7%	36.0%		56.0%	55.8%	55.0%	25.7%
30.6%	34.9%	34.0%		63.0%	56.4%	58.0%	30.1%
28.2%	30.4%	22.0%		44.7%	56.0%	59.0%	26.2%
26.3%	32.3%	32.0%		56.5%	63.9%	64.0%	17.2%
30.1%	34.1%	36.0%		37.5%	45.2%	48.0%	24.0%
39.7%	35.1%	34.0%		51.0%	62.0%	64.0%	24.0%
36.4%	36.3%	41.0%		45.0%	40.4%	42.0%	29.5%
		29.0%				32.0%	
35.6%	35.2%	37.0%		31.1%	36.8%	37.0%	21.2%
31.2%	33.2%	35.0%		57.9%	64.0%	68.0%	28.0%
31.9%	33.3%	35.0%		68.1% *		70.0%	22.2%
23.9%	21.4%	22.0%	*	*	**		22.5%
37.1%	37.9%	35.0%		62.2%	64.7%	66.0%	22.0%
36.7%	34.5%	34.0%		41.6%	48.6%	48.0%	24.8%
36.7%	36.7%	40.0%		54.6%	64.6%	60.0%	21.9%
28.0%	24.7%	29.0%	*	*	**		11.0%
41.4%	40.1%	36.0%		49.0%	52.7%	62.0%	22.1%
30.6%	31.5%	42.0%		56.9%	52.7%	62.0%	27.8%
32.0%	30.0%	32.0%		50.3%	58.2%	66.0%	24.4%
37.3%	35.2%	40.0%		34.7%	45.0%	53.0%	20.1%
17.4%	17.4%	21.0%	*	*	**		22.0%
24.6%	31.4%	33.0%		62.9%	72.8%	73.0%	29.1%
33.8%	30.7%	32.0%		43.1%	48.1%	51.0%	26.4%
		37.0%				45.0%	
30.0%	21.6%	33.0%		50.7% *	**		31.3%
18.2%	33.3%	27.0%		63.6%	61.1%	73.0%	36.4%
23.9%	34.0%	37.0%		69.7%	66.0%	65.0%	23.9%
18.9%	19.6%	19.0%	*	*	**		13.4%
22.6%	26.0%	22.0%		52.5%	74.5%	72.0%	29.0%
27.4%	28.1%	28.0%		65.2%	70.2%	68.0%	23.9%
40.6%	36.2%	40.0%		47.0%	61.5%	66.0%	28.7%
35.1%	33.8%	33.0%		58.7%	68.5% **		22.7%
35.6%	32.8%	38.0%		55.9%	66.8%	69.0%	21.1%
8.0%	6.6%	13.0%		56.0%	59.5%	73.0%	38.0%
9.6%	6.4%	10.0%		68.6% *	**		28.5%
5.5%	9.9% *			51.5%	59.9% **		28.5%
19.7%	19.3%	15.0%	*	*	**		42.6%
23.9%	14.9%	34.0%		74.3% *	**		37.2%
19.2%	24.1%	20.0%		73.5% *	**		37.1%
21.5%	22.2%	28.0%		68.4% *	**		20.3%
23.3%	21.1% *			70.0%	65.8% **		23.3%
26.12%	25.74%	26.41%	0.00%	49.91%	49.77%	51.72%	0.00%	28.02%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

31	36		30	32	37		31	33

OF BENEFICIARIES WITH ASTHMA			PERCENT OF BENEFICIARIES WITH CANCER				PERCENT OF BENEFICIAI HEART FAI	
2016	2017	2018	2015	2016	2017	2018	2015	2016
44.0% *			6.5%	9.7% *			60.4%	53.7%
55.3%	13.0%		10.4%	10.6%	14.0%		56.8%	56.4%
43.4%	9.0%		14.5%	16.5%	13.0%		48.6%	50.0%
47.6% *			14.5%	11.9%	17.0%		60.8%	57.3%
48.1% *			12.8%	17.3%	19.0%		54.1%	54.9%
37.8%	7.0%		12.0%	16.6%	14.0%		45.1%	47.2%
49.6% *			13.0%	17.3%	16.0%		58.0%	64.0%
43.3%	9.0%		15.8%	17.9%	17.0%		57.9%	58.9%
41.4%	7.0%		18.8%	17.3%	20.0%		50.4%	56.5%
54.5%	10.0%		16.3%	15.2%	15.0%		49.6%	53.6%
40.8%	6.0%		20.9%	26.3%	19.0%		48.8%	43.4%
57.8% *			17.5%	13.7%	14.0%		61.2%	60.8%
59.1%	10.0%		12.8%	10.2%	11.0%		52.6%	53.3%
50.0% *			14.3%	10.6% *			52.7%	59.6%
56.1%	9.0%		12.2%	16.6%	17.0%		55.1%	56.5%
62.6%	13.0%		9.9%	8.4% *			62.6%	53.3%
42.5%	11.0%		20.9%	18.3%	9.0%		53.7%	56.2%
45.8%	11.0%		14.4%	18.3%	13.0%		45.5%	47.2%
41.3% *			11.3%	9.6% *			48.5%	50.0%
29.3% *			7.4%	9.3% *			55.6% *	
52.0% *			18.6%	20.0%	13.0%		60.2%	61.0%
46.9% *			14.6%	12.5% *			62.9%	62.5%
48.5%	13.0%		15.3%	15.3%	18.0%		61.2%	56.4%
38.8% *			10.5%	6.1% *			50.9%	61.2%
37.3%	9.0%		11.4%	11.9%	13.0%		44.3%	51.6%
46.1%	9.0%		11.3%	16.2%	14.0%		48.2%	56.5%
39.9%	9.0%		12.4%	13.5%	14.0%		58.2%	54.7%
55.7%	9.0%		11.5%	16.1%	18.0%		63.5%	63.8%
46.5% *			14.8%	9.3%	13.0%		50.6%	43.0%
44.0% *			17.8%	18.3%	12.0%		53.4%	50.5%
44.5%	9.0%		17.8%	19.5%	17.0%		42.9%	46.6%
55.8%	9.0%		12.6%	14.6%	15.0%		56.3%	56.9%

AMERICAN OVERSIGHT

46.6%	13.0%	12.5%	20.0%	19.0%	50.9%	57.7%
43.4%	6.0%	11.7%	14.3%	16.0%	46.3%	52.9%
44.6% *		9.7%	5.9%	22.0%	50.8%	46.5%
49.8%	11.0%	18.5%	19.0%	20.0%	51.3%	49.2%
51.8%	8.0%	12.0%	17.3%	18.0%	51.8%	49.2%
47.3%	13.0%	16.0%	16.4%	16.0%	52.3%	53.1%
37.0%	15.0%	17.3%	17.5%	17.0%	51.6%	57.0%
39.2%	8.0%	23.0%	20.9%	22.0%	45.7%	49.0%
46.5%	13.0%	13.3%	14.1%	18.0%	51.8%	59.1%
42.9%	8.0%	17.1%	19.0%	19.0%	57.5%	54.0%
47.2%	6.0%	15.1%	12.7%	19.0%	45.6%	49.5%
37.3%	7.0%	19.4%	20.1%	16.0%	50.9%	50.4%
43.2%	9.0%	17.2%	22.1%	18.0%	49.5%	47.7%
52.7%	9.0%	12.0%	17.6%	19.0%	43.2%	42.8%
46.6%	7.0%	18.8%	19.4%	21.0%	54.3%	46.3%
45.2%	19.0%	17.6%	15.4%	12.0%	56.0%	63.5%
45.3%	15.0%	18.8%	16.6%	16.0%	48.9%	50.4%
48.0%	15.0%	18.9%	21.2%	19.0%	44.8%	44.8%
50.9%	7.0%	14.4%	18.0%	13.0%	58.1%	46.8%
49.0%	11.0%	14.5%	17.0%	18.0%	57.9%	54.4%
51.3%	10.0%	16.4%	13.2%	18.0%	58.5%	47.3%
44.6%	13.0%	20.7%	18.2%	19.0%	57.9%	58.1%
48.0%	11.0%	19.8%	22.0%	18.0%	54.2%	54.9%
49.8%	17.0%	16.6%	16.3%	20.0%	53.0%	52.7%
45.2%	13.0%	21.5%	16.6%	18.0%	46.1%	52.8%
47.3%	14.0%	13.0%	7.3%	15.0%	49.7%	58.0%
42.8%	14.0%	10.4%	10.3%	14.0%	51.3%	56.2%
46.3%	8.0%	20.6%	19.4%	20.0%	51.7%	52.5%
44.0%	15.0%	17.1%	15.7%	15.0%	56.8%	55.7%
48.6%	15.0%	16.6%	17.7%	18.0%	43.9%	45.8%
37.2%	9.0%	20.4%	17.0%	16.0%	49.3%	49.8%
36.5% *		14.3%	11.1% *		30.4%	28.6%
52.0%	11.0%	7.5%	19.4%	19.0%	43.4%	52.0%
41.4%	11.0%	13.6%	13.1%	16.0%	52.3%	57.2%
58.7%	16.0%	12.9%	10.9%	14.0%	57.6%	65.2%
51.7% *		10.7%	11.7% *		60.7%	50.0%
56.9%	13.0%	15.8%	15.0%	14.0%	35.5%	38.8%
54.7%	12.0%	15.7%	9.4%	12.0%	45.4%	38.7%
46.2% *		10.6%	7.7% *		44.7%	46.2%
39.4% *		4.3%	12.1% *		65.2%	42.4%
62.5% *		10.5%	17.5% *		44.7%	52.5%
55.3%	9.0%	8.3%	16.5%	15.0%	42.5%	43.5%
37.5% *		15.8%	10.2%	14.0%	50.0%	37.5%
52.3% *		9.0%	12.3% *		49.4%	50.8%
50.0% *		16.7%	8.3% *		45.8%	37.5%
36.7% *		6.7%	3.3% *		33.3%	33.3%
55.7% *		18.5%	21.5%	18.0%	60.2%	63.3%
45.2% *		13.6%	14.0%	20.0%	47.4%	50.5%
45.7% *		18.8%	4.3% *		43.6%	39.1%
34.7%	8.0%	13.8%	19.4%	18.0%	43.4%	45.9%
33.7%	11.0%	21.7%	19.8%	26.0%	43.8%	48.1%
45.2%	13.0%	15.5%	18.7%	15.0%	47.2%	48.1%
40.8%	11.0%	12.3%	18.9%	21.0%	45.2%	50.3%

AMERICAN OVERSIGHT

49.8%	15.0%	13.1%	14.2%	19.0%	54.6%	48.1%
47.7%	17.0%	11.7%	10.2%	12.0%	43.8%	40.6%
53.2%	10.0%	19.4%	12.8%	16.0%	56.5%	56.7%
48.8%	10.0%	10.1%	8.8%	15.0%	45.7%	50.6%
57.9%	12.0%	18.9%	16.1%	17.0%	56.1%	60.5%
43.5%	12.0%	11.9%	6.5%	14.0%	47.6%	48.9%
38.8%	15.0%	10.4%	6.0%	11.0%	43.8%	48.5%
53.9%	13.0%	16.6%	17.0%	17.0%	55.9%	53.9%
49.0%	11.0%	12.9%	14.9%	15.0%	58.9%	53.1%
47.9%	10.0%	15.3%	17.7%	19.0%	52.5%	52.1%
51.3% *		8.8%	14.5%	17.0%	52.6%	46.2%
49.1%	14.0%	15.2%	14.5%	16.0%	51.6%	50.0%
48.9%	8.0%	12.5%	13.8%	18.0%	47.6%	46.4%
54.8%	23.0%	14.5%	12.2%	13.0%	48.1%	47.8%
50.9%	12.0%	15.0%	9.7%	13.0%	44.4%	45.5%
45.9%	15.0%	17.5%	16.9%	15.0%	43.0%	47.1%
45.0%	11.0%	13.6%	13.2%	13.0%	61.0%	52.9%
38.5% *		11.9%	11.5% *		53.7%	59.6%
35.7%	7.0%	14.7%	13.6%	15.0%	43.4%	43.5%
38.7%	14.0%	12.5%	13.7%	12.0%	52.4%	53.5%
51.8%	10.0%	16.0%	21.6%	21.0%	56.0%	48.9%
42.9%	11.0%	19.6%	18.4%	21.0%	54.5%	54.6%
42.7%	14.0%	17.6%	10.0%	12.0%	61.5%	52.7%
43.3%	7.0%	18.8%	18.4%	20.0%	44.9%	48.4%
43.7%	14.0%	17.0%	19.2%	16.0%	59.1%	52.5%
38.7%	10.0%	20.3%	19.1%	22.0%	52.0%	52.7%
47.6%	17.0%	13.8%	11.2%	10.0%	57.1%	54.1%
42.9%	10.0%	13.9%	12.3%	14.0%	53.7%	49.5%
52.5%	7.0%	16.6%	15.5%	19.0%	50.3%	51.4%
39.9%	14.0%	16.1%	15.7%	14.0%	53.6%	47.7%
40.2%	12.0%	17.5%	13.2%	15.0%	51.4%	51.4%
39.3%	13.0%	17.6%	16.6%	19.0%	62.5%	56.6%
36.6%	10.0%	18.4%	20.4%	17.0%	52.7%	55.1%
37.3%	9.0%	12.3%	17.3%	13.0%	51.3%	50.4%
38.8%	15.0%	14.8%	15.8%	19.0%	61.3%	54.7%
34.7%	14.0%	15.2%	17.5%	16.0%	52.5%	46.1%
39.2%	12.0%	12.6%	13.6%	14.0%	41.6%	45.2%
46.2% *		14.9%	14.5%	12.0%	47.2%	51.1%
44.4%	9.0%	12.5%	14.8%	9.0%	40.3%	45.1%
39.4%	5.0%	14.6%	16.2%	18.0%	38.6%	47.5%
42.3%	8.0%	14.4%	14.8%	15.0%	48.1%	50.3%
37.9%	13.0%	9.5%	8.0% *		63.2%	59.8%
41.8%	13.0%	12.5%	5.5% *		52.1%	53.8%
39.9%	15.0%	14.0%	7.4%	9.0%	59.6%	52.7%
46.1%	17.0%	12.7%	9.9%	12.0%	50.9%	48.9%
40.5%	16.0%	15.6%	13.1%	9.0%	54.1%	52.7%
43.0%	13.0%	12.4%	17.5%	9.0%	58.4%	62.4%
45.5%	15.0%	12.1%	14.8%	18.0%	58.6%	54.5%
39.2%	10.0%	14.7%	14.5%	15.0%	45.3%	50.0%
37.2%	10.0%	15.8%	22.2%	14.0%	47.6%	45.2%
58.5%	14.0%	16.0%	15.6%	14.0%	55.6%	51.7%
46.5%	9.0%	21.1%	18.7%	14.0%	48.9%	47.5%
45.5% *		13.7%	13.8%	16.0%	49.3%	42.1%
50.5%	12.0%	15.0%	13.9%	15.0%	49.6%	47.6%

AMERICAN OVERSIGHT

43.6%	12.0%		16.0%	16.9%	16.0%		48.1%	51.3%
42.7%	7.0%		17.5%	16.1%	18.0%		46.1%	48.6%
47.3%	12.0%		9.6%	17.0%	15.0%		50.7%	45.5%
37.8% *			21.4%	17.5%	15.0%		50.4%	45.5%
37.8% *			12.6%	11.8%	13.0%		47.7%	45.7%
39.2% *			12.5%	14.4%	16.0%		51.0%	59.8%
41.7%	12.0%		20.8%	20.1%	18.0%		52.1%	55.7%
33.7%	12.0%		22.1%	16.8%	18.0%		43.6%	49.5%
44.2%	10.0%		22.2%	19.5%	21.0%		49.0%	52.2%
48.2%	10.0%		17.2%	18.0%	19.0%		51.5%	49.3%
36.8%	14.0%		10.7%	19.2%	15.0%		45.6%	42.4%
35.1%	10.0%		22.5%	20.6%	20.0%		43.9%	41.9%
33.2%	11.0%		19.9%	22.0%	19.0%		39.1%	48.6%
39.4%	6.0%		22.5%	22.6%	23.0%		50.7%	51.0%
41.9%	12.0%		21.7%	22.2%	23.0%		48.4%	47.7%
	11.0%				17.0%			
34.5%	12.0%		16.7%	15.2%	19.0%		39.0%	40.6%
48.5%	9.0%		20.0%	15.0%	13.0%		50.1%	52.6%
38.5%	9.0%		17.1%	12.8%	16.0%		53.2%	52.3%
38.6% *			9.9%	17.1% *			40.8%	40.0%
34.9%	8.0%		18.1%	21.7%	23.0%		58.7%	62.1%
33.8%	12.0%		19.6%	17.6%	22.0%		50.9%	50.1%
38.4%	15.0%		23.1%	19.0%	21.0%		55.4%	58.7%
20.0% *			15.2%	14.7%	10.0%		39.6%	44.0%
28.2%	13.0%		22.3%	19.3%	23.0%		56.2%	53.7%
39.0%	8.0%		16.7%	16.4%	11.0%		42.6%	41.8%
32.4%	19.0%		19.8%	12.9%	16.0%		57.9%	57.6%
33.3%	9.0%		19.9%	19.6%	21.0%		42.6%	42.9%
44.3%	11.0%		9.2%	7.8%	11.0%		45.0%	38.3%
41.9%	11.0%		10.3%	14.1%	7.0%		45.7%	55.5%
42.0%	10.0%		20.6%	21.6%	20.0%		43.9%	48.6%
	13.0%				22.0%			
49.3%	10.0%		11.3%	19.4%	18.0%		52.7%	56.7%
33.3% *			9.1%	5.6% *			63.6%	55.6%
38.9%	15.0%		18.7%	22.9%	18.0%		57.4%	56.3%
26.1% *			11.8%	13.0%	13.0%		43.3%	39.1%
46.9%	10.0%		17.5%	16.3%	13.0%		52.1%	53.6%
44.4%	13.0%		11.4%	9.4%	19.0%		61.2%	63.2%
41.4%	9.0%		17.8%	21.8%	25.0%		58.4%	54.0%
41.7%	8.0%		14.5%	21.3%	22.0%		52.1%	56.5%
37.5%	9.0%		17.2%	20.7%	15.0%		49.4%	48.4%
54.5%	13.0%		6.0%	5.8%	6.0%		44.0%	39.7%
47.2%	10.0%		3.8%	5.6%	11.0%		47.3%	43.3%
48.0% *			6.5%	5.6% *			32.4%	32.1%
63.2%	12.0%		10.6%	10.5%	9.0%		59.0%	55.6%
52.6%	16.0%		13.3%	17.5%	11.0%		54.0%	50.0%
53.5%	13.0%		13.9%	13.7%	15.0%		60.4%	61.8%
45.7% *			12.7%	12.3% *			62.0%	50.6%
44.7% *			15.0%	13.2% *			63.3%	57.9%
43.86%	9.28%	0.00%	14.56%	14.73%	14.15%	0.00%	50.20%	49.86%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

38		32	34	39		33	35	40
RIES WITH CONGESTIVE LURE (CHF)		PERCENT OF BENEFICIARIES WITH CHRONIC KIDNEY DISEASE (CKD)				PERCENT OF BENEFICIARIES WITH OBSTRUCTIVE PULMONARY DISORE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
62.0%		64.9%	67.9% **			49.4%	45.5%	48.0%
54.0%		64.1%	68.2%	72.0%		46.4%	54.7%	50.0%
54.0%		63.5%	68.9%	70.0%		49.4%	43.9%	46.0%
52.0%		68.7%	65.7%	64.0%		47.6%	49.7%	48.0%
58.0%		66.3%	66.0% **			47.1%	45.7%	41.0%
51.0%		46.5%	56.6%	65.0%		37.1%	35.7%	38.0%
62.0%		67.4%	71.9% **			41.3%	46.8%	49.0%
58.0%		63.4%	63.7%	72.0%		44.6%	43.6%	47.0%
53.0%		51.5%	56.1%	65.0%		39.2%	40.9%	41.0%
61.0%		64.2%	67.9% **			50.4%	54.5%	52.0%
56.0%		54.7%	59.9%	63.0%		37.2%	40.1%	44.0%
60.0%		55.3%	60.8%	65.0%		49.5%	55.9%	49.0%
59.0%		71.4%	66.4%	62.0%		41.4%	59.1%	50.0%
60.0%		55.4%	61.5%	65.0%		47.3%	50.0%	44.0%
62.0%		58.9%	66.8%	71.0%		49.4%	55.3%	56.0%
62.0%		58.0%	68.2% **			60.3%	64.5%	64.0%
56.0%		65.7%	73.2%	70.0%		45.5%	41.8%	37.0%
50.0%		56.7%	67.6%	74.0%		34.8%	46.5%	40.0%
49.0%		54.6%	69.2%	67.0%		52.6%	37.5%	38.0%
54.0%		65.4%	64.0%	62.0%		27.2%	26.7%	28.0%
61.0%		58.4%	58.0%	57.0%		43.4%	51.0%	50.0%
57.0%		60.7%	54.7%	58.0%		48.3%	45.3%	51.0%
59.0%		63.5%	60.6%	68.0%		48.2%	48.2%	48.0%
49.0%		64.9%	46.9%	60.0%		35.1%	32.7%	33.0%
45.0%		57.0%	60.3%	60.0%		28.9%	37.3%	38.0%
54.0%		53.9%	54.5%	58.0%		37.6%	44.8%	39.0%
68.0%		57.5%	62.8%	64.0%		43.8%	41.2%	46.0%
64.0%		63.5%	70.7%	75.0%		53.5%	56.3%	59.0%
54.0%		43.2%	64.0%	68.0%		42.0%	47.7%	47.0%
52.0%		54.6%	65.1%	63.0%		44.8%	46.8%	37.0%
42.0%		52.7%	61.0%	65.0%		40.7%	42.4%	47.0%
63.0%		56.3%	63.3%	60.0%		49.8%	56.6%	62.0%

AMERICAN OVERSIGHT

59.0%	60.2%	65.6%	70.0%	40.9%	44.9%	44.0%
53.0%	59.0%	59.3%	72.0%	42.0%	47.6%	48.0%
45.0%	62.9%	62.4%	73.0%	53.2%	45.5%	45.0%
46.0%	62.2%	62.7%	71.0%	48.9%	48.5%	47.0%
57.0%	57.1%	60.7%	71.0%	50.3%	52.4%	56.0%
48.0%	62.4%	61.1%	67.0%	43.9%	47.3%	45.0%
53.0%	57.1%	68.6%	68.0%	35.4%	38.3%	36.0%
50.0%	53.1%	57.5%	61.0%	38.6%	39.2%	41.0%
60.0%	65.7%	66.2%	75.0%	54.8%	47.0%	54.0%
57.0%	54.1%	63.7%	65.0%	44.2%	41.2%	41.0%
51.0%	60.3%	66.0%	68.0%	45.6%	48.1%	44.0%
54.0%	56.0%	62.7%	62.0%	37.2%	38.7%	41.0%
44.0%	54.2%	55.4%	54.0%	39.7%	45.6%	40.0%
49.0%	57.3%	60.8%	65.0%	56.8%	52.7%	54.0%
59.0%	63.2%	58.2%	66.0%	50.9%	46.3%	55.0%
64.0%	67.4%	70.2%	71.0%	47.7%	42.3%	49.0%
54.0%	62.2%	64.2%	70.0%	49.7%	43.8%	51.0%
48.0%	53.2%	64.1%	65.0%	44.8%	47.5%	47.0%
49.0%	61.5%	67.6% **		51.5%	50.5%	43.0%
63.0%	64.0%	66.5%	73.0%	48.1%	49.0%	43.0%
52.0%	59.2%	57.5%	69.0%	46.6%	49.5%	48.0%
58.0%	67.3%	72.8%	70.0%	42.9%	43.2%	42.0%
54.0%	66.1%	69.4%	63.0%	49.5%	48.0%	47.0%
58.0%	65.9%	66.2%	71.0%	47.0%	49.3%	50.0%
55.0%	55.9%	66.1%	69.0%	42.2%	44.1%	47.0%
62.0%	74.5% *		75.0%	46.0%	46.7%	51.0%
60.0%	*	*	**	37.8%	40.2%	39.0%
51.0%	56.7%	62.2%	67.0%	45.6%	46.9%	40.0%
57.0%	60.3%	64.0%	68.0%	50.7%	43.8%	47.0%
45.0%	55.3%	56.5%	60.0%	46.1%	46.5%	48.0%
53.0%	57.0%	64.3%	71.0%	41.6%	34.7%	38.0%
35.0%	64.3%	63.5%	57.0%	32.1%	36.5%	46.0%
50.0%	57.5%	61.2%	71.0%	35.8%	50.0%	52.0%
64.0%	61.8%	68.5%	71.0%	40.2%	42.8%	45.0%
50.0%	60.0%	64.1%	62.0%	54.1%	55.4%	45.0%
40.0%	64.3%	63.3%	67.0%	53.6%	55.0%	42.0%
42.0%	47.4%	63.8%	68.0%	50.0%	55.0%	48.0%
38.0%	52.8% *		61.0%	56.5%	51.9%	50.0%
50.0%	63.8%	69.2%	74.0%	59.6%	46.2%	53.0%
61.0%	54.3%	57.6%	68.0%	54.3%	36.4%	54.0%
43.0%	44.7%	67.5%	74.0%	36.8%	62.5%	43.0%
37.0%	60.0%	62.4%	65.0%	50.8%	54.7%	51.0%
48.0%	47.4%	55.7%	59.0%	35.5%	39.8%	47.0%
36.0%	57.3%	70.8%	67.0%	56.2%	53.8%	58.0%
50.0%	62.5%	66.7%	63.0%	66.7%	45.8%	53.0%
*	50.0%	66.7%	69.0%	56.7%	36.7%	46.0%
63.0%	62.0%	65.8%	67.0%	46.3%	53.2%	55.0%
43.0%	57.8%	63.4%	55.0%	42.9%	41.9%	47.0%
46.0%	57.4%	69.6%	65.0%	42.6%	45.7%	38.0%
42.0%	54.0%	59.4%	68.0%	34.9%	32.9%	42.0%
49.0%	58.1%	58.3%	66.0%	32.5%	33.2%	45.0%
50.0%	59.5%	61.8%	62.0%	41.9%	45.2%	41.0%
49.0%	60.0%	58.0%	61.0%	41.3%	40.8%	37.0%

AMERICAN OVERSIGHT

48.0%	69.3%	74.4% **		45.0%	48.8%	52.0%
45.0%	60.9%	67.2%	68.0%	50.0%	47.7%	49.0%
50.0%	70.0%	72.3%	73.0%	45.8%	51.4%	43.0%
40.0%	59.0%	66.5%	68.0%	50.5%	50.0%	50.0%
62.0%	61.8%	70.1% **		57.9%	59.4%	61.0%
51.0%	66.7%	67.4%	64.0%	50.0%	47.8%	47.0%
54.0%	53.1%	67.9%	69.0%	37.5%	36.6%	50.0%
57.0%	68.0%	70.3%	73.0%	45.7%	55.6%	52.0%
55.0%	70.2%	68.6% **		58.9%	50.5%	51.0%
60.0%	64.4%	70.0%	74.0%	48.9%	47.7%	50.0%
45.0%	60.5%	73.5%	67.0%	43.0%	50.4%	42.0%
51.0%	62.5%	71.5%	71.0%	50.0%	49.1%	52.0%
52.0%	62.5%	61.6%	65.0%	46.9%	50.0%	46.0%
49.0%	67.2%	66.1%	71.0%	39.7%	51.3%	52.0%
51.0%	64.2%	61.8%	66.0%	53.5%	51.5%	50.0%
46.0%	56.0%	64.1%	67.0%	40.3%	44.2%	44.0%
60.0%	58.2%	67.2%	71.0%	48.6%	45.0%	51.0%
47.0%	65.7% *	**		44.8%	36.5%	56.0%
42.0%	47.2%	49.4%	56.0%	37.2%	35.4%	35.0%
47.0%	57.8%	63.5%	68.0%	40.9%	36.2%	42.0%
60.0%	63.1%	64.0%	70.0%	48.9%	53.2%	51.0%
54.0%	69.8%	63.2%	68.0%	47.6%	42.3%	50.0%
45.0%	60.4%	61.8%	60.0%	53.8%	42.7%	43.0%
51.0%	55.5%	61.7%	66.0%	40.7%	43.3%	44.0%
57.0%	65.5%	72.6%	74.0%	41.2%	44.0%	42.0%
53.0%	62.0%	64.4%	65.0%	33.3%	38.5%	37.0%
60.0%	56.7%	65.9%	72.0%	45.8%	49.4%	50.0%
53.0%	64.9%	65.6%	65.0%	45.9%	43.4%	45.0%
51.0%	54.6%	54.6%	61.0%	53.3%	51.9%	48.0%
59.0%	72.6%	64.7%	72.0%	30.4%	37.3%	38.0%
55.0%	60.6%	70.5%	68.0%	35.0%	37.1%	38.0%
52.0%	61.4%	61.4%	68.0%	43.8%	34.5%	37.0%
55.0%	56.4%	60.9%	67.0%	39.2%	35.8%	36.0%
49.0%	61.8%	65.2%	70.0%	40.8%	37.8%	31.0%
59.0%	66.7%	73.4% **		37.1%	37.4%	38.0%
51.0%	61.0%	59.8%	66.0%	39.9%	34.1%	34.0%
47.0%	59.5%	67.8%	65.0%	38.2%	37.9%	33.0%
45.0%	57.6%	58.4%	62.0%	48.7%	45.0%	42.0%
51.0%	60.4%	53.7%	68.0%	47.2%	44.4%	46.0%
46.0%	51.5%	59.6%	56.0%	38.0%	39.4%	42.0%
57.0%	53.0%	61.1%	66.0%	39.2%	47.7%	51.0%
58.0%	67.4%	70.1%	67.0%	46.3%	42.5%	41.0%
55.0%	64.6%	67.0%	63.0%	41.7%	39.6%	46.0%
47.0%	66.3%	68.5%	66.0%	43.8%	37.4%	37.0%
48.0%	57.6%	62.4%	69.0%	40.0%	41.8%	38.0%
53.0%	61.5%	65.8%	74.0%	44.3%	36.3%	37.0%
55.0%	62.2%	69.8%	73.0%	37.8%	39.6%	39.0%
55.0%	66.1%	67.5%	66.0%	46.6%	43.1%	49.0%
46.0%	57.8%	72.0%	68.0%	37.9%	39.2%	45.0%
46.0%	56.3%	57.6%	65.0%	39.0%	36.8%	38.0%
50.0%	62.1%	74.8%	71.0%	52.7%	58.5%	49.0%
51.0%	56.7%	61.5%	65.0%	39.6%	46.2%	46.0%
54.0%	61.0%	62.8%	75.0%	46.6%	46.2%	43.0%
52.0%	58.1%	62.5% **		50.4%	49.5%	52.0%

AMERICAN OVERSIGHT

52.0%		60.5%	68.2%	69.0%		46.3%	41.5%	41.0%
47.0%		60.7%	58.7%	66.0%		45.7%	43.7%	45.0%
48.0%		56.6%	64.3%	67.0%		43.4%	44.6%	38.0%
51.0%		55.0%	58.7%	63.0%		35.1%	36.4%	33.0%
52.0%		60.9%	63.8%	69.0%		40.4%	36.2%	44.0%
54.0%		61.5%	66.0%	65.0%		51.9%	44.3%	44.0%
54.0%		64.5%	64.0%	74.0%		35.5%	40.9%	41.0%
52.0%		57.8%	59.7%	65.0%		37.8%	32.5%	36.0%
54.0%		53.4%	60.4%	62.0%		38.2%	44.7%	46.0%
50.0%		55.9%	62.4%	65.0%		42.9%	45.5%	46.0%
52.0%		58.3%	64.8% **			35.0%	37.6%	40.0%
49.0%		53.8%	63.9%	64.0%		30.9%	36.4%	36.0%
49.0%		52.3%	57.7%	60.0%		34.8%	32.9%	36.0%
45.0%		55.1%	62.0%	64.0%		41.7%	38.3%	36.0%
52.0%		51.7%	58.1%	62.0%		42.5%	40.4%	39.0%
47.0%				72.0%				44.0%
43.0%		38.4%	44.8%	45.0%		32.2%	33.2%	35.0%
51.0%		59.2%	61.5%	65.0%		42.9%	49.9%	40.0%
57.0%		56.0%	66.7%	72.0%		41.2%	39.0%	46.0%
48.0%		59.2%	61.4%	59.0%		39.4%	40.0%	37.0%
56.0%		51.7%	62.6%	60.0%		32.8%	33.2%	32.0%
52.0%		53.5%	59.1%	64.0%		34.9%	33.2%	35.0%
48.0%		60.2%	67.1%	72.0%		33.5%	37.1%	38.0%
39.0%		50.0%	60.7%	65.0%		19.5%	21.3%	19.0%
57.0%		64.3%	67.5%	68.0%		32.4%	28.6%	36.0%
61.0%		56.9%	61.6%	72.0%		48.6%	39.7%	46.0%
56.0%		71.6% *		72.0%		40.6%	31.8%	42.0%
47.0%		52.9%	56.4%	60.0%		32.3%	32.4%	38.0%
38.0%		56.0%	57.4%	68.0%		40.4%	42.6%	42.0%
56.0%		60.0%	71.2%	69.0%		41.7%	42.9%	42.0%
51.0%		51.0%	61.5%	65.0%		41.1%	42.2%	43.0%
55.0%				58.0%				32.0%
53.0%		66.0% *		71.0%		44.7%	50.0%	53.0%
50.0%		68.2%	66.7% **			40.9%	27.8%	34.0%
57.0%		67.1%	60.4%	73.0%		43.2%	41.0%	41.0%
40.0%		53.5%	70.3%	70.0%		29.1%	27.5%	37.0%
48.0%		68.7% *		71.0%		42.9%	48.5%	35.0%
69.0%		71.1% *	**			40.3%	48.0%	43.0%
49.0%		63.9%	69.0%	62.0%		41.6%	39.7%	39.0%
53.0%		52.1%	60.6%	64.0%		36.0%	42.1%	40.0%
50.0%		64.8%	71.1% **			35.6%	37.5%	36.0%
54.0%		62.0%	62.0%	72.0%		56.3%	53.7%	57.0%
52.0%		54.0%	58.8%	67.0%		46.4%	45.5%	52.0%
47.0%		47.6%	59.5%	69.0%		46.3%	47.6%	40.0%
61.0%		61.2%	67.3%	65.0%		68.1%	61.4%	63.0%
58.0%		58.4% *	**			54.0%	54.4%	46.0%
60.0%		63.3%	69.7%	71.0%		55.9%	51.9%	60.0%
63.0%		54.4%	66.7% **			38.0%	44.4%	49.0%
56.0%		61.7%	68.4% **			53.3%	42.1%	40.0%
51.66%	0.00%	58.59%	60.12%	59.79%	0.00%	43.19%	43.40%	43.87%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	34	36	41		35	37	42	

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	PERCENT OF BENEFICIARIES WITH DEPRESSION				PERCENT OF BENEFICIARIES WITH DIABETES			
2018	2015	2016	2017	2018	2015	2016	2017	2018
	74.7%	69.4%	68.0%		60.4%	58.2%	56.0%	
	58.9%	61.5%	61.0%		57.8%	58.7%	61.0%	
	52.6%	42.0%	45.0%		53.4%	52.8%	56.0%	
	59.6%	62.9%	66.0%		52.4%	51.0%	50.0%	
	62.8%	64.8%	59.0%		53.5%	51.9%	45.0%	
	55.6%	55.1%	56.0%		46.2%	46.1%	47.0%	
	67.4%	61.9%	72.0%		60.9%	57.6%	68.0%	
	50.7%	51.4%	49.0%		52.9%	51.7%	51.0%	
	59.2%	54.4%	59.0%		40.0%	46.8%	43.0%	
	65.0%	50.9%	52.0%		54.5%	58.0%	56.0%	
	58.7%	49.3%	58.0%		37.8%	40.1%	41.0%	
	59.2%	54.9%	51.0%		58.3%	55.9%	52.0%	
	44.4%	46.7%	62.0%		54.1%	56.2%	58.0%	
	45.5%	48.1%	59.0%		38.4%	55.8%	57.0%	
	55.1%	50.6%	50.0%		55.1%	55.3%	59.0%	
	68.7%	64.5%	62.0%		54.2%	52.3%	58.0%	
	59.7%	64.1%	53.0%		64.9%	62.7%	58.0%	
	47.1%	53.5%	53.0%		56.2%	57.0%	55.0%	
	45.4%	47.1%	50.0%		52.6%	49.0%	55.0%	
	49.4%	44.0%	39.0%		*	70.7%	67.0%	
	59.3%	66.0%	67.0%		55.8%	56.0%	56.0%	
	60.7%	60.9%	58.0%		52.8%	53.1%	46.0%	
	57.3%	57.0%	60.0%		50.2%	53.1%	54.0%	
	45.6%	55.1%	37.0%		68.4%	53.1%	42.0%	
	62.4%	61.1%	63.0%		53.7%	59.5%	59.0%	
	51.1%	61.7%	58.0%		49.6%	53.9%	59.0%	
	49.0%	37.8%	44.0%		55.6%	58.1%	58.0%	
	58.0%	58.6%	74.0%		57.0%	62.6%	58.0%	
	65.4%	58.1%	69.0%		44.4%	51.2%	45.0%	
	66.1%	67.0%	70.0%		48.3%	45.0%	43.0%	
	54.5%	55.5%	66.0%		48.4%	51.3%	50.0%	
	55.2%	57.3%	55.0%		53.1%	55.8%	54.0%	

AMERICAN OVERSIGHT

	53.7%	63.0%	60.0%	50.7%	46.9%	55.0%
	57.4%	64.0%	67.0%	42.0%	46.6%	50.0%
	71.0% *		70.0%	55.6%	52.5%	45.0%
	58.8%	68.1%	75.0%	49.8%	47.7%	51.0%
	63.4%	64.4%	56.0%	48.2%	54.5%	51.0%
	50.2%	61.5%	63.0%	50.6%	49.6%	45.0%
	57.4%	63.0%	61.0%	44.4%	42.8%	46.0%
	51.1%	52.2%	56.0%	43.7%	44.9%	46.0%
	63.3%	55.1%	58.0%	57.2%	53.0%	57.0%
	50.0%	53.6%	62.0%	55.1%	54.0%	61.0%
	55.6%	55.2%	64.0%	48.5%	52.4%	46.0%
	57.0%	53.5%	60.0%	42.2%	45.8%	50.0%
	50.2%	43.9%	53.0%	41.4%	41.8%	45.0%
	49.1%	50.0%	56.0%	52.1%	39.2%	46.0%
	70.5%	62.7%	70.0%	53.8%	43.7%	50.0%
	59.1%	72.1%	61.0%	61.1%	62.5%	61.0%
	50.6%	59.0%	59.0%	52.0%	52.1%	51.0%
	49.9%	51.7%	64.0%	45.8%	47.2%	50.0%
	57.4%	64.0%	58.0%	54.8%	45.0%	55.0%
	53.3%	64.6%	74.0%	50.0%	55.8%	55.0%
	44.7%	53.1%	56.0%	53.4%	46.2%	50.0%
	54.5%	54.1%	55.0%	54.3%	55.6%	52.0%
	53.1%	52.0%	53.0%	59.4%	60.1%	52.0%
	50.0%	48.6%	49.0%	56.0%	51.9%	53.0%
	53.7%	46.2%	55.0%	52.4%	55.4%	55.0%
	64.6%	63.3%	67.0%	57.8%	67.3%	60.0%
	58.3%	54.6%	50.0%	66.1%	62.9%	63.0%
	48.3%	48.8%	55.0%	50.4%	40.3%	46.0%
	54.7%	49.8%	56.0%	57.3%	54.0%	56.0%
	47.5%	48.6%	46.0%	40.6%	38.8%	40.0%
	59.7%	50.5%	56.0%	48.0%	47.3%	55.0%
	75.0%	66.7% **		48.2%	44.4%	43.0%
	65.1%	69.4%	72.0%	50.0%	49.0%	52.0%
	50.3%	55.0%	56.0%	50.8%	57.7%	62.0%
	68.2%	70.7%	71.0%	61.2%	56.5%	49.0%
	73.2% *	**		46.4%	51.7%	52.0%
*		70.6%	71.0%	47.4%	50.0%	51.0%
	62.0%	67.0%	71.0%	51.9%	48.1%	45.0%
	68.1% *	**		55.3%	65.4%	58.0%
*		72.7% **		52.2%	51.5%	61.0%
	68.4%	70.0% **		44.7%	52.5%	66.0%
	61.7%	64.7%	70.0%	39.2%	47.1%	51.0%
	57.9%	68.2%	75.0%	42.1%	42.0%	46.0%
	74.2% *		73.0%	48.3%	52.3%	48.0%
*		70.8%	66.0%	58.3%	50.0%	34.0%
*		66.7%	73.0%	36.7%	53.3%	58.0%
	65.7%	55.7%	69.0%	47.2%	48.1%	51.0%
	51.9%	52.7%	53.0%	40.3%	48.4%	42.0%
	53.5%	52.2%	73.0%	47.5%	47.8%	52.0%
	43.9%	50.0%	43.0%	46.0%	37.6%	39.0%
	51.7%	55.1%	52.0%	33.5%	33.7%	33.0%
	42.9%	49.0%	52.0%	38.7%	39.1%	36.0%
	58.1%	52.7%	42.0%	29.7%	39.6%	39.0%

AMERICAN OVERSIGHT

	64.2%	61.9%	73.0%	64.2%	60.2%	63.0%
*		69.5% **		60.9%	64.8%	61.0%
	68.1%	69.1%	67.0%	57.1%	63.8%	52.0%
	75.0%	70.0% **		50.5%	55.3%	51.0%
	60.1%	60.5%	64.0%	57.5%	57.5%	61.0%
	69.0%	63.0%	72.0%	57.1%	56.5%	65.0%
	69.8%	68.7% **		51.0%	63.4%	60.0%
	66.0%	62.7%	72.0%	60.3%	52.6%	59.0%
	69.4%	74.2%	74.0%	64.1%	53.1%	63.0%
	55.8%	67.1%	65.0%	51.3%	56.4%	57.0%
	64.0%	65.0%	70.0%	63.2%	67.5%	54.0%
	57.4%	66.4%	68.0%	62.1%	65.0%	58.0%
	59.7%	65.6%	67.0%	44.4%	45.3%	45.0%
	67.9%	67.8%	66.0%	55.7%	62.6%	65.0%
	62.6%	66.1%	71.0%	58.8%	58.2%	55.0%
	48.8%	54.5%	61.0%	51.5%	52.5%	54.0%
	54.8%	66.1%	68.0%	47.5%	56.6%	58.0%
	74.6%	55.8%	65.0%	67.2%	65.4%	61.0%
	44.5%	40.6%	50.0%	36.6%	34.4%	37.0%
	63.9%	48.0%	61.0%	58.8%	50.9%	55.0%
	56.9%	60.8%	59.0%	47.1%	48.9%	48.0%
	57.1%	56.4%	53.0%	58.7%	49.1%	58.0%
	68.1%	70.9%	57.0%	63.7%	58.2%	60.0%
	41.5%	45.4%	49.0%	41.0%	41.3%	45.0%
	48.8%	57.9%	73.0%	58.2%	63.5%	61.0%
	52.9%	66.1%	59.0%	51.7%	55.8%	57.0%
	47.8%	52.4%	54.0%	51.2%	56.5%	58.0%
	64.9%	66.0%	71.0%	47.6%	56.1%	54.0%
	46.4%	50.7%	46.0%	43.4%	41.0%	42.0%
	62.5%	62.7%	66.0%	66.7%	60.1%	66.0%
	51.7%	61.2%	55.0%	58.0%	63.5%	58.0%
	59.1%	53.8%	61.0%	51.7%	60.7%	54.0%
	50.0%	56.5%	59.0%	47.8%	49.9%	50.0%
	48.5%	49.3%	58.0%	54.3%	52.6%	56.0%
	51.9%	50.7%	56.0%	59.1%	62.2%	63.0%
	50.6%	48.1%	66.0%	53.1%	53.4%	50.0%
	54.6%	55.2%	61.0%	48.9%	55.5%	53.0%
	59.9%	59.5%	68.0%	51.7%	55.3%	50.0%
	60.4%	58.0% **		43.8%	39.5%	53.0%
	67.8%	71.7%	64.0%	44.4%	49.0%	47.0%
	38.7%	43.6%	54.0%	50.8%	51.0%	49.0%
	73.7%	72.4%	68.0%	69.5%	67.8%	65.0%
	60.4%	59.3%	65.0%	66.7%	69.2%	61.0%
	74.7%	71.9%	70.0%	68.5%	55.2%	56.0%
	67.9%	66.0%	74.0%	60.6%	63.8%	57.0%
	55.7%	58.2%	55.0%	61.9%	65.0%	59.0%
	58.9%	64.4%	64.0%	65.4%	69.1%	74.0%
	58.6%	55.5%	58.0%	62.6%	55.0%	56.0%
	57.8%	60.8%	69.0%	53.4%	59.7%	53.0%
	56.7%	55.7%	58.0%	48.1%	48.5%	53.0%
	63.3%	58.5%	72.0%	50.9%	44.9%	47.0%
	50.6%	47.8%	55.0%	47.8%	47.2%	48.0%
	66.4%	50.3%	68.0%	50.0%	52.4%	54.0%
	57.3%	58.7%	60.0%	52.1%	51.0%	54.0%

AMERICAN OVERSIGHT

	61.7%	53.3%	60.0%		50.0%	57.4%	53.0%	
	46.8%	56.6%	56.0%		38.9%	43.7%	47.0%	
	66.2%	68.8%	73.0%		50.0%	48.2%	62.0%	
	66.4%	56.6%	54.0%		41.2%	41.3%	41.0%	
	70.2%	70.9% **			52.3%	53.5%	50.0%	
	71.2%	70.1%	67.0%		36.5%	41.2%	38.0%	
	53.4%	50.0%	60.0%		43.1%	40.5%	47.0%	
	55.6%	54.3%	58.0%		38.3%	36.6%	41.0%	
	52.8%	45.0%	58.0%		46.4%	41.9%	46.0%	
	55.9%	46.9%	54.0%		41.7%	45.8%	44.0%	
	60.2%	56.0%	69.0%		53.4%	46.4%	60.0%	
	57.6%	60.1%	65.0%		42.4%	47.4%	39.0%	
	54.1%	54.3%	59.0%		39.3%	36.3%	35.0%	
	48.3%	51.3%	57.0%		35.0%	36.5%	36.0%	
	42.1%	39.2%	39.0%		46.6%	44.7%	45.0%	
			41.0%				44.0%	
	36.7%	39.0%	40.0%		36.2%	33.5%	36.0%	
	57.1%	60.4%	55.0%		45.6%	51.2%	43.0%	
	60.2%	60.5%	65.0%		45.4%	52.3%	46.0%	
*	*	**			49.3%	42.9%	39.0%	
	65.6%	68.9%	69.0%		49.0%	48.1%	52.0%	
	55.0%	62.7%	63.0%		47.5%	49.4%	48.0%	
	60.6%	57.0%	66.0%		50.6%	45.6%	52.0%	
	74.4%	59.3%	67.0%		44.5%	38.0%	40.0%	
	59.5%	58.0%	62.0%		48.6%	52.3%	51.0%	
	51.4%	55.5%	62.0%		46.8%	48.6%	55.0%	
	61.4%	61.8%	63.0%		56.9%	62.9%	60.0%	
	38.3%	45.6%	67.0%		35.1%	42.0%	42.0%	
	72.5% *	**			58.7%	53.0%	62.0%	
	70.3%	63.4%	68.0%		54.3%	58.1%	54.0%	
	47.3%	51.0%	57.0%		42.5%	44.3%	44.0%	
			56.0%				41.0%	
	62.0%	60.4%	65.0%		51.3%	54.5%	60.0%	
	31.8%	27.8%	48.0%		63.6%	38.9%	66.0%	
	50.3%	56.3%	56.0%		56.1%	49.3%	54.0%	
*		74.6% **			44.1%	49.3%	52.0%	
	68.7%	70.9%	65.0%		60.4%	60.2%	54.0%	
	60.2%	60.8%	60.0%		62.7%	74.9%	74.0%	
	52.5%	58.0%	49.0%		43.6%	50.0%	40.0%	
	62.4%	59.7%	69.0%		36.4%	39.4%	47.0%	
	56.3%	53.9%	60.0%		37.5%	41.8%	43.0%	
	74.3% *	**			66.3%	62.4%	63.0%	
	72.8% *		68.0%		67.8%	65.2%	64.0%	
*	*		71.0%		56.6%	59.5%	69.0%	
	73.4%	64.3%	72.0%		67.6%	65.5%	67.0%	
*		69.3%	63.0%		63.7%	66.7%	65.0%	
	68.6%	64.3%	60.0%		68.6%	72.6%	65.0%	
*		71.6%	73.0%		70.9%	70.4%	72.0%	
	73.3%	47.4%	64.0%		58.3%	57.9% **		
0.00%	54.78%	54.42%	55.85%	0.00%	51.59%	52.29%	52.52%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

36	38	43			37	39	44			38		

PERCENT OF BENEFICIARIES WITH HYPERLIPIDEMIA (High Cholesterol)				PERCENT OF BENEFICIARIES WITH HYPERTENSION				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
69.5%	64.9%	74.0%		*	*	**		59.7%
71.4%	72.1%	71.0%		*	*	**		72.4%
73.1%	72.6%	73.0%		*	*	**		66.3%
71.7%	65.0%	66.0%		*	*	**		68.1%
72.7%	71.0%	70.0%		*	*	**		59.9%
71.8%	73.0% **			*	*	**		51.9%
*	66.2%	71.0%		*	*	**		58.0%
* *	**			*	*	**		59.6%
70.8%	70.9%	69.0%		*	*	**		67.3%
* *		71.0%		*	*	**		70.7%
69.8%	73.0%	73.0%		*	*	**		56.4%
55.3%	55.9%	65.0%		*	*	**		64.1%
73.7%	66.4%	64.0%		*	*	**		60.9%
70.5%	69.2%	67.0%		*	*	**		51.8%
74.5% *	**			*	*	**		67.7%
71.8%	70.1%	73.0%		*	*	**		71.0%
71.6% *		64.0%		*	*	**		58.2%
70.1%	62.0%	61.0%		*	*	**		52.4%
45.4%	63.5%	60.0%		*	*	**		59.8%
*	73.3% **			*	*	**		60.5%
69.0% *	**			*	*	**		61.1%
62.9% *		68.0%		*	*	**		69.7%
71.0% *	**			*	*	**		64.3%
71.9%	73.5%	74.0%		*	*	**		59.6%
48.3%	59.5%	64.0%		*	*	**		68.5%
62.4%	66.9%	73.0%		*	*	**		58.2%
59.5%	68.2%	60.0%		*	*	**		69.9%
* *	**			*	*	**		*
* *	**			*	*	**		69.1%
74.7% *	**			*	*	**		73.6%
* *	**			*	*	**		62.9%
65.7%	72.7%	71.0%		*	*	**		71.8%

AMERICAN OVERSIGHT

| | | |

| | | |

	61.1%	*			70.0%		*	*	**			65.4%
	70.4%	*		**			*	*	**			65.7%
	69.1%		60.7%		65.0%		*	*	**			71.3%
	71.8%		67.1%		68.0%		*	*	**			66.4%
	62.9%		59.8%		59.0%		*	*	**			64.9%
	61.5%		69.1%		70.0%		*	*	**			69.2%
	74.4%	*		**			*	*	**			71.2%
*		*		**			*	*	**			72.6%
*		*			74.0%		*	*	**			64.1%
*		*		**			*	*	**			74.0%
	66.0%		72.8%		75.0%		*	*	**			57.3%
	66.8%		73.2%		68.0%		*	*	**			56.9%
	72.5%		74.8%	**			*	*	**			59.0%
	74.5%		71.9%		74.0%		*	*	**			69.6%
*		*		**			*	*	**			65.4%
				**					**			
*		*		**			*	*	**			58.2%
	74.4%	*			75.0%		*	*	**			62.1%
	75.0%	*		**			*	*	**			66.7%
	59.2%		58.6%		57.0%		*	*	**			60.6%
*		*		**			*	*	**			73.7%
*		*		**			*	*	**			69.3%
*		*		**			*	*	**			74.5%
	72.6%		73.3%		75.0%		*	*	**			72.0%
*		*		**			*	*	**		*	
	69.0%		67.8%		74.0%		*	*	**			63.0%
	67.0%		70.0%		72.0%		*	*	**			72.6%
	74.3%		74.7%	**			*	*	**			70.5%
	62.4%		64.3%		68.0%		*	*	**			66.1%
	69.1%		70.7%		69.0%		*	*	**			72.0%
*		*		**			*	*	**			70.9%
				**					**			
	60.7%		67.9%	**			*	*	**			60.0%
	72.7%		72.2%		73.0%		*	*	**		*	
*		*		**			*	*	**		*	
	68.5%		67.4%	**			*	*	**			66.9%
	74.7%		71.4%		66.0%		*	*	**			68.7%
*		*		**			*	*	**		*	
*		*		**			*	*	**		*	
*			74.5%	**			*	*	**			71.9%
*		*		**			*	*	**		*	
	65.3%		64.1%		72.0%		*	*	**			72.3%
	61.9%		69.5%		61.0%		*	*	**			68.6%
	62.5%		60.7%		62.0%		*	*	**			56.3%
	67.6%		62.6%		63.0%		*	*	**		*	
	69.0%		74.6%		72.0%		*	*	**		*	
	71.0%	*			72.0%		*	*	**		*	
	67.1%	*			72.0%		*	*	**			72.2%
*		*		**			*	*	**		*	
	46.84%		42.22%		41.54%	0.00%	0.00%	0.19%	0.00%	0.00%		57.92%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

40	45		39	41	46		40	42

OF BENEFICIARIES WITH ISCHEMIC HEART DISEASE (IHD)			PERCENT OF BENEFICIARIES WITH OSTEOPOROSIS				PERCENT OF BEN RHUEMATOID OR	
2016	2017	2018	2015	2016	2017	2018	2015	2016
64.9%	68.0%		19.5%	11.9%	11.0%		*	62.7%
*	68.0%		15.1%	15.6%	13.0%		63.5%	66.5%
63.2%	64.0%		23.7%	20.3%	20.0%		66.7%	71.7%
62.9%	69.0%		13.9%	14.0%	17.0%		70.5%	71.3%
56.8%	65.0%		23.3%	14.2%	16.0%		59.3%	64.8%
58.2%	60.0%		24.4%	17.5%	22.0%		*	70.6%
63.3%	57.0%		22.5%	14.4%	11.0%		63.0%	59.0%
59.8%	65.0%		24.9%	18.4%	22.0%		70.1%	73.5%
60.3%	61.0%		21.2%	19.4%	22.0%		66.5%	59.5%
72.3%	72.0%		26.0%	20.5%	20.0%		73.2%	72.3%
57.2%	63.0%		23.3%	13.8%	20.0%		65.1%	63.2%
58.8%	59.0%		19.4%	16.7%	12.0%		*	70.6%
63.5%	65.0%		13.5%	9.5%	17.0%		71.4%	65.0%
61.5%	64.0%		24.1%	16.3%	15.0%		66.1%	65.4%
74.7%	72.0%		12.9%	11.9%	14.0%		*	*
71.0%	67.0%		15.3%	11.2%	13.0%		61.8%	60.7%
60.8%	56.0%		24.6%	18.3%	17.0%		50.0%	52.9%
54.2%	54.0%		21.9%	18.3%	13.0%		46.0%	43.7%
53.8%	59.0%		12.4%	19.2%	18.0%		46.4%	61.5%
57.3%	55.0%		8.6%	14.7%	19.0%		66.7%	70.7%
65.0%	59.0%		23.9%	21.0%	18.0%		61.1%	66.0%
70.3%	72.0%		18.0%	17.2%	16.0%		70.8%	73.4%
*	**		20.4%	16.9%	18.0%		72.9%	*
46.9%	49.0%		21.1%	24.5%	40.0%		64.9%	61.2%
58.7%	64.0%		22.8%	15.9%	13.0%		56.4%	57.9%
53.9%	52.0%		23.4%	18.8%	19.0%		61.7%	50.6%
64.9%	66.0%		14.4%	12.8%	13.0%		51.6%	51.4%
72.4%	**		12.5%	12.1%	14.0%		60.0%	58.6%
*	**		16.0%	18.6%	15.0%		56.8%	59.3%
*	73.0%		17.2%	12.8%	12.0%		51.7%	46.8%
66.9%	69.0%		24.4%	24.2%	19.0%		66.5%	65.7%
73.4%	67.0%		18.4%	17.6%	15.0%		56.3%	57.3%

AMERICAN OVERSIGHT

61.3%	63.0%	18.2%	20.7%	15.0%	57.5%	58.0%
67.7%	62.0%	19.1%	13.8%	9.0%	67.6%	61.9%
64.4%	60.0%	5.6%	5.0% *		61.3%	47.5%
72.9%	74.0%	18.5%	16.7%	16.0%	66.6%	65.8%
74.9% **		24.6%	20.9%	13.0%	68.1%	53.4%
58.0%	57.0%	16.0%	15.5%	12.0%	61.2%	57.5%
57.8%	54.0%	26.4%	27.4%	24.0%	67.2%	70.6%
72.9%	74.0%	18.1%	17.2%	18.0%	71.2%	69.5%
67.2%	72.0%	13.9%	13.1%	11.0%	64.5%	60.6%
71.6%	74.0%	18.8%	15.2%	16.0%	62.0%	63.7%
66.5%	68.0%	17.6%	13.2%	12.0%	63.2%	59.4%
72.4%	69.0%	15.2%	15.7%	16.0%	60.8%	59.1%
54.4%	57.0%	28.6%	22.1%	20.0%	66.3%	70.5%
62.6%	71.0%	19.7%	14.0%	13.0%	62.8%	54.5%
* **		22.7%	21.6%	24.0%	63.2%	64.2%
70.2% **		14.5%	15.4%	15.0%	67.4%	65.4%
71.1% **		16.2%	14.9%	17.0%	62.5%	60.7%
60.9%	60.0%	16.4%	16.1%	15.0%	69.8%	64.3%
60.4%	62.0%	15.9%	14.9%	19.0%	62.2%	64.0%
60.7%	70.0%	18.2%	12.6%	17.0%	60.3%	55.8%
59.3%	60.0%	15.8%	17.9%	15.0%	59.2%	57.5%
73.4% **		19.0%	14.0%	16.0%	64.9%	68.9%
70.5%	71.0%	14.1%	12.7%	9.0%	57.3%	63.6%
70.1% **		20.8%	17.1%	18.0%	62.3%	64.0%
70.6% **		17.5%	17.2%	18.0%	66.7%	71.0%
62.7%	66.0%	6.8%	8.7% *		61.5%	60.7%
74.2%	73.0%	7.8%	9.8%	11.0%	54.3%	64.4%
65.9%	71.0%	19.3%	18.1%	17.0%	63.3%	66.9%
65.7%	67.0%	18.1%	13.6%	21.0%	58.0%	58.6%
64.4%	63.0%	19.9%	20.2%	19.0%	73.4%	71.2%
54.5%	62.0%	29.4%	21.3%	18.0%	58.4%	57.8%
52.4%	48.0%	3.6%	12.7% *		33.9%	34.9%
67.3%	60.0%	12.3%	10.2%	11.0%	42.5%	45.9%
72.5%	68.0%	21.6%	23.4%	17.0%	54.8%	56.8%
63.0%	61.0%	27.1%	10.9%	10.0%	57.6%	45.7%
65.0%	67.0%	12.5%	10.0% *		50.0%	71.7%
67.5%	69.0%	27.6%	15.0%	15.0%	53.9%	58.1%
67.0%	64.0%	10.2%	11.3%	11.0%	63.0%	64.2%
*	71.0%	4.3%	7.7% *		70.2% *	
42.4%	63.0%	6.5%	12.1% *		52.2%	57.6%
67.5%	66.0%	10.5%	10.0% *		60.5%	45.0%
57.6%	61.0%	10.0%	11.8%	9.0%	60.8%	60.6%
56.8%	62.0%	15.8%	19.3%	15.0%	59.2%	61.4%
67.7% **		10.1%	16.9% *		59.6%	64.6%
29.2%	69.0%	8.3%	12.5% *		54.2%	50.0%
36.7%	54.0%	13.3%	3.3% *		56.7%	63.3%
* **		20.4%	16.5%	14.0%	70.4%	59.5%
53.8%	62.0%	20.8%	21.5%	15.0%	59.7%	64.5%
56.5%	71.0%	11.9%	17.4% *		52.5%	50.0%
56.5%	63.0%	11.1%	11.8%	13.0%	52.4%	51.2%
72.7%	74.0%	29.1%	33.2%	31.0%	72.4%	72.2%
68.5%	72.0%	27.5%	23.1%	29.0%	69.6%	67.9%
72.8% **		32.3%	27.8%	31.0%	72.9%	71.0%

AMERICAN OVERSIGHT

	65.7%	68.0%	13.4%	13.5%	13.0%		68.4%	70.2%
	50.0%	60.0%	10.9%	7.8%	9.0%		48.4%	52.3%
	68.1%	66.0%	27.1%	19.5%	19.0%	*		72.7%
	68.2%	72.0%	9.0%	10.0%	9.0%		71.3%	74.7%
*	**		15.4%	15.7%	16.0%		66.7%	70.5%
	62.0%	72.0%	10.7%	6.5% *			46.4%	50.0%
	56.7%	69.0%	7.3%	8.2% *			47.9%	49.3%
	68.6%	69.0%	16.2%	17.0%	17.0%		57.1%	60.5%
	72.2% **		13.7%	13.9%	17.0%		49.2%	55.2%
	70.6%	71.0%	17.3%	22.4%	17.0%		63.0%	69.8%
	65.8%	70.0%	11.4%	15.4% *			59.6%	70.9%
	62.2%	69.0%	11.7%	8.9%	12.0%		53.1%	59.8%
	67.8%	68.0%	14.6%	14.1%	13.0%		58.7%	62.7%
	66.1%	71.0%	15.3%	14.8%	15.0%		51.9%	60.0%
	59.4%	61.0%	10.2%	10.9%	10.0%		51.3%	49.1%
	67.8%	56.0%	21.0%	17.8%	17.0%		59.4%	59.9%
*		68.0%	9.0%	12.2%	15.0%		58.8%	58.2%
	63.5%	60.0%	20.9%	5.8% *			64.2%	53.8%
	68.8%	69.0%	25.1%	21.1%	17.0%	*	*	
	63.5%	60.0%	15.9%	15.9%	17.0%		57.8%	59.8%
	69.4%	66.0%	15.6%	16.5%	15.0%		72.0% *	
	60.1%	71.0%	22.8%	14.1%	16.0%		66.7%	66.3%
	64.5%	64.0%	9.9%	10.9%	12.0%		50.5%	52.7%
	60.1%	59.0%	27.7%	23.9%	22.0%		68.6%	70.0%
	73.3% **		13.7%	15.7%	14.0%		54.7%	63.5%
	63.5%	68.0%	17.2%	15.1%	17.0%		60.8%	65.5%
	67.1%	73.0%	22.7%	20.0%	22.0%		61.6%	67.6%
	64.6%	64.0%	25.5%	19.3%	15.0%		58.9%	54.7%
	66.2%	62.0%	26.8%	25.5%	18.0%		62.2%	63.2%
	61.4%	73.0%	15.5%	7.2%	8.0%		54.2%	49.0%
	68.5%	71.0%	17.5%	11.2%	11.0%		60.8%	57.0%
	64.8%	64.0%	21.0%	13.1%	16.0%		47.7%	56.6%
	68.6%	64.0%	22.3%	24.0%	23.0%		61.3%	60.9%
	66.0%	62.0%	19.0%	21.9%	15.0%		58.8%	64.7%
	71.6%	65.0%	13.8%	15.5%	15.0%		50.9%	54.0%
	59.8%	59.0%	17.7%	11.7%	12.0%		55.1%	53.9%
	67.1%	61.0%	18.3%	16.9%	23.0%		57.3%	57.5%
	53.4%	54.0%	20.8%	14.9%	20.0%		56.1%	54.6%
	54.3%	60.0%	16.7%	17.9%	15.0%		63.2%	53.7%
	61.1%	58.0%	25.1%	19.2%	20.0%		50.3%	52.0%
	60.4%	63.0%	15.5%	12.8%	10.0%		56.4%	49.0%
	59.8%	61.0%	10.5%	12.6% *			37.9%	41.4%
	69.2%	66.0%	5.2%	7.7% *			40.6%	44.0%
	63.5%	62.0%	14.6%	9.9%	12.0%		56.7%	48.3%
	58.2%	60.0%	7.9%	5.7%	11.0%		49.1%	53.2%
	70.5%	73.0%	10.7%	12.7%	14.0%		53.3%	54.0%
	72.5%	67.0%	11.9%	12.8%	9.0%		53.5%	51.0%
	64.1%	74.0%	20.1%	20.6%	15.0%		54.0%	59.3%
	67.2%	65.0%	14.7%	18.8%	7.0%		47.8%	40.9%
	69.8% **		15.8%	13.3%	18.0%		59.5%	57.1%
	70.7%	69.0%	16.6%	20.4%	14.0%		59.8%	65.3%
	65.9%	65.0%	14.6%	13.0%	7.0%		50.6%	50.2%
	59.3%	69.0%	10.3%	11.0%	10.0%		50.7%	55.9%
	60.6%	70.0%	8.5%	8.7%	11.0%		47.0%	51.0%

AMERICAN OVERSIGHT

	65.1%		70.0%		10.5%	10.3%		17.0%		48.8%		57.9%
	72.7%		66.0%		16.1%	13.6%		14.0%		63.2%		62.2%
	65.2%		70.0%		15.4%	5.4%		16.0%		60.3%		58.0%
	62.9%		71.0%		15.3%	13.3%		15.0%	*		*	
	58.3%		69.0%		6.6%	3.9%		10.0%		54.3%		52.0%
	68.0%		66.0%		24.0%	20.6%		17.0%		57.7%		57.7%
*			72.0%		18.9%	18.2%		17.0%		55.3%		62.1%
	73.1%	**			24.3%	21.0%		20.0%		64.6%		61.6%
	63.5%		67.0%		18.4%	22.1%		21.0%		63.8%		63.8%
*		**			33.3%	38.7%		31.0%		62.0%		73.3%
	72.0%		74.0%		21.4%	17.6%		17.0%		51.5%		63.2%
	63.9%		65.0%		17.6%	17.5%		16.0%		65.3%		68.4%
	63.6%		65.0%		27.7%	22.0%		26.0%		73.6%		73.9%
	71.0%		65.0%		22.1%	16.8%		25.0%		62.0%		65.5%
	66.7%		67.0%		20.3%	21.6%		20.0%		59.1%		70.2%
			73.0%					17.0%				
	61.9%		58.0%		37.3%	31.3%		31.0%	*		*	
	67.9%		62.0%		18.4%	21.3%		18.0%		53.6%		65.1%
	71.3%		66.0%		13.9%	19.0%		16.0%		56.9%		63.1%
	65.7%		69.0%		11.3%	7.1%	*			56.3%		72.9%
	70.6%		69.0%		23.6%	25.1%		23.0%		58.3%		57.0%
	71.6%		70.0%		22.7%	23.8%		19.0%		60.5%		59.3%
	69.6%		75.0%		17.1%	12.7%		15.0%		58.6%		59.9%
	74.7%		75.0%		11.6%	7.3%	*			43.9%		46.0%
*		**			19.2%	17.9%		17.0%		61.5%		60.7%
	68.5%	**			14.8%	4.8%		13.0%		57.4%		59.6%
*			68.0%		11.2%	8.8%		10.0%		47.7%		45.9%
	72.4%		74.0%		20.3%	18.9%		19.0%		73.4%		72.4%
	60.0%		67.0%		29.4%	18.3%		21.0%		47.7%		53.9%
	69.6%		70.0%		10.3%	12.0%		12.0%		52.6%		56.0%
	74.4%		73.0%		22.1%	17.2%		19.0%		72.3%		70.0%
			71.0%					29.0%				
	63.4%		71.0%		12.0%	9.7%		20.0%		41.3%		46.3%
*		**			13.6%	22.2%	*			59.1%		61.1%
*		**			23.2%	25.7%		30.0%		72.9%		75.0%
	64.5%		65.0%		15.0%	10.9%		17.0%		52.8%		51.4%
*			64.0%		19.4%	15.3%		9.0%		58.5%		63.3%
*		**			15.9%	14.0%		15.0%		55.2%		56.1%
*		**			52.0%	42.0%		40.0%		73.3%	*	
	67.6%		66.0%		27.7%	25.0%		22.0%		63.2%		73.1%
	74.6%	**			23.4%	16.8%		19.0%		60.9%		60.9%
	68.2%		73.0%		6.3%	4.1%		8.0%		43.0%		53.7%
	72.5%		67.0%		9.2%	6.0%	*			48.1%		50.6%
	57.5%		51.0%		6.8%	4.8%	*			47.2%		44.0%
*		**			12.8%	14.0%		23.0%		70.7%		63.7%
*		**			19.5%	11.4%		16.0%		69.9%		65.8%
*		**			20.0%	19.1%		18.0%		70.2%		70.5%
	66.7%	**			21.5%	12.3%	*			45.6%		48.1%
*		**			18.3%	2.6%	*			58.3%		60.5%
	57.00%		54.63%	0.00%	16.83%	15.03%		14.14%	0.00%	55.71%		57.56%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

47		41	43	48		42	44	49
EFICIARIES WITH OSTEO ARTHRISTIS		PERCENT OF BENEFICIARIES WITH SCHIZOPHRENIA				PERCENT OF BENEFICIARIES WITH		
2017	2018	2015	2016	2017	2018	2015	2016	2017
**		38.3%	29.1%	42.0%		21.4%	23.1%	45.0%
60.0%		29.2%	20.7%	17.0%		21.9%	22.9%	28.0%
71.0%		18.5%	17.9%	11.0%		21.7%	17.9%	20.0%
74.0%		22.3%	24.5%	26.0%		21.7%	19.6%	12.0%
59.0%		24.4%	24.1%	16.0%		23.8%	16.7%	21.0%
71.0%		12.2%	9.4%	9.0%		15.0%	13.0%	19.0%
62.0%		27.5%	24.5%	22.0%		29.0%	19.4%	21.0%
71.0%		16.6%	6.4%	7.0%		15.5%	19.8%	18.0%
64.0%		16.5%	9.7%	6.0%		20.8%	19.8%	20.0%
70.0%		15.4%	15.2% *			27.6%	18.8%	18.0%
59.0%		14.0%	9.9%	7.0%		12.2%	19.1%	21.0%
71.0%		23.3%	13.7% *			18.4%	10.8%	22.0%
62.0%		25.6%	12.4%	10.0%		21.1%	16.1%	20.0%
66.0%		22.3%	7.7% *			20.5%	17.3%	19.0%
**		13.7%	8.7%	9.0%		20.5%	16.6%	22.0%
69.0%		26.0%	21.5%	26.0%		26.0%	20.6%	21.0%
51.0%		32.8%	27.5%	29.0%		26.1%	24.8%	26.0%
42.0%		22.5%	17.6%	23.0%		18.2%	15.5%	15.0%
45.0%		19.6%	15.4%	13.0%		16.5%	20.2%	23.0%
68.0%		12.3%	12.0% *			22.2%	12.0% *	
65.0%		9.7%	12.0%	15.0%		20.4%	14.0%	16.0%
70.0%		20.2%	14.1% *			21.3%	20.3%	18.0%
**		21.6%	9.4%	11.0%		22.7%	20.5%	22.0%
67.0%		12.3%	10.2% *			15.8%	38.8% *	
67.0%		43.6%	39.7%	37.0%		25.5%	22.2%	22.0%
60.0%		17.0%	16.2%	13.0%		19.9%	19.5%	16.0%
52.0%		22.9%	18.9%	18.0%		27.5%	32.4%	27.0%
56.0%		20.5%	9.2%	11.0%		20.0%	20.1%	21.0%
60.0%		18.5%	12.8%	14.0%		16.0%	19.8%	27.0%
52.0%		18.4%	9.2%	10.0%		21.8%	17.4%	28.0%
71.0%		13.5%	10.2%	8.0%		23.3%	22.9%	25.0%
54.0%		11.2%	12.4%	6.0%		19.1%	16.9%	21.0%

AMERICAN OVERSIGHT

63.0%	15.4%	11.5%	12.0%	20.3%	19.0%	17.0%
58.0%	20.2%	12.2%	19.0%	13.3%	22.8%	12.0%
51.0%	42.7%	23.8%	26.0%	15.3%	18.8%	18.0%
63.0%	19.5%	18.5%	15.0%	20.4%	14.6%	17.0%
53.0%	14.7%	9.9%	9.0%	16.8%	24.6%	22.0%
53.0%	24.9%	18.6%	20.0%	19.0%	13.7%	16.0%
70.0%	10.9%	9.4%	8.0%	17.9%	17.0%	20.0%
66.0%	6.5%	5.0%	5.0%	19.2%	20.2%	18.0%
68.0%	30.1%	17.7%	17.0%	18.1%	14.1%	18.0%
63.0%	9.9%	10.0%	8.0%	17.1%	18.0%	15.0%
69.0%	17.6%	12.7%	11.0%	21.8%	18.9%	21.0%
58.0%	12.5%	10.7%	11.0%	24.8%	21.3%	22.0%
68.0%	11.8%	6.3%	4.0%	17.5%	17.9%	18.0%
50.0%	14.1%	12.2%	13.0%	15.4%	18.9%	18.0%
69.0%	23.1%	13.4%	11.0%	23.9%	19.4%	20.0%
66.0%	25.4%	26.0%	11.0%	26.4%	23.1%	21.0%
62.0%	13.6%	9.5%	11.0%	18.8%	27.5%	24.0%
67.0%	8.7%	9.7%	9.0%	18.7%	19.3%	17.0%
58.0%	24.1%	12.2%	15.0%	24.1%	25.7%	20.0%
65.0%	21.0%	16.5%	15.0%	24.3%	23.8%	22.0%
57.0%	12.9%	7.7%	7.0%	27.0%	16.5%	21.0%
67.0%	14.3%	6.7%	9.0%	21.9%	19.2%	19.0%
59.0%	22.4%	9.8%	8.0%	26.6%	26.6%	27.0%
65.0%	9.1%	5.0%	7.0%	20.8%	21.7%	22.0%
66.0%	9.4%	3.9%	4.0%	18.8%	18.5%	22.0%
66.0%	28.6%	25.3%	21.0%	21.7%	20.0%	19.0%
57.0%	21.3%	14.9%	20.0%	22.6%	28.4%	32.0%
72.0%	12.9%	8.8%	5.0%	19.5%	18.4%	19.0%
64.0%	9.9%	7.9%	7.0%	20.9%	22.4%	18.0%
69.0%	8.8%	5.3%	3.0%	20.7%	15.6%	18.0%
61.0%	22.6%	10.1%	13.0%	13.1%	18.1%	18.0%
46.0%	51.8%	38.1%	55.0%	26.8%	17.5%	17.0%
52.0%	50.9%	32.7%	18.0%	19.8%	19.4%	27.0%
57.0%	16.1%	9.5%	9.0%	24.6%	29.7%	25.0%
50.0%	42.4%	34.8%	21.0%	14.1%	15.2%	15.0%
64.0%	60.7%	56.7%	61.0%	21.4%	26.7%	17.0%
52.0%	27.6%	28.1%	33.0%	26.3%	19.4%	18.0%
54.0%	50.9%	35.8%	44.0%	17.6%	18.9%	20.0%
68.0%	55.3%	65.4%	71.0%	19.1%	30.8% *	
46.0%	45.7%	18.2%	46.0%	30.4%	18.2% *	
54.0%	44.7%	42.5%	46.0%	18.4%	22.5% *	
60.0%	45.0%	47.1%	49.0%	16.7%	17.1%	19.0%
53.0%	25.0%	23.9%	19.0%	19.7%	23.9%	35.0%
55.0%	58.4%	52.3%	49.0%	11.2%	9.2%	25.0%
44.0%	54.2%	45.8%	59.0%	20.8%	16.7%	34.0%
65.0%	*	*	**	16.7%	13.3% *	
59.0%	31.5%	16.5%	15.0%	23.1%	27.8%	32.0%
49.0%	12.3%	9.7% *		13.6%	17.2%	29.0%
65.0%	15.8%	15.2%	23.0%	20.8%	15.2% *	
52.0%	15.9%	17.1%	11.0%	19.6%	18.8%	20.0%
73.0%	12.3%	12.8%	11.0%	16.7%	18.2%	20.0%
75.0%	9.1%	6.5%	7.0%	16.3%	16.9%	18.0%
**	18.7%	13.6%	8.0%	14.2%	19.5%	12.0%

AMERICAN OVERSIGHT

	66.0%	28.1%	25.3%	31.0%	18.9%	25.6%	20.0%
	63.0%	51.6%	46.1%	53.0%	19.5%	20.3%	22.0%
	70.0%	31.0%	23.8%	24.0%	26.5%	19.1%	25.0%
	66.0%	32.4%	32.9%	31.0%	14.4%	19.4%	18.0%
	74.0%	19.7%	18.8%	16.0%	19.3%	19.5%	24.0%
	55.0%	28.6%	26.1%	34.0%	16.7%	20.7%	23.0%
	52.0%	52.1%	48.5%	34.0%	25.0%	23.9%	19.0%
	65.0%	22.3%	20.9%	21.0%	25.1%	23.9%	22.0%
	59.0%	19.8%	25.8%	21.0%	27.0%	25.8%	24.0%
	68.0%	17.3%	16.9%	17.0%	24.8%	22.4%	23.0%
	65.0%	28.9%	34.2%	39.0%	19.3%	27.4% *	
	64.0%	25.4%	32.7%	28.0%	26.2%	24.8%	27.0%
	60.0%	17.7%	21.7%	21.0%	18.1%	20.7%	22.0%
	61.0%	29.0%	36.5%	27.0%	11.5%	18.3%	24.0%
	56.0%	28.3%	33.3%	35.0%	17.6%	17.0%	19.0%
	54.0%	22.8%	21.9%	19.0%	17.5%	16.5%	21.0%
	57.0%	26.0%	27.5%	22.0%	19.2%	18.5%	29.0%
	47.0%	28.4%	11.5% *		26.9%	26.9%	25.0%
**		8.6%	3.6%	3.0%	12.1%	14.6%	13.0%
	57.0%	15.9%	13.7%	10.0%	15.9%	12.5%	24.0%
**		9.3%	7.2% *		25.8%	24.1%	23.0%
	61.0%	20.6%	13.5%	7.0%	23.8%	16.0%	24.0%
	59.0%	22.0%	14.5%	14.0%	20.9%	28.2%	13.0%
	70.0%	6.2%	6.6%	4.0%	14.3%	16.3%	21.0%
	66.0%	11.4%	12.6%	12.0%	24.3%	19.5%	23.0%
	66.0%	9.6%	12.3%	12.0%	22.5%	21.1%	19.0%
	73.0%	9.9%	11.2%	13.0%	21.7%	15.9%	28.0%
	52.0%	16.5%	14.2%	21.0%	22.1%	21.2%	22.0%
	65.0%	12.7%	7.2%	8.0%	15.8%	19.4%	18.0%
	49.0%	23.2%	23.5%	16.0%	31.5%	21.6%	33.0%
	58.0%	16.2%	12.9%	12.0%	24.5%	26.4%	28.0%
	55.0%	14.8%	13.1%	10.0%	25.6%	26.2%	22.0%
	63.0%	6.9%	8.0%	7.0%	23.3%	22.3%	21.0%
	63.0%	11.0%	9.9%	12.0%	21.5%	21.6%	20.0%
	59.0%	11.3%	7.9%	9.0%	23.3%	29.5%	24.0%
	56.0%	14.0%	12.8%	20.0%	25.3%	25.1%	25.0%
	60.0%	21.4%	19.3%	23.0%	24.4%	23.3%	22.0%
	53.0%	17.5%	19.5%	19.0%	19.3%	17.2%	28.0%
	56.0%	22.2%	17.3%	22.0%	13.9%	16.7%	23.0%
	55.0%	19.9%	24.7%	23.0%	24.0%	25.8%	18.0%
	50.0%	10.5%	18.1%	20.0%	19.3%	15.4%	17.0%
	49.0%	31.6%	25.3%	16.0%	20.0%	31.0%	28.0%
	39.0%	34.4%	35.2%	38.0%	32.3%	33.0%	20.0%
	52.0%	39.3%	35.5%	30.0%	27.0%	25.6%	24.0%
	43.0%	38.2%	40.4%	35.0%	20.0%	20.6%	26.0%
	59.0%	14.3%	18.6%	15.0%	19.7%	27.4%	26.0%
	40.0%	16.8%	18.8%	22.0%	33.5%	29.5%	23.0%
	54.0%	8.0%	12.4%	12.0%	16.7%	25.8%	25.0%
	39.0%	21.6%	26.9%	21.0%	21.1%	24.7%	27.0%
	55.0%	18.4%	12.9%	16.0%	21.2%	24.4%	20.0%
	60.0%	22.5%	20.4%	21.0%	18.3%	13.6%	19.0%
	50.0%	14.6%	7.4%	12.0%	21.6%	19.7%	21.0%
	49.0%	34.9%	27.6%	36.0%	19.9%	15.2%	24.0%
	52.0%	26.9%	19.2%	22.0%	18.4%	20.2%	16.0%

AMERICAN OVERSIGHT

58.0%		29.6%	20.0%	18.0%		22.8%	21.5%	18.0%
70.0%		10.4%	10.8%	9.0%		12.1%	18.9%	19.0%
67.0%		24.3%	34.8%	26.0%		17.6%	14.3%	14.0%
74.0%		20.6%	19.6%	15.0%		9.9%	14.0%	18.0%
57.0%		26.5%	33.9%	28.0%		21.2%	21.3%	20.0%
56.0%		25.0%	27.8%	20.0%		14.4%	14.4%	15.0%
56.0%		19.2%	15.2%	13.0%		19.5%	17.8%	16.0%
67.0%		12.2%	9.9%	8.0%		17.7%	16.0%	19.0%
61.0%		19.5%	14.1%	11.0%		20.1%	18.5%	24.0%
**		16.4%	12.0%	15.0%		19.4%	19.6%	21.0%
62.0%		23.3%	18.4%	12.0%		19.4%	22.4%	21.0%
67.0%		17.6%	19.6%	14.0%		16.8%	17.5%	19.0%
73.0%		12.1%	10.4%	8.0%		11.3%	16.1%	15.0%
71.0%		9.8%	13.3%	10.0%		15.4%	19.1%	20.0%
70.0%		12.2%	3.3%	4.0%		22.3%	19.9%	22.0%
60.0%			*					15.0%
74.0%		6.8%	3.2%	3.0%		12.4%	11.6%	14.0%
59.0%		24.8%	14.4%	11.0%		21.1%	15.0%	19.0%
55.0%		27.8%	16.9%	25.0%		21.3%	23.6%	17.0%
72.0%		60.6%	68.6%	67.0%		19.7%	14.3% *	
60.0%		21.6%	22.1%	19.0%		23.6%	27.2%	23.0%
60.0%		14.0%	11.0%	13.0%		14.0%	18.7%	18.0%
58.0%		21.1%	18.6%	15.0%		22.3%	20.3%	20.0%
43.0%		68.3%	52.7%	45.0%		14.6%	18.0%	21.0%
61.0%		18.6%	13.2%	15.0%		22.3%	20.0%	23.0%
63.0%		18.1%	13.0%	20.0%		17.6%	22.6%	23.0%
50.0%		24.9%	20.0%	20.0%		21.8%	24.1%	24.0%
69.0%		6.4%	7.1%	8.0%		15.8%	17.8%	15.0%
45.0%		70.6%	64.3%	57.0%		21.1%	12.2%	15.0%
50.0%		37.1%	28.8%	28.0%		17.7%	24.1%	23.0%
74.0%		11.0%	10.8%	12.0%		19.6%	19.2%	19.0%
68.0%				4.0%				20.0%
51.0%		20.0%	28.4%	33.0%		21.3%	25.4%	25.0%
52.0%		13.6%	5.6% *			22.7%	38.9%	32.0%
74.0%		26.5%	13.2%	15.0%		16.8%	23.6%	14.0%
55.0%		73.2%	68.1%	66.0%		20.5%	15.9%	20.0%
50.0%		21.7%	25.5%	24.0%		25.3%	25.0%	29.0%
61.0%		26.4%	25.7%	21.0%		27.4%	25.1%	26.0%
70.0%		10.9%	10.3% *			15.3%	18.4%	17.0%
**		15.7%	11.6%	18.0%		15.3%	14.4%	17.0%
60.0%		14.2%	14.8%	18.0%		25.7%	19.1%	22.0%
64.0%		75.0% *		69.0%		25.3%	25.6%	27.0%
49.0%		66.1%	66.5%	65.0%		16.3%	20.2%	21.0%
35.0%		*	*	73.0%		16.8%	15.9%	25.0%
65.0%		47.3%	49.7%	45.0%		23.9%	19.9%	22.0%
61.0%		33.6%	40.4%	36.0%		17.7%	22.8%	17.0%
72.0%		40.0%	37.3%	34.0%		21.2%	23.7%	24.0%
55.0%		36.7%	56.8%	34.0%		31.6%	23.5%	24.0%
49.0%		31.7%	15.8%	29.0%		31.7%	10.5%	31.0%
57.20%	0.00%	24.05%	20.45%	20.76%	0.00%	20.28%	20.32%	20.69%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

I STROKE	PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF COPD				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF RESPIRATORY FAILURE			
2018	2015	2016	2017	2018	2015	2016	2017	2018
			*				*	
			*					9.0%
			*				*	
			*				*	
			*				*	
			*					3.0%
			*				*	
				4.0%			*	
			*					6.0%
				10.0%			*	
			*				*	
			*					0.0%
			*				*	
			*				*	
				8.0%			*	
			*				*	
			*				*	
			*				*	
			*				*	
				0.0%			*	
			*				*	
			*				*	
			*				*	
				0.0%			*	
			*					0.0%
			*				*	
			*				*	
			*					22.0%
			*					0.0%
			*				*	
			*				*	
				4.0%				5.0%

AMERICAN OVERSIGHT

4.0%	*
*	0.0%
*	*
*	0.0%
0.0%	*
*	*
*	*
2.0%	*
8.0%	*
*	*
5.0%	*
5.0%	*
*	*
17.0%	*
8.0%	0.0%
*	*
*	*
*	*
5.0%	*
*	7.0%
4.0%	6.0%
3.0%	3.0%
6.0%	*
3.0%	2.0%
3.0%	3.0%
*	0.0%
*	*
*	*
3.0%	3.0%
*	*
4.0%	*
*	*
10.0%	*
8.0%	*
0.0%	0.0%
*	*
11.0%	*
*	*
*	0.0%
*	0.0%
*	0.0%
*	*
*	*
*	*
*	0.0%
*	0.0%
*	*
*	*
*	*
*	*
*	0.0%
4.0%	*
*	*

AMERICAN OVERSIGHT

*	8.0%
*	*
5.0%	*
*	0.0%
6.0%	0.0%
*	*
16.0%	*
*	*
7.0%	*
6.0%	*
*	*
*	*
5.0%	*
*	*
9.0%	*
8.0%	*
9.0%	*
0.0%	*
3.0%	*
5.0%	*
*	*
5.0%	0.0%
*	*
8.0%	0.0%
*	*
4.0%	0.0%
7.0%	0.0%
*	*
5.0%	*
*	*
*	5.0%
*	0.0%
4.0%	*
4.0%	*
*	5.0%
5.0%	*
*	*
*	*
*	*
9.0%	*
*	*
*	0.0%
*	*
7.0%	*
*	0.0%
*	*
*	*
7.0%	*
*	*
3.0%	*
*	*
8.0%	*
*	0.0%
15.0%	*

AMERICAN OVERSIGHT

			13.0%					
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*				*		
			3.0%			*		
			6.0%			*		
		*					4.0%	
			10.0%				0.0%	
		*				*		
		*				*		
			3.0%				3.0%	
			7.0%			*		
			2.0%			*		
		*				*		
		*				*		
			6.0%			*		
			5.0%			*		
		*				*		
			8.0%				0.0%	
			3.0%				0.0%	
		*				*		
			0.0%				0.0%	
			5.0%			*		
		*				*		
		*				*		
			2.0%				2.0%	
		*				*		
		*				*		
			2.0%			*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*					0.0%	
		*				*		
			7.0%				7.0%	
		*				*		
			7.0%				0.0%	
		*				*		
			7.0%			*		
		*				*		
		*					0.0%	
0.00%	0.00%	0.00%	2.27%	0.00%	0.00%	0.00%	0.61%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF DEMENTIA				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF STROKE				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
		*				11.0%		
		*				10.0%		
		*				5.0%		
		*			*			
			0.0%			6.0%		
			0.0%			5.0%		
			0.0%		*			
		*				8.0%		
		*				5.0%		
		*			*			
			0.0%		*			
		*			*			
		*			*			
			0.0%		*			
		*				5.0%		
			0.0%		*			
		*			*			
		*			*			
		*			*			
		*			*			
		*			*			
			0.0%			7.0%		
			0.0%		*			
			11.0%		*			
		*			*			
		*				11.0%		
		*			*			
		*			*			
			0.0%			8.0%		
			0.0%			5.0%		
		*				9.0%		

AMERICAN OVERSIGHT

*	*
*	*
0.0%	*
0.0%	*
0.0%	0.0%
*	*
0.0%	*
0.0%	4.0%
*	*
*	5.0%
*	5.0%
*	5.0%
*	8.0%
*	9.0%
0.0%	5.0%
*	*
*	*
0.0%	*
0.0%	7.0%
0.0%	7.0%
*	5.0%
0.0%	5.0%
*	9.0%
*	5.0%
*	4.0%
0.0%	*
9.0%	7.0%
*	9.0%
*	7.0%
*	6.0%
0.0%	5.0%
0.0%	*
0.0%	9.0%
0.0%	9.0%
0.0%	0.0%
*	*
12.0%	*
9.0%	10.0%
*	*
*	*
*	0.0%
17.0%	*
*	11.0%
*	*
*	*
*	*
*	*
*	*
*	0.0%
*	*
0.0%	*
*	6.0%
*	*

AMERICAN OVERSIGHT

*	*
21.0%	*
5.0%	8.0%
23.0%	*
12.0%	*
*	*
33.0%	*
*	*
*	7.0%
*	5.0%
*	*
*	8.0%
*	5.0%
10.0%	*
*	*
*	9.0%
0.0%	9.0%
0.0%	*
0.0%	4.0%
*	6.0%
*	7.0%
0.0%	8.0%
10.0%	*
*	3.0%
*	6.0%
*	6.0%
*	*
8.0%	7.0%
*	6.0%
*	13.0%
*	6.0%
0.0%	*
*	8.0%
*	5.0%
0.0%	4.0%
0.0%	7.0%
*	5.0%
*	8.0%
8.0%	*
11.0%	8.0%
*	*
0.0%	12.0%
*	*
*	9.0%
21.0%	*
0.0%	12.0%
*	9.0%
*	6.0%
*	9.0%
3.0%	5.0%
*	*
*	6.0%
*	*
*	*

AMERICAN OVERSIGHT

		9.0%				12.0%		
	*				*			
	*				*			
	*				*			
	*				*			
	*				*			
						5.0%		
		0.0%				7.0%		
	*					6.0%		
		0.0%				6.0%		
		0.0%			*			
		0.0%				5.0%		
		0.0%				4.0%		
		0.0%				6.0%		
		0.0%				7.0%		
		0.0%			*			
		0.0%			*			
		9.0%				6.0%		
	*					6.0%		
		67.0%			*			
		0.0%				8.0%		
	*					3.0%		
	*				*			
		0.0%			*			
	*					6.0%		
		0.0%			*			
		0.0%				11.0%		
		0.0%				4.0%		
	*				*			
	*					8.0%		
		8.0%				5.0%		
		0.0%			*			
		0.0%			*			
		0.0%			*			
	*				*			
		0.0%			*			
	*					11.0%		
		0.0%				8.0%		
		0.0%			*			
	*				*			
	*					6.0%		
	*				*			
		0.0%			*			
		0.0%			*			
		15.0%			*			
		0.0%			*			
	*					5.0%		
		0.0%				0.0%		
	*				*			
0.00%	0.00%	2.17%	0.00%	0.00%	0.00%	3.52%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OF BENEFICIARIES WITH PRIMARY IAGNOSIS OF INFECTION			PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDER				PERCENT OF BENEFICI DIAGNOSIS	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	17.0%			*				
	13.0%				16.0%			
	10.0%				11.0%			
	19.0%			*				
	22.0%			*				
	13.0%				22.0%			
	19.0%			*				
	22.0%				11.0%			
	19.0%				19.0%			
	23.0%			*				
	14.0%				9.0%			
	23.0%			*				
	9.0%				8.0%			
*					20.0%			
	16.0%				10.0%			
	26.0%			*				
	11.0%				10.0%			
	8.0%				55.0%			
	18.0%			*				
*				*				
	14.0%			*				
	24.0%			*				
	19.0%				14.0%			
*				*				
	17.0%			*				
	24.0%			*				
	15.0%				8.0%			
	9.0%				11.0%			
*					22.0%			
	19.0%			*				
	19.0%				7.0%			
	10.0%				10.0%			

AMERICAN OVERSIGHT

12.0%	28.0%
*	**
16.0%	25.0%
4.0%	**
0.0%	**
16.0%	*
3.0%	39.0%
15.0%	2.0%
14.0%	9.0%
23.0%	13.0%
8.0%	16.0%
14.0%	10.0%
9.0%	10.0%
*	*
9.0%	*
19.0%	*
20.0%	11.0%
19.0%	16.0%
13.0%	10.0%
21.0%	*
20.0%	16.0%
21.0%	6.0%
22.0%	11.0%
19.0%	15.0%
18.0%	5.0%
23.0%	*
8.0%	8.0%
10.0%	6.0%
18.0%	11.0%
14.0%	20.0%
23.0%	8.0%
*	*
13.0%	*
16.0%	7.0%
*	70.0%
*	*
*	9.0%
10.0%	*
*	*
*	*
0.0%	*
*	*
*	10.0%
19.0%	*
*	*
0.0%	*
13.0%	*
16.0%	*
*	*
14.0%	17.0%
17.0%	7.0%
13.0%	21.0%
20.0%	11.0%

AMERICAN OVERSIGHT

21.0%	8.0%
*	*
15.0%	6.0%
*	7.0%
*	*
*	*
*	*
4.0%	60.0%
18.0%	11.0%
8.0%	9.0%
14.0%	*
14.0%	11.0%
10.0%	24.0%
17.0%	*
24.0%	10.0%
10.0%	6.0%
19.0%	*
*	*
6.0%	5.0%
10.0%	15.0%
*	11.0%
10.0%	10.0%
16.0%	9.0%
5.0%	*
13.0%	*
12.0%	3.0%
17.0%	*
17.0%	11.0%
7.0%	5.0%
9.0%	8.0%
9.0%	*
17.0%	12.0%
6.0%	8.0%
10.0%	12.0%
12.0%	*
*	4.0%
12.0%	11.0%
8.0%	9.0%
8.0%	8.0%
7.0%	9.0%
9.0%	11.0%
39.0%	*
15.0%	*
*	*
*	*
10.0%	10.0%
16.0%	*
13.0%	16.0%
13.0%	9.0%
15.0%	8.0%
17.0%	8.0%
10.0%	11.0%
17.0%	*
*	12.0%

AMERICAN OVERSIGHT

	9.0%				7.0%			
	16.0%				7.0%			
	16.0%			*				
	21.0%				15.0%			
	9.0%			*				
	22.0%				11.0%			
	17.0%				11.0%			
	9.0%				9.0%			
	16.0%				12.0%			
	4.0%				11.0%			
	14.0%			*				
	17.0%				10.0%			
	12.0%				18.0%			
	13.0%				13.0%			
	8.0%				3.0%			
*				*				
	9.0%			*				
	9.0%				9.0%			
*				*				
*				*				
	8.0%				10.0%			
	12.0%				11.0%			
	18.0%				9.0%			
	16.0%			*				
	4.0%				9.0%			
	20.0%			*				
	17.0%				11.0%			
	14.0%				7.0%			
	20.0%			*				
	20.0%				5.0%			
	11.0%				12.0%			
	11.0%				19.0%			
	8.0%				8.0%			
*				*				
	12.0%				14.0%			
*				*				
	7.0%				7.0%			
*				*				
	23.0%				7.0%			
	24.0%			*				
	23.0%				6.0%			
*				*				
	22.0%			*				
*				*				
	10.0%			*				
*				*				
	13.0%				7.0%			
*				*				
*				*				
0.00%	11.11%	0.00%	0.00%	0.00%	7.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

ARIES WITH PRIMARY OF INJURY				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MOTOR NEURAL DISEASE				AVERAGE NUMBER OF MINUTES P PHYSICAL THERAPY
2017	2018	2015	2016	2017	2018	2015	2016	2017
*				*				104.2
10.0%				*				101.5
17.0%				5.0%				102.6
19.0%				*				102.0
20.0%				*				83.2
20.0%				3.0%				108.7
*				9.0%				97.0
22.0%				*				74.9
20.0%				*				88.9
13.0%				*				87.8
22.0%				*				90.8
*				*				77.7
16.0%				12.0%				101.5
16.0%				*				72.9
13.0%				5.0%				116.2
*				9.0%				98.8
9.0%				9.0%				87.5
*				*				97.5
*				*				91.2
*				*				65.0
*				0.0%				90.9
22.0%				*				55.7
16.0%				6.0%				92.6
*				*				88.5
11.0%				*				74.8
19.0%				*				91.6
15.0%				*				74.5
15.0%				*				82.6
*				*				104.3
16.0%				*				98.3
25.0%				5.0%				112.4
14.0%				*				122.7

AMERICAN OVERSIGHT

	13.0%	*		96.7
*		*		98.8
	17.0%	*		65.4
	2.0%	*		106.4
	0.0%		0.0%	101.2
	15.0%	*		94.1
	3.0%		4.0%	90.2
	5.0%		2.0%	110.7
	10.0%		9.0%	73.6
	17.0%		4.0%	102.0
	21.0%	*		97.1
	18.0%		4.0%	104.9
	21.0%	*		75.0
	14.0%		6.0%	100.1
	11.0%	*		90.0
	12.0%	*		84.7
	21.0%		5.0%	111.1
	17.0%		6.0%	93.0
	16.0%	*		99.1
	15.0%	*		102.0
	15.0%	*		97.8
	10.0%		3.0%	98.0
	15.0%	*		97.2
	15.0%		2.0%	119.1
	18.0%		2.0%	102.3
	15.0%	*		113.9
	7.0%	*		79.6
	28.0%		6.0%	102.2
	14.0%	*		102.1
	20.0%		4.0%	100.4
	27.0%	*		103.0
*		*		77.4
	10.0%	*		89.3
	21.0%	*		99.8
*			16.0%	104.4
*			14.0%	78.7
	8.0%	*		99.5
	10.0%		9.0%	87.5
*		*		80.7
*		*		89.4
*		*		94.9
	8.0%	*		99.0
*			10.0%	81.9
*		*		72.7
	0.0%	*		73.8
*		*		79.5
	13.0%	*		64.0
*		*		87.9
*		*		75.7
	13.0%		9.0%	80.6
	32.0%	*		85.0
	19.0%	*		99.2
	29.0%	*		102.0

AMERICAN OVERSIGHT

11.0%		7.0%	95.2
*		10.0%	65.6
21.0%		9.0%	90.4
*	*		108.6
*		6.0%	99.8
*	*		94.1
*	*		110.1
*	*		88.2
10.0%	*		97.0
15.0%	*		108.9
*	*		80.6
11.0%		9.0%	109.3
7.0%	*		99.7
10.0%	*		110.4
12.0%	*		132.7
13.0%	*		104.9
*	*		107.4
*	*		80.1
10.0%		4.0%	104.2
11.0%		5.0%	107.7
21.0%		4.0%	116.2
17.0%		5.0%	134.9
14.0%	*		110.5
19.0%		3.0%	101.4
19.0%		4.0%	100.3
25.0%	*		95.3
23.0%	*		102.2
10.0%		6.0%	90.6
24.0%		5.0%	96.0
9.0%		8.0%	104.3
14.0%		5.0%	100.4
25.0%	*		88.1
28.0%		5.0%	95.4
23.0%		9.0%	91.8
7.0%		6.0%	96.8
6.0%		10.0%	98.4
9.0%		8.0%	86.6
14.0%		9.0%	92.8
11.0%	*		77.8
16.0%		9.0%	84.5
15.0%	*		97.7
*	*		80.3
*	*		95.7
*		8.0%	91.4
*	*		91.3
16.0%		6.0%	91.0
13.0%	*		87.0
15.0%	*		97.1
18.0%	*		103.9
18.0%		3.0%	100.8
8.0%	*		91.4
16.0%		5.0%	99.3
*	*		84.2
15.0%	*		90.7

AMERICAN OVERSIGHT

	13.0%				6.0%			96.1
	17.0%			*				102.2
	12.0%			*				96.6
	11.0%			*				101.6
	10.0%				9.0%			94.3
	20.0%			*				80.1
	19.0%				4.0%			83.7
	27.0%				4.0%			91.0
	15.0%				4.0%			82.2
	25.0%				5.0%			93.3
	12.0%			*				87.1
	22.0%				4.0%			94.3
	24.0%				3.0%			105.1
	21.0%				4.0%			86.8
	18.0%				3.0%			98.1
	28.0%			*				109.7
	32.0%			*				129.6
	19.0%				4.0%			106.4
*					5.0%			89.5
*				*				82.6
	16.0%			*				92.8
	17.0%				5.0%			120.4
	22.0%			*				101.2
	14.0%			*				89.4
	22.0%				5.0%			95.5
	9.0%			*				99.2
	9.0%			*				95.8
	12.0%				2.0%			114.1
*					10.0%			86.0
	9.0%			*				87.0
	15.0%				6.0%			112.9
	21.0%			*				87.3
	14.0%			*				72.5
*				*				89.3
	23.0%			*				82.8
	19.0%			*				65.1
	14.0%				8.0%			85.1
	15.0%			*				101.9
	16.0%			*				109.0
	16.0%			*				86.3
	21.0%				6.0%			102.5
*				*				81.1
	6.0%				9.0%			52.3
	0.0%			*				53.7
	0.0%			*				72.1
	15.0%			*				89.7
	8.0%				6.0%			93.5
*				*				88.6
*				*				78.8
	11.51%	**0.00%**		**0.00%**	**0.00%**	**2.55%**	**0.00%**	- - **92.42**

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-

ER WEEK -	AVERAGE NUMBER OF MINUTES PER WEEK - OCCUPATIONAL THERAPY				AVERAGE NUMBER OF MINUTES PER WEEK - SPEECH THERAPY			
2018	2015	2016	2017	2018	2015	2016	2017	2018
			94.8				27.4	
			104.2				24.9	
			88.7				22.7	
			100.8				22.9	
			74.3				43.7	
			92.1				23.6	
			71.4				32.0	
			68.0				45.1	
			77.4				21.8	
			77.1				42.7	
			82.5				50.1	
			74.5				52.5	
			90.5				52.9	
			78.4				43.4	
			115.8				16.3	
			89.1				33.5	
			97.7				26.2	
			94.3				23.3	
			85.8				40.5	
			65.8				37.8	
			96.2				23.9	
			73.1				43.3	
			85.5				49.0	
			86.3				61.5	
			73.4				47.2	
			89.6				28.6	
			79.0				47.3	
			67.4				36.9	
			97.1				25.8	
			95.2				26.7	
			94.2				18.4	
			92.9				20.4	

AMERICAN OVERSIGHT

89.3	**18.0**
100.0	**27.1**
71.5	**24.8**
94.9	**25.4**
100.9	**21.7**
78.3	**16.3**
90.1	**17.6**
97.5	**15.2**
67.1	**19.3**
106.9	**10.5**
88.1	**16.3**
107.7	**10.6**
73.6	36.4
89.8	31.6
85.4	29.9
76.2	**16.9**
105.1	**17.8**
96.2	**27.5**
96.9	**19.0**
100.8	**21.4**
85.7	**34.7**
101.4	**32.1**
92.2	**24.7**
112.6	**14.7**
90.6	**21.2**
93.6	**27.2**
86.2	**43.6**
92.7	**12.9**
98.4	**27.7**
101.6	**25.2**
103.1	22.0
79.0	38.3
82.5	30.2
94.5	28.4
103.8	26.7
78.2	**46.0**
102.4	**26.5**
91.3	**41.4**
82.5	**39.1**
103.3	**30.3**
96.0	**28.3**
97.1	**39.4**
81.2	**36.0**
73.3	**27.4**
76.6	**32.0**
92.6	**21.1**
69.7	**36.7**
81.4	**48.0**
75.5	**39.5**
84.7	**26.3**
90.3	24.9
94.8	34.1
90.4	21.9

AMERICAN OVERSIGHT

90.3	35.4
63.0	57.9
91.4	37.4
102.2	31.9
97.7	25.5
88.9	37.2
103.2	49.0
91.0	32.4
96.8	39.2
102.7	25.0
83.1	38.5
104.5	39.8
98.4	39.7
106.1	23.1
119.9	26.7
98.0	23.7
97.5	14.2
69.7	26.5
82.1	20.6
85.7	25.7
113.9	42.7
111.5	60.2
110.4	46.9
99.8	33.6
101.0	25.7
88.8	18.4
104.5	22.7
92.2	42.6
98.4	24.3
104.7	40.1
96.1	37.2
87.0	37.5
100.4	26.1
87.9	30.0
91.6	22.2
89.1	26.8
84.9	27.5
94.3	38.5
77.4	57.9
85.2	52.6
98.2	40.3
76.6	30.1
95.2	23.1
85.3	41.6
82.9	37.1
87.7	36.4
75.8	34.4
93.7	43.3
106.7	39.5
96.8	24.9
95.7	15.2
97.8	13.8
88.7	40.1
95.8	22.2

AMERICAN OVERSIGHT

			95.3				25.1
			100.2				12.0
			93.1				33.3
			94.2				38.0
			86.6				23.6
			80.3				47.9
			96.4				37.7
			89.4				37.0
			87.6				23.7
			103.3				24.8
			82.2				30.2
			78.6				22.9
			96.6				22.8
			86.8				21.9
			95.1				20.6
			108.3				9.4
			115.2				17.8
			93.1				24.7
			97.9				32.3
			81.3				63.3
			84.7				43.9
			116.4				7.0
			93.1				24.2
			81.1				24.1
			96.2				23.2
			101.7				22.4
			91.9				10.6
			78.8				20.3
			93.2				27.3
			86.2				14.3
			96.6				19.9
			84.1				16.5
			69.2				12.4
			91.6				21.5
			80.7				18.6
			73.8				32.9
			85.2				25.1
			104.0				18.2
			106.3				14.3
			87.7				20.6
			102.0				32.2
			82.3				23.3
			46.7				36.4
			81.8				40.0
			69.0				33.3
			84.9				11.2
			92.6				21.4
			91.7				22.8
			74.2				14.6
-	-	-	89.00	-	-	-	29.65	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

PERCENTAGE OF RUG "RU" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAGE OF RUG "RV" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAG
2015	2016	2017	2018	2015	2016	2017	2018	2015
		86.0%				53.0%		
		90.0%				60.0%		
		88.0%				78.0%		
		77.0%				35.0%		
		89.0%				72.0%		
		86.0%				52.0%		
		92.0%				84.0%		
		94.0%				58.0%		
		83.0%				40.0%		
		97.0%				73.0%		
		93.0%				56.0%		
		75.0%				67.0%		
		30.0%				29.0%		
		40.0%				32.0%		
		80.0%				49.0%		
		88.0%				82.0%		
		97.0%				75.0%		
		74.0%				45.0%		
		75.0%				50.0%		
		79.0%				70.0%		
		95.0%				85.0%		
		100.0%				61.0%		
		87.0%				55.0%		
		72.0%			*			
		31.0%				29.0%		
		31.0%				30.0%		
		57.0%				48.0%		
		32.0%				23.0%		
		18.0%				15.0%		
		34.0%				27.0%		
		18.0%			*			
		91.0%				91.0%		

AMERICAN OVERSIGHT

96.0%	**80.0%**
73.0%	**52.0%**
91.0%	**74.0%**
88.0%	**49.0%**
97.0%	**93.0%**
79.0%	**59.0%**
77.0%	**62.0%**
72.0%	*
91.0%	**51.0%**
67.0%	**29.0%**
57.0%	**45.0%**
77.0%	**18.0%**
93.0%	70.0%
96.0%	80.0%
90.0%	83.0%
95.0%	**67.0%**
59.0%	**53.0%**
61.0%	**40.0%**
85.0%	**50.0%**
91.0%	**40.0%**
63.0%	**31.0%**
11.0%	**6.0%**
36.0%	**8.0%**
5.0%	**6.0%**
29.0%	**11.0%**
69.0%	*
86.0%	**57.0%**
98.0%	**94.0%**
37.0%	**18.0%**
91.0%	**67.0%**
96.0%	80.0%
75.0%	54.0%
87.0%	76.0%
80.0%	50.0%
86.0%	29.0%
84.0%	**60.0%**
79.0%	**55.0%**
94.0%	**75.0%**
92.0%	**80.0%**
90.0%	**86.0%**
87.0%	*
95.0%	**68.0%**
98.0%	**86.0%**
93.0%	**98.0%**
97.0%	**97.0%**
100.0%	**95.0%**
27.0%	**13.0%**
36.0%	*
60.0%	*
51.0%	**45.0%**
41.0%	27.0%
48.0%	55.0%
39.0%	24.0%

AMERICAN OVERSIGHT

97.0%	**74.0%**
81.0%	**64.0%**
95.0%	**65.0%**
92.0%	**81.0%**
91.0%	**59.0%**
99.0%	**80.0%**
90.0%	**70.0%**
91.0%	**59.0%**
70.0%	**64.0%**
76.0%	**40.0%**
91.0%	**87.0%**
81.0%	**49.0%**
69.0%	**25.0%**
79.0%	**38.0%**
84.0%	**57.0%**
75.0%	**51.0%**
84.0%	**51.0%**
53.0%	**48.0%**
65.0%	**52.0%**
88.0%	**72.0%**
89.0%	83.0%
80.0%	34.0%
64.0%	36.0%
88.0%	**20.0%**
90.0%	**42.0%**
82.0%	**51.0%**
90.0%	**66.0%**
83.0%	**36.0%**
96.0%	**79.0%**
38.0%	**29.0%**
99.0%	
18.0%	**24.0%**
55.0%	**8.0%**
50.0%	**42.0%**
47.0%	**27.0%**
39.0%	**37.0%**
50.0%	**27.0%**
87.0%	52.0%
91.0%	81.0%
87.0%	53.0%
93.0%	88.0%
76.0%	48.0%
93.0%	67.0%
78.0%	36.0%
92.0%	78.0%
72.0%	74.0%
48.0%	78.0%
65.0%	49.0%
92.0%	51.0%
88.0%	52.0%
88.0%	**65.0%**
84.0%	**60.0%**
84.0%	**29.0%**
79.0%	**57.0%**

AMERICAN OVERSIGHT

		73.0%				49.0%		
		96.0%				75.0%		
		47.0%				18.0%		
		70.0%				61.0%		
		47.0%				37.0%		
		79.0%				46.0%		
		47.0%				11.0%		
		46.0%				19.0%		
		66.0%				47.0%		
		5.0%				9.0%		
		84.0%				62.0%		
		26.0%				28.0%		
		33.0%				17.0%		
		35.0%				8.0%		
		7.0%				6.0%		
		23.0%				7.0%		
		92.0%				75.0%		
		86.0%				47.0%		
		90.0%				48.0%		
		92.0%				79.0%		
		71.0%				53.0%		
		17.0%				14.0%		
		50.0%				48.0%		
		63.0%				65.0%		
		34.0%				31.0%		
		46.0%				18.0%		
		25.0%				0.0%		
		35.0%				18.0%		
		8.0%				4.0%		
		72.0%				42.0%		
		9.0%				3.0%		
		74.0%				30.0%		
		15.0%				6.0%		
	*					0.0%		
		2.0%				2.0%		
		30.0%				30.0%		
		49.0%				32.0%		
		70.0%				42.0%		
		57.0%				38.0%		
		55.0%				35.0%		
		77.0%				24.0%		
		81.0%				76.0%		
		73.0%				77.0%		
		70.0%				74.0%		
		85.0%				61.0%		
		31.0%				31.0%		
		91.0%				58.0%		
		68.0%				2.0%		
		76.0%				58.0%		
0.00%	0.00%	68.52%	0.00%	0.00%	0.00%	47.39%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

GE OF DAYS IN"RU" RUG CATEGORY			PERCENTAGE OF DAYS IN"EXTENSIVE" RUG CATEGORY			PERCENTAGE OF DAYS CATE	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	69.0%				1.0%			
	75.0%				1.0%			
	74.0%				0.0%			
	76.0%				0.0%			
	63.0%				0.0%			
	76.0%				0.0%			
	68.0%				0.0%			
	72.0%				0.0%			
	64.0%				0.0%			
	61.0%				0.0%			
	83.0%				0.0%			
	42.0%				0.0%			
	58.0%				0.0%			
	43.0%				0.0%			
	84.0%				0.0%			
	48.0%				1.0%			
	58.0%				0.0%			
	53.0%				0.0%			
	69.0%				0.0%			
	66.0%				0.0%			
	69.0%				0.0%			
	62.0%				0.0%			
	70.0%				0.0%			
	69.0%				0.0%			
	82.0%				0.0%			
	79.0%				0.0%			
	70.0%				1.0%			
	37.0%				10.0%			
	50.0%				0.0%			
	70.0%				0.0%			
	94.0%				0.0%			
	73.0%				0.0%			

AMERICAN OVERSIGHT

65.0%	**0.0%**
72.0%	**0.0%**
32.0%	**0.0%**
82.0%	**0.0%**
75.0%	**1.0%**
61.0%	**6.0%**
86.0%	**0.0%**
96.0%	**0.0%**
59.0%	**0.0%**
87.0%	**0.0%**
87.0%	**0.0%**
86.0%	**0.0%**
68.0%	0.0%
60.0%	1.0%
72.0%	0.0%
68.0%	**0.0%**
82.0%	**0.0%**
80.0%	**0.0%**
81.0%	**0.0%**
87.0%	**0.0%**
84.0%	**0.0%**
76.0%	**0.0%**
56.0%	**0.0%**
77.0%	**0.0%**
65.0%	**0.0%**
80.0%	**0.0%**
81.0%	**1.0%**
91.0%	**0.0%**
86.0%	**0.0%**
93.0%	**0.0%**
79.0%	0.0%
68.0%	0.0%
65.0%	0.0%
88.0%	0.0%
78.0%	0.0%
65.0%	**1.0%**
72.0%	**1.0%**
75.0%	**1.0%**
63.0%	**0.0%**
64.0%	**0.0%**
89.0%	**0.0%**
88.0%	**0.0%**
66.0%	**0.0%**
48.0%	**0.0%**
34.0%	**0.0%**
27.0%	**0.0%**
42.0%	**0.0%**
88.0%	**0.0%**
80.0%	**0.0%**
57.0%	**0.0%**
64.0%	0.0%
80.0%	0.0%
84.0%	0.0%

AMERICAN OVERSIGHT

84.0%	0.0%
53.0%	0.0%
84.0%	0.0%
68.0%	0.0%
87.0%	0.0%
79.0%	0.0%
88.0%	0.0%
60.0%	3.0%
69.0%	2.0%
77.0%	0.0%
54.0%	1.0%
79.0%	0.0%
87.0%	0.0%
79.0%	0.0%
78.0%	1.0%
68.0%	2.0%
61.0%	0.0%
37.0%	0.0%
77.0%	0.0%
72.0%	0.0%
76.0%	0.0%
82.0%	0.0%
83.0%	0.0%
77.0%	0.0%
81.0%	0.0%
69.0%	1.0%
80.0%	0.0%
82.0%	0.0%
88.0%	0.0%
86.0%	1.0%
90.0%	1.0%
75.0%	0.0%
95.0%	0.0%
57.0%	0.0%
68.0%	3.0%
63.0%	0.0%
52.0%	2.0%
82.0%	0.0%
64.0%	0.0%
87.0%	0.0%
74.0%	1.0%
47.0%	9.0%
78.0%	0.0%
68.0%	0.0%
68.0%	1.0%
68.0%	0.0%
58.0%	0.0%
78.0%	1.0%
71.0%	1.0%
77.0%	0.0%
65.0%	0.0%
63.0%	1.0%
80.0%	0.0%
71.0%	0.0%

AMERICAN OVERSIGHT

	67.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	64.0%				0.0%			
	45.0%				3.0%			
	66.0%				0.0%			
	67.0%				0.0%			
	78.0%				0.0%			
	73.0%				1.0%			
	90.0%				0.0%			
	59.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	53.0%				0.0%			
	65.0%				0.0%			
	71.0%				0.0%			
	93.0%				0.0%			
	85.0%				0.0%			
	86.0%				0.0%			
	69.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	82.0%				0.0%			
	58.0%				0.0%			
	73.0%				0.0%			
	68.0%				0.0%			
	69.0%				0.0%			
	61.0%				0.0%			
	54.0%				0.0%			
	55.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	4.0%				0.0%			
	17.0%				0.0%			
	31.0%				0.0%			
	32.0%				0.0%			
	43.0%				1.0%			
	72.0%				1.0%			
	65.0%				0.0%			
	47.0%				0.0%			
	85.0%				0.0%			
	41.0%				1.0%			
	28.0%				2.0%			
	60.0%				0.0%			
	27.0%				1.0%			
	51.0%				1.0%			
	59.0%				0.0%			
	50.0%				1.0%			
	25.0%				0.0%			
0.00%	67.84%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

IN"SPECIAL HIGH" RUG SORY		PERCENTAGE OF DAYS IN"SPECIAL LOW" RUG CATEGORY			PERCENTAGE OF DAYS IN"CLINIC C RUG CATEGORY			
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AMERICAN OVERSIGHT

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	1-PRIMARY-CONSULATE (CMC II LLC)
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	1-PRIMARY-GULF COAST HEALTH CARE LLC
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	3-PRIMARY-AVANTE GROUP, INC.
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	3-PRIMARY-CONSULATE (CMC II LLC)

AMERICAN OVERSIGHT

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3-SECONDARY-Health Services Mgt., Inc.
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3-SECONDARY-Health Services Mgt., Inc.
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5-SECONDARY-AMERICAN RETIREMENT CORPORATION
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5-SECONDARY-AMERICAN RETIREMENT CORPORATION

AMERICAN OVERSIGHT

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6-PRIMARY-SUMMITT CARE II INC
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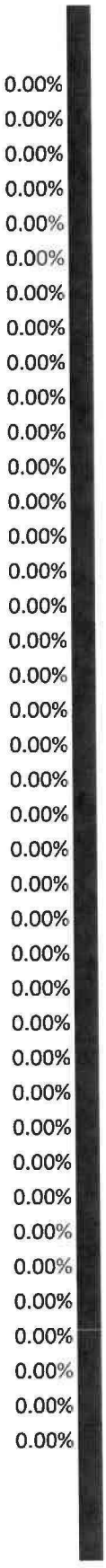

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:03 PM
To: tylersununu@hotmail.com
Subject: FW: Please check links
Attachments: AHCA memo on gloves and mask - DRAFT FINAL 3.18.20.docx; AHCA-DOH COVID19 MASK PROTOCOL Flyer 3.18.20.png

From: Philpot, Toby
Sent: Wednesday, March 18, 2020 3:57 PM
To: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Subject: Please check links

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EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

For more information on conserving PPEs supplies the facility should refer to the information on the CDC website.

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
    - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.

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- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**

    - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**

    - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How I do put on (don) and take off (doff) my mask and gloves?**

    - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

    - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.

    - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

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Effective Immediately
In All Residential / Long Term Care Facilities

ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES



AND

GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT

HOWEVER

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 **should adhere to Standard, Contact, and Droplet Precautions with eye protection.**
This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

AGENCY FOR HEALTH CARE ADMINISTRATION
STATE OF FLORIDA

Florida HEALTH

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 2, 2020 9:48 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Grow"","" Stefan; " "Miller"","" James; " "Kotas"","" James; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: actions and information document
Attachments: 3.2.20 AGENCY FOR HEALTH CARE ADMINISTRATION NOVEL CORONAVIRUS ACTIONS.docx

Good morning,

Attached is the updated COVID-19 actions and information document. Thank you to everyone for your feedback and edits.

Thank you,

Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

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AGENCY FOR HEALTH CARE ADMINISTRATION
2019 NOVEL CORONAVIRUS ACTIONS AND INFORMATION

Top Line Messaging

- AHCA's top priority is the health and safety of residents and patients in the facilities we regulate. As such, AHCA has taken proactive steps to communicate with our providers regarding 2019 Novel Coronavirus (COVID-19).

- On March 1, 2020, Governor DeSantis issued Executive Order Number 20-51 to establish COVID-19 response protocol and direct State Health Officer and Surgeon General, Dr. Scott Rivkees, to declare a public health emergency in the State of Florida.

    - The State Health Officer must follow the guidelines established by the CDC in establishing protocols to control the spread of COVID-19 and educate the public on prevention.

    - DOH was designated the lead state agency to coordinate emergency response activities among the various state agencies and local governments.

    - DOH will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation ("PUI") as defined by the CDC for COVID-19 for a period of at least 14 days or until the PUI tests negative for COVID-19. Active monitoring by the Florida Department of Health will include at least the following:
        A. Risk assessment within 24 hours of learning an individual meets the criteria for a PUI.
        B. Twice-daily temperature checks.

    - DOH will ensure that all individuals meeting the CDC's definition of a PUI are isolated or quarantined for a period of 14 days or until the person tests negative for COVID-19, and make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida law.

    - All agencies under the direction of the Governor, including AHCA, must fully cooperate with DOH.

- Facilities and providers are expected to follow Florida Department of Health (DOH), Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines.

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- AHCA, in direct collaboration with DOH, is focused on alerting facilities and providers to fundamental infection control protocols, including standard hand hygiene procedures, the use of personal protective equipment when appropriate, and other key practices.

- AHCA will ensure Medicaid coverage for testing and treatment of 2019 Novel Coronavirus (COVID-19) through its Medicaid health plans and fee-for-service system.

AHCA Coordination with DOH

- Per Governor DeSantis' Executive Order issued on March 1, 2020, all state agencies are required to cooperate with DOH as they lead response to COVID-19.
- As with all public health emergencies, the Florida Department of Health serves as the lead agency of the Emergency Support Function (ESF) #8 - Public Health and Medical.

- Our role is to support DOH's efforts as they coordinate with state and local partners to investigate, confirm, contain, and report any suspected cases, should they occur.

- DOH is working closely with the CDC to monitor the current outbreak of COVID-19 and is actively working to ensure that the most up-to-date CDC guidance is quickly and accurately disseminated to local partners.

- DOH is hosting a weekly Florida Healthcare Provider Stakeholder Call for 2019 Novel Coronavirus (COVID-19).

Infection Control

- In coordination with DOH, AHCA has informed both facilities and stakeholder groups that healthcare facilities must adhere to standards for infection prevention and control in order to provide safe, high-quality care.

- AHCA expects healthcare staff to comply with basic infection control practices.

    - For 2019 Novel Coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection (for more information, see CDC's Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 [COVID-19]).

    - Healthcare staff should also adhere to CDC recommendations on standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations.

    - If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily

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available see CDC Hand Hygiene in Healthcare Settings for more detailed information.

- Healthcare facilities should ensure that hand hygiene supplies are readily available see CDC Hand Hygiene in Healthcare Settings for more detailed information.

- In addition to the review of CDC information by healthcare facilities, we encourage the review of appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection.

- Every nursing home licensee must have a written plan with procedures to be followed in the event of an internal or externally caused disaster—this includes pandemic response. Nursing home comprehensive emergency management plans must be submitted to the county emergency management agency for review and approval.

- Each nursing home facility shall maintain policies and procedures in infection control and staff education. The staff education plan must ensure that education is conducted annually for all facility employees, at a minimum, in prevention and control of infection.

- Assisted living facilities must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding infection control, sanitation, and universal precautions.

- If any assisted living facility staff member has, or is suspected of having, a communicable disease, that individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

Nursing Home: Federal Infection Control - 42 CFR; 483.80

- The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

  - A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

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- Written standards, policies, and procedures for the program, which must include, but are not limited to:
  - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
  - When and to whom possible incidents of communicable disease or infections should be reported;
  - Standard and transmission-based precautions to be followed to prevent spread of infections;
  - When and how isolation should be used for a resident; including but not limited to;
  - The type and duration of the isolation, depending upon the infectious agent or organism involved, and
  - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
  - The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
  - The hand hygiene procedures to be followed by staff involved in direct resident contact.

- A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility;

- Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection; and,

- Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.

Hospital: Federal Infection Control - 42 CFR; 482.42

- The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

- The hospital's infection prevention and control program must be integrated into its hospital-wide Quality Assurance and Performance Improvement. (QAPI) program.

- A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

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- The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Hospital: State Infection Control- 59A-3.250

- Each hospital shall establish an infection control program involving members of the organized medical staff, the nursing staff, other professional staff as appropriate, and administration. The program shall provide for:
    - The surveillance, prevention, and control of infections among patients and personnel;
    - The establishment of a system for identifying, reporting, evaluating and maintaining records of infections;
    - Ongoing review and evaluation of all septic, isolation and sanitation techniques employed in the hospital; and,
    - Development and coordination of training programs in infection control for all hospital personnel.
- Each hospital shall have written policies and procedures reflecting the scope of the infection control program outlined in subsection (1). The written policies and procedures shall be reviewed at least every two years by the infection control program members, dated at the time of each review, revised as necessary, and enforced.
- The policies and procedures devised by the infection control program shall be approved by the governing board, and shall contain the following:
    - (a) Specific policies for the shelf life of all stored sterile items.
    - (b) Specific policies and procedures related to occupational exposure to blood and body fluids.
    - (c) Specific policies and procedures related to admixture and drug reconstitution, and to the manufacture of intravenous and irrigating fluids.
    - (d) Specific policies related to the handling and disposal of biomedical waste as required by chapter 64E-16, F.A.C., OSHA 29 CFR Part 1910.1030, Bloodborne Pathogens.
    - (e) Specific policies related to the selection, storage, handling, use and disposition of disposable items.
    - (f) Specific policies related to decontamination and sterilization activities performed in central services and throughout the hospital, including a requirement that steam gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.

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- (g) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.
- (h) A requirement that soiled linen is collected in such a manner as to minimize microbial dissemination into the environment.
- (i) A requirement that all cases of communicable diseases as set forth in chapter 64D-3, F.A.C., be promptly and properly reported as required by the provisions of that rule.

- The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the assigned professional staff and the governing board.

- Each hospital shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include work restrictions for an employee whenever it is likely that communicable disease may be transmitted until such time as a medical practitioner certifies that the employee may return to work.

General Precautions for the Public

- Per DOH, you can protect yourself and your community from COVID-19 by washing your hands frequently with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing.

    - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol. Avoid close contact with people who are sick and stay home when you are sick.

Federal Emergency Preparedness Requirements

- The "Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers" establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.

    - The Rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, striving to provide consistent requirements across provider and supplier-types, with some variations.

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- The rule consists of multiple emergency preparedness requirements, however there are 4 core elements essential to an effective EP framework.

- **Risk Assessment and Planning:** Develop an emergency plan using all hazards approach, planning and identifying in advance essential functions and who is responsible in a crisis.

  - An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters.

  - This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to:
    - care-related emergencies;
    - equipment and power failures;
    - interruptions in communications, including cyber-attacks;
    - loss of a portion or all of a facility;
    - interruptions in the normal supply of essentials, such as water and food; and
    - emerging infectious disease (EID) threats.

- **Policies and Procedures:** developed based on the plan (e.g. medical documentation, evacuation or shelter in place)

- **Communication Plan:** alternate means of communication, provide info to local authorities sharing medical info, and providing occupancy information and ability to provide assistance to other facilities in the community.

- **Training and Testing Program:** train staff and test the plan through drills

Emergency Plans

- The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years.
  - The plan must do the following:
    - Address the patient/client population, including, but not limited to, persons at-risk;
    - the type of services the facility has the ability to provide in an emergency;

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- and continuity of operations, including delegations of authority and succession plans.

- *Note: For LTC facilities, emergency plan must be reviewed and updated annually. Additionally, "persons at-risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.*

- The emergency plan must specify the population served within the facility, such as inpatients and/or outpatients, and their unique vulnerabilities in the event of an emergency or disaster.

- As defined by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, members of at-risk populations may have additional needs in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care.

- In addition to those individuals specifically recognized as at-risk in the PAHPA (children, senior citizens, and pregnant women), "at-risk populations" are also individuals who may need additional response assistance including those who have disabilities, live in institutionalized settings, are from diverse cultures and racial and ethnic backgrounds, have limited English proficiency or are non-English speaking, lack transportation, have chronic medical disorders, or have pharmacological dependency.

- At-risk populations would also include, but are not limited to, the elderly, persons in hospitals and nursing homes, people with physical and mental disabilities as well as others with access and functional needs, and infants and children.

- Mobility is an important part in effective and timely evacuations, and therefore facilities are expected to properly plan to identify patients who would require additional assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients and residents are made aware of the procedures to evacuate.

- For outpatient facilities, such as Home Health Agencies (HHAs), the emergency plan is required to ensure that patients with limited mobility are addressed within the plan.

- The emergency plan must also address the types of services that the facility would be able to provide in an emergency.

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- The emergency plan must identify which staff would assume specific roles in another's absence through succession planning and delegations of authority. Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions in the company.

- Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available. During times of emergency, facilities must have employees who are capable of assuming various critical roles in the event that current staff and leadership are not available. At a minimum, there should be a qualified person who "is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility."

- In addition to the facility- and community-based risk assessment, continuity of operations planning generally considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources. Facilities are encouraged to refer to and utilize resources from various agencies such as FEMA and Assistant Secretary for Preparedness and Response (ASPR) when developing strategies for ensuring continuity of operations.

Legal Analysis from DOH General Counsel & AHCA General Counsel

1. What obligations does a hospital have when a sick person shows up?

   The Emergency Medical Treatment and Labor Act (EMTALA) was enacted in 1986 to guarantee nondiscriminatory access to emergency medical care and the health care system, regardless of a patient's ability to pay. A person who presents at a hospital's dedicated Emergency Department, and requests examination or treatment must be medically screened by the hospital. The hospital is obligated under EMTALA to provide the individual with the necessary stabilizing treatment, admit the person in order to provide such stabilization, or arrange for a transfer to another appropriate medical facility with the ability to stabilize the person. These hospital obligations under EMTALA are irrespective of whether the individual is indigent, uninsured, or a beneficiary of any program, such as Medicaid or Medicare.

   In addition, Florida law provides that every general hospital which has an emergency department shall provide emergency services and care for any emergency medical condition when: 1. Any person requests emergency services and care; or 2. Emergency services and care are requested on behalf of a person by: a. An emergency medical services provider who is rendering care to or transporting the person; or b. Another hospital, when such hospital is seeking a medically necessary transfer, except as otherwise provided in this section. § 395.1041(3)(a).

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2. Do hospitals have to have quarantine wings/regulations to deal with people with highly contagious diseases?

   For Florida hospitals that have special care units, they are required to ensure that the special care unit is a physically and functionally distinct entity within the hospital, has controlled access, and has an effective means of isolation for patients suffering from communicable or infectious disease or acute mental disorder. Fla. Admin. Code R. 59A-3.244(3). In additon, hospitals are required to have written procedures for cleaning all infectious disease areas and special written procedures for the separate handling and storage of both clean and dirty linen, with special attention being given to identification, separation and handling of linens from isolation or infectious disease areas. Fla. Admin. Code R. 59A-3.247(6). Additonal rules regarding the surveilance, prevention and control of infection are more specifically set out in Rule 59A-3.250, Florida Administrative Code

   - AHCA requires comprehensive emergency management plans to be prepared and updated annually under s. 395.1055 and rule 59A-3.078, F.A.C.
   - Must be submitted to the county emergency management agency annually for review and approval.
     - Required in these plans are
       - provisions for internal and external disasters and emergencies and a description of the hospital's role in community wide emergency management plans;
       - provisions for essential care and services for patients who may be relocated to the facility during a disaster or an emergency, including staffing, supplies and identification of patients
   - The plan must be tested semiannually through response to a disaster or emergency or in a planned drill.

3. What are the mechanics of a quarantine?
   - Voluntary Home Quarantine
   - Involuntary Quarantine
     - Quarantine Order issued by SSG
       - If quarantine issued under 381.00315(1)(b)4. (i.e., a declaration of Public Health Emergency) – the subject may choose isolation in their home/domicile, unless the department determines the individual's domicile is not a practical method of quarantine.
       - If quarantine at home is not a practical method:
         - "Practical Method of Quarantine" is defined in Florida Administrative Code rule 64D-3.028(20) as: a location where a person infected with or exposed to an infectious agent that threatens public health will have food, clothing and shelter as necessary while separated and restricted from contact with

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people who have not been infected with that disease or immunized against that infection.

- Department has authority to utilize additional facilities including:
    - Schools (think special needs shelters in hurricanes)
    - Libraries
    - Jails (impractical if other non-quarantined individuals were there)
    - Hospitals
        - In the event a disaster or emergency conditions have been declared by the local emergency management authority, and the hospital does not evacuate the premises, a facility may provide emergency accommodations above the licensed capacity for patients. However, the following conditions must be met:
        - (a) The facility must report being over capacity and the conditions causing it to the Agency area office within 48 hours or as soon as practical. As an alternative, the facility may report to the Agency central office, Hospital and Outpatient Services Unit, at (850)412-4549;
        - (b) Life safety cannot be jeopardized for any individual;
        - (c) The essential needs of patients must be met; and,
        - (d) The facility must be staffed to meet the essential needs of patients.
        - Rule 59A-3.078(6), F.A.C.
    - Private places/residences
- Counties' emergency management teams can assist in finding places suitable for quarantine.
- DOH can enter into facility use agreements, memorandums of understanding, or other agreements to utilize and pay for the use of spaces designated for quarantined individuals.

NOTE: The CDC can also order quarantine under section 361 of the Public Health Service Act, 42 C.F.R Parts 70 and 71. It appears rarely used.

Florida Medicaid Coverage

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- Medicaid covers a comprehensive array of services for eligible recipients. Key services that may aid in the diagnosis and treatment of COVID-19 have been included below:

    - Lab tests: Healthcare providers who need to test patients for the disease using the newly established CDC test panel may bill for the test using the newly created procedure code U0001.
        - Florida Medicaid's system is being modified to support billing of this procedure code. This should be implemented within the next 2 weeks. Medicaid health plans will be required to cover U0001, and the Agency will notify health plans about the new procedure code coverage via a policy transmittal.

    - Physician services: Florida Medicaid covers physician services provided in the office setting and through telemedicine for recipients of all ages.

    - In-home physician visits: This is available for children ages 0 through 20 and pregnant women.

    - Home health nursing services: Florida Medicaid covers in-home nursing services for children and adults.

    - Hospital Care: For severe cases, both outpatient and inpatient hospital services are available for eligible recipients of all ages when determined medically necessary.

    - Other in-home monitoring services: Remote patient monitoring is available through Medicaid health plans.

    - Durable medical equipment (DME): Florida Medicaid covers an array of DME services in the home, including payment for protective equipment for use by in-home caregivers.

Medicaid Health Plan Information

- The Medicaid health plans will cover all medically necessary services as specified above.

Symptoms, Diagnosis and Treatment

Symptoms

- Symptoms may appear 2-14 days after exposure:
    - Fever
    - Cough
    - Shortness of breath

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Diagnosis

- The Centers for Disease Control and Prevention (CDC) developed the 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel, which health care providers can use to test for COVID-19. The Centers for Medicare and Medicaid Services developed a new procedure code (U0001) for providers and laboratories to bill when testing patients for SARS-CoV-2, the virus that causes COVID-19. It may take up to three-days for results to come in.

Treatment

- There is no specific antiviral treatment recommended for COVID-19. Patients are treated for their specific symptoms. More progressive cases may require hospitalization. In some cases, depending on the clinical presentations and other factors, the patient may be monitored in the home.

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From: Mayhew, Mary
Sent: Monday, March 16, 2020 12:52 PM
To: \; Shannon.Clary@ahca.myflorida.com
Subject: Fwd: Confidential information included

Can you get this table printed for me

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:31:47 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: Confidential information included

Will do – in county order and added column of COVID test status. Will be in daily update. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard person is being tested - Kim calling	Calling n
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so going to see - not alleged to have COVID testing	Visiting t
ALF	Beach House	140	Naples	Collier	3/14/2020	All tests negative	Negative
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - not ALF	Indepen
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing negative	Negative
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending	Pending

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:25 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James

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<James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: Re: Confidential information included

Please have someone put it in alphabetical order by county. I need this printed and included in a daily briefing binder.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:20:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Confidential information included

No positive cases confirmed in NH or ALF – I will turn the list over to maintenance and advice who will be managing. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so going to see - not alleged to have COVID testing
ALF	Beach House	140	Naples	Collier	3/14/2020	All tests negative
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - not ALF
ALF	Opal	100	Cape Coral	Lee	3/16/2020	[redacted] PHI
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard just person is being tested - Kim calling
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing negative

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From: Mayhew, Mary
To: ""Ferre"","" Helen; helen.ferre@eog.myflorida.com
Subject: Fwd: Keeping Nursing Home Residents Connected with Families/Enriched
Date: Wednesday, March 18, 2020 7:19:32 PM

Mary C Mayhew
Secretary
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850-412-3603
850-228-7093 (cell)

From: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 6:12:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: FW: Keeping Nursing Home Residents Connected with Families/Enriched

Secretary - See the attached pictures. People making the best of the situation to make residents' lives better.

From: Kristen Knapp <kknapp@fhca.org>
Sent: Wednesday, March 18, 2020 12:52 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Subject: [External] Keeping Nursing Home Residents Connected with Families/Enriched

Katie,
In case you wanted to share with Secretary Mayhew some of the things our centers are doing to keep residents and their families connected and keep residents spirits up during this time. A few photos attached and a few stories below. So much more but just wanted to give you a few highlights

We have had a church reach out to us and asked how they could help bring smiles to our residents. We are currently working on "Consulates Virtual Visitors. Spreading love not viruses". The church youth group is going to do one video for each of our care center, it's residents and staff. They will post it and we will get to share it on our care center Facebook pages for the residents and staff to see and encouraging others to post a video. They will say hello, sings songs and spread cheer.

The activity director is bringing donkeys, piglets, horses and owls up to the windows for patients' pleasure.

The facility is hosting bingo where they are calling out numbers over the intercom, staff are yelling out numbers from the halls and then if a resident in their room says bingo staff help give them the win

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Kristen Knapp, APR, CPRC, CAE
Director of Communications
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From: Mayhew, Mary
Sent: Wednesday, March 18, 2020 7:20 PM
To: \; helen.ferre@eog.myflorida.com
Subject: Fwd: Keeping Nursing Home Residents Connected with Families/Enriched
Attachments: Family.jpg; Animalactivity2.jpg; IMG_2816.JPG

Mary C Mayhew
Secretary
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850-412-3603
850-228-7093 (cell)

From: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 6:12:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: FW: Keeping Nursing Home Residents Connected with Families/Enriched

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Sent: Wednesday, March 18, 2020 12:52 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Subject: [External] Keeping Nursing Home Residents Connected with Families/Enriched

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:57 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

We can add to tomorrow's once we get it sent out today to providers.

Get Outlook for iOS

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:50:51 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Should this be in roll up

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases

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- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
    - Visitors will be limited to a specific room only
    - Facilities should require visitors to perform hand hygiene frequently
    - Must wear a face mask
- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.
- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a

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case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).

- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting:
QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 1:56 PM
To: Adrian.Lukis@eog.myflorida.com
Cc: Mayhew, Mary; nicholas.primrose@eog.myflorida.com
Subject: Emergency Rule and Surge Hospital Beds
Attachments: Notice of Emergency Rule Screening3 (002).docx; Inpatient Bed Alternatives Revised.docx

Adrian,

Attached are two documents. Our draft emergency rule restricting access to AHCA regulated facilities and options to expand hospital beds in the event of a surge.

I was initially thinking just the Governor's authority under Ch. 252 for waiving statutes, but after speaking with Nick, Director Moskowitz could also issue these same requirements in the DEM order. That way he could also include APD licenses facilities, which we cannot do under our authority.

Thanks,

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
Stefan.Grow@ahca.myflorida.com

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 72 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits visitors to assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services except under special circumstances and when such staff and visitors meet specific screening criteria in order to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

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[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations; or

2. Hospice or palliative care workers caring for residents in end-of-life situations; or

3. Any third-party providing necessary health care to a resident; or

4. Facility staff; or

5. Facility resident; or

6. Consistent with CMS guidance QSO-20-14-NH issued on March 13, 2020, Ombudsman representatives may access residents only during end-of-life situations; or

7. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; and any emergency medical personnel.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility must require any individual entering the facility to wear personal protective equipment.

(d) Residents must be discouraged from leaving the facility.

(3) Screening Requirements. Any individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough,

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fever, shortness of breath or sore throat;

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

4. Any person who traveled through any airport within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Inpatient Surge Beds

Scenario #1 Utilization of space within the hospital:

During a state of emergency the facility is permitted to utilize space as it see fit to safeguard the lives of patients, staff, and visitors. This includes using spaces for patient care that may not have been designed and approved for such uses where approved facilities are not available due to surge in patients. The facility is responsible for using the existing spaces and systems to the best of their ability to provide the appropriate level care and safety for patients.

(Emergency– no waivers need) – can do this now.

Scenario #2 Use of temporary structures (tents) for outpatient services and emergency screening (triage)

The use of such spaces is permitted during a state of emergency where the need arises to expand emergency services to alleviate overcrowding due a surge of patients. The facility is responsible for maintaining safe conditions and providing an appropriate care setting for the functions performed in the temporary facility including life safety, environmental control, and infection control.

(Emergency– no waivers need) – can do this now.

Scenario #3 Reopening previously licensed hospital or hospital building

Under existing applicable rules, these facilities would need to meet the requirements of the Florida Building Code, the Uniform Fire Standards for Hospitals and Nursing Homes, and federal regulations. We would expect that such facilities could be brought back into operation and comply with previously adopted codes and standards. At a minimum, the facility should be in compliance with the 2012 Life Safety Code and all critical systems should be in good working order. The facility would be permitted to be used for acute care services.

In order to implement, the following waivers would be required.
Waiver of:
61G20-1.001, F.A.C, Florida Building Code Adopted (DBPR - STATE),
59A-3.079 Physical Plant Codes and Standards Hospitals, F.A.C. (AHCA - STATE), and
69A-53, F.A.C Uniform Fire Safety Standards for Hospitals and Nursing Homes (DFS -STATE)
If Agency review is to be waived F.S. 395.0163 and 59A-3.080 would need to be waived (AHCA – STATE)
Waiver of s. 395, F.S. licensing requirements
Waiver of 42 CFR 482.1 (FEDERAL – CMS) FHA is working on the necessary waivers for these regulations

Scenario #4 Temporary use of a building that has never been licensed for inpatient care

Under existing applicable rules, these facilities would need to meet the requirements of the Florida Building Code, the Uniform Fire Standards for Hospitals and Nursing Homes, and federal regulations. This scenario should only be considered when scenarios 1 through 3 are not sufficient to provide for the needs of the community. Selected facility must be fully sprinklered, and protected by a monitored fire alarm system. If the building does not have a permanent emergency standby generator, it must be connected to a temporary mobile generator. The facility may only be used for low acuity patient (ESI level 3, 4, and 5) that are capable of self-preservation. The facility may not be used for patients on a ventilator or other life support equipment. A nurse call system, direct line of sight to the patient, or other method summoning nurse assistance must be provided. The facility must have a food plan and appropriate hygienic facilities for preparing and handling meals. A secure method for storing and distributing medication must be provided. Hand washing sinks and/or alcohol based hand scrub dispenser must be provided as directed by the facilities infection control personnel.

In order to implement, the following waivers would be required.
(Waiver of: 61G20-1.001, F.A.C, Florida Building Code Adopted (DBPR - STATE),
59A-3.079 Physical Plant Codes and Standards Hospitals, F.A.C. (AHCA - STATE), and
69A-53, F.A.C Uniform Fire Safety Standards for Hospitals and Nursing Homes (DFS - STATE)

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Waiver of s. 395, F.S. licensing requirements
Waiver of 42 CFR 482.1 (FEDERAL – CMS) FHA is working on the necessary waivers for these regulations
If Agency review is to be waived F.S. 395.0163 and 59A-3.080 would need to be waived (AHCA – STATE)

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 4:48 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "Kidder"","" Beth; " "McKinstry"","" Molly; " "Grow"","" Stefan; " "Miller"","" James; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: talking points for review today
Attachments: 3.1.20 AGENCY FOR HEALTH CARE ADMINISTRATION NOVEL CORONAVIRUS ACTIONS.docx

Hi team,

Attached is the latest version of the actions and information document. Would everyone please take a moment to review and provide edits/feedback?

Beth – if Medicaid has some info regarding payment for testing, etc., please let me know.

Thank you,

Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

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AGENCY FOR HEALTH CARE ADMINISTRATION
2019 NOVEL CORONAVIRUS ACTIONS AND INFORMATION

Top Line Messaging

- AHCA's top priority is the health and safety of residents and patients in the facilities we regulate. As such, AHCA has taken proactive steps to communicate with our providers regarding 2019 Novel Coronavirus.

- Facilities and providers are expected to follow Florida Department of Health (DOH), Center for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines.

- AHCA, in direct collaboration with DOH, is focused on alerting facilities and providers to fundamental infection control protocols, including standard hand hygiene procedures, the use of personal protective equipment when appropriate, and other key practices.

AHCA Coordination with DOH

- As with all public health emergencies, the Florida Department of Health serves as the lead agency of the Emergency Support Function (ESF) #8 - Public Health and Medical.

- Our role is to support DOH's efforts as they coordinate with state and local partners to investigate, confirm, contain and report any suspected cases, should they occur.

- The Florida Department of Health (DOH) is working closely with the Centers for Disease Control and Prevention (CDC) to monitor the current outbreak of COVID-19 and is actively working to ensure that the most up-to-date CDC guidance is quickly and accurately disseminated to local partners.

- DOH is hosting a weekly Florida Healthcare Provider Stakeholder Call for 2019 Novel Coronavirus.

Infection Control and Emergency Plans

- In coordination with DOH, AHCA has informed both facilities and stakeholder groups that healthcare facilities must adhere to standards for infection prevention and control in order to provide safe, high-quality care.

- ***AHCA expects healthcare staff to comply with basic infection control practices.***

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- For 2019 Novel Coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection (for more information, see CDC's Interim Infection Control Recommendations for 2019-nCoV).

- Healthcare staff should also adhere to CDC recommendations on standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations.

- If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available see CDC Hand Hygiene in Healthcare Settings for more detailed information.

- Healthcare facilities should ensure that hand hygiene supplies are readily available see CDC Hand Hygiene in Healthcare Settings for more detailed information.

- In addition to the review of CDC information by healthcare facilities, we encourage the review of appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection.

- Every nursing home licensee must have a written plan with procedures to be followed in the event of an internal or externally caused disaster—this includes pandemic response. Nursing home comprehensive emergency management plans must be submitted to the county emergency management agency for review and approval.

- Each nursing home facility shall maintain policies and procedures in the following areas: infection control and staff education. The staff education plan must ensure that education is conducted annually for all facility employees, at a minimum, in the following areas prevention and control of infection.

- Assisted living facilities must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding infection control, sanitation, and universal precautions.

- If any assisted living facility staff member has, or is suspected of having, a communicable disease, that individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

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Nursing Home: Federal Infection Control - 42 CFR; 483.80

- The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

    - A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

    - Written standards, policies, and procedures for the program, which must include, but are not limited to:
        - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
        - When and to whom possible incidents of communicable disease or infections should be reported;
        - Standard and transmission-based precautions to be followed to prevent spread of infections;
        - When and how isolation should be used for a resident; including but not limited to;
        - The type and duration of the isolation, depending upon the infectious agent or organism involved, and
        - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
        - The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
        - The hand hygiene procedures to be followed by staff involved in direct resident contact.

    - A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

    - Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

    - Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.

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Hospital: Federal Infection Control - 42 CFR; 482.42

- The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

- The hospital's infection prevention and control program must be integrated into its hospital-wide Quality Assurance and Performance Improvement. (QAPI) program.

- A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

- The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Hospital: State Infection Control- 59A-3.250

- Each hospital shall establish an infection control program involving members of the organized medical staff, the nursing staff, other professional staff as appropriate, and administration. The program shall provide for:

    - The surveillance, prevention, and control of infections among patients and personnel;

    - The establishment of a system for identifying, reporting, evaluating and maintaining records of infections;

    - Ongoing review and evaluation of all septic, isolation and sanitation techniques employed in the hospital; and,

    - Development and coordination of training programs in infection control for all hospital personnel.

- Each hospital shall have written policies and procedures reflecting the scope of the infection control program outlined in subsection (1). The written policies and procedures shall be reviewed at least every two years by the infection control program members, dated at the time of each review, revised as necessary, and enforced.

- The policies and procedures devised by the infection control program shall be approved by the governing board, and shall contain the following:

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- (a) Specific policies for the shelf life of all stored sterile items.
- (b) Specific policies and procedures related to occupational exposure to blood and body fluids.
- (c) Specific policies and procedures related to admixture and drug reconstitution, and to the manufacture of intravenous and irrigating fluids.
- (d) Specific policies related to the handling and disposal of biomedical waste as required by chapter 64E-16, F.A.C., OSHA 29 CFR Part 1910.1030, Bloodborne Pathogens.
- (e) Specific policies related to the selection, storage, handling, use and disposition of disposable items.
- (f) Specific policies related to decontamination and sterilization activities performed in central services and throughout the hospital, including a requirement that steam gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.
- (g) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.
- (h) A requirement that soiled linen is collected in such a manner as to minimize microbial dissemination into the environment.
- (i) A requirement that all cases of communicable diseases as set forth in chapter 64D-3, F.A.C., be promptly and properly reported as required by the provisions of that rule.

- The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the assigned professional staff and the governing board.

- Each hospital shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include work restrictions for an employee whenever it is likely that communicable disease may be transmitted until such time as a medical practitioner certifies that the employee may return to work.

General Precautions for the Public

- Per DOH, you can protect yourself and your community from COVID-19 by wishing your hands frequently with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing.

    - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol. Avoid close contact with people who are sick and stay home when you are sick.

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AHCA General Counsel Legal Analysis

1. What obligations does a hospital have when a sick person shows up?

   The Emergency Medical Treatment and Labor Act (EMTALA) was enacted in 1986 to guarantee nondiscriminatory access to emergency medical care and the health care system, regardless of a patient's ability to pay. A person who presents at a hospital's dedicated Emergency Department, and requests examination or treatment must be medically screened by the hospital. The hospital is obligated under EMTALA to provide the individual with the necessary stabilizing treatment, admit the person in order to provide such stabilization, or arrange for a transfer to another appropriate medical facility with the ability to stabilize the person. These hospital obligations under EMTALA are irrespective of whether the individual is indigent, uninsured, or a beneficiary of any program, such as Medicaid or Medicare.

   In addition, Florida law provides that every general hospital which has an emergency department shall provide emergency services and care for any emergency medical condition when: 1. Any person requests emergency services and care; or 2. Emergency services and care are requested on behalf of a person by: a. An emergency medical services provider who is rendering care to or transporting the person; or b. Another hospital, when such hospital is seeking a medically necessary transfer, except as otherwise provided in this section. § 395.1041(3)(a).

2. Do hospitals have to have quarantine wings/regulations to deal with people with highly contagious diseases?

   For Florida hospitals that have special care units, they are required to ensure that the special care unit is a physically and functionally distinct entity within the hospital, has controlled access, and has an effective means of isolation for patients suffering from communicable or infectious disease or acute mental disorder. Fla. Admin. Code R. 59A-3.244(3). In additon, hospitals are required to have written procedures for cleaning all infectious disease areas and special written procedures for the separate handling and storage of both clean and dirty linen, with special attention being given to identification, separation and handling of linens from isolation or infectious disease areas. Fla. Admin. Code R. 59A-3.247(6). Additonal rules regarding the surveilance, prevention and control of infection are more specifically set out in Rule 59A-3.250, Florida Administrative Code

   - AHCA requires comprehensive emergency management plans to be prepared and updated annually under s. 395.1055 and rule 59A-3.078, F.A.C.
   - Must be submitted to the county emergency management agency annually for review and approval.
     - Required in these plans are
       - provisions for internal and external disasters and emergencies and a description of the hospital's role in community wide emergency management plans;

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        - provisions for essential care and services for patients who may be relocated to the facility during a disaster or an emergency, including staffing, supplies and identification of patients
    - The plan must be tested semiannually through response to a disaster or emergency or in a planned drill.

3. What are the mechanics of a quarantine?
    - Voluntary Home Quarantine
    - Involuntary Quarantine
        - Quarantine Order issued by SSG
            - If quarantine issued under 381.00315(1)(b)4. (i.e., a declaration of Public Health Emergency) – the subject may choose isolation in their home/domicile, unless the department determines the individual's domicile is not a practical method of quarantine.
            - If quarantine at home is not a practical method:
                - "Practical Method of Quarantine" is defined in Florida Administrative Code rule 64D-3.028(20) as: a location where a person infected with or exposed to an infectious agent that threatens public health will have food, clothing and shelter as necessary while separated and restricted from contact with people who have not been infected with that disease or immunized against that infection.
                - Department has authority to utilize additional facilities including:
                    - Schools (think special needs shelters in hurricanes)
                    - Libraries
                    - Jails (impractical if other non-quarantined individuals were there)
                    - Hospitals
                        - In the event a disaster or emergency conditions have been declared by the local emergency management authority, and the hospital does not evacuate the premises, a facility may provide emergency accommodations above the licensed capacity for patients. However, the following conditions must be met:
                        - (a) The facility must report being over capacity and the conditions causing it to the Agency area office within 48 hours or as soon as practical. As an alternative, the facility may report to the Agency central office, Hospital and Outpatient Services Unit, at (850)412-4549;
                        - (b) Life safety cannot be jeopardized for any individual;

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        - (c) The essential needs of patients must be met; and,
        - (d) The facility must be staffed to meet the essential needs of patients.
        - Rule 59A-3.078(6), F.A.C.
    - Private places/residences
- Counties' emergency management teams can assist in finding places suitable for quarantine.
- DOH can enter into facility use agreements, memorandums of understanding, or other agreements to utilize and pay for the use of spaces designated for quarantined individuals.

NOTE: The CDC can also order quarantine under section 361 of the Public Health Service Act, 42 C.F.R Parts 70 and 71. It appears rarely used.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:38 PM
To: Philip Peisch
Subject: FW: [External] Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:34 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

RON DESANTIS
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SECRETARY

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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 18, 2020

Provider Type(s): All

Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

To assist with the response efforts to the 2019 novel coronavirus (COVID-19) state of emergency, the Agency for Health Care Administration (Agency) has prepared this alert to ensure providers are aware of our current Medicaid policy for telemedicine and temporary waivers/flexibilities we are enacting to reduce opportunities for community spread of the virus. The purpose of this document

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is to provide telemedicine guidance to providers on Florida Medicaid coverage of services using live, two-way communication.

Telemedicine Definition

Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.

Current Coverage in the Florida Medicaid Program

Statewide Medicaid Managed Care Program

Medicaid health plans have broad flexibility in covering telemedicine services, including remote patient monitoring and store-and-forward services. The Agency has encouraged plans to ensure the use of services via telemedicine is maximized (as appropriate and allowable with the practitioner's scope of practice) to be responsive to workforce shortages or to meet the needs of enrollees who are homebound or are being monitored in the home. Please contact the health plans directly to inquire about their telemedicine requirements and reimbursement rates.

Fee-for-Service Delivery System

The Agency's current telemedicine policy in the fee-for-service delivery system is available at: http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf.

- **Practitioners:** The Agency covers physician, physician extenders (advanced practice registered nurses and physician assistants), and clinic providers (county health departments, federally qualified health centers, and rural health clinics) through telemedicine. Covered medical services include evaluation, diagnostic, and treatment recommendations for services included on the Agency's practitioner fee schedule to the extent telemedicine is designated in the American Medical Association's Current Procedural Terminology (i.e., national coding standards). All service components included in the procedure code must be completed in order to be reimbursed. The Agency reimburses services using telemedicine at the same rate detailed on the practitioner fee schedule. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

- **Behavioral Health:** The Agency covers behavioral health evaluation, diagnostic, and treatment recommendation services through telemedicine. The Agency reimburses the behavioral health assessment and medication management screening services through telemedicine, at the same rate detailed on the community behavioral health fee schedule. Providers must perform all service components designated for the procedure code billed. Providers must append the GT modifier in the fee-for-service delivery system.

Additional Telemedicine Flexibilities During the State of Emergency (*Applies to the Fee-For-Service Delivery System*)

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- During the state of emergency, the Agency is expanding services provided through telemedicine (live, two-way communication) through the fee-for-service delivery system to include the below treatment services, as medically necessary:

Service	Procedure Code	Required Modifier
Brief individual medical psychotherapy, mental health	H2010 HE	GT
Brief individual medical psychotherapy, substance abuse	H2010 HF	GT
Individual Therapy	H2019 HR	GT
Family Therapy	H2019 HR	GT
Medication Management	T1015	GT
Behavioral health-related medical services: verbal interaction, mental health	H0046	GT
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	GT
Medication-assisted treatment services	H0020	GT
Face-to-face contact prior to SIPP discharge and the home visit interview requirement components of Mental Health Targeted Case Management	T1017 T1017 HA T1017 HK	GT

The Agency reimburses these services using telemedicine at the same rate detailed for the procedure code on the respective Medicaid fee schedule.

Store-and-Forward & Remote Patient Monitoring

For certain evaluation and management services provided during the state of emergency period, the Agency is expanding telehealth to include store-and-forward and remote patient monitoring modalities rendered by **licensed physicians and physician extenders (including those operating within a clinic)** functioning within their scope of practice. The Agency will reimburse each service once per day per recipient, as medically necessary and at the rates detailed in the table below.

Service	Procedure Code	Modifier Required	Reimbursement Rate	
			Maximum Fee*	Maximum Facility Fee**
Store-and-forward	G2010	CR	$7.69	$5.66
Telephone Communications - *Existing* Patients	99441	CR	$9.05	$8.05
	99442	CR	$17.65	$16.10
	99443	CR	$25.80	$23.94
Telephone Communications - *New* Patients	99441 CG	CR	$9.05	$8.05
	99442 CG	CR	$17.65	$16.10
	99443 CG	CR	$25.80	$23.94

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Remote patient monitoring	99453	CR	$11.77	N/A
	99454	CR	$39.15	N/A
	99091	CR	$37.12	N/A
	99473	CR	$7.02	N/A
	99474	CR	$9.51	$5.44
	99457	CR	$32.36	$19.80
	99458	CR	$26.48	$19.80

**On the practitioner fee schedule, this represents the fee schedule increase rate, which is the base Florida Medicaid rate with a 4% increase included for all ages.*
***The facility fee is the reimbursement rate for a practitioner performing services in one of the following places of service: outpatient hospital-off campus (19), inpatient hospital (21), outpatient hospital-on campus (22), emergency room hospital (23), or ambulatory surgical center (24), according to Medicare's designation.*

Telehealth Provider Requirements

Providers using any modality of telehealth described in this alert must:

- Ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated service-specific coverage policy and fee schedule. For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association's Current Procedural Terminology procedure code definitions and guidance.
- Comply with HIPAA regulations related to telehealth communications.
    - See additional guidance provided by the Office of Civil Rights on March 17, 2020 during the state of emergency here.
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient.
- The patient and parent or guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities.
- Out-of-state practitioners who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients, when appropriate, during the state of emergency in accordance with the Department of Health's emergency order (DOH 20 - 002).
    - These providers must go through the provisional enrollment process, if they are not already enrolled in Florida Medicaid. More information about the provisional enrollment process will be available on March 19, 2020 at http://www.mymedicaid-florida.com.

Additional Information

The Agency will issue subsequent guidance for other provider types (therapy services, behavior analysis services, etc.) use of telemedicine.

The Agency will continue to provide information as it becomes available.

For more information, visit the Department's COVID-19 website: www.flhealth.gov/COVID-19.

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QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent from Florida Agency for Health Care Administration to stefan.grow@ahca.myflorida.com. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.

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From: Mayhew, Mary
To: ""McKinstry"","" Molly; "" "Smoak"","" Kimberly; "" "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Subject: FW: facility list
Date: Tuesday, March 17, 2020 10:59:01 AM

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pending etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	PHI	Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 1:50 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: FW: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Case_in_Florida,_Test_Performed_by_AdventHealth_Altamonte_Springs

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Thursday, March 12, 2020 1:45 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Case_in_Florida,_Test_Performed_by_AdventHealth_Altamonte_Springs

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RELEASE

ormation Center on COVID-19 for the State of Florida
SF14@em.myflorida.com

)epartment of Health Announces New Positive COVID-19 Case in Flor Performed by AdventHealth Altamonte Springs

The Florida Department of Health has received notification of one new positive case of coronavirus disease (COVID-19) ir gh a partnership with AdventHealth Altamonte Springs.* To keep Florida residents and visitors safe and aware about the it is issuing regular updates as information becomes available.

ongoing epidemiological investigation in St. Johns County, it was determined that the individual who traveled tc Week was isolated prior to attending the event. We are continuing to encourage Floridians to stay vigilant and a nsider limiting large gatherings.

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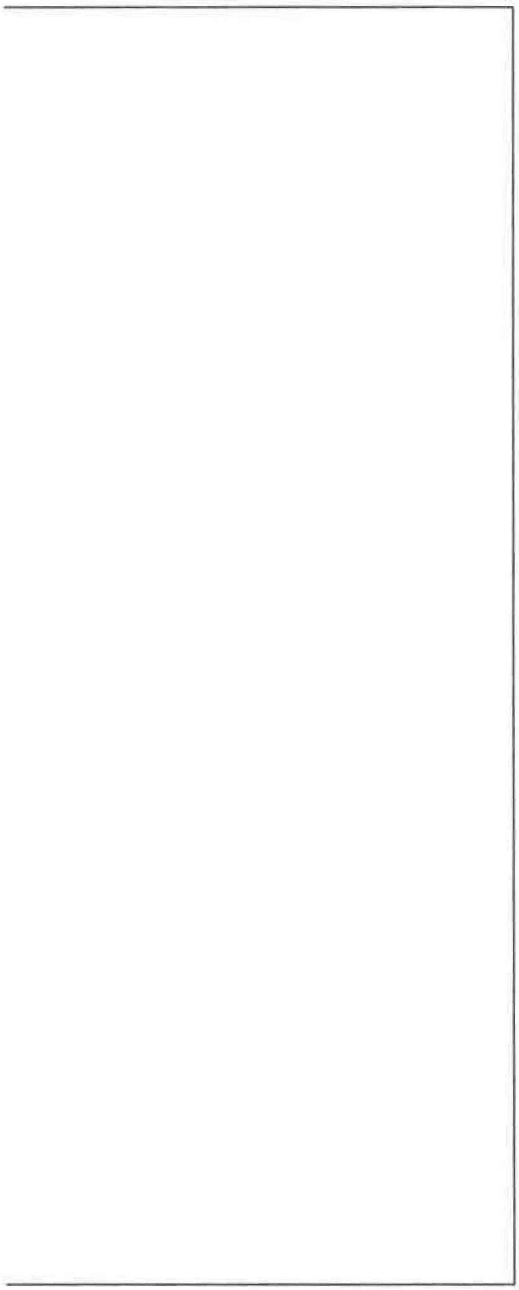
male in Seminole County has tested positive for COVID-19. He is isolated and will continue to remain isolated until clear is a travel-related case and is associated with a Nile River cruise/tour in Egypt.

y

ent of Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or March 2(ir date of return to the United States, and if ill, immediately contact their CHD or health care provider. Several passengers ymptoms and have been confirmed to be infected with COVID-19, including 11 positive cases in Florida.



Health will confirm cases reported by commercial labs.

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exposure to COVID-19 outside of the state.

visory

ough an extensive epidemiological investigation, has identified four positive COVID-19 cases associated with Port Evergl
ree cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

ent recommends all individuals experiencing symptoms who have recently traveled through Port Everglades to immediat
provider and self-isolate for 14 Days.

ent also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-is
ent is working to connect with all employees at Metro Cruise Services who may have come into contact with the three inc
e for COVID-19 to provide the employees with the appropriate guidance and monitoring.
ent is working in close consultation with the CDC on this investigation.
ends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms
ntact their CHD or health care provider.

Advisory

dvising all individuals who have traveled internationally to follow the **new Centers for Disease Control and Prevention**

recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avc
se personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Departme

Cruises: Travelers should monitor their health and limit interactions with others for 14 days after returning to the United S
immediately self-isolate and contact your CHD or health care provider.
rmation regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/t

ebsite and Call Center

rtment's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

ns related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 7**
24 hours a day. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

es

Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's res
Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
geon General Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
ed an Incident Management Team to coordinate response operations.
a dedicated incident command post for on-site response activities.
d public health and health care stakeholder conference calls to provide statewide updates on the current outbreak situatic
nce for pandemic planning. Over five hundred participants joined these calls.
ed with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

ed a public call center for questions regarding COVID-19.
d and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
ted protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
ed mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
d CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic clc
cases at their home or non-home residential settings to CHDs.

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d the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enha
aredness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
ted testing at all three State Public Health Laboratories.
d updated CDC guidance for schools to CHDs and the Department of Education.
d updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

now

d from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes.
surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or m

-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days follow
COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pre
es are more likely to develop serious illness.

vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department rec
help stop the spread of respiratory diseases, including:

e contact with people who are sick;
when you are sick and avoiding contact with persons in poor health;
hing your eyes, nose and mouth with unwashed hands;
r cough or sneeze with a tissue, then disposing of the tissue;
hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blow
neezing;
ater are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soa
ibly dirty; and
disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

ecommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including
e used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facer
d people who are taking care of someone in close settings (at home or in a health care facility).

ences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel
apan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD a
contact.

close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a p
COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will work with the
on should be tested for COVID-19.

epartment of Health

ent of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the h
rated state, county and community efforts.

ok, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee,

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:52 PM
To: ""Haddock"","" Taylor; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Taylor.Haddock@ahca.myflorida.com
Subject: RE: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

Can we change the subject to: COVID-19 Facility Visitor Screening Toolkit

From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:41 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

Please review. Please let me know if the subject needs to be changed.

Thanks!

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:39 PM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Subject: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to

AMERICAN OVERSIGHT

prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

The toolkit can be found here: https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida)

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to taylor.haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:18 AM
To: ""McKinstry"","" Molly; " "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Haddock, Taylor; MacLafferty, Laura; Smoak, Kimberly
Subject: RE: CMS Memos

Just sent it, but I am adding below too.

The Agency also encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida. For any other questions related to COVID-19 in Florida, please contact DOH's dedicated COVID-19 Call
Center by calling 1-866-779-6121 or emailing COVID-19@flhealth.gov.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:17 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: RE: CMS Memos

Great. Mandi - see if what we added to the hospital eblast yesterday works.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:16 AM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: RE: CMS Memos

I think we need to add language to each one of these that mentions DOH.

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:13 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: RE: CMS Memos

Please review the 5 attached email notifications to be sent.

All have links to the CDC website. Only the hospital one has a link to the FDOH website; do we want to include this link in all of them?

I will need to know to which provider types we want to send QSO-20-17-ALL Guidance for use of Certain Industrial Respirators by Health Care Personnel.

AMERICAN OVERSIGHT

Thanks.
Mandi

Mandi Manzie
Government Operations Consultant III
BCS - CENTRAL SYSTEMS MGMT UNIT
850-412-4462 (Office) - Mandi.Manzie@ahca.myflorida.com

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From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 8:46 AM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: CMS Memos

Thank you!!

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 10:37 PM
To: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Re: CMS Memos

This is great -thank you!

Laura - can you please work with Taylor to draft the appropriate eblasts for these - which ones go to which provider types. Then send to me and Katie for approval - thanks much

---

From: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 3:50 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: CMS Memos

Molly - The following CMS Memos have not been distributed via eblast that I am able to find. Below is some draft language that I took from the CMS memos to accompany the link(s) to the guidance. Let me know how you would like for me to proceed. Thanks

QSO-20-15 Hospital/CAH/EMTALA (Distribute to all hospitals)

Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)

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The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. By memorandum dated March 9, 2020 CMS addressed Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19). This memorandum conveys information in response to inquiries from hospitals concerning implications of COVID-19 for their compliance with EMTALA.

The most up-to-date guidance regarding screening, testing, treatment, isolation, and other COVID-19 topics can be found on the CDC website at https://emergency.cdc.gov.han/HAN00427.asp Hospitals are strongly urged to monitor this site as well as the Florida Department of Health's website and follow recommended guidelines and acceptable standards of practice.

QSO-20-16-Hospice (Distribute to all Hospices)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. On March 9, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies. This memorandum responds to questions CMS has received and provides important guidance for hospice agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Hospice agencies should regularly monitor the CDC website for recent updates and contact their local county health department when needed.

QSO-20-17-ALL (Distribute to Hospitals, Nursing Homes, Home Health Agencies, Hospice, ???)

Guidance for use of Certain Industrial Respirators by Health Care Personnel

The Centers for Medicare and Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to the threat of the Coronavirus Disease

AMERICAN OVERSIGHT

2019 (COVID-19) and other respiratory illnesses. On March 10, 2020 CMS provided Guidance for use of Certain Industrial Respirators by Health Care Personnel. This memorandum clarifies the application of CMS policies in light of recent CDC and FDA guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections.

Providers should monitor the CDC website for recent updates and contact their local county health department when needed.

QSO-20-18-HHA (Distribute to all Hospices) [should be Distribute to all HHAs]

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. On March 10, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies. This memorandum responds to questions CMS has received and provides important guidance for home health agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Home health agencies should be monitoring the health status of everyone in the homecare setting for signs or symptoms of COVID-19. Also, home health agencies should regularly monitor the CDC website for recent information and resources and contact their local county health department when needed.

QSO-20-19-ESRD (Distribute to all ESRDs)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Dialysis Facilities

The Centers for Medicare and Medicaid Services (CMS) is dedicated to the continued health and safety of patients obtaining care within dialysis facilities to ensure facilities are prepared to respond to the threat of COVID-19. On March 10, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Dialysis

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Facilities. This memorandum provides additional guidance to dialysis facilities to help control and prevent the spread of the virus.

Facilities should be monitoring the health status of everyone (in-center and home dialysis patients/visitors/staff/etc.) in their facility for signs and symptoms of respiratory infection, including COVID-19. Also, facilities should regularly monitor the CDC website for recent information and resources and contact their local county health department when needed.

Sincerely,

Laura Mac...

412-4340

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:24 PM
To: ""Mahon"","" Jason; " "McCloud"","" Cody; Colleen.Ernst@eog.myflorida.com; Cody.McCloud@eog.myflorida.com; Jason.Mahon@em.myflorida.com
Subject: RE: [External] RE: [EXTERNAL] EMERGENCY ORDER RELEASE

Please see edits below in addition to Jason's.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Wednesday, March 11, 2020 6:10 PM
To: McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] RE: [EXTERNAL] EMERGENCY ORDER RELEASE

Edits highlighted below. Colleen is in concurrence.

From: McCloud, Cody <Cody.McCloud@eog.myflorida.com>
Sent: Wednesday, March 11, 2020 6:02 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Strickland, K <Katie.Strickland@ahca.myflorida.com>
Subject: [EXTERNAL] EMERGENCY ORDER RELEASE

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Can you all please review the below release and let me know asap of any edits

Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Long-Term Care Facilities

TALLAHASSEE, Fla. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Moskowitz issued an Emergency Order temporarily restricting visitation to nursing homes, assisted living facilities (ALF), adult family-care homes, long-term care facilities and adult group homes.

By restricting visitation, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This order has been made in recognition of the fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from COVID-19.

Persons who will now be restricted from visiting nursing homes, ALFs, adult family-care homes, long-term care facilities and adult group homes include:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

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- Any person showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control aod Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or
- Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

For a PDF copy of the full Emergency Order, click **HERE**.

###

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:46 PM
To: ""Ernst"","" Colleen; Colleen.Ernst@eog.myflorida.com
Subject: Fwd: NY Press Release

Colleen,

Passing this along from New York State. I'm researching to see if they waived any statutes, but as best I can tell this was simply issued as a policy directive.

Stefan
Get Outlook for iOS

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:10:10 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: NY Press Release

Below is a press release the state director in New York sent me regarding restrictions being ordered by Governor Cuomo- the section highlighted is specific to limiting nursing home visitors and also employees. Just received and in light of our discussions wanted to share immediately.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
(850) 412-4516 Office Or Cell (850) 559-8273
Kimberly.Smoak@ahca.myflorida.com

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AMERICAN OVERSIGHT

From: Press Office <Press.Office@exec.ny.gov>
Sent: Thursday, March 12, 2020 5:08 PM
To: Press Office <Press.Office@exec.ny.gov>
Subject: DURING NOVEL CORONAVIRUS BRIEFING, GOVERNOR CUOMO ANNOUNCES NEW MASS GATHERINGS REGULATIONS

<ATT00001.gif.secure>

ate Release: 3/12/2020 **GOVERNOR ANDREW M.**

DURING NOVEL CORONAVIRUS BRIEFING, GOVERNOR CUOMO ANNOUNCES NEW MASS GATHERINGS REGULATIONS

Events with 500 or More Individuals in Attendance to Be Cancelled or Postponed

Any Gathering Under 500 Individuals in Attendance Will Be Required to Cut Capacity by 50 Percent

New Limits on Visitations to Nursing Homes - Only Medically Necessary Visits Will Be Allowed To Protect Most Vulnerable

First Public Drive-Through Testing Facility on the East Coast, Located in New Rochelle, Will Start Testing Tomorrow

Confirms 109 Additional Coronavirus Cases in New York State - Bringing Statewide Total to 325; New Cases in 14 Counties

During a novel coronavirus briefing, Governor Andrew M. Cuomo today announced the state will institute limits on mass gatherings, directing events with 500 or more individuals in attendance to be cancelled or postponed. Public health experts agree mass gatherings with people making sustained close contact are a place where the novel coronavirus can easily infect many people quickly and continue its spread. As such, events, gatherings, or places of business with less than 500 individuals in attendance will be required to cut capacity by 50 percent, with exceptions being made for spaces where individuals do not make sustained close contact, such as schools, hospitals, public buildings, mass transit, grocery stores and retail stores. These new regulations will go into effect Friday, March 13th at 5pm, with the exception of Broadway Theaters where the limits will go into effect this evening at 5pm.

In an effort to protect some of the most vulnerable New Yorkers, Governor Cuomo also announced only medically necessary visits will be allowed at nursing homes. This policy will be effective Friday at 5pm. The state is also asking nursing homes to set up skyping and other online communication capacity so families can tele-visit their loved ones. Additionally, the state will require health screenings for all nursing home workers each day when they enter a facility and require them to wear surgical masks to guard against any potential asymptomatic spread.

In order to increase testing capacity, the State is contracting with BioReference Laboratories to run an additional 5,000 tests per day on top of what the state is already doing. These additional 5,000 tests per day will come online next week. This additional testing capacity is on top of that of the 28 private labs the Governor announced are partnering with the state in the coming days and weeks.

AMERICAN OVERSIGHT

Additionally, the Governor announced the first public drive-through testing facility on the east coast will start testing people tomorrow in New Rochelle. Testing will be done by appointment only. New Rochelle residents who have been quarantined will be tested first.

Finally, the Governor confirmed 109 additional cases of novel coronavirus, bringing the statewide total to 325 confirmed cases in New York State. Of the 325 total individuals who tested positive for the virus, the geographic breakdown is as follows:

Albany County: 1 (1 new)
Broome County: 1 (1 new)
Delaware County: 1 (1 new)
Dutchess County: 1 (1 new)
Herkimer County: 1 (1 new)
Monroe County: 1 (1 new)
Nassau County: 41 (13 new)
New York City: 95 (43 new)
Orange County: 1 (1 new)
Rockland County: 7 (1 new)
Saratoga County: 3 (1 new)
Suffolk County: 20 (14 new)
Ulster County: 4 (3 new)
Westchester County: 148 (27 new)

"The spread of this coronavirus is not going to stop on its own, and we know that mass gatherings have been hotspots for the virus to infect large numbers of people quickly," **Governor Cuomo said.** "To help contain it, we are instituting limits on large events as well as new measures to protect our most vulnerable populations — including people in nursing homes — and preparing our healthcare system to be able to deal with any future capacity issues. While the context is key and the anxiety is outpacing the facts of this situation, we will continue taking aggressive action to protect public health and prepare for any future spread of this virus."

"Our number one priority is protecting the public health and every action the Governor and the State of New York have taken thus far have been in furtherance of that goal," **State Health Department Commissioner Dr. Howard Zucker said.** "Public health experts have been clear that limiting large public gatherings where there is potential for close contact is a critical way to slow the spread of this virus. This regulation will help keep people healthy and safe."

The Governor also announced that the State is taking measures to create a reserve workforce of health care professionals in the event of a staffing shortage and identify state facilities that can be used as temporary hospitals. The State is asking former doctors, nurses and other health care professionals to reconnect with their former employers and offer to work on an on-call basis in the cases of a staffing shortage. The State is also identifying National Guard medics for reserved staffing and contacting medical schools to identify possible reserve health care professionals. Additionally, the Department of Health is accelerating regulations to get more health care personnel trained so they can work in other areas.

For all schools in communities with the highest rates of positive cases, the state will be taking proactive steps to implement protocols that limit mass contact. Today the Governor announced SUNY Albany will cancel in person classes for the rest of the semester effective tomorrow after a positive case was confirmed today.

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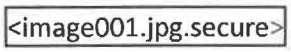
Additionally, any business that cannot accommodate rigorous cleaning standards should contact Empire State Development at (212) 803-3100 for a close order.

###



Additional news available at www.governor.ny.gov
New York State | Executive Chamber |press.office@exec.ny.gov | 518.474.8418

UNSUBSCRIBE

Mark Hennessey
Director
Center for Health Care Provider Services and Oversight
Office of Primary Care and Health Systems Management

New York State Department of Health
875 Central Avenue
Albany, NY 12206

ph: 518.485.9914 | mark.hennessey@health.ny.gov
http://www.health.ny.gov

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 8:57 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: for review

If this looks comprehensive to you, I'll get to DOH for review. Thank you.

On behalf of Florida's Surgeon General and the Florida Department of Health, the Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
    - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.
- All staff working triage desk must wear appropriate PPE (face mask, etc.)
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
    - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
    - Conservation guidelines for appropriate use of PPE are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
    - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.
- CMS announced several actions to address the spread of COVID-19, including specific guidance to hospitals. These memos from CMS were discussed on the state hospital call last week: https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 12:25 PM
To: McKinstry, Molly; Strickland, Katie; Philpot, Toby; Manderfield, Patrick; Smoak, Kimberly; MacLafferty, Laura; Stewart, Kimberly
Subject: RE: 2nd hospital eblast this morning

I normally get whatever goes out....haven't seen this. Just want to make sure it was sent.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 11:18 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Fwd: 2nd hospital eblast this morning

Get Outlook for iOS

From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Monday, March 9, 2020 10:12:28 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: RE: 2nd hospital eblast this morning

The attached eblast has been sent to all hospitals.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:45 AM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: 2nd hospital eblast this morning

Please prepare to send once approval is confirmed

On behalf of Florida's Surgeon General and the Florida Department of Health, the Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
    - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.
- All staff working triage desk must wear appropriate PPE (face mask, etc.)

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- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
    - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
    - Conservation guidelines for appropriate use of PPE are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
    - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.
- CMS announced several actions to address the spread of COVID-19, including specific guidance to hospitals. These memos from CMS were discussed on the state hospital call last week: https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 9:34 AM
To: Charlene Peters
Cc: Stephanie Handelson
Subject: Re: Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

I am reviewing.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Charlene Peters <Charlene.Peters@greystonehealth.com>
Sent: Saturday, March 14, 2020 9:25:20 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Subject: [External] Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

Good morning Secretary,

I am sharing the below (see first email) communication sent to our organization by HCA Healthcare. I am concerned one (highlighted below) of the directives outlined by HCA is contrary to what the LTC industry has been directed to do. As you know, the battle cry for us, keep this out of our centers as we are not equipped to manage active cases, and this correspondence is in direct contrary. I was hoping to get further clarification from your office on how we should proceed. I thank you in advance for your leadership during this challenging time in our industry. Please feel free to reach out to Stephanie or I.

Respectfully,
Charlene Peters

Charlene Peters | Chief Clinical Officer
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
m. 813-210-1650 | o. 813-675-2312

From: Gregg Clavijo-Hopper <Gregg.Hopper@greystonehealth.com>
Sent: Friday, March 13, 2020 4:52 PM
To: Charlene Peters <Charlene.Peters@greystonehealth.com>; Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Subject: Fwd: COVID-19 Patient Care Survey-URGENT

AMERICAN OVERSIGHT

Just received and sending on to you all as there are parts about admitting pts into the SNF, including those who have tested positive...and circumstances that should and should not admit as well as their requirements of form completion.

Because we work with so many HCA hospitals, I don't want the buildings to allow this to guide them vs what we are teaching and instituting.

Gregg

Sent from my iPhone

Begin forwarded message:

From: Rhonda Dozier <Rhonda.Dozier@greystonehealth.com>
Date: March 13, 2020 at 3:32:50 PM CDT
To: Sean O'Malley <Sean.OMalley@greystonehealth.com>, Julie Dawkins <Julie.Dawkins@greystonehealth.com>, Gregg Clavijo-Hopper <Gregg.Hopper@greystonehealth.com>
Subject: Fwd: COVID-19 Patient Care Survey-URGENT

From our HCA Hospitals.

Rhonda Dozier | Regional Director of Business Development
| Greystone Healthcare Management | c. 813-285-9406
| e. rhonda.dozier@greystonehealth.com | w.www.greystonehealth.com
| a. 4042 Park Oaks Blvd., Suite 300 | Tampa, FL 33610

Begin forwarded message:

From: "Diane Oliveri (Smith)" <Diane.Oliveri@greystonehealth.com>
Date: March 13, 2020 at 4:02:05 PM EDT
To: Lashawnda Denmark <Lashawnda.Denmark@greystonehealth.com>, Kelly Shelley <Kelly.Shelley@greystonehealth.com>
Cc: Rhonda Dozier <rhonda.dozier@greystonehealth.com>
Subject: FW: COVID-19 Patient Care Survey-URGENT

From: Proudfit-Granchi Elizabeth <Elizabeth.ProudfitGranchi@hcahealthcare.com>
Sent: Friday, March 13, 2020 3:54 PM
To: Proudfit-Granchi Elizabeth <Elizabeth.ProudfitGranchi@hcahealthcare.com>
Subject: COVID-19 Patient Care Survey-URGENT
Importance: High

Dear SNF Provider,
HCA Healthcare is working diligently to ensure our hospitals are prepared for COVID-19 and we have strong infection prevention protocols in place across all facilities. These protocols include limited entry to accommodate patient and visitor screening, visitor limitations, ensuring availability of supplies and equipment, and staffing contingency plans. We are also in communication with the Centers for

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Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) to ensure we have the latest guidance for infection control and prevention of COVID-19.

As a valued Plus Care Network provider, we are committed to working with you to ensure we are all able to meet the needs of our communities during this challenging time. Below, you will find three requests of your facility. In return, please let me know how I can be of assistance to you.

1. **Operate in Accordance with CDC and CMS Guidelines**
   - SNFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.
   - SNFs should accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC guidance for transmission-based precautions.
   - If a nursing home cannot meet the transmission precautions, it must wait until these precautions are discontinued. The CDC has released Interim Guidance for COVID-19.

2. **Complete our COVID-19 Capabilities Survey**
   Completing this three minute survey within 48 hours helps our hospitals identify your ability to accept and care for patients with respiratory challenges including COVID-19.
   https://www.surveymonkey.com/r/HCA_COVID-19_SNF

3. **Coordinate with Your Local Hospitals**
   a. Communicate what capabilities your facility offers
   b. If your facility, at any time, begins to reach capacity
   c. If your facility is at risk of PPE and COVID-19 testing supply shortages

Thank you for your thoughtful participation as a Plus Care Network provider as well as your commitment to the health and safety of the communities we serve. As always, we are grateful for your commitment to improve the care of our patients. Above all else, we are committed to the care and improvement of human life.
With great appreciation,

Elizabeth Granchi, RN, BSN
Post Acute Care Network Director
Bundled Payment Program
HCA Healthcare | North Florida Division
M 321-408-6042

HCAhealthcare.com | Connect With Us

* * * * * * * * * * *

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* * * * * * * * * * *

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 3:52 PM
To: ""Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com
Subject: Fwd: EO Talking Points
Attachments: EO Talking Points.docx

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 1:42:15 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: EO Talking Points

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In order to protect Florida's most vulnerable populations, the Florida Division of Emergency Management issued an Emergency Order temporarily restricting visitation to:

- nursing homes,
- assisted living facilities (ALF),
- adult family care facilities,
- intermediate care facilities (ICF), and
- Agency for Persons with Disabilities (APD) group homes.

The following conditions will be placed on anyone seeking to visit these facilities:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or
- Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
- Any person who resides in a community where community-spread of COVID-19 is occurring.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 9:34 AM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Philpot, Toby
Subject: Fwd: Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

Let's discuss

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Charlene Peters <Charlene.Peters@greystonehealth.com>
Sent: Saturday, March 14, 2020 9:25:20 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Subject: [External] Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

Good morning Secretary,

I am sharing the below (see first email) communication sent to our organization by HCA Healthcare. I am concerned one (highlighted below) of the directives outlined by HCA is contrary to what the LTC industry has been directed to do. As you know, the battle cry for us, keep this out of our centers as we are not equipped to manage active cases, and this correspondence is in direct contrary. I was hoping to get further clarification from your office on how we should proceed. I thank you in advance for your leadership during this challenging time in our industry. Please feel free to reach out to Stephanie or I.

Respectfully,
Charlene Peters



Charlene Peters | Chief Clinical Officer
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
m. 813-210-1650 | o. 813-675-2312

From: Gregg Clavijo-Hopper <Gregg.Hopper@greystonehealth.com>
Sent: Friday, March 13, 2020 4:52 PM
To: Charlene Peters <Charlene.Peters@greystonehealth.com>; Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>

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Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Subject: Fwd: COVID-19 Patient Care Survey-URGENT

Just received and sending on to you all as there are parts about admitting pts into the SNF, including those who have tested positive...and circumstances that should and should not admit as well as their requirements of form completion.

Because we work with so many HCA hospitals, I don't want the buildings to allow this to guide them vs what we are teaching and instituting.

Gregg

Sent from my iPhone

Begin forwarded message:

> **From:** Rhonda Dozier <Rhonda.Dozier@greystonehealth.com>
> **Date:** March 13, 2020 at 3:32:50 PM CDT
> **To:** Sean O'Malley <Sean.OMalley@greystonehealth.com>, Julie Dawkins <Julie.Dawkins@greystonehealth.com>, Gregg Clavijo-Hopper <Gregg.Hopper@greystonehealth.com>
> **Subject: Fwd: COVID-19 Patient Care Survey-URGENT**
>
> From our HCA Hospitals.
>
> **Rhonda Dozier** | Regional Director of Business Development
> | Greystone Healthcare Management | c. 813-285-9406
> | e. rhonda.dozier@greystonehealth.com | w.www.greystonehealth.com
> | a. 4042 Park Oaks Blvd., Suite 300 | Tampa, FL 33610
>
> Begin forwarded message:
>
> > **From:** "Diane Oliveri (Smith)" <Diane.Oliveri@greystonehealth.com>
> > **Date:** March 13, 2020 at 4:02:05 PM EDT
> > **To:** Lashawnda Denmark <Lashawnda.Denmark@greystonehealth.com>, Kelly Shelley <Kelly.Shelley@greystonehealth.com>
> > **Cc:** Rhonda Dozier <rhonda.dozier@greystonehealth.com>
> > **Subject: FW: COVID-19 Patient Care Survey-URGENT**
> >
> > **From:** Proudfit-Granchi Elizabeth <Elizabeth.ProudfitGranchi@hcahealthcare.com>
> > **Sent:** Friday, March 13, 2020 3:54 PM
> > **To:** Proudfit-Granchi Elizabeth <Elizabeth.ProudfitGranchi@hcahealthcare.com>
> > **Subject:** COVID-19 Patient Care Survey-URGENT
> > **Importance:** High
> >
> > Dear SNF Provider,
> > HCA Healthcare is working diligently to ensure our hospitals are prepared for COVID-19 and we have strong infection prevention protocols in place across all facilities. These protocols include limited entry to accommodate patient and visitor

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screening, visitor limitations, ensuring availability of supplies and equipment, and staffing contingency plans. We are also in communication with the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) to ensure we have the latest guidance for infection control and prevention of COVID-19.

As a valued Plus Care Network provider, we are committed to working with you to ensure we are all able to meet the needs of our communities during this challenging time. Below, you will find three requests of your facility. In return, please let me know how I can be of assistance to you.

1. **Operate in Accordance with CDC and CMS Guidelines**
   - SNFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.
   - SNFs should accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC guidance for transmission-based precautions.
   - If a nursing home cannot meet the transmission precautions, it must wait until these precautions are discontinued. The CDC has released Interim Guidance for COVID-19.

2. **Complete our COVID-19 Capabilities Survey**
   Completing this three minute survey within 48 hours helps our hospitals identify your ability to accept and care for patients with respiratory challenges including COVID-19.
   https://www.surveymonkey.com/r/HCA_COVID-19_SNF

3. **Coordinate with Your Local Hospitals**
   a. Communicate what capabilities your facility offers
   b. If your facility, at any time, begins to reach capacity
   c. If your facility is at risk of PPE and COVID-19 testing supply shortages

Thank you for your thoughtful participation as a Plus Care Network provider as well as your commitment to the health and safety of the communities we serve. As always, we are grateful for your commitment to improve the care of our patients. Above all else, we are committed to the care and improvement of human life.
With great appreciation,

Elizabeth Granchi, RN, BSN
Post Acute Care Network Director
Bundled Payment Program
HCA Healthcare | North Florida Division
M 321-408-6042

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* * * * * * * * * * *

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use.
* * * * * * * * * * *

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 2:31 PM
To: ""St Laurent"","" Louise R; Louise.StLaurent@flhealth.gov
Subject: Elective Sx
Attachments: EO_20-52.pdf; Elective Surgery EO.docx

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STATE OF FLORIDA

OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 20-52

(Emergency Management - COVID-19 Public Health Emergency)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, in late 2019, a new and significant outbreak of COVID-19 emerged in China; and

WHEREAS, the World Health Organization previously declared COVID-19 a Public Health Emergency of International Concern; and

WHEREAS, in response to the recent COVID-19 outbreak in China, Iran, Italy, Japan and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 7, 2020, I directed the Director of the Division of Emergency Management to activate the State Emergency Operations Center to Level 2 to provide coordination and response to the COVID-19 emergency; and

WHEREAS, as of March 9, 2020, eight counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

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WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue and disposal of the tissue immediately thereafter, washing hands often with soap and water for at least 20 seconds, using of alcohol-based hand sanitizers with 60%-95% alcohol if soap and water are not readily available and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and

WHEREAS, the CDC currently recommends mitigation measures for communities experiencing an outbreak including staying at home when sick, keeping away from others who are sick, limiting face-to-face contact with others as much as possible, consulting with your healthcare provider if individuals or members of a household are at high risk for COVID-19 complications, wearing a facemask if advised to do so by a healthcare provider or by a public health official, staying home when a household member is sick with respiratory disease symptoms if instructed to do so by public health officials or a health care provider; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, I declare a state of emergency exists in the State of Florida.

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Section 2. I designate the Director of the Division of Emergency Management ("Director") as the State Coordinating Officer for the duration of this emergency and direct him to execute the State's Comprehensive Emergency Management Plan and other response, recovery, and mitigation plans necessary to cope with the emergency. Additionally, I designate the State Health Officer and Surgeon General as a Deputy State Coordinating Officer and State Incident Commander.

Pursuant to section 252.36(1)(a), Florida Statutes, I delegate to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes, which he shall exercise as needed to meet this emergency, subject to the limitations of section 252.33, Florida Statutes. In exercising the powers delegated by this Order, the State Coordinating Officer shall confer with the Governor to the fullest extent practicable. The State Coordinating Officer shall also have the authority to:

A. Seek direct assistance and enter into agreements with any and all agencies of the United States Government as may be needed to meet the emergency.

B. Designate additional Deputy State Coordinating Officers, as necessary.

C. Suspend the effect of any statute, rule, or order that would in any way prevent, hinder, or delay any mitigation, response, or recovery action necessary to cope with this emergency.

D. Enter orders as may be needed to implement any of the foregoing powers; however, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such orders issued by the State Coordinating Officer; however, no such order shall remain in effect beyond the expiration of this Executive Order, to include any extension.

Section 3. I order the Adjutant General to activate the Florida National Guard, as needed, to deal with this emergency.

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Section 4. I find that the special duties and responsibilities resting upon some State, regional, and local agencies and other governmental bodies in responding to the emergency may require them to suspend the application of the statutes, rules, ordinances, and orders they administer. Therefore, I issue the following authorizations:

A. Pursuant to section 252.36(1)(a), Florida Statutes, the Executive Office of the Governor may suspend all statutes and rules affecting budgeting to the extent necessary to provide budget authority for state agencies to cope with this emergency. The requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to any such suspension issued by the Executive Office of the Governor; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extension.

B. Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency. This includes, but is not limited to, the authority to suspend any and all statutes, rules, ordinances, or orders which affect leasing, printing, purchasing, travel, and the condition of employment and the compensation of employees. For the purposes of this Executive Order, "necessary action in coping with the emergency" means any emergency mitigation, response, or recovery action: (1) prescribed in the State Comprehensive Emergency Management Plan ("CEMP"); or (2) ordered by the State Coordinating Officer. The requirements of sections 252.46 and 120.54, Florida Statutes, shall not apply to any such suspension issued by a State agency; however, no such suspension shall remain in effect beyond the expiration of this Executive Order, to include any extensions.

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C. In accordance with section 465.0275, Florida Statutes, pharmacists may dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under this Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by this Executive Order.

D. In accordance with section 252.38, Florida Statutes, each political subdivision within the State of Florida may waive the procedures and formalities otherwise required of the political subdivision by law pertaining to:

1) Performance of public work and taking whatever prudent action is necessary to ensure the health, safety, and welfare of the community;

2) Entering into contracts; however, political subdivisions are cautioned against entering into time and materials contracts without ceiling as defined by 2 CFR 200.318(j) or cost plus percentage contracts as defined by 2 CFR 200.323(d);

3) Incurring obligations;

4) Employment of permanent and temporary workers;

5) Utilization of volunteer workers;

6) Rental of equipment;

7) Acquisition and distribution, with or without compensation, of supplies, materials, and facilities; and,

8) Appropriation and expenditure of public funds.

E. All State agencies responsible for the use of State buildings and facilities may close such buildings and facilities in those portions of the State affected by this emergency, to the extent necessary to meet this emergency. I direct each State agency to report the closure of any State

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building or facility to the Secretary of the Department of Management Services. Under the authority contained in section 252.36, Florida Statutes, I direct each County to report the closure of any building or facility operated or maintained by the County or any political subdivision therein to the Secretary of the Department of Management Services. Furthermore, I direct the Secretary of the Department of Management Services to:

1) Maintain an accurate and up-to-date list of all such closures; and,

2) Provide that list daily to the State Coordinating Officer.

Section 5. I find that the demands placed upon the funds appropriated to the agencies of the State of Florida and to local agencies are unreasonably great and the funds currently available may be inadequate to pay the costs of coping with this emergency. In accordance with section 252.37(2), Florida Statutes, I direct that sufficient funds be made available, as needed, by transferring and expending moneys appropriated for other purposes, moneys from unappropriated surplus funds, or from the Budget Stabilization Fund.

Section 6. All State agencies entering emergency final orders or other final actions in response to this emergency shall advise the State Coordinating Officer contemporaneously or as soon as practicable.

Section 7. Medical professionals and workers, social workers, and counselors with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health.

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Section 8. All activities taken by the Director of the Division of Emergency Management and the State Health Officer and Surgeon General with respect to this emergency before the issuance of this Executive Order are ratified. This Executive Order shall expire sixty days from this date unless extended.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 9th day of March, 2020.

RON DESANTIS, GOVERNOR

ATTEST:

SECRETARY OF STATE

FILED
2020 MAR -9 PM 5:52

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FL-AHCA-20-0902-A-000994

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WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

... (Same as EO 20-52)

WHEREAS, as of March 18, 2020 XXX counties in Florida have positive cases for COVID-19, and COVID-19 poses a risk to the entire state of Florida; and

WHEREAS, the CDC currently recommends...(See CDC/POTUS guidance which will be issued 3/18)

WHEREAS, as Governor, I am responsible for meeting the dangers presented to the state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. Because of the foregoing conditions, and based on recommendations from the Department of Health and the Agency for Health Care Administration by reason of conditions arising from this emergency, I hereby employ the following measures and direct as follows:

Pursuant to section 252.36(7), Florida Statutes,

1. All licensed health care facilities in the state shall immediately cease performing elective procedures (need to define)
2. All practitioners licensed in Florida shall immediately cease performing elective procedures.

Authority:

(7) The Governor shall employ such measures and give such directions to the Department of Health and the Agency for Health Care Administration as may be reasonably necessary for the purpose of securing compliance with the provisions of ss. 252.31-252.90 or with the findings or recommendations of such agency of health by reason of conditions arising from emergencies or threats of emergency.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 8:07 AM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Cc: Strickland, Katie; Philpot, Toby
Subject: Fwd: COVID-19 ALF/AFCH Questions for ESF8/DOH

We need to develop a directive to all facilities to answer these questions. We need to provide a clear step by step directive.

Katie/Toby - let's discuss.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:12:48 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com) <adrian.lukis@eog.myflorida.com>
Subject: Fwd: COVID-19 ALF/AFCH Questions for ESF8/DOH

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Friday, March 13, 2020 12:50:23 PM
To: Stateesf8.Planning@flhealth.gov <Stateesf8.Planning@flhealth.gov>; dayle.mooney@flhealth.gov <dayle.mooney@flhealth.gov>
Cc: Tiffani Hart <Tiffani@fala.org>; Mike Hardy <mike@fala.org>; Bussey, Jon <Jon.Bussey@em.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] COVID-19 ALF/AFCH Questions for ESF8/DOH

Good afternoon,

We had a call this morning with members. Had a few questions come up:

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1. Residents that begin to show s/s of illness what is recommended protocol so that hospitals and DOH are not overwhelmed? Should they be calling local MD first with follow up to DOH to see about ruling out other illness first?
2. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
3. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?
4. In homes that have shared rooms what recommendations do you have for isolation if needed?
5. With shortage of PPE have we started to think of alternative measures such as cloth gowns that can be sterilized? And other items that may be able to be used?

We have sent out a questionnaire to members about staffing illnesses, visitors and supplies. If there is any other support we can provide please let us know.

My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



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FL-AHCA-20-0902-A-000999

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 1:46 PM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com
Attachments: AHCA COVID TPs 3.9.20.docx

Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

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COVID-19 – Talking Points

Top Line Messaging

- AHCA's top priority is the health and safety of residents and patients in the facilities we regulate. As such, AHCA has taken proactive steps to communicate with our providers regarding COVID-19.
- COVID-19 has raised significant public awareness to just how necessary it is that everyone wash their hands regularly and thoroughly.
- I know people are tired of hearing this—but the best defense right now is washing your hands, covering your cough, and cleaning and disinfecting thoroughly.
- We've sent out alerts and hosted multiple calls with facilities (nursing homes, assisted living facilities, hospitals, etc.) to ensure they are focused on best practices for infection control and prevention.
- We know that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes or lung disease.
- We understand this is a rapidly evolving situation worldwide and my Agency remains committed to doing all we can to equip facilities with the best information to protect patients and residents.
- How a facility is maintained and managed is the first line of defense against the spread of infection.
- I have an important message for the public: if you are sick please do not visit a nursing home.
- And if you are sick, please only go to a hospital if you need to seek services.
- This is a good practice always but becoming critical as we face COVID-19.

Infection Control Issues at Facilities

- As Secretary, I recognize the trust that Florida's nursing home residents and their families place in their facilities' nurses and administrators to ensure a safe living environment.

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- My agency's role is to ensure the facilities we license and regulate are vigilant in maintaining adherence to infection control and prevention protocols and quality standards that will protect the health and welfare of our state's most vulnerable.

- Preventing and mitigating the effects of infection in healthcare settings is among the most important tasks that Florida's hospitals, nursing homes and assisted living facilities must manage.

- **How a facility is maintained and managed is the first line of defense against the spread of infection.**

- And infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities – and they are the responsibility of everyone in the facility – from the clinical staff, to the custodial staff, to the vendors and visitors who enter facilities.

- In 2019, there were 4 hospitals out of 310 and 320 nursing homes out of 695 that had some level of non-compliance related to infection prevention and control, but they did not a level of risk of harm or serious injury to patients or residents.

- All of those findings were thoroughly corrected and verified for compliance by our Agency.

- Let me be clear: in just a matter of weeks, a hospital or nursing home could lose their license and be shut down for failing to effectively correct the risk to patients.

- Because infection and prevention and control are so foundational to the health and welfare of patients and residents, it is equally a significant priority for our agency as we inspect these facilities.

- We inspect for the smallest gaps in practice in order to support comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

- Infection control inspection criteria, as administered from the CDC and CMS, includes reviews of:
    - Facility Assignment and Task Coordination
    - Hand Hygiene
    - Personal Protective Equipment (PPE)
    - Transmission-Based Precautions
    - Laundry Services
    - Policies and Procedures

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- Infection Surveillance
- Antibiotic Stewardship Program
- Influenza and Pneumococcal Immunizations

- Hospitals and nursing homes are executing key infection control measures, including:
  - Staff members maintaining compliance with hand hygiene.
    - Staff hand hygiene before and after contact with residents
    - Ensuring appropriate resident hand hygiene is performed
  - Appropriate use of personal protective equipment (PPE).
  - Environmental cleaning

- Our Agency is engaging and communicating regularly with nursing homes across the state and engaging in stakeholder discussions to address best practices and take any questions.

- The Agency will consider immediate jeopardies for infection control issues and complaints alleging infection control concerns, including facilities with COVD-19.

- Our inspections will prioritize the facilities that currently have positive and suspected cases of COVD-19.

- Per CMS, we are currently deploying staff and will visit hospitals and nursing homes that have had infection control issues in the past.

- The Department of Health is – and always has been – the lead on any infectious disease outbreak. Our Agency is there to provide resources as appropriate. If the facility does not respond or accommodate the Department of Health, then our Agency go in as the regulatory entity.

- We are here to be a partner among state agencies and to consistently provide communications and immediate assistance.

Visitor and Vendor Screenings

- We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

- To that end, nursing homes and assisted living facilities, have been encouraged to implement screening interventions for visitors, vendors and staff.

- AHCA has shared and distributed communications that equip facilities with resources for Visitor Screening.

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- The agency recognizes that facilities need to be overly cautious to protect their patients and residents and we appreciate the thoughtful approach to the comprehensive screening of visitors, staff and vendors.

- This includes the need to screen those entering the facility to ensure no one has a temperature prior to entering.

- I have an important message for the public: if you are sick please do not visit a nursing home.

- And if you are sick, please only go to a hospital if you need to seek services.

- This is a good practice always but becoming critical as we face COVID-19.

Hospital Preparedness

- Hospitals consistently drill for these type of emergencies.

- They have well established practices and procedures to help them respond to COVID-19.

- Additionally, my agency continues to send alerts to facilities to make sure they have the most up-to-date information about best practices from the CDC.

Personal Protective Equipment

- Personal protective equipment (PPE) coordination is handled at a local level through local health departments and emergency operations centers.

- In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

- To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 5:30 PM
To: ""Harris"","" Shevaun; " "Grow"","" Stefan; " "Sokoloski"","" Kristin; Kristin.Sokoloski@ahca.myflorida.com; Shevaun.Harris@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: FW: Agenda

From: Philpot, Toby
Sent: Wednesday, March 11, 2020 5:29 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Agenda

AHCA COVID-19 Leadership Call

Wednesday – March 11, 2020

Secretary Mayhew

- Opening Remarks and Executive Update
- Executive Order issued by Governor DeSantis
    - Any follow-up – Outside FL List of areas impacted by Community Spread

HQA

- EOC Update
    - Announcements
    - Staffing Plan
- New E-blasts and Communications
- Internal COVID-19 Website Daily Updates
    - CDC Documents Added
    - CMS Documents Added
- FHCA Call Tomorrow – 11AM

- Facility Visits

Medicaid

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- MCO/Health Plan Policy Transmittal ---- send out Thursday morning
    - LTC Care Coordination/Case Management
    - Telemedicine
- Clarify Billing/Coding for Lab Corp/Quest
- National Updates – CMS, NAMD, etc.

Inquiries

- Mayo Clinic – Telemedicine
- Senator Rubio – Number of ICU Beds

Daily Roll-up

- Items to Note

Association Calls

- AHCA Feedback or Deliverables

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 7:43 AM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: [External] Camellia at Deerwood - COVID 19 Communication
Attachments: GMI COVID-19 Resident and Family Communication - Camellia at Deerwood 3.15.2020.docx

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 6:29:51 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>
Subject: Fw: [External] Camellia at Deerwood - COVID 19 Communication

Attached - Camellia at Deerwood ALF in Jacksonville letter to families of a second confirmed positive case - individual quarantined at hospital.

From: Renea McGrath <rmcgrath@camelliaatdeerwood.com>
Sent: Sunday, March 15, 2020 6:14 AM
To: Renea McGrath <rmcgrath@camelliaatdeerwood.com>
Subject: [External] Camellia at Deerwood - COVID 19 Communication

Please see attached.

Renea McGrath, CADDCT, CDP
Senior Executive Director
Camellia at Deerwood
904.519.1034
Email: rmcgrath@camelliaatdeerwood.com

CAMELLIA
AT DEERWOOD
A GRACE MGMT COMMUNITY

AMERICAN OVERSIGHT

CONFIDENTIALITY NOTICE: The contents of this email and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information. Information representing protected health information is subject to the sender's current policies and procedures governing its use and disclosure. Any unauthorized dissemination, distribution, or copying of this communication is strictly prohibited. If you are not the intended recipient or if you have received this message in error, please delete it from your system without copying or forwarding it and notify the sender immediately by replying to this email.

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CAMELLIA
AT DEERWOOD
A GRACE MGMT COMMUNITY

Via Email

March 15th, 2020

To our Residents and Family Members:

We understand the concerns you and your family are experiencing with the world-wide Coronavirus (COVID-190 pandemic. We remain focused on protecting the health and safety of our residents and associates. This is an evolving situation and we will continue to maintain communication with you.

We previously informed you that one of our residents has a confirmed positive diagnosis of COVID-19. The individual remains quarantined in the hospital in accordance with the Centers for Disease Control and Prevention (CDC) recommendations. Many of you have inquired regarding the identity of the individual. We appreciate your care and concern, but we are unable to disclose the identity out of respect for the individual's rights to privacy.

We wish to also inform you that we have just been notified by the Florida Department of Health that a second resident also has a confirmed positive diagnosis of COVID-19. This individual is also quarantined in the hospital.

We continue to follow the recommendations and guidelines of the CDC, our local and state health departments, and more. These additional procedures include but are not limited to:

- Restricting visitor access to only include essential individuals. As a result, only associates or other providers scheduled to be on site to provide direct care or services to our residents are allowed access into the community.
- Screening of all essential individuals upon each entry to the community to review direct wellness and travel experience, as well as potential exposure to each .
- Daily monitoring of residents and associates for any signs or symptoms, including taking the temperatures of our residents.
- Precautionary isolation for any individuals known to have direct exposure to either resident with confirmed positive diagnosis of COVID-19.
- Enhanced community cleaning protocols to include increased frequency and elevated sanitation.
- Modified Life Enrichment Programming to retain opportunities to engage and connect while reducing potential risk.

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- Modified meal service and meal delivery to apartments as appropriate.
- Consultation with our Medical Advisor, Dr. Kevin O'Neil, MD, FACP, CMD as an additional measure of support and guidance.
- Consultation and full cooperation with the Florida Department of Health as well as the Agency for Health Care Administration (ACHA).
- Ongoing education and resources for associates as well as reinforcement of our support and expectation that associates remain at home if experiencing any signs or symptoms.

Please reach out to me directly at rmcgrath@camelliaatdeerwood.com if you have any questions or concerns. I will answer all emails as promptly as I am able. I am working closely with our regulatory authorities. Thank you for your support and cooperation as we all work together to maintain the health and safety of our residents and associates.

Sincerely,
Renea McGrath, Senior Executive Director

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:43 PM
To: ""Mayhew"","" Mary; " "Strickland"","" Katie; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: RE:

Lauren Keenan is running it out to you

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:42 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: Re:

Can this get printed

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:01:29 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject:

Opening

- Governor DeSantis and the State Emergency Operations Team continue to take comprehensive steps to protect the citizens of Florida.
- This Administration is prepared to meet and respond to this public health challenge.
- Let me assure all Floridians that every flexibility we can offer to health care providers and facilities is being explored to enhance communities' ability to respond to COVID-19.
- Our charge is to equip and resource the health care workforce on the frontlines with every necessary tool to protect the most vulnerable from the threat of COVID-19.
- We are taking decisive action to help prevent the impact and spread of this disease.
- Most importantly, we cannot afford to take the risk of spread in our skilled nursing and assisted living facilities.
- We know risk is greatest for our elderly – disproportionately impacting those 65 and older and those with underlying health conditions.

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- While there may not be any identified community spread at this time, we know the first line of defense is stopping spread before it gets in the door.

- For our elderly and medically frail, the risk of fatality is high.

- It's why the Governor has taken decisive action to issued stronger visitation restrictions to eliminate any possible exposure to COVID-19.

Testing and Transfer

- For our nursing homes and assisted living facilities, We need to be able to quickly identify any individual in your facility that may be at risk for COVID-19.

- We need all of you, every facility, to work in coordination with your local county health department , the moment you anticipate someone may need to be tested or transferred to hospital.

- Florida's local county health departments are ready, and skilled to support you in determining what need to happen in terms of testing.

- They are ready to evaluate the precautions that may need to occur in your facility such as isolating other residents.

- To support and assist you to the extent hospital transfer is required.

- We understand that many of you are not going to have the level of PPE that is often more readily available in hospital.

- If you are in need of certain PPE, contact your local county emergency manager if you cannot get it through your regular supply chain or if that is going to be delayed.

- While it is not a guarantee that the state will be able to turn that supply around to you, it will at least be recorded as a mission and a need – so the state can have a statewide perspective on what supplies are needed where.

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- But again your local county health department and their skilled staff can help support you the moment you suspect someone may need to be tested or transferred to the hospital.

- We have over 11 long-term care facilities that have a suspected or confirmed COVID-19 case.

Prepare for Surge

- Hospitals across Florida must begin to plan for and develop a strategy for patient volume and complexity in the event of a surge of patients.
- CEOs, Administrators and medical team leadership must prepare now for how they will triage patients, allocate PPE resources and other critical life-saving equipment.
- Prepare contingency plans for capacity for hospitalization, ICU beds and ventilator supply.
- Develop and Refine protocols that define how patients will be triaged for admission, observation, discharge, and quarantine in a potential surge environment.
- Identifying locations and staffing plans that separate vulnerable patients from COVID-19 activities must be carefully considered.

- Hospitals systems should consider post-poneing elective surgeries, and taking additional steps to reduce non-life threatening procedure demand on doctors and nurses.

- Health systems in every community should begin planning for how they will communicate internally with their workforce, and externally to the public about hospital operations.

- A designated communications strategy will ensure patients and their families are equipped with just as much actionable information as hospital personnel.

Ventilators

- Hospitals should be taking inventory of ventilators for potential surge of critical patients.

- Ventilators assist respiratory functions – and are a vital medical support for patients in the critical stages of COVID-19.
- Hospital should be planning and preparing to acquire more ventilators, and should look at purchasing or rental markets to explore options.

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Personal Protective Equipment

- All hospitals should communicate and provide training on proper donning and doffing of personal protective equipment, including fit testing of N95 masks.
- Facilities should be monitoring rates of PPE use to ensure adequate supply.
- Inventories should be taken on PPE, to include burn rate of equipment, next anticipated delivery of PPE supplies and proper allocation to health care staff.

Exploring Financial Assistance for Medicaid Providers

- The state is cognizant of the economic hardships that may be faced by Medicaid Providers
- Our Agency will do everything possible to ensure providers can continue offering critical services in Florida
- We will do what is allowable within federal guidelines to ensure a prompt response to issues as they arise
- The Agency is exploring opportunities to make advanced payments to hospitals and providers that face financial hardships due to their COVID-19 response in order to stabilize and ensure continuity of care.
- Our Agency is currently monitoring the COVID-19 bill that is moving through Congress. This proposed FMAP increase could potentially provide additional funding to hospitals through the LIP program.
- Our Agency is also exploring relief for Medicaid providers with outstanding debt owed, by temporarily suspending terms of payment agreements for 90 days.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:47 PM
To: ""Primrose"","" Nicholas; Nicholas.Primrose@eog.myflorida.com
Subject: Re: ALF Emergency Order

I'm looking for APD group homes as well

Get Outlook for iOS

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:34:12 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Updated to include Adult Family Care and Nursing Home Facilities & community spread (as directed by CMS in the attached PDF they released yesterday).

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Primrose, Nicholas
Sent: March 10, 2020 5:07 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>
Subject: ALF Emergency Order

Updated to include new language after consultation with DOH.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor

AMERICAN OVERSIGHT

400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 2, 2020 9:48 AM
To: ""Philpot"","" Toby; " "Mayhew"","" Mary; Toby.Philpot@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

FYI

From: Alexandra Glorioso <aglorioso@politico.com>
Sent: Monday, March 2, 2020 9:33 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smith, DaMonica <DaMonica.Smith@myflfamilies.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Sorry, guys, meant to include you on this request/email. Thanks

---

From: Alexandra Glorioso <aglorioso@politico.com>
Date: Monday, March 2, 2020 at 9:31 AM
To: "Moscoso, Alberto" <Alberto.Moscoso@flhealth.gov>, "Beatrice, Meredith M." <Meredith.M.Beatrice@eog.myflorida.com>, "Ferre, Helen" <Helen.Ferre@eog.myflorida.com>
Subject: FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Hi Everyone,

Good morning. I hope you all slept well last night because we are all working non-stop and will only work harder for the next two weeks!

To that end, Please send me the documents and details of the 8 a.m. meeting Gov. Ron DeSantis had with health agency heads.

Thanks,

Alex

From: Governor's Press Office <Governor'sPressOffice@eog.myflorida.com>
Date: Monday, March 2, 2020 at 9:14 AM
Subject: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

AMERICAN OVERSIGHT

GOVERNOR RON DESANTIS SCHEDULE
FOR
MONDAY, MARCH 2, 2020

7:45am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

8:00am **MEETING WITH AGENCY HEADS FROM DEPARTMENT OF HEALTH, DEPARTMENT OF ELDER AFFAIRS, AGENCY FOR HEALTH CARE ADMINISTRATION, DEPARTMENT OF EDUCATION, DEPARTMENT OF CHILDREN AND FAMILIES, DIVISION OF EMERGENCY MANAGEMENT AND DEPARTMENT OF CORRECTIONS**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

10:30am **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard
Tampa, FL 33612

12:00pm **CONFERENCE CALL WITH VICE PRESIDENT MIKE PENCE AND OTHER GOVERNORS REGARDING COVID-19**

2:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street
Miami, FL 33125

###

LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
MONDAY, MARCH 2, 2020

10:30am **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard
Tampa, FL 33612

2:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street
Miami, FL 33125

###

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 8:24 AM
To: ""Miller"","" James; James.Miller@ahca.myflorida.com
Subject: Fwd: 3-10 CMS memos top points

From: Strickland, Katie
Sent: Wednesday, March 11, 2020 8:20:26 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Cc: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: 3-10 CMS memos top points

CMS Memo - March 10 (QSO-20-17-ALL)

Guidance for use of Certain Industrial Respirators by Health Care Personnel

- Expands the types of facemasks healthcare workers may use in addition to respirators (due to recent CDC and FDA guidance)

CMS Memo – March 10 (QSO-20-19-ESRD)

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities

- Dialysis facilities should screen patients, staff and visitors for respiratory infection, contact with someone with COVID-19, international travel in the last 14 days to countries with widespread or ongoing community spread, resident of community with community-based spread.
- Patients with symptoms should be place in facemask; signs about screenings should be posted; facilities should enforce hand hygiene and cough hygiene.
-

CMS Memo – March 10 (QSO-20-18-HHA)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies

- Staff should screen patients for respiratory infection; contact with someone with COVID-19, under investigation or with respiratory illness in the last 14 days; international travel in the last 14 days to countries with sustained transmission; resident of community with community-based spread.
- Sick staff shouldn't report to work/leave work if they become sick.
- If illness is mild, patient should not be transferred to hospital, but must be able to properly self-isolate at home with support from HHA.

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:45 AM
To: ""Mayhew"","" Mary; Mary.Mayhew@ahca.myflorida.com
Subject: FW: for review

On behalf of Florida's Surgeon General and the Florida Department of Health, the Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
    - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.
- All staff working triage desk must wear appropriate PPE (face mask, etc.)
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
    - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
    - Conservation guidelines for appropriate use of PPE are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
    - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.
- CMS announced several actions to address the spread of COVID-19, including specific guidance to hospitals. These memos from CMS were discussed on the state hospital call last week: https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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AMERICAN OVERSIGHT

From: Mayhew, Mary
Sent: Wednesday, March 18, 2020 11:11 PM
To: \; \; \; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
CC: Manzie, Mandi
Subject: Re: Facility Report

Thank you.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 11:07:20 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Tob <Toby.Philpot@ahca.myflorida.com>
Cc: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: Facility Report

Good evening..

-Camellia Deerwood –Jacksonville-Duvall. Received call this evening from their regional director. PHI resident on the IL side tested positive for COVID19. PHI is isolating in PHI PHI -DOH to go onsite tomorrow PHI. I will plan to reach out to the Duval County DOH tomorrow to discuss. This will be the 4th IL resident PHI and 1 ALF resident PHI that tested positive at this facility. Secretary provided verbal update this evening.

-New- Royal Care Nursing Home –Highlands County. Spoke with County DOH this afternoon. Total of 2 residents, PHI, did not respond to staff this morning, PHI PHI. DOH staff still attempting to gather information from the hospital, however went ahead and approved the COVID19 test-pending results. The facility has restricted visitors since Saturday. This evening we went onsite with DOH- team just exited around 9:50PM- no obvious signs of COVID with the two residents sent out-however had the NH was directed to place to the roommates in isolation, no concerns with any additional residents.

Mandi please add for the Secretary's report in AM.

Thank you.

Kimberly R. Smoak, MSH, QIDP

AMERICAN OVERSIGHT

Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
(850) 412-4516 Office Or Cell (850) 559-8273
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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:33 PM
To: ""McKinstry"","" Molly; " "Mayhew"","" Mary; " "Philpot"","" Toby; " "Smoak"","" Kimberly; " "Manderfield"","" Patrick; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Re: Testing vs Active Monitor

Thank you. That's what I haven't heard back on

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:32:07 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Re: Testing vs Active Monitor

I will ask Samantha

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From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:23:59 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Re: Testing vs Active Monitor

For totals purposes is there overlap on the website? For example is an individual under active monitor only counted in that category or can they be counted twice- once under tested and once under active monitor?

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:20:05 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Testing vs Active Monitor

Samantha explained the difference. Active monitor means asymptomatic but has been exposed/ traveled.

If a person under active monitor and become symptomatic then they become a PUI, then if tested are consider "tested".

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:32 AM
To: Sokoloski, Kristin; Manderfield, Patrick
Cc: Harris, Shevaun
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Can you all please send me a copy of this once it goes out? Thank you!

From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:46 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Patrick- Shevaun sent a note to Katie earlier on this- The Secretary has approved all of the content We just wanted to see if you wanted to review quickly for language ect. THANKS – we know you guys are super busy ☺

From: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:12 AM
To: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Cc: Ward, Matthew <Matthew.Ward@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Draft provider alert for review and approval.

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:08 AM
To: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Subject: [External] Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

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Florida Medicaid Health Care Alert

March 16, 2020

Provider Type(s): All

Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to facilitate testing and treatment of COVID-19.** The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications being made now. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for hospital services, physician services, advanced practice registered nursing services, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving all prior authorization requirements for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc.

- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.

- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid will allow mail order delivery of maintenance prescriptions in those instances when recipients are prohibited from going to a retail

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pharmacy. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

Cost Sharing

Florida Medicaid is waiving all co-payments related to testing and diagnosing COVID-19 and treating Medicaid recipients diagnosed with COVID-19.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the enrollee is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at http://www.mymedicaid-florida.com. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in

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the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent from Florida Agency for Health Care Administration to clifford.schmidt@ahca.myflorida.com. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 4:21 PM
To: Manderfield, Patrick; Philpot, Toby
Subject: Fwd:

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 4:20:24 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject:

Please review and format. I will be speaking

AHCA's top priority is the health and safety of residents and patients in the facilities we regulate

Because infection prevention and control are so foundational to the health and welfare of patients and residents, it one of the highest priorities for the Agency as we inspect facilities.

As such, AHCA has taken proactive steps to communicate with our providers regarding COVID-19.

Infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities. These are practices that hospitals and nursing homes focus staff training and conduct drills on.

My agency's role is to ensure the facilities we license and regulate are vigilant in maintaining adherence to infection control and prevention protocols and quality standards that will protect the health and welfare of our state's most vulnerable.

• Facilities across Florida are held to an extremely high standard, and AHCA is vigilant in reviewing every aspect of compliance—inspecting for even the smallest misstep or gap in infection prevention practice and protocols.

We inspect for the smallest gaps in practice in order to support comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

And infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities – and they are the responsibility of everyone in the facility – from the clinical staff, to the custodial staff, to the vendors and visitors who enter facilities.

• We understand this is a rapidly evolving situation worldwide and my Agency remains committed to doing all we can to equip facilities with the best information to protect patients and residents.

AHCA sent out alerts and hosted multiple calls with nursing homes, assisted living facilities, and hospitals to ensure they are focused on best practices for infection control and prevention.

As Secretary, I recognize the trust that Florida's nursing home residents and their families place in their facilities' nurses and administrators to ensure a safe living environment.

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We know that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes or lung disease.

We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

• To that end, nursing homes and assisted living facilities, have been strongly encouraged to implement screening interventions for visitors, vendors and staff.

The agency recognizes that facilities need to be overly cautious to protect their patients and residents and we appreciate the thoughtful approach to the comprehensive screening of visitors, staff and vendors. Screening for illness, international travel, travel on a cruise ship.

• This includes the need to screen those entering the facility to ensure no one has a temperature prior to entering.

• I have an important message for the public: if you are sick please do not visit a nursing home.

• And if you are sick, please only go to a hospital if you need to seek services.

• In 2019, there were 4 hospitals out of 310 and 320 nursing homes out of 695 that had some level of non-compliance related to infection prevention and control, but they did not a level of risk of harm or serious injury to patients or residents.

o 2 hospitals and 10 nursing homes with concerns of severe jeopardy

• All of those findings were thoroughly corrected and verified for compliance by our Agency.

• Let me be clear: in just a matter of weeks, a hospital or nursing home could lose their license and be shut down for failing to effectively correct the risk to patients.

• Infection control inspection criteria, as administered from the CDC and CMS, includes reviews of:
o Facility Assignment and Task Coordination
o Hand Hygiene
o Personal Protective Equipment (PPE)
o Transmission-Based Precautions
o Laundry Services
o Policies and Procedures
o Infection Surveillance
o Antibiotic Stewardship Program
o Influenza and Pneumococcal Immunizations

• Hospitals and nursing homes are executing key infection control measures, including:
o Staff members maintaining compliance with hand hygiene.
▪ Staff hand hygiene before and after contact with residents
▪ Ensuring appropriate resident hand hygiene is performed
o Appropriate use of personal protective equipment (PPE).
o Environmental cleaning

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• Our Agency is engaging and communicating regularly with nursing homes across the state and engaging in stakeholder discussions to address best practices and take any questions.

• The Agency will consider immediate jeopardies for infection control issues and complaints alleging infection control concerns, including facilities with COVD-19.

• Our inspections will prioritize the facilities that currently have positive and suspected cases of COVD-19.

• Per CMS, we are currently deploying staff and will visit hospitals and nursing homes that have had infection control issues in the past.

• The Department of Health is – and always has been – the lead on any infectious disease outbreak. Our Agency is there to provide resources as appropriate. If the facility does not respond or accommodate the Department of Health, then our Agency go in as the regulatory entity.

• We are here to be a partner among state agencies and to consistently provide communications and immediate assistance.

• AHCA has shared and distributed communications that equip facilities with resources for Visitor Screening.

Personal Protective Equipment

• Personal protective equipment (PPE) coordination is handled at a local level through local health departments and emergency operations centers.

• In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

• To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:55 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - Communication Template ***
Attachments: PPE Status_Isolation Status_CDC Line Listing Communication Tool_03-2020.zip

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Sent: Friday, March 13, 2020 11:15:48 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - Communication Template ***

Stephanie Handelson | CEO Greystone Health
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
Stephanie.Handelson@greystonehealth.com | o: 813-675-2268 m: 813-690-0990

From: Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Sent: Monday, March 9, 2020 8:25 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>; Miranda Fraunfelter <Miranda.Fraunfelter@greystonehealth.com>
Cc: GHCM Executive Round Table <GHCMERT@greystonehealth.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - Communication Template ***

Good evening,

Please see attached template. I was able to embed the CDC Line Listing for ease of reporting. Please send to your RDCO/RVP daily no later than 12pm each day. Your RDCO will report off on the status of each respective center in order to better support you.

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Have a great night ~Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 9, 2020 4:55 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update #3 ***

Please find revised Visitor/Vendor ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20***. Attachment sent earlier was in error.

Thank you to all who joined the call as I hope we were able to answer any questions you may have had. Apologies to those who were unable to join due to volume of attendees.

Items addressed:

- Current FDOH status http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html
- CMS memo review
- Increasing supervision/screening of visitors and vendors
- Daily monitoring of CDC line listing of resident's and staff
- Daily PPE monitoring and reporting
- Daily Infection Control rounding (ED/DNS/HSK Dir/ICP)
- Response to Person Under Investigation (PUI) – those with s/s – immediate isolation, contact of MD and Local Health Department notification
- Continued communication with your RDCO of any residents/staff/vendors who exhibit any respiratory signs or symptoms
- Continued Hand Hygiene practices and monitoring of families and staff

Thank you,

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Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 9, 2020 10:26 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***

Good morning Team,

Please note ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20*** AND ***Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-09-20*** which reflects "Have you exhibited respiratory symptoms such as shortness of breath, **sore throat**, fever **OR** cough?" We will be limiting visitors or vendors with **any** symptomatology until they are asymptomatic. Additionally, please read the most recent **CMS Memo released 04-04-20** as it relates to a survey priority shift of focus related to IC practices and guidance to facilities. Please take caution in denying admissions solely based on lack of Personal Protective Equipment (PPE), as this may trigger an immediate visit from your state survey agency. We need to continue to work together to ensure we have enough PPE supplies to care for our residents. We have a limited supply at the corporate office if local resources have been exhausted.

Other things to carry out...

- Set up dedicated handwashing stations near your main entrance and direct visitors/vendors to perform hand hygiene - see Lexington's best practice pictures attached 😊 – GREAT JOB TEAM LEX
- Continue to screen all employees; any staff identified post screening will be communicated to your respective RDCO for further guidance
- Make sure you are ordering PPE equipment weekly to remain on allocation with McKesson as new shipments arrive – many facilities received bulk orders at the end of last week – please order the minimum as previously communicated or this will hold up your order
- Daily calls being initiated at the end of each day with corporate leadership, RDCO's and RVP's to discuss CDC line listing, current status of resident's on isolation (with reason and anticipated d/c date) and current PPE status – I will be sending out a combined PPE Status/Isolation Status Template to help with this daily communication to your RDCO to report off

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For those who have been receiving questionnaires from our partnering ACO's, Advent Health PAC, etc., legal has crafted a draft and you will be receiving guidance for response today to report back – thank you Jim.

Thank you for being extremely diligent during this national focus in the ongoing prevention and control of the Coronavirus. Please reach out to me directly if you have any questions and/or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
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4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 2, 2020 9:45 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Good evening Team,

Please distribute this communication with collaterals to your respective reports.

Attached you will find additional guidance, departmental direction, preparedness, response and education overview listed within the attachment **Fleet Corporate Office Preparedness_Coronavirus.** Within this document you will find the below attachments for each respective department. Continue to frequent the *CDC* and *WHO* websites for updates and developmental changes as it relates to COVID-19 Coronavirus. As always, maintaining Infection Control Practices is the front line prevention to transmission of any pathogens.

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Within the Fleet Corporate Office Preparedness_Coronavirus QRT (Quick Reference Tool) you will find the below attachments....

1. Cough Etiquette Poster (**attachment #1**)
2. Hand Hygiene Poster (**attachment #2**)
3. Greystone Visitor Sign (**attachment #3**)
4. Receptionist Q&A Screening (**attachment #4**)
5. CDC LTC Respiratory Line Listing (**attachment #5**)
6. Staff Checklist (**attachment #6**)
7. Admissions/Home Health Checklist (**attachment #7**)
8. Vista Laboratories Letter to Facilities – (**attachment #8**)
9. Stop the Spread of Germs Poster – (**attachment #9**)
10. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
11. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
12. CDC Symptoms Poster – (**attachment #12**)
13. CDC Flowchart to Identify and Assess – (**attachment #13**)

Our Communications Department will be sending a Greystone Letter Template to serve as communication to resident families and/or resident representatives discussing our proactive approach to this novel pathogen. Please reach out to your RDCO and/or myself with any questions or concerns.

Respectfully,
Liz

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Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

* * * * * * * * * * *
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Personal Protective Equipment Status

Date: 03/09/20

	Gloves (indicate Cases vs. Individual Boxes)	Gowns (indicate Cases vs. Packages of x10)	Masks (indicate Cases vs. Individual Boxes)	Comments
North Central Florida				
Carlton Shores Health & Rehabilitation Center				
Gardens Health and Rehab				
Isle Health and Rehab				
Ponce NH LLC				
Ridgecrest Nursing & Rehabilitation Center				
Riverwood Health and Rehab				
Rockledge Health & Rehabilitation Center				
The Lakes of Clermont				
Viera Health & Rehabilitation Center				
Villa Health and Rehab				
Woodland Grove Health and Rehab				
South Florida				
Greenbriar Rehabilitation & Nursing Center				
Kendall Lakes Health & Rehabilitation Center				
Lehigh Acres Health & Rehabilitation Center				
North Beach Rehabilitation Center				
Sunset Lake Health & Rehabilitation Center				
Unity Health & Rehabilitation Center				
Village Place Health & Rehabilitation Center				
Wilton Manors Health & Rehabilitation Center				
West Central Florida				
Alhambra Health & Rehabilitation Center				
Apollo Health & Rehabilitation Center				
Lady Lake Specialty Care Center				
Lexington Health & Rehabilitation Center				
North Rehabilitation Center				
Park Meadows Health & Rehabilitation Center				
Springs of Lady Lake - ALF				
Terrace Health and Rehab				
The Club Health & Rehabilitation Center at the Villages				
Grove Health and Rehabilitation Center, The				
The Lodge Health & Rehabilitation Center				
North Mid-West				
Carriage Rehab & Healthcare (Rockford)				
Centennial Rehab & Healthcare (Moline)				
Dunham Rehab & Healthcare (St. Charles)				
Fox River Rehab & Healthcare (Elgin)				
Inverness Health & Rehab (Inverness)				
Lake Cook Rehab & Healthcare (Northbrook)				
Lakeshore Rehab & Healthcare (Joliet)				
Lakeside Rehab & Healthcare (East Peoria)				
University Rehab at Northmore (Peoria)				
South Mid-West				
Care Center at Center Grove (Edwardsville)				

FL-AHCA-20-0902-A-001042

Crest View Rehabilitation and Healthcare Center (St. Louis)				
Riverside Rehab and Healthcare (Alton)				
Wood River (Foxes Grove)				

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 6:15 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Grow"","" Stefan; " "Miller"","" James; " "Kotas"","" James; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: [External] Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

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From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Wednesday, March 11, 2020 7:22 PM
To: Strickland, Katie
Subject: [External] Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

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RELEASE

ormation Center on COVID-19 for the State of Florida
SF14@em.myflorida.com

sion of Emergency Management Issues Emergency Order to Protect Reside
Homes, Assisted Living Facilities and Other Long-Term Care Facilities

la. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Mo
emporarily restricting visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, lo
mes.

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the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This orde
t that the elderly and those with underlying medical conditions are at higher risk for serious illness from CO
ections given by the Federal Centers for Medicare and Medicaid Services.

restricted from visiting nursing homes, ALFs, adult family-care homes, long-term care facilities and adult g

cted with COVID-19 who has not had two consecutive negative test results separated by 24 hours;
wing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negati
visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
traveled internationally is prohibited from visiting a facility until 14 days after their return to the United State
traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United Sta
has been in a community with confirmed community spread of COVID-19, as identified by the Centers for D
or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the co
ad; or
resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Dis
state public health agency, is prohibited from visiting a facility.

full Emergency Order, click **HERE**.

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you at no charge by the Florida Division of Emergency Management.

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and@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee,

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:50 AM
To: ""McKinstry"","" Molly;" "Miller"","" James; " "Smoak"","" Kimberly; " "Philpot"","" Toby; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Fwd: Call this morning

I have been contemplating some of these issues and considering recommendations for EOG.

Please include ALFs in your 21 day plan

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>
Cc: Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; Mike Hardy <mike@fala.org>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

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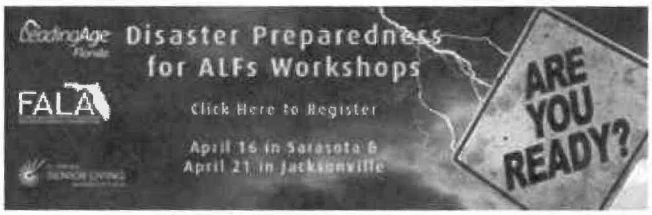
My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:35 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: ALF Emergency Order
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED 3-9-2020 508.pdf; DRAFT Emergency Order (ALF Visitation) (5.32 pm NAP).docx

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:34:12 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Updated to include Adult Family Care and Nursing Home Facilities & community spread (as directed by CMS in the attached PDF they released yesterday).

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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From: Primrose, Nicholas
Sent: March 10, 2020 5:07 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>
Subject: ALF Emergency Order

Updated to include new language after consultation with DOH.

Nicholas A. Primrose
Deputy General Counsel

AMERICAN OVERSIGHT

Executive Office of the Governor
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Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19 -** CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19. *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.

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Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

- ***Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*

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- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for*

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Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

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Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).***

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Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20- _____

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, as to "visiting with any person" of the resident's choice during "visiting hours"

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or "at any time between the hours of 9 a.m. and 9 p.m." This suspension prohibiting in person visitation applies to the following:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or

b. Any person showing or presenting symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or

c. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

d. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who has or may have been in close contact with a person(s) infected with COVID-19 within 14 days of intending to visit a facility; or

f. Any person who resides in a community where community-spread of COVID-19 is occurring.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

AMERICAN OVERSIGHT

By Order of the State Coordinating Officer executed this 10th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: _____

DRAFT

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:35 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: ALF Emergency Order
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED 3-9-2020 508.pdf; DRAFT Emergency Order (ALF Visitation) (5.32 pm NAP).docx

Get Outlook for iOS

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:34:12 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Updated to include Adult Family Care and Nursing Home Facilities & community spread (as directed by CMS in the attached PDF they released yesterday).

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Primrose, Nicholas
Sent: March 10, 2020 5:07 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>
Subject: ALF Emergency Order

Updated to include new language after consultation with DOH.

Nicholas A. Primrose
Deputy General Counsel

AMERICAN OVERSIGHT

Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
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Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19 -** CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments -** We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.

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Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

- ***Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*

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- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for*

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Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

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Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).***

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Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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FL-AHCA-20-0902-A-001069

CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-_____

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

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I. Suspend sections 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, as to "visiting with any person" of the resident's choice during "visiting hours"

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or "at any time between the hours of 9 a.m. and 9 p.m." This suspension prohibiting in person visitation applies to the following:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or

b. Any person showing or presenting symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or

c. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

d. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who has or may have been in close contact with a person(s) infected with COVID-19 within 14 days of intending to visit a facility; or

f. Any person who resides in a community where community-spread of COVID-19 is occurring.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

AMERICAN OVERSIGHT

By Order of the State Coordinating Officer executed this 10th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: _____

DRAFT

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From: Mayhew, Mary
To: ""McKinstry"","" Molly; "" "Smoak"","" Kimberly; "" "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Philpot, Toby
Subject: Re: facility list
Date: Tuesday, March 17, 2020 4:16:04 PM

I need this updated ASAP as I had requested

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:50:13 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: RE: facility list

2 new added in yellow – ALF reported by facility following up

PROVIDER_TYPE	PROVIDER_NAME	ST_CITY	ST_COUNTY	TOTAL_CAPACITY	Status COVID-19	AHCA Visit	Details	COVID Testing Results
NURSING HOME	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	**Negative**	3/17/2020		Negative
NURSING HOME	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	**Positive Suspected**	3/17/2020		Pending
ASSISTED LIVING FACILITY	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	**Positive Confirmed**	3/17/2020	PHI	1 positive (exp) 1 pending (exp) 4 pending 2 staff pending
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48	**Positive Suspected**	3/16/2020		Visiting to clarify
	FT LAUDERDALE HEALTH AND REHABILITATION	FORT			**Positive**			

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NURSING HOME	CENTER	LAUDERDALE	BROWARD	169	**Suspected**		[redacted]	
ASSISTED LIVING FACILITY	HIGHLAND PLACE	INVERNESS	CITRUS	48	**Positive Suspected**			
ASSISTED LIVING FACILITY	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	**Negative**	3/14/2020		Negative
ASSISTED LIVING FACILITY	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	**Positive Confirmed**	3/13/2020 and 3/15/2020		Independent
ASSISTED LIVING FACILITY	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	**Negative**	3/15/2020	PHI	Negative
ASSISTED LIVING FACILITY	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	**Positive Suspected**	3/16/2020		Pending
NURSING HOME	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	**Positive Suspected**			Pending
NURSING HOME	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	**Negative**	N/A		Negative

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:31 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: facility list

Can I get this updated

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Tuesday, March 17, 2020 10:59:01 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: facility list

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pending etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	**Facility Name**	**Lic Beds**	**City**	**County**	**AHCA Visit**	**Details**	**COVID +**	**# Res + Test**	**# Res test pending**	**Affected Res in NH or ALF**	**Affected Res in Hosp**
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	[redacted]	Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020	PHI	Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ

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ALF	Opal	100	Cape Coral	Lee	3/16/2020	PHI	Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:02 PM
To: ""Mayhew"","" Mary; " "Strickland"","" Katie; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: 2PM CDC LTC Provider Call

Joined 2:11 PM; my RAW notes below, Tori Henley will also be sending notes shortly.

My key take away:

- Lots of discussion about preserving PPE/ Supply shortages
- Lots of discussion about whether to transfer COVID position patients to hospital (only if clinically indicated)
- Apparent lower standard re isolation than we have previously discussed

Dr Jackson/ Lt Commander Slipka (sp)

- Long Stay units: residents should be closely monitored
- ALF should also increase their vigilance, temperature, pulse ox daily
- Pay attention to increases in temperature and heart rate and oxygen levels
- If case found, check at least 2x daily monitoring of those in facilities
- Consider hospitalization for older adults with concerning changes
- Have discussions with residents and families about health care preferences/ end of life care preferences
- Currently no licensed anti-viral drugs for patients
- Older. Those with commodities, be causes with administering fluids, could end up in lungs and worsen breather
- Secondary infection, not comment here but do happen, so watch out for this.
- Avoid cortico steroid unless needed for other condition, because potential for prolonging viral replication (this happened with MURS)
- Investigational therapies: Nucleotide analog being studied (did not catch name), available on limited basis through trials and compassionate use
- Use of NSAID like ibuprofen- not enough data to make recommendation at this time

Next Speaker -

- Those with other health conditions and frail and older adults at highest risk for COVID 19, more likely to experience severe illness, require hospitalization, risk of death
- Ill visitors and personnel are most likely cause of introduction into the facilities
- Experience:
- Discovered clusters of symptomatic residents at multiple facilities in same areas
- Ill health care personnel among those identified with earliest COVID 19
- Also seen visitors with COVID 19
- Have seem movement of health care personal who may have been at one of more of the facilities
- Residents move quickly from what seems to be mild to severe
- We expect will more cases will be identified in more communities
- To protect vulnerable, ND and ALF should assume COVID already in their community and take aggressive measures

- Strategies:

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(1) Restrict Visitation; both CDC and CMS have issued strong recommendation to immediately restrict all visitation, with some exceptions NO ill persons should be allowed to enter the facilities,

(2) Recognize negative impact of social isolation, but these measures are necessary, strong communication with facilities is critical- CDC has created a template letter that facilities can use which explains why, how, PPEs, social distancing, etc.

(3) Encourage alternative methods of communication with residents and families: Phone or video conferencing with families; maintain contact information or family and friends of residents and make sure that have the best contact info for the facilities; post signage with rules about visitation with contract person; restrict all non-essential health care personnel from entering building. Now is the time to think about how to do this – Create list of staff, visiting consultants and any other services that enter your facilities; engage each to crate plan to limit or stop their visits; review services provided and prioritize (must continue, may be delayed, those that can be stopped). Ultimately the decision will be local/ at the facility level. Create communication chain with your staff to rapidly communication changes.

(4) Social Distancing: CDC recommends that group activities by cancelled, and that residents keep distance of 6 feet; communal dining should be halted, residents must continue to be safely fed, encourage to find crated ways to keep residents active and engaged.
(5) Ill health care personnel: Actively monitoring both residents and personnel is critical; wellbeing of facility staff essential to continued care of residents; facilities staff must have the ability to stay home when they are ill; staff should regularly monitor themselves even when not working; at start of each shift need symptom screening and temperature taking; if become sick during the day, stop what they are doing out on facemask and go home

(6) As soon as an ill resident is identify, immediately restrict to room, if facility has isolation (lost this string) use PPE, if not use mask, gloves, gown. Personally perform frequent hand hygiene – and universal use of facemasks should be considered. NF ALF and other must notify health department for residents with severe respiratory infection or if they identify a cluster with respiratory symptoms.
(7) If require transfer to hospital, health department, receiving facility, ambulance should be notified of symptom
(8) We are currently experiencing a severe PPE shortage. Now is not the time to be expanding your use of PPE, you should be talking about how to preserve the PPE supply. Prioritize gowns only for certain situations, high contact resident are activities; aerosol activities, discussed reusing gowns and eyewear . . . . .

QUESTIONS:

If our facility does not have airborne infection isolation room, should we transfer our residents who are COVID 19 positive

ANSSWR:

Not required for care of residents with COVID 19; use is available should be prioritized for aerosol generating procedures
Ideally place in single person room with private bathroom but room sharing and cohorting may be necessary
Transfer should be considered only if resident clinically is requiring a higher or different level of care
The decision of whether to hospitalize should really be based on clinical assessment of their status and not based on just have COVID19

QUESTION

What is your best recommended if we have a resident we think MIGHT have COVID 19

If you suspect that they may have COVID 19, move to their room and close door, resident should stay in room with staff where gloves, down, face mask and eye protection, notify the health department immediately

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QUESNTION

How do we get the test for COVIFD 19

ANSWER

May be able to access testing through network of state and commercial labs; contact your local health department or existing lab vendor

QUESIOTN

What clinical samples are best for testing?

ANSWER

CDC recommendation nose swab; or both nose and mouth swab; for patients with productive cough , can use sputum; do not recommend inducing sputum; etc.

QUESTION:

If someone has appositive test for another virus, does that mean they do not have COVID 19

ANSWER:

We are seeing patients with another virus AND COVID 19, so no

Question:

How do you decide which residents should have increased monitoring?

ANSWER:

Probably make sense to actively monitor all residents; check vital signs upon admission and at least daily; if mild symptom, monitor twice daily, if a COVID case in the facility, all residents at least twice daily

QUESTION:

PPS: You mentioned updating more supply opportunities; If a facility is running short, where can they obtain more supplies?

ANSWER:

PPE supply is running very low; assess your inventory and if you are unable to obtain more from suppliers; reach out and contact your health department and coalition

WUESTION:

How can I best prepare by facility

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ANSWER

CDC has a checklist online under health care facilities/ LTC facilities; there is a preparing for COVID 19 LTC facilities/ nursing home page; this will help you develop a preparedness plan

QUESTION:

If positive test for COVID 19, does resident have to be hospitalized?

ANSWER:

No need is some cases, but increased monitoring is always a good idea

QUESTION:

What do you mean preserving PPE, some strategies

ANSWER

Prolong limited supply of PPE- may differ depending on type: Extended use of PPE; Selected use and Reuse of PPE. CDC will be putting out more detail on this (SOON)

QUESTION

What do you mean actively monitor health care personnel?

ANSWER

Monitoring their own symptoms; also check temperature at start of each shift and report any symptoms on respiratory distress, report any symptoms

QUESTION

Treatment of COVID 19- Use of empiric antibiotics:

ANSWER:

Fever and respiratory, reasonable to try to treat with antibiotics, COVID 19 can cause an pneumonia that looks like bacterial on chest x rays; secondary bacterial infections can happened, have not seen that much yet with COVID

QUESTION

How do you know if you cleaning agent will work

ANSWER

Should be using an EPA registered hospital grade disinfectant; lots if information online. Use of cleaning and disinfecting high touch surface and shared equipment (blood pressure cuff, Hoyer lift, etc.)- Those should be

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cleaned immediately after each use, before each use. Also, be careful with your constant monitoring program, make sure all equipment is sanitized each time.

QUESTION

Should our facility be using M95 respirators or face masks?

ANSWER

If you have respiratory protection program, you should use them. Most nursing homes do not, and given supply shortages, facemasks are an acceptable alternative. You should also be thinking about how to preserve the PPE that you have

QUESTION

More about investigational therapies?

ANSWER

- "Remdesibir"- trials going on and limited basis compassionate use
- Trials going on outside US, HIV drugs and other drugs that suppress immune system
- No solid data on any yet so no CDC recommendation

QUESTION

Should my facility be performing COVID testing?

ANSWER

Currently, if you suspect someone has COVID, contact your health department for further guidance

QUESTION

If we have residents on hospice who have requested presence of their family members?

ANSWER

Should be screened, provided face mask, instructed to frequently perform hand hygiene, limited to certain location in the building; encourage facilities to talk through with residents and family members

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:12 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Grow"","" Stefan; " "Miller"","" James; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: RE: [External] RE: [EXTERNAL] EMERGENCY ORDER RELEASE

Additional edits.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Wednesday, March 11, 2020 6:10 PM
To: McCloud, Cody <Cody.McCloud@eog.myflorida.com>; Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] RE: [EXTERNAL] EMERGENCY ORDER RELEASE

Edits highlighted below. Colleen is in concurrence.

From: McCloud, Cody <Cody.McCloud@eog.myflorida.com>
Sent: Wednesday, March 11, 2020 6:02 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Mahon, Jason <Jason.Mahon@em.myflorida.com>; Strickland, K <Katie.Strickland@ahca.myflorida.com>
Subject: [EXTERNAL] EMERGENCY ORDER RELEASE

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Can you all please review the below release and let me know asap of any edits

Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Residential Providers

TALLAHASSEE, Fla. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Moskowitz issued an Emergency Order temporarily restricting visitation to nursing homes, assisted living facilities (ALF), adult family-care homes, long-term care facilities and adult group homes.

By restricting visitation, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This order has been made in recognition of the fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from COVID-19.

Persons who will now be restricted from visiting nursing homes, assisted living facilities (ALF), adult family-care homes, long-term care facilities and adult group homes include:

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- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;
- Any person showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States;
- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control aod Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or
- Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

For a PDF copy of the full Emergency Order, click **HERE**.

###

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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Southerland, Ashleigh

From:	Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent:	Friday, March 6, 2020 1:38 PM
To:	""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Cc:	Manderfield, Patrick
Subject:	for your review
Attachments:	LeadingAgeFlorida Talking Points.docx

Talking Points
LeadingAge Florida 2 p.m. Call

- COVID-19 is thought to primarily spread mainly between people who are in close contact with one another through respiratory droplets, whenever an infected person coughs or sneezes.

- Symptoms of COVID-19 are like that of a respiratory infection:
  - Fever
  - Cough
  - Shortness of breath

- There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

- You can protect from yourself respiratory illness with everyday preventive actions:
  - Avoid close contact with people who are sick.
  - Avoid touching your eyes, nose, and mouth with unwashed hands.
  - Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
  - Stay home when you are sick.
  - Cover your cough or sneeze with a tissue, then throw the tissue away.
  - Clean and disinfect frequently touched objects and surfaces.

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- Providers and facilities should be reviewing CDC infection control procedures and how to effectively triage and isolate potentially infectious individuals to prevent unnecessary exposure among other patients, healthcare personnel and visitors at the facility.

- Additionally, you should ensure your workforce is trained and capable of implementing infection control procedures.

- Review your facility protocols including visitor screening to ensure precautions are in place to limit introduction of the virus.

- The CDC has provided guidance to facilities to screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.

- CDC guidance for long-term care facilities can be found on their website: www.cdc.gov/covid19.

- The most important message from the CDC for long-term care facilities is that of prevention:
    - Prevent the introduction of respiratory germs INTO your facility;
    - Prevent the spread of respiratory germs WITHIN your facility;
    - And prevent the spread of respiratory germs BETWEEN facilities.

- I am continuing to advise nursing home facilities and other long-term care providers of best practices to protect residents and staff.

Prevent the introduction of respiratory germs INTO your facility

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Let me be very clear: **If you are sick, do not visit a nursing home.**
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Prevent the spread of respiratory germs WITHIN your facility

AMERICAN OVERSIGHT

- Keep residents and employees informed.
- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of Personal Protective Equipment. There is guidance on CDC's website for this as well.

Prevent the spread of respiratory germs BETWEEN facilities

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Report any possible COVID-19 illness in residents and employees to the local health department.

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Talking Points
LeadingAge Florida 2 p.m. Call

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Friday, March 13, 2020 10:43 AM
To: ""Skipper"","" Jamie; " "Scanlon"","" Stephanie; Stephanie.Scanlon@ahca.myflorida.com; Jamie.Skipper@ahca.myflorida.com
Subject: RE: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Let's have a discussion ahead of time. I would like to be on the call. We should also include Stephanie.

From: Skipper, Jamie <Jamie.Skipper@ahca.myflorida.com>
Sent: Friday, March 13, 2020 9:22 AM
To: Miller, James <James.Miller@ahca.myflorida.com>
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP
Importance: High

Jamie Skipper - CHIEF OF HUMAN RESOURCES-AHCA

Bldg 2, Suite 1400, Room 133, Mail Stop 13 - HUMAN RESOURCES
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3872 (Office) - (Fax)
Jamie.Skipper@ahca.myflorida.com

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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From: Larson, Sharon <Sharon.Larson@dms.myflorida.com>
Sent: Friday, March 13, 2020 9:14 AM
To: DMS HRM SPS Human Resource Officers Only List <HRMSPSPersonnelOfficersList@dms.myflorida.com>
Cc: Fillyaw, Tami <Tami.Fillyaw@dms.myflorida.com>; Parrish, Katie <Katie.Parrish@dms.myflorida.com>; Hebert, Rose <rose.hebert@dms.myflorida.com>; Apthorp, John (DMS) <John.Apthorp@dms.myflorida.com>; Gregory, Matthew <Matthew.Gregory@dms.myflorida.com>
Subject: [External] FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP
Importance: High

Colleagues:

Please see the message below from DMS Secretary Jonathan Satter that was sent to all State Personnel System Agency Heads last night.

To assist you in the implementation of this directive, we will be holding a conference call today at 11:00 a.m. today to discuss it.

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The call-in information for participants is:

Call In Number – 1-888-585-9008
Conference Room – 974-651-623

To assist us in maximizing our time on the call, it would be helpful if you could email any questions you plan to ask to Matt Gregory and John Apthorp by 10:30 a.m.

Thank you everyone and we look forward to speaking with you at 11:00 a.m.

Sharon D. Larson | Division Director
Division of State Human Resource Management
850-413-8725 (office) | 850-294-2967 (cell)
Florida Department of Management Services
We Serve Those Who Serve Florida



How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

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- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:14 PM
To: ""Mayhew"","" Mary; Mary.Mayhew@ahca.myflorida.com
Subject: Fwd: AHA Letter to Sec. Azar on Waivers
Attachments: FINAL AHACOVID19_WaiverLettertoHHS_031620.pdf

From: Crystal Stickle <crystals@fha.org>
Sent: Monday, March 16, 2020 3:55 PM
To: McKinstry, Molly; Philpot, Toby; Grow, Stefan
Subject: [External] FW: AHA Letter to Sec. Azar on Waivers

FYI. This just came from AHA to HHS on additional federal waiver.

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American Hospital Association™

Advancing Health in America

Washington, D.C. Office
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

March 16, 2020

Alex M. Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) asks **the Secretary of Health and Human Services (HHS) to consider additional actions to temporarily suspend certain requirements in order for health care providers to better respond to the novel coronavirus (COVID-19) outbreak.**

On Jan. 31, 2020, your office declared a public health emergency in the U.S. for COVID-19, representing an important first step in combatting this virus. The public health emergency together with the President's recent national emergency declaration enabled your office to make several critical waivers consistent with section 1135 of the Social Security Act. We appreciate your swift action in making these waivers, including removing the critical access hospitals (CAH) limitation of 25 inpatient beds and 96-hour average length of stay, the long-term care hospital (LTCH) 25-day length of stay requirement, the inpatient rehabilitation facility (IRF) 60% Rule, and certain physician licensing requirements. However, much more flexibility is required to allow hospitals and health systems to most effectively respond to this emergency and provide the best care possible to patients. For example, we ask you to:

1. Waive the CAH 96-hour condition of payment in addition to the 96-hour average length of stay. This is crucial for rural areas that may not have other options for inpatient beds.
2. Waive the requirement that an LTCH patient have a prior hospital stay that includes three or more days in the intensive care unit (ICU) in order to qualify for the full payment rate. Doing so would help ensure these hospitals are able to add capacity to the health care system by caring for more appropriate patients, without penalty.

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3. Waive the IRF 3-hour rule, which requires that IRF patients receive at least three hours of therapy a day, the "preponderance" of which must be one-on-one. This is critical to enabling them to add capacity to the health care system.

A list of our specific suggested actions are attached.

Other important waiver flexibilities that we urge you to consider cover conditions of participation or other certification requirements, program participation, preapproval requirements and performance deadlines and timetable delays. The HHS Secretary should also immediately implement unique codes for COVID-19 disease, exposure to COVID-19 and screening for the virus. Such codes are essential to tracking COVID-19 patients or patients without the disease that require health care services. While there are codes existing for coronaviruses, they are not unique to COVID-19. For all waivers, including those already made, the HHS Secretary should also consider creating a code for providers to use to identify patients *without* COVID-19 who are receiving care under a waiver – those who are, for example, transferred to a post-acute care hospital solely in order to meet the demands of the emergency. This is much less resource intensive than documentation in the medical record.

In addition, while a number of actions require the use of section 1135 waiver authority, there also are additional steps that HHS can take without such authority. For example, we encourage the agency to require that health plans reduce access barriers, such as limiting utilization management techniques that could delay access to COVID-19 testing and treatment, and require that coverage decisions be based on presenting symptoms, not final diagnosis.

Finally, we must acknowledge and accept the unknowns we face when combatting COVID-19. Our requests today represent actions we know are necessary at this moment. If taken, these steps will help care for patients, while keeping hospital workers and the public as safe as possible. As more information becomes available, we anticipate the need for additional assistance from HHS, and ask that the agency remain flexible as our hospitals and health systems continue to care for patients during this national emergency.

Communities rely on America's hospitals and health systems to be there for them in the face of an emergency. Whether that emergency develops in the form of a natural disaster, like a hurricane or tornado, or as a virus, like COVID-19, hospitals and health systems are prepared to fulfill their commitment to patients. While our members continue to do everything they can to address COVID-19 cases, the additional action we request would help them continue to put the health and safety of patients first by removing barriers that threaten to impede decisive and quick action by providers at a time when agility and flexibility are of utmost importance.

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We appreciate your leadership and the ongoing work of the White House Coronavirus Task Force. We look forward to continuing to work with you during this critical time to protect the health of our nation.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer

Cc: Seema Verma, Administrator, Centers for Medicare & Medicaid Services
Stephen M. Hahn, M.D., Commissioner, Food and Drug Administration
Robert R. Redfield, M.D., Director, Centers for Disease Control and Prevention

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ASSISTANCE MANAGING THE SURGE

Medicare Outpatient Observation Notice (MOON). In addition to the Centers for Medicare & Medicaid Services' (CMS) waiver of the skilled nursing facility (SNF) 3-day rule, waiving the MOON written and oral notification requirements is appropriate since undergoing observation care will have no implications for SNF eligibility.
Home Health (HH) Homebound Requirement. Waiving the requirement that a beneficiary must be "home-bound" in order to receive HH services would allow beneficiaries to obtain care while minimizing the risk to themselves or others.
Critical Access Hospital (CAH) 96-hour Condition of Payment. Waiving the requirement that a physician certify a patient can reasonably be expected to be discharged within 96 hours would provide critical flexibility for care in rural areas that may not have other options for inpatient care.
Medical Review Audits. Pausing all audits during the emergency, including additional documentation requests and other audit work, would help free capacity in the health care system.
HH Face-to-Face Requirement. Waiving the requirement that the certifying physician or nonphysician practitioner document a face-to-face encounter with the patient prior to certifying a patient's eligibility for the HH benefit would allow beneficiaries to obtain care while minimizing the risk to themselves or others. In these situations, a telephonic or telehealth visit may fulfill the requirements of the face-to-face requirement.
Transfer of Mechanically Ventilated Patients. Suspending the restrictions of Medicare Managed Care organizations surrounding transfer of mechanically ventilated patients to long-term care hospitals (LTCHs) would allow patients to be transferred as soon as they are physiologically stable enough. This would facilitate appropriate transfer of patients that benefit from the specialized care LTCHs provide and also add capacity to the health care system.
Federal Audits. Delaying all federal audits during the emergency, such as Medicaid disproportionate share hospital (DSH) and Payment Error Rate Measurement (PERM), would help free capacity in the health care system.
Waiving certain CMS certification requirements. If a nonprofit entity that holds multiple certificates to operate hospitals in that jurisdiction from the appropriate state licensing entity, a certificate of participation from CMS, a license from a state licensing authority to operate a new or refurnished hospital and has applied for accreditation to operate a new or refurbished hospital that facility may be deemed certified for billing by CMS and private insurance entities. The nonprofit entity would receive certification for no more than 90 days or until accreditation is received or the national emergency has ended. Entities may renew this temporary certification every 90 days for up to one year.
Physical Environment. Waiving physical environment requirements at 482.41; would allow non-hospital buildings and spaces to be used for patient care, provided sufficient safety and comfort is provided for patients and staff, thus adding capacity to the health care system.

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HH Review Choice Demonstration. Suspend expansion of the HH Review Choice Demonstration project to allow clinical staff to focus on accommodating coronavirus patients and those transferred to home health due to the disaster. Also, suspend ongoing demonstration activities in Illinois, Ohio and Texas.

ENSURING STAFF CAN FOCUS ON CARE DELIVERY

Additional EMTALA Sanctions Waiver. In addition to waivers issued on March 15, 2020, waiving the following EMTALA sanction would assist hospitals in most effectively managing patient care and health care system capacity: 1. Permit the medical screening examination to be conducted by other qualified staff authorized by the hospital and acting within their state scope of practice and licensure, who are not formally designated to perform medical screening examinations in the hospital by-laws or in the rules and regulations.
Practice Limitations. Waiving specific practice limitations on nurse practitioners that are more restrictive under CMS than under state licensure would help address workforce shortages.
Waiving standard death reporting requirements at 482.13(g), which would allow the reporting of the death of patients who were in seclusion or restraint to occur later than currently required. This would keep the requirement where any death where restraint may have contributed is reported within standard time limits.
Medical Record Timing. Waiving medical records timing requirements at 482.24 would allow medical records to be fully completed later than 30 days following discharge, providing flexibility to the health care system.
Verbal Orders. Waiving verbal order requirements at 482.24 would allow verbal orders to be used more frequently and authentication may occur later than 48 hours, thus providing flexibility to the health care system.
Physician Privileging. Waiving certain physician privileging requirements at 482.22(a) would allow physicians whose privileges will expire and new physicians to begin practice before full medical staff/governing body review and approval, adding capacity to the health care system.
Discharge Planning Requirements. Waiving hospital discharge planning requirements that prohibit hospitals from specifying or otherwise limiting the information provided on post-hospital services is necessary because the capacity and/or capabilities of available facilities to care for COVID-19 patients may be severely limited, effectively restricting patient choice, and this is a time consuming task that draws nurses away from direct patient care.
HH Assessments. Waiving HH requirements at 484.55 would remove a series of requirements around initial and comprehensive assessments. For example, it would allow HH agencies to perform initial assessments and determine patients' homebound status remotely or by record review, so that beneficiaries can obtain care while minimizing the risk to themselves or others. It also would grant greater flexibility with the timing of and information included in patient assessments.

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Expanded Use of Telehealth. Insurers should support management of scarce resources, such as personal protective equipment, and efforts to reduce community transmission by expanding access to services delivered via telehealth.
Credentialing. Requiring expedited or presumptive credentialing, such as requiring health plans to establish a process to recognize and credential community physicians who offer to work at hospitals and health systems, would help to ease workforce shortages during this time.
Patient Assessments. Granting relief to all providers on the timeframes related to pre- and post-admission patient assessment and evaluation criteria would help ensure patients are treated in a timely manner.
CMS Survey of 340B Hospitals. CMS should suspend its scheduled survey of all hospitals that participate in the 340B Drug Pricing Program collecting actual acquisition costs for specified covered outpatient drugs (SCODs). While AHA has significant issues with the survey design, our paramount concern is the significant reporting burden this survey would place on 340B hospitals during the COVID-19 national health emergency.
Administrative Timeframes. Allowing leniency in administrative timeframes, including for billing and the submission of Medicare Cost Reports, for hospitals/health systems that experience business disruptions, e.g., as a result of workforce shortages.

HELP US GET THE TOOLS WE NEED

Sterile Compounding. Waiving sterile compounding requirements at 482.25(b)(1) and USP 797 would allow face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift only to conserve scarce face mask supplies.
340B Eligibility. Providing for a limited waiver of the 340B Hospital Medicare DSH eligibility threshold for current 340B hospitals responding to the COVID-19 national health emergency and experiencing a significant change in patient mix would help ensure that hospitals do not lose their 340B status in the future as a result of a time-limited change in patient mix.
Prior Authorization for Post-acute Care (PAC). Requiring that plans waive prior authorization requirements for PAC placement would enable hospitals to free up inpatient bed capacity.
Restrictions on Telehealth Technology. Waive the restrictions on the type of technology that may be used to provide telehealth would allow patients to use the technology they have on hand, such as FaceTime and Skype, providing critical flexibility that will allow them to remain in their homes while still obtaining services. These waivers must be made in conjunction with those above on geographic and originating sites and below on HIPAA privacy requirements in order to be meaningful.
HIPAA Privacy Requirements. Waiving HIPAA privacy requirements and permitting a similar waiver of applicable security rule requirements would allow patients to use technologies such as FaceTime and Skype, as specified above. These waivers must be made in conjunction with those above on geographic and originating sites and telehealth technology in order to be meaningful.

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IRF 3-hour Rule. Waiver of the 3-hour rule, which requires that inpatient rehabilitation facility (IRF) patients receive at least three hours of therapy a day, the "preponderance" of which must be one-on-one, would help ensure that IRFs are able to add capacity to the health care system, without penalty.
LTCH 50% Rule. Waiving both the numerator and denominator of the requirement that LTCHs have no more than 50% of Medicare cases paid at the site-neutral rate would help ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.
Emergency Use Authorizations (EUAs). Expediting the approval of EUAs for hospital laboratory developed tests (LDTs), including the approval of licensed automated testing systems and rapid response testing, would assist hospitals in expeditiously testing and confirming COVID-19 infection in patients and thus responding to the emergency.
Access to Coronavirus. Access to the virus and its genomic RNA would allow hospitals to validate their LDTs. Some hospitals with laboratories certified for high complexity testing under CLIA are having difficulty obtaining this material

ENSURE COVERAGE SO ALL PATIENTS CAN SEEK HELP WHEN NECESSARY

Presumptive Authorization. Requiring plans to accept presumptive authorization in instances where health plans, due to business disruption such as reduced workforce capacity, cannot adjudicate requests within a timely manner, would help ensure patients are treated in a timely manner.
Presenting Symptoms as Basis for Coverage. Generally, insurers make coverage decisions in part by assessing whether care was medically necessary, and many insurers adjudicate medical necessity using information that becomes available during the course of treatment or testing. This approach could result in many coverage denials for individuals who were originally suspected to have coronavirus but who ultimately are found to have the flu. The government should clarify that coverage decisions must be made on the presenting symptoms, not the final diagnosis.
Cost-sharing. Mandating that all forms of cost-sharing (co-pays, co-insurance, deductibles) be waived not only for testing, but also for treatment of coronavirus would help eliminate cost as a barrier to care. CMS should also require plans to reimburse providers for the full contracted amount.
Out-of-network Care. We urge the government to direct health plans to hold the patient harmless for out-of-network care, such as laboratory services, and negotiate reimbursement with the provider.
Utilization Management Requirements. Requiring health plans to ease utilization management requirements during the emergency period to account for reduced workforce would help ensure there are not bottlenecks and unnecessary delays in care. Specifically, hospitals and health systems are expected to experience staff reductions and diversions and health plans should not be permitted to deny reimbursement for care for which providers were unable to complete prior authorization or other utilization management functions due solely to workforce constraints.

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Ensuring Adequate Coverage and Resources. Refraining from implementing policies that would reduce Medicaid coverage and/or resources would help ensure patients get the care they need. Specifically, we ask that the Administration withdraw the proposed Medicaid Fiscal Accountability Rule, which could have a negative impact on coverage and health care system resources just as we seek to manage COVID-19 patients.
Automatic Eligibility Renewal. Allowing states six month automatic eligibility renewal would help ensure continuity of coverage.
Increase Access to Presumptive Eligibility. The Administration should remove administrative barriers to Medicaid hospital presumptive eligibility during the COVID-19 emergency to increase access to coverage.
Children's Health Insurance Program (CHIP) Eligibility Limits. Federal law restricts states from increasing their CHIP eligibility limits. We urge flexibility to states seeking to expand CHIP eligibility within their current CHIP grants to enable access to testing and treatment for uninsured children.
Uncompensated Care Pools. Allow states to reestablish or create time-limited Medicaid-funded uncompensated care pools through Medicaid Section 1115 demonstration waivers to cover the costs of the uninsured.
Special Enrollment Period. Creating a special period enrollment for the Health Insurance Marketplaces would increase access to coverage and care.
Direct Provider Reimbursement. Establishing a federal program to directly reimburse providers for costs associated with caring for the uninsured would help ensure hospital have adequate resources for addressing the emergency. While federal law now provides a mechanism for reimbursement for testing and testing-related services, this must be expanded to treatment costs as well.
Medicaid DSH. Delaying Medicaid DSH cuts and establishing a temporary Medicaid DSH allotment increase would help cover COVID-19 related testing and treatment, including equipment.

ENSURE PAYMENT FLOWS APPROPRIATELY

Telehealth Geographic and Originating Site Requirements. Waiving the geographic site requirements that limit telehealth payment to services furnished within certain geographic areas, as well as the originating site requirements that specify the particular sites at which the eligible telehealth individual must be located would provide critical flexibility to allow patients to remain in their homes while still obtaining services. These waivers must be made in conjunction with those below on telehealth technology and HIPAA privacy requirements in order to be meaningful.
LTCH 50% Rule. Waiving both the numerator and denominator of the requirement that LTCHs have no more than 50% of Medicare cases paid at the site-neutral rate would help ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.

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LTCH ICU Requirement. Waiving the requirement that an LTCH patient have a prior hospital stay that includes three days or more in the intensive care unit (ICU) in order to qualify for the full payment rate would ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.
Alternative Payment Model (APM) Flexibility. Deeming coronavirus an 'extreme and uncontrollable circumstance' for APMs that have significant hardship policies would allow the agency flexibility in making adjustments to the APM specifications, such as for episode spending or quality measurement. This would help ensure that providers are not penalized for circumstances beyond their control.
Supplemental Payments. Allow states to create new time-limited supplemental hospital payment mechanisms (fee for service and managed care) to address COVID-19 related treatment, services, testing without CMS prior approval if state appropriately documents program.
Temporary Waiver of Certain Payment Caps. Allow states to suspend any Upper Payment Limit restrictions or Medicaid DSH hospital-specific caps to address hospital payments for COVID-19 related treatment, services, testing without CMS prior approval if state appropriately documents such payments.
Site-neutral Payment Cuts. Immediately cease paying claims for clinic visits provided at excepted off-campus provider-based departments at the reduced payment rate implemented with the 2020 Medicare final rule governing the hospital outpatient prospective payment system. Instead such clinic visit claims should be paid at the rate that would have been in effect absent the payment reduction. Refraining from reducing resources in this manner would help ensure patients get the care they need.

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 9, 2020 4:46 PM
To: Strickland, Katie; Amelia.Keaton@eog.myflorida.com; Mayhew, Mary
Subject: Mayhew Remarks
Attachments: Remarks of Secretary Mayhew 3.9.20 final.docx

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Remarks of Secretary Mary C. Mayhew

March 9th, 2020

- AHCA's top priority is the health and safety of residents and patients in the facilities we regulate

- Because infection prevention and control are so foundational to the health and welfare of patients and residents, it is one of the highest priorities for the Agency as we inspect facilities.

- It's important to note, infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities. These are practices that hospitals and nursing homes routinely focus staff training on and conduct drills on.

- My agency's role is to ensure the facilities we license and regulate are vigilant in maintaining adherence to infection control and prevention protocols and quality standards that will protect the health and welfare of our state's most vulnerable.

- Florida's health care facilities are held to an extremely high standard, and AHCA is vigilant in reviewing every aspect of compliance—inspecting for even the smallest misstep or gap in infection prevention practice and protocols.

- We inspect for the smallest gaps in practice in order to support comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

- Infection prevention protocols are the responsibility of everyone in the facility – from the clinical staff, to the custodial staff, to the vendors and visitors who enter facilities.

- Our role is to ensure comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

- What's more, we understand this is a rapidly evolving situation worldwide and my Agency remains committed to doing all we can to equip facilities with the best information to protect patients and residents.

- As such, AHCA has taken proactive steps to communicate with our providers regarding COVID-19.

- AHCA sent out alerts and hosted multiple calls with nursing homes, assisted living facilities, and hospitals to ensure they are focused on best practices for infection control and prevention.

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- As Secretary, I recognize the trust that Florida's nursing home residents and their families place in their facilities' nurses and administrators to ensure a safe living environment.

- We know that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes or lung disease.

- We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

- To that end, nursing homes and assisted living facilities, have been strongly encouraged to implement screening interventions for visitors, vendors and staff.

- The agency recognizes that facilities need to be overly cautious to protect their patients and residents and we appreciate the thoughtful approach to the comprehensive screening of visitors, staff and vendors. Screening for illness, international travel, travel on a cruise ship.

- This includes the need to screen those entering the facility to ensure no one has a temperature prior to entering.

- I have an important message for the public: if you are sick please do not visit a nursing home.

- And if you are sick, please only go to a hospital if you need to seek services.

- In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

- To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

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BACKGROUND

In 2019, there were 4 hospitals out of 310 and 320 nursing homes out of 695 that had some level of non-compliance related to infection prevention and control, but they did not a level of risk of harm or serious injury to patients or residents.

- 2 hospitals and 10 nursing homes with concerns of severe jeopardy

• All of those findings were thoroughly corrected and verified for compliance by our Agency.

• Let me be clear: in just a matter of weeks, a hospital or nursing home could lose their license and be shut down for failing to effectively correct the risk to patients.

• **Infection control inspection criteria, as administered from the CDC and CMS, includes reviews of:**

- Facility Assignment and Task Coordination
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Transmission-Based Precautions
- Laundry Services
- Policies and Procedures
- Infection Surveillance
- Antibiotic Stewardship Program
- Influenza and Pneumococcal Immunization

- **Hospitals and nursing homes are executing key infection control measures, including:**
    - Staff members maintaining compliance with hand hygiene.
    - Staff hand hygiene before and after contact with residents
    - Ensuring appropriate resident hand hygiene is performed
    - Appropriate use of personal protective equipment (PPE).
    - Environmental cleaning

• Our Agency is engaging and communicating regularly with nursing homes across the state and engaging in stakeholder discussions to address best practices and take any questions.

• The Agency will consider immediate jeopardies for infection control issues and complaints alleging infection control concerns, including facilities with COVD-19.

• Our inspections will prioritize the facilities that currently have positive and suspected cases of COVD-19.

• Per CMS, we are currently deploying staff and will visit hospitals and nursing homes that have had infection control issues in the past.

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• The Department of Health is – and always has been – the lead on any infectious disease outbreak. Our Agency is there to provide resources as appropriate. If the facility does not respond or accommodate the Department of Health, then our Agency go in as the regulatory entity.

• We are here to be a partner among state agencies and to consistently provide communications and immediate assistance.

• AHCA has shared and distributed communications that equip facilities with resources for Visitor Screening.

Personal Protective Equipment

• Personal protective equipment (PPE) coordination is handled at a local level through local health departments and emergency operations centers.

• In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

• To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 7:22 PM
To: ""McKinstry"","" Molly; " "Philpot"","" Toby; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Fwd: Florida Assisted Living Association Provider Request for Direction
Attachments: Residential and Long Term Care Facilities to Implement Universal Use of ... (47.0 KB); Guidance and Clarification on Division of Emergency Management (DEM) Eme... (36.6 KB)

Do we need to discuss?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Wednesday, March 18, 2020 5:51:42 PM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; PrudomRM@elderaffairs.org <PrudomRM@elderaffairs.org>
Cc: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Bussey, Jon <Jon.Bussey@em.myflorida.com>; dayle.mooney@flhealth.gov <dayle.mooney@flhealth.gov>; nicholas.primrose@eog.myflorida.com <nicholas.primrose@eog.myflorida.com>; Mike Hardy <mike@fala.org>
Subject: [External] RE: Florida Assisted Living Association Provider Request for Direction

Good evening,

I wanted to check on the status of the direction for the items listed below. In addition, the email that just went out to providers has already sparked many to email us as they do not have supplies, they have been asking their local EOCs completing requested documents and being told there are none in many cases after they have tried to procure from their vendors. Please note many of these items are not routine to an ALF or AFCH. Additionally, the guidance issued last night appears inconsistent with EO 20-006 in a manner that potentially exposes more vulnerable adults to potential infection. Will there be a new order issued?

Sincerely,

Veronica

From: Veronica Catoe
Sent: Tuesday, March 17, 2020 6:08 PM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; PrudomRM@elderaffairs.org
Cc: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Bussey, Jon <Jon.Bussey@em.myflorida.com>; dayle.mooney@flhealth.gov; nicholas.primrose@eog.myflorida.com; Mike Hardy <mike@fala.org>
Subject: Florida Assisted Living Association Provider Request for Direction

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Dear Emergency Response Leaders,

On behalf of our members and providers, we are asking for assistance to provide appropriate direction to providers. As you are aware: DEM Order No. 20-002 restricted visitation for certain persons presenting risk factors (enumerated as a through g). DEM Order No. 20-005 prohibited ALL individuals from visiting facilities in Broward County for 30 days. DEM Order No. 20-006 limited entry to facilities to certain individuals (described in Section 1), and provided screening criteria (a through e) which otherwise authorized entrants must meet in order to enter the facility. All of these orders remain in effect and none expressly supersedes the others as currently written.

We have compiled the following list of questions for your review and direction.

1.) Can further consideration be given to prohibiting residents from leaving and returning to facilities? This presents a tremendous risk of infection to all residents. It also places a burden on thinning staff resources to screen and re-screen returning residents. Finally, it is demoralizing to other residents who are unable to safely leave the facility and are not able to visit friends and family at the facility. Suspension of 429.28(1)(e) and 429.85(1)(e) and, suspension of 429.28(1)(k) and 429.28(1)(l) for residents who choose to leave the facility is advised.

2.) Are screening criteria f. and g. from DEM Order No. 20-002 (prohibiting persons who have been in or reside in a community with confirmed community spread) to be asked of all entrants, only end-of-life family and friend visitors (DEM Order No. 20-006, 1. a.), or not at all?

3.) What guidance/direction is available to assisted living facilities regarding limiting communal meals and activities?

4.) The screening requirements of DEM Order No. 20-006 2.b., strictly applied, would prohibit staff and residents from entering the facility if they exhibit or report signs of a respiratory infection, even in cases where a physician has diagnosed the cause of the infection to be non-communicable (allergies, etc.). Is this intended?

5.) Does DEM Order No. 20-005 prohibit end-of-life family and friend visitors in Broward County (which would otherwise be permitted by DEM Order No. 20-006, 1. a.)?

6.) Are facilities authorized to restrict visitation in end-of-life situations when the patient is in a shared room and unable to provide alternative space? In one particular end-of-life case, friends and family are attempting to visit very frequently, placing the other resident at risk. Hospice does not have an inpatient bed available and the family is unwilling/unable to care for the affected resident at home.

7.) Under what circumstances may non-healthcare providers of essential services (AC/plumbing repair services) and local authorities that are not law enforcement or emergency medical personnel (ex. county fire marshal) admissible to the facility? See DEM Order No. 20-006, 1. g. Would the service providers qualify as "facility staff" for purposes of DEM Order No. 20.006, 1. d. See also Rule 59A-36.001(37) (definition of "staff"). Recognizing that the fewer entrants the better, a plumbing or AC failure, etc. can necessitate the transfer of all residents if it cannot be addressed by qualified personnel.

8.) Under what circumstances are facilities permitted to admit new residents (are prospective residents considered "facility residents" as used in DEM Order No. 20-006, 1. a.)?

9.) It has been reported that some AHCA surveyors have indicated that assisted living facilities are to use the attached Hospital to Post-Acute Care Facility Transfer – COVID- 19 Assessment (3/15/20) to determine whether a resident may be transferred from a hospital to an assisted living facility. The proposed analysis is entirely inconsistent with the screening requirements provided under DEM Order No. 20-006. For example, under the assessment on the form, a patient may be transferred to an

AMERICAN OVERSIGHT

assisted living facility if they have NOT been tested for COVID-19, regardless of whether they are presenting symptoms of respiratory infection.

10.) Under what circumstances, if any, would it be permissible to permit screened professional movers to remove a discharged resident's belongings? For example, a resident occupied a 2-bedroom apartment at a standard ALF and needed to be relocated to a higher level of care. The resident is unable to move the items, the resident's family is unable to enter the facility, and potential injury to facility staff should not be risked.

11.) With screening procedures, illnesses, school closures, etc., it is a highly likely that it will become impossible for many facilities to meet the staffing standards prescribed by 59A-36.010. Additionally, some of the required staff training as prescribed by 59A-36.011 is becoming unavailable as in-person gatherings and activities are necessarily limited. What guidance and assistance is available to facilities and their staff? Should every facility be applying for variances or waivers from any rules they cannot comply with during this emergency?

12.) It has been reported that LabCorp and Quest have indicated that COVID-19 specimen collection may only occur at a physician's office or hospital. Assisted living facilities have been told by these entities that it would not be permissible for a physician to travel to the facility to do the collection. Is this accurate and is there any accommodation that can be made to more efficiently effectuate testing of multiple residents?

We thank you in advance and look forward to your response.

My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103

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Southerland, Ashleigh

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 5:29 PM
To: Veronica Catoe
Subject: Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and

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available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
  - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.

- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**
  - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**
  - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How do I put on (don) and take off (doff) my mask and gloves?**
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

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- If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.
- It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.



The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to veronicac@falamail.org from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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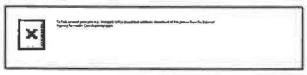

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Southerland, Ashleigh

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 10:07 PM
To: Veronica Catoe
Subject: Guidance and Clarification on Division of Emergency Management (DEM) Emergency Order No. 20-006

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Guidance and Clarification on Division of Emergency Management (DEM) Emergency Order No. 20-006

An Emergency Order was recently issued to create broad limitations on visitation at long-term care and residential facilities to protect residents from COVID-19. To assist with clarifying this directive, the Agency for Health Care Administration has started a list of the most commonly asked questions.

1. **What are necessary health care services as allowed by the Emergency Order?**

   Medically necessary health care includes health services as well as support services such as activities of daily living and assistance with resident self-administration of medication. This exception applies to individuals who previously performed them on a regular basis.

   For example, any family member or sitter who provided assistance with activities of daily living, such as feeding a resident or assisting with bathing, prior to the Emergency Order issued on March 15, 2020, may continue to provide these services.

2. **Can staff who have been on a flight within the last 14 days enter a facility?**

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Yes. Facility staff are exempt from the 14-day air travel prohibition if the individual does not meet any of the other screening criteria. The facility must still follow the required documentation criteria.

3. **Can hospice workers enter the facility?**

   Yes. Hospice workers are allowed to see a resident with hospice orders so long as the hospice workers meet the other screening criteria in the Emergency Order.

The full Emergency Order is available here: https://ahca.myflorida.com/docs/DEM_ORDER_NO.20-006_In_re_COVID-19_Public_Health_Emergency_Issued_March_15_2020.pdf

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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This message was sent to veronicac@falamail.org from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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FL-AHCA-20-0902-A-001127

Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Friday, March 13, 2020 8:20 AM
To: ""Sheffield"","" Mary Beth; MaryBeth.Sheffield@ahca.myflorida.com
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

From: Miller, James
Sent: Friday, March 13, 2020 8:16 AM
To: Scanlon, Stephanie <Stephanie.Scanlon@ahca.myflorida.com>; Skipper, Jamie <Jamie.Skipper@ahca.myflorida.com>; Magnuson, Michael <Michael.Magnuson@ahca.myflorida.com>; Barrett, Jennifer <Jennifer.Barrett@ahca.myflorida.com>
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

FYI. If you need to, or would like to discuss, please let me know.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:01 PM
To: Miller, James <James.Miller@ahca.myflorida.com>
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

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Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:55 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com); amelia.keaton@eog.myflorida.com
Subject: Fwd: Confidential information included

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:31:47 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: Confidential information included

Will do – in county order and added column of COVID test status. Will be in daily update. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard person is being teste Kim calling
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so goin see - not alleged to have CO testing
ALF	Beach House	140	Naples	Collier	3/14/2020	All tests negative
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - nc ALF
ALF	Opal	100	Cape Coral	Lee	3/16/2020	
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing negat
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:25 PM

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To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: Re: Confidential information included

Please have someone put it in alphabetical order by county. I need this printed and included in a daily briefing binder.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:20:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Confidential information included

No positive cases confirmed in NH or ALF – I will turn the list over to maintenance and advice who will be managing. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so goi see - not alleged to have CC testing
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ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - n ALF
ALF	Opal	100	Cape Coral	Lee	3/16/2020	Res adv lung CA, baseline cough, has progressed w/fe
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard just person is being tested - Kim calling
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing nega

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:09 PM
To: ""Miller"","" James; James.Miller@ahca.myflorida.com
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

FYI

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51 PM
To: Satter, Jonathan
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a

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state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 1:31 PM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com
Subject: Initial Draft
Attachments: Notice of Emergency Rule Screning.docx; qso-20-14-nh-revised.pdf

This draft includes the CDC guidance for restricting access. I kind of wrote it for ALF's but wasn't thinking facility specific. There is also new guidance (in attached .pdf) on limiting and discouraging access. We need to decide how much we want to put in the rule.

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION Health Facility and Agency Licensing RULE NO.: RULE TITLE: 59AER20-1 Screening Requirements for Non-Residents.

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 9, 2020, eight counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders live in Florida's XXX facilities. Ensuring XXX facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which XXX facilities screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule establishes screening requirements for nursing home staff and visitors to avoid the spreading COIVD-19 to health care facilities. Screening requirements include…

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

[2] *See* Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59A-xxx Screening Requirements for Non-Residents.

(1) REQUIREMENTS. Any non-resident individual, including staff, seeking entry to an assisted living facility must be actively screened by the facility. Any individual who meets the screening criteria must be restricted from entering the facility or facility grounds until they no longer meet the screening criteria.
(a) The screening criteria must at a minimum include the following:
1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat;
2. In the last 14 days has travelled with someone with a confirmed diagnosis of the Novel Coronavirus Disease 2019;
3. In the last 14 days has been under investigation for the Novel Coronavirus Disease 2019;
4. In the last 14 days has travelled internationally to any countries with sustained community transmission as identified by the Centers for Disease Control and Prevention. Affected countries can be found online at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html; or
5. Reside in a community where community-spread of the Novel Coronavirus Disease 2019 is occurring.
(b) DOCUMENTATION?
(c) For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment such as facemasks

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).
- *Following the Food and Drug Administration's (FDA) emergency use authorization (EUA) expanding the use of certain industrial respirators to health care personnel, CMS is clarifying that such use is appropriate in Medicare/Medicaid certified providers and suppliers.*

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of

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potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

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- ***Restricting*** *means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*
- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility.*

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Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).

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- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no***

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symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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FDA Resources:

- *Emergency Use Authorizations:* https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 10:24 PM
To: ""Couris"","" John; jcouris@tgh.org
Subject: Re: Testing Supplies For Drive Through (Tampa Region)

Hey John,

Thanks for sharing. Appreciate your support. I have shared your thoughts and concerns about testing with the Governor.

Mary

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Couris, John <jcouris@tgh.org>
Sent: Wednesday, March 18, 2020 10:20 PM
To: Mayhew, Mary
Subject: [External] Testing Supplies For Drive Through (Tampa Region)

Mary hope you are holding up and getting some rest? The attached was sent this evening by me on behalf of the team. Thank you again for your strong leadership and crisp communication style. You are appreciated!

John D. Couris
President & Chief Executive Officer
Tampa General Hospital
(813) 844-4520 Office phone
jcouris@tgh.org

We Heal. We Teach. We Innovate.
Care for everyone. Every day.

Begin forwarded message:

> **From:** "Couris, John" <jcouris@tgh.org>
> **Date:** March 18, 2020 at 6:24:00 PM EDT
> **To:** "shane.strum@eog.myflorida.com" <shane.strum@eog.myflorida.com>
> **Cc:** "Inzina, Tommy" <Tommy.Inzina@baycare.org>, "Chari, Ravi" <Ravi.chari@hcahealthcare.com>, "mike.schultz@ahss.org" <mike.schultz@ahss.org>, "Adam N. Smith (adamsmith@tgh.org)" <adamsmith@tgh.org>, "Stacey Brandt (sbrandt@tgh.org)" <sbrandt@tgh.org>
> **Subject: Testing Supplies For Drive Through (Tampa Region)**
>
> Shane, thank you and Governor DeSantis for your support during the COVID-19 situation.

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As a follow up to our call, I wanted you to know that all four major health systems are working together to develop a plan around a community-wide collection site. Right now, our teams are planning the logistics of standing up a site at Raymond James Stadium with the county and City of Tampa.

We have some concerns around spreading our resources too thin. We want to ensure that our teams have the bandwidth to care for our COVID-19 patients when we see a surge, so we are carefully watching how the Broward collection sites unfold and learn as many lessons as possible. That will help guide us in our decision to stand up this community collection site. We also understand the need to test and isolate any COVID-19 positive community members to minimize community spread.

In preparation of standing up a community site, we came up with the list below. Given the fluidity of this situation, this is our best estimate of needs based on what we know today. However, this could change. If we end up testing more community members than we anticipate, we may go through these supplies faster than we originally anticipated and need more.

I have cc'd my colleagues, the CEOs of BayCare, Advent and HCA.

Thank you again for your support.

COVID-19 Test Kit	**30000 Tests Kits**
Latex Gloves	700 Boxes (100 gloves per Box)
Face Shield	2000
or in place of face shields: Reusable Goggles	2000
Impermeable Gown	25000
Fluid Guard 161 or N95 Mask	6000
Patient Loop Mask	6000

Sincerely,

John

JOHN D. COURIS
President & Chief Executive Officer
Tampa General Hospital
(813) 844-4520 Office phone
jcouris@tgh.org

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits visitors to assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services except under special circumstances and when such staff and visitors meet specific screening criteria in order to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any non-resident individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations;

2. Hospice or palliative care workers caring for residents in end-of-life situations;

3. Any third-party providing necessary health care to a resident; or

4. Facility staff.

5. Any representative of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any emergency medical personnel; and any representative of the State Long-Term Care Ombudsman Program.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility may require any individual entering the facility to wear personal protective equipment.

(3) Screening Requirements. Any non-resident individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

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4. Any person who traveled internationally within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:05 PM
To: ""Skipper"","" Jamie; Jamie.Skipper@ahca.myflorida.com
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:01:10 PM
To: Miller, James <James.Miller@ahca.myflorida.com>
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

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Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
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How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 13, 2020 7:04 PM
To: Bob Asztalos - FHCA (basztalos@fhca.org)
Attachments: Notice of Emergency Rule Screening3 (002).docx

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 3, 2020 10:27 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com

Recommendations for Facilities (based on CDC Guidelines)

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.
- Following infection control protocol (adhere to CDC recommendations on standard hand hygiene practices, Standard, Contact, and Airborne Precautions).
- Communicate with residents and employees, including what actions the facility is taking to protect them.

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 10:44 PM
To: ""Kidder"","" Beth; Beth.Kidder@ahca.myflorida.com
Cc: Fillyaw, Tami
Subject: Fwd: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

Wow Beth! Look at the directive from DMS.
We should share this with the Secretary tomorrow. This is a big win for employees at our agency.
Thanks Tami!

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Sunday, March 15, 2020 8:16 PM
To: Miller, James
Subject: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

ELEASE March 15, 2020

rmation Center on COVID-19 for the State of Florida (850) 815-4940, ESF14@em.myflorida.com

The State of Florida Issues Updates on COVID-19

The State of Florida is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aw
ne Florida Department of Health will issue this update every day, seven days per week.

ntis is in constant communication with Florida Division of Emergency Management Director Jared Moskowitz a
ivkees as the State of Florida continues to monitor and respond to the threat of COVID-19.

at the State Emergency Operations Center, Governor DeSantis announced the following:

nor's direction, a public-private partnership has been put in place between Memorial Healthcare in Broward and
obile testing unit.
Santis has directed the Department of Business and Professional Regulation Secretary Halsey Beshears, in co
rtment of Health, to issue social distancing guidance to restaurants and bars.
Santis sent a letter to the federal Small Business Administration to turn on the SBA loan program for small busi

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Santis directed the Department of Management Services Secretary Jonathan Satter to allow state employees tc available leave time to other state employees to mitigate the impacts of school closures.

ıor DeSantis issued Executive Order 20-52, declaring a State of Emergency for COVID-19. By declaring a State is ensuring that state and local governments have the resources and flexibility they need to prepare and respon

ɔn COVID-19

to-date information and guidance on COVID-19, please visit the Department of Health's dedicated COVID-19 w isories from the Centers for Disease Control (CDC), please visit the CDC COVID-19 website. For more informat ued by the U.S. Department of State, please visit the travel advisory website.

ons related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by callin **ter is available 24 hours per day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

Know

ad from person to person through small droplets from the nose or mouth, including when an individual coughs o n objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touch

D-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 ple recover from COVID-19 without needing special treatment. The elderly and those with underlying medical pı rt problems and diabetes are more likely to develop serious illness.

ɔ vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Dep lay preventive actions to help stop the spread of respiratory diseases, including:

e contact with people who are sick;
ɜ when you are sick and avoiding contact with persons in poor health;
:hing your eyes, nose and mouth with unwashed hands;
r cough or sneezing into a tissue, then disposing of the tissue;
r hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating ŋg or sneezing;
ater are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hanc s are visibly dirty; and
disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

ecommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory disease uld be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. TI rucial for health workers and people who are taking care of someone in close settings (at home or in a health ca iences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days n with community transmission should call ahead to their health care provider and local CHD and mention their

close contact with someone showing these symptoms who has recently traveled from this area or been in conta irmed COVID-19, he or she should call ahead to a health care professional and the CHD. The health care provi etermine if the person should be tested for COVID-19.

AMERICAN OVERSIGHT

ıas taken to prepare for and Respond to COVID-19

ernor provided several additional updates on Florida's efforts to respond to COVID-19:

Santis requested that Health and Human Services send home the 61 Floridians that were previously aboard th
ome from isolation from Dobbins Air Reserve Base, Georgia.
Santis directed the Department of Health to hire additional epidemiologists from university health programs to
Santis directed the Agency for Health Care Administration (AHCA) to extend all existing nursing home and ass
0 days to remove distraction from patient care.
Santis directed Director Moskowitz to expand his emergency order and prohibit all visitation to nursing homes,
lt family-care homes, long-term care facilities and adult group homes to all visitors for the next 30 days.
Santis directed the Department of Highway Safety and Motor Vehicles to suspend drivers' license renewal req

Santis directed all agencies to suspend for 30 days licensing and registration renewal requirements for existing
realtors).

HEALTH

n DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
n DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the sta

n DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emer
ıeral Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
ent of Health (DOH) established an Incident Management Team to coordinate response operations.
:d a dedicated incident command post for on-site response activities.
ted public health and health care stakeholder conference calls to provide statewide updates on the current outl
ions and guidance for pandemic planning. Over five hundred participants joined these calls.
ated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes
hospitals.
hed a public call center for questions regarding COVID-19.
)ed and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
ented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases
hed mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
tributed CDC Interim Guidance for public health personnel evaluating Persons under Investigation (PUIs) and a
)nfirmed cases at their home or non-home residential settings to CHDs.
ted the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter reg
and Preparedness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
ented testing at all three State Public Health Laboratories.
ted updated CDC guidance for schools to CHDs and the Department of Education.
ted updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
Santis announced that the State ordered an additional 2,500 test kits to supplement the adequate resources al
D-19. These additional test kits will enable the Department of Health, working with Florida health care providers
5,000 individuals. The Governor also suspended non-essential in state and all out-of-state travel for state empl
Santis directed the Florida Division of Emergency Management and the Agency for Health Care Administration
s to vulnerable populations for those who may have been exposed to COVID-19. The Governor also directed th
)f Corrections to suspend visitation at state prisons for 30 days.

ıLTH CARE ADMINISTRATION

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or Health Care Administration (AHCA) will be granting a 90-day extension to all licenses for health care provide

ibuting information regarding regulatory flexibilities created by waivers from CMS related to skilled nursing facili
s hospitals, home health agencies, durable medical equipment, provider enrollment, etc.
oated in a collaborative call with the Florida Health Care Association, Florida Hospital Association and Leading/
nt transfer arrangements between health care facilities such as nursing homes and hospitals.
Medicaid Program announced coverage of commercial testing for COVID-19 for dates of service back to Februa
tted requests to the Centers for Medicare and Medicaid Services (CMS) for flexibility for Florida's program unde
f a state of emergency.
yhew participated in a call with hospitals, laboratory administrators and associations regarding hospital testing.

SONS WITH DISABILITIES

or Persons with Disabilities' (APD) three state-run centers in Marianna, Gainesville, and Chattahoochee, as we
, are restricting visitors in compliance with the Executive Order to protect the health and safety of our customers
ay Training programs across the state are screening visitors for possible exposure to COVID-19 using a visitor c
is also being used to screen visitors to APD Regional Offices.
es to provide an up-to-date status on COVID-19, best practices, preventative tips, and CDC guidance to APD pr
dinators, Stakeholders, and APD employees.

ELDER AFFAIRS

ent of Elder Affairs (DOEA), in coordination with the Administration for Community Living (ACL), facilitated a virt
e request of Hallandale Beach Mayor Joy Cooper. More than 2,700 seniors were online for the meeting. Charlo
ector of the Aging and Disability Resource Center (ADRC) of Broward County, led the discussion with participat
ve Constantino Miskos, Chen Senior Medical Center, and representatives from Emergency Medical Services. T
on centered on the work being done, specifically by the Area Agency on Aging, to continue to provide people re
aximize support during COVID-19.
artmental Leadership and the Area Agency on Aging contract managers, DOEA provided ongoing technical ass
Network regarding allowable flexibilities within programs to ensure continuity of services and the safety of elders
lance to all Executive Directors regarding the safe delivery of home-delivered meals to prevent spread of respira
ues to provide updated information on current closures and possible future temporary closures of specific servic
enior Centers and Adult Day Care Centers on our website homepage and all corresponding program pages. Cl
pecific location for alternative services, they are provided the Area Agency on Aging helpline, and directed to th
l questions on COVID-19.
020: Looking Towards Your Age-Friendly Future Tour to five communities across Florida originally planned for A
nosted by the Department and AARP has been postponed to protect the health and wellness of seniors, volunte
ealth Insurance Needs of Elders (SHINE) participation in scheduled outreach events, presentations, and in-pers
rol (SMP) counseling has been suspended until further notice. SHINE volunteers and staff will continue to provi
the services will be conducted over-the-phone with future considerations for the use of webinars and Facebook
tary Prudom held a conference call with The Comprehensive Assessment and Review for Long-term Care Serv
o discuss the suspension of face-to-face assessments. CARES assessors will provide reviews through phone o
'staff exposure and reduce spread.
artmental Leadership and the Area Agency on Aging contract managers, we provided ongoing technical assista
rk regarding allowable flexibilities within programs to ensure continuity of services and the safety of elders. For e
lance to all Executive Directors regarding the provision on completing assessments for multiple program types,
ave chosen to self-isolate.
ed updated information on current closures and possible future temporary closures of specific services at Cong
rs, and Adult Day Care Centers on our website homepage and all corresponding program pages. Clients are gu

AMERICAN OVERSIGHT

ion for alternative services, provided the Area Agency on Aging helpline, and directed to the DOH website with COVID-19.

CHILDREN AND FAMILIES

ent of Children and Families (DCF) Office of Child Welfare sent communication about COVID-19, to licensed c
n to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plar
Coronavirus Disease 2019.
ry Chad Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (incl
out COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates.
ng with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work
erly population and have a higher risk of being exposed to COVID-19.
hed strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the Soutl
es run by Wellpath Recovery Solutions, a contracted partner. They are reporting daily updates to ensure compl
nd monitor potential outbreaks.
ablished a visitation protocol for all state-owned and contracted mental health treatment facilities, as well as ve
uiring all outside parties to complete a Visitors Viral Symptoms Screening prior to entering a facility.

MENT OF VETERANS' AFFAIRS

Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and D
, with the exception of essential visitors, such as family members of those residents undergoing end-of-life care
partment of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living c
l visitors until further notice.
al Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics ar
reening protocols. Please plan to arrive at the facility well in advance of your appointment to allow additional tin

o are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8 C
77-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage. T
o cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
U.S. Department of Veterans Affairs National Cemeteries are open for burial and visitation by the public. Florid
To schedule a burial, please call 800-535-1117, option 1. In light of concerns regarding COVID-19, some famili
direct interment of their loved ones and postpone the formal committal services to a later date. Cemetery admi
late these preferences.
l VA facilities remain fully operational.

RIDA

rida is having preliminary conversations with Mass Care on the anticipated needs of volunteers. The agency is
nteers and develop volunteer safety guidelines to ensure that they are protected.
rida has asked all Voluntary Organizations Active in Disaster (VOAD) partners to review their continuity of oper
delivery disruption.

MENT OF EDUCATION

er of the Florida Department of Education (FDOE) Richard Corcoran provided strong recommendations for exte
nters for Disease Control and Prevention (CDC) issuing guidance specific to COVID-19 in Florida. As all Florida
schools have different schedules, please click here to see the recommended spring break changes for each d

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FL-AHCA-20-0902-A-001166

nt also announced that the start of state testing will be delayed by a minimum of two weeks. To stay up to date
isit: org/em-response.
odated guidance to school districts and superintendents ahead of spring break. To view that memo, visit: fldoe.
o Florida student has contracted COVID-19.
be proactive, and only as a precautionary measure if COVID-19 evolves in Florida, Florida Virtual School (FLV
la Department of Education to offer all school districts student support and teacher professional development ta
onment. The Florida Department of Education in partnership with FLVS is training an additional 10,000 teacher
er Training for COVID-19. Superintendents who are interested in offering their teachers the Virtual Teacher Tra
vith their County Virtual Principals to provide a list of teachers to FLVS through: https://www.flvs.net/FLVSTeac
mmissioner Corcoran is in constant communication with Florida Superintendents and districts to provide guidar
s and response and will be holding weekly calls to update districts on preparation efforts.
nt weekly memos providing updates to school districts, superintendents, Florida Colleges, parents, teachers an
ed a survey to school districts and public charter schools about their preparations, policies, and their capacity t
ally to help meet and determine any preparedness needs.

Y SYSTEM

iversity System will continue to evaluate the effectiveness of remote learning and the need to teach remotely in
the university community.
iversity System will continue to work with the Florida Department of Health and the Emergency Operations Cen
weeks of remote learning is sufficient.
ediately, all universities will make plans to transition to remote instruction as soon as possible.
ities with students who have returned from spring break, which includes Florida Gulf Coast University, Florida I
orida Polytechnic University, and the University of Florida, should implement a process to transition to remote ir
and encourage students to return home for at least 2 weeks. Each university will provide detailed information to
taff at the earliest possible time regarding this transition.
ities with students who are currently on spring break or about to be on break should direct their students to NO
weeks following the conclusion of spring break. This includes students at Florida Agricultural and Mechanical U
ersity, Florida State University, New College of Florida, the University of North Florida, the University of Central
South Florida, and the University of West Florida. Each university will provide detailed information to their stude
arliest possible time regarding this transition.
s will continue to provide essential services, such as dining, counseling, health services, library services, etc., p
or remotely. Each university with clinical and other non-classroom based programs will communicate directly wi
s will continue to provide essential services, such as dining, counseling, health services, library services, etc., p
or remotely. Each university with clinical and other non-classroom based programs will communicate directly wi
L HOUSING - While students are encouraged to remain off-campus, each university should develop a plan for
commodations for students who need assistance or must remain in place.
ersities have implemented campus-wide critical incident or emergency management teams that are meeting reg
f the COVID-19 virus.
s are preparing to transition to remote instructional delivery for a two-week period during March and early April,
pring Break, and are informing students not to return to campus during this period.
Governors will be conducting its March meeting via conference call and will not have a face-to-face meeting at
eduled.
rmation visit: https://www.flbog.edu/2020/03/11/state-university-system-statement-on-covid-19/.

MENT OF CORRECTIONS

rtment of Corrections (FDC) has no known or suspected cases of COVID-19 within its correctional institutions a

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nity Corrections officers are working with offenders on supervision to adjust reporting schedules to minimize cc
ces and prevent the spread of COVID-19.
of Health Services coordinates with the Department for guidance on any type of outbreak and is closely monit
s it is disseminated from the Department and the CDC.
pended visitation at all correctional institutions statewide through April 5, 2020. The decision to reinstate the nc
be evaluated in consultation with the Department.
es will continue to have access to mail, email, phone calls and video visitation.
visits will not be impacted.
as partnered with vendors to provide some complimentary phone and video visitation services.

ing a correctional institution will be screened, and entrance will be restricted if they:
raveled and returned from China, Iran, Italy or South Korea within the last 14 days
signs or symptoms of a respiratory infection such as fever, cough or shortness of breath
had contact with someone who has been or is under investigation for COVID-19.

an in place and dedicated staff members trained in the prevention and containment of infectious diseases.
its Incident Command System in response to this potential threat.
s been provided to staff, inmates and visitors to prevent the spread of any infectious disease, including COVID
are in place at facilities to protect inmates and staff from exposure to flu, COVID-19 or any other respiratory illn
e being followed per CDC recommendations.

MENT OF STATE

Department of State's museum properties are taking precautions to ensure the health of visitors amid concerns
site and museum operations, The Grove Museum has increased the frequency of disinfecting regularly touched
nscreens, display cases, and tactile panels. Additionally, Museum staff ensure that door handles, flat surfaces,
equipment, bathrooms, etc., are all frequently sanitized. Finally, The Grove Museum has taken measures to m
vare of the steps everyone should take to help contain the spread of COVID-19 such as hand washing, self-isol
ecommendations from health officials and seeking medical evaluation immediately if COVID-19 symptoms app

MENT OF TRANSPORTATION

on of Governor Ron DeSantis, Florida Department of Transportation (FDOT) Secretary Kevin J. Thibault, along
Scott Rivkees, hosted a conference call with all Florida ports and their governing bodies as well as all public use
oing response to the COVID-19 virus.
ary Thibault and staff from the department will host weekly conference calls with all passenger seaports and pu
tes related to COVID-19.
itoring temporary lane closures near hospitals and Department of Health facilities. If congestion near these faci
ur, FDOT will remove lane restrictions to help ensure mobility within the area.
Executive Order 20-52 issued by Governor Ron DeSantis, FDOT Secretary Thibault has suspended size and we
s on any vehicles transporting emergency equipment, services, supplies, and necessary agricultural commoditi
lucational materials are being posted in FDOT facilities, which include welcome centers, service plazas and res

aterials are being posted at all FDOT work sites across the state to help educate contractors, vendors, and stak
lectors have been given additional training and are required to wear gloves as well as continue with enhanced
posted COVID-19 educational materials inside all trains and on all platforms, focusing on areas near entrances
s are being cleaned and sanitized daily and SunRail staff have been provided sanitizing towelettes and encoura
ntly throughout the day.

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iding hand sanitizer and posting COVID-19 educational materials at its public meetings across the state.

MENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

:xecutive Order 20-52, FLHSMV Executive Director Rhodes waived commercial truck hours of service regulatio
ɔ that emergency supplies, equipment, commodities and resources can be moved more quickly and efficiently t
itinues to encourage Floridians through social media and other channels to use convenient online options, rathe
ı, to complete transactions for driver licenses, ID cards, motor vehicle or vessel registrations, and more.
; been in regular communication with the Florida Tax Collectors Association as well as Tax Collectors across th
VID-19 information and guidance from the Florida Department of Health and other state partners.

ECONOMIC OPPORTUNITY

n DeSantis announced the activation of the Business Damage Assessment survey to assess the impact of COV
s operations. The survey, managed by the Florida Department of Economic Opportunity (DEO), will evaluate bu
ı and the impacts the virus has had on the local economy so actions to implement appropriate relief programs c
e taken online at https://floridadisaster.biz/.

e health and safety of the traveling public and staff, VISIT FLORIDA's four welcome centers will be closed until f
DA is assessing and reevaluating all tourism promotion messaging, both international and domestic, and is dev
keep Florida top-of-mind for potential vacationers.
DA is planning for future marketing campaigns to ensure that Florida's tourism industry has a strong, unified voi

DA ceased all Florida tourism marketing in China. VISIT FLORIDA redirected the savings from China and inves
ampaign that launched on March 2.
DA is tracking traveler sentiment across online platforms and social media to monitor how COVID-19 may impa
orida.
DA is temporarily pausing all marketing efforts in Germany in accordance with federal travel restrictions. This is
les the United Kingdom where VISIT FLORIDA has active campaigns.
DA remains in close contact with industry partners and travel organizations and is communicating all new inform
ilable.

REVENUE

ent of Revenue's Child Support Program is working to reduce when customers are required to visit a local child
ew connect/customer service options.
e rescheduling genetic testing sample collection appointments and postponing other types of appointments. Th
ting the ability for parents to enter into written agreements over the phone, and the Program will be providing ne
processes.
ent of Revenue's General Tax Administration (GTA) program is working with its tax processing vendor to ensur
ment processing.
y monitoring any future guidance issued by the Internal Revenue Service for potential corporate income tax due
ent has increased messaging on preventative measures through the deployment of DOH/CDC posters, ensured
d increased cleaning of high-traffic areas in our public areas of our service centers.

ANCE REGULATION

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Insurance Regulation (OIR) Insurance Commissioner David Altmaier is actively engaged with insurers and ke
ional level regarding COVID-19. Commissioner Altmaier is collaborating with other state insurance commissio
f Insurance Commissioners to share information and resources.
ed Informational Memorandum OIR-20-01M to all health insurers and health maintenance organizations, direc
very channel available to them to communicate with their policyholders and share official CDC and Departmen
ation;
e resources to inform consumers of available benefits, quickly respond to inquiries, and avoid and dispel misin
with public health officials to do everything possible to prepare and respond; and
der all practicable options to reduce the barriers of cost-sharing for testing and treatment of COVID-19.
ng out to insurers regarding their response to COVID-19 and working with insurers to make sure they are prop
s.
vated its incident management team and has met to review disaster response procedures.
ed Informational Memorandum OIR-20-02M as a reminder to all health insurers, health maintenance organizat
s to allow for early prescription refills following the Governor's Executive Order 20-52 declaring a state of emer
ken with multiple insurers who are voluntarily waiving cost-sharing for consumers in an effort to remove barrier

MENT OF LAW ENFORCEMENT

Department of Law Enforcement (FDLE) Regional Operations Centers are working with Regional Domestic Sec
ny responses needed.
e of Mutual Aid prepared and distributed a law enforcement guide on COVID-19 for law enforcement partners a
General Counsel prepared a law enforcement guide for protocols in a quarantine.
issioner Rick Swearingen sent an email to all members outlining simple ways to prevent the spread of COVID-
epartment of Health and CDC websites. Signs have been posted in all FDLE Regions and at Headquarters witl

MENT OF JUVENILE JUSTICE

Department of Juvenile Justice's Office of Health Services developed COVID-19 guidance for all facilities servin
uded Center for Disease Control criteria on how to assess and care for youth who are exhibiting fever and resp
nental cleaning and disinfection recommendations.
Department of Juvenile Justice has modified screening protocols and procedures for youth taken into custody b
ght to our juvenile assessment centers and detention screening units to now include precautionary coronavirus
d protocols. This modified screening protocol was shared with law enforcement partners statewide.
Department of Juvenile Justice has developed a visitor screening tool which is now mandatory to use inside of c
nters and residential commitment programs to ensure both the safety of the youth and staff in these programs.
of Juvenile Justice is in the process of sending a notice to parents and guardians of youth in programs regardin
quirements.
Department of Juvenile Justice has sent a notice to the vendors, guests, volunteers and business partners that
ntion centers and residential commitment programs asking that they limit visiting any of these facilities if they ar
have traveled outside of the U.S., including cruise ship travel. The department will work with these entities on a
ams to ensure critical services are not interrupted.

MENT OF BUSINESS AND PROFESSIONAL REGULATION

Department of Business and Professional Regulation (DBPR) is incorporating informational comments on all on-
d to public lodging, public food service, and alcohol and tobacco license holders that will promote situational aw
: health emergency and will direct parties to the FDOH COVID-19 webpage for guidance and resources related

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ɔies of informational flyers from the FDOH COVID-19 toolkit will also be available for inspectors to distribute wh
:hese premises.

MENT OF MANAGEMENT SERVICES

)epartment of Management Services' (DMS) Emergency Support Function-7 (ESF-7) Logistics team continues t
ɜnt of Health and the Division of Emergency Management on identifying the equipment or supplies that may be
ɜe to COVID-19.
ɿ of Human Resource Management has provided guidance to agencies on implementing preventive actions in t
ıptoms, using leave, utilizing health insurance benefits, and applying travel restrictions and telework policies.
ɿ of State Group Insurance continues to coordinate with health plan providers to ensure that state employee he
ealth benefits that can assist them and their dependents if needed.
ɿ of Real Estate Development and Management (REDM) continues to provide guidance to agency facility mana
s to take to prevent workplace contamination and to pre-position environmental vendors to mobilize in the event

ɿ of Real Estate Development and Management continues to identify, purchase, and distribute additional hand s
ɔlies to state-maintained facilities.
ɿ of State Technology-Public Safety Unit continues to coordinate with users and vendor of the Statewide Law E
RS) vendors to ensure the continuation of mission critical services if a reduction of staffing resources occurs.
ɿ of State Technology-Public Safety Unit continues to coordinate with statewide public safety communications p
ıre emergency communications systems are not impacted by potential reductions in staffing resources.

MENT OF ENVIRONMENTAL PROTECTION

Florida State Parks and campgrounds, and Office of Resilience and Coastal Protection facilities (aquatic preser
search Reserves), remain open to the public. However, in an abundance of caution and consistent with Center
ɔn guidance, DEP announced on March 13 that it is cancelling all events and activities at these facilities effectiv
otice.
ıcludes DEP events and includes activities such as tours and visitor centers that involve large groups and/or or
ıity to others. People with questions regarding any privately scheduled event should check with the host of the e
y. For the latest closure and cancellation information, please visit floridastateparks.org.
plans have changed and you need to modify camping or cabin reservations, please visit ReserveAmerica.com,
·800-326-3521 or TDD 888-433-0287 or text to 904-204-3216.

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Department of Health

ıent of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and im
through integrated state, county and community efforts.

ɔok, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

ntec.com/3JfdjSaGJKDZkdv5jkyFuKq7Vc?u=https%3A%2F%2Fcontent.govdelivery.com%2Faccounts%2FFLDEM%2F

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 7:11 PM
To: ""Primrose"","" Nicholas; Nicholas.Primrose@eog.myflorida.com
Subject: Re: ALF Emergency Order

Confirmed

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 6:42:38 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Good catch, spoke with Francis and included.

In Chapter 400 there is a definition of nursing home, but then other facilities fall into other sections. Can you make sure the facilities I listed are adequate/appropriate for all the AHCA would license AND have a vulnerable population?

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: March 10, 2020 5:47 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: Re: ALF Emergency Order

I'm looking for APD group homes as well

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:34:12 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>

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Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Updated to include Adult Family Care and Nursing Home Facilities & community spread (as directed by CMS in the attached PDF they released yesterday).

Nicholas A. Primrose
Deputy General Counsel
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From: Primrose, Nicholas
Sent: March 10, 2020 5:07 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>
Subject: ALF Emergency Order

Updated to include new language after consultation with DOH.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
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Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 8:54 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "Kidder"","" Beth; " "McKinstry"","" Molly; " "Grow"","" Stefan; " "Miller"","" James; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: RE: talking points for review today
Attachments: 3.1.20 AGENCY FOR HEALTH CARE ADMINISTRATION NOVEL CORONAVIRUS ACTIONS.docx

The document is attached with edits and additions as recommended. Everyone please let me know if this is lacking any edits. Thank you all.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 5:58 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>
Subject: Re: talking points for review today

This looks really good. I think we may need to just add some information about hospital emergency preparedness

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 4:48:02 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>
Subject: talking points for review today

Hi team,

Attached is the latest version of the actions and information document. Would everyone please take a moment to review and provide edits/feedback?

Beth – if Medicaid has some info regarding payment for testing, etc., please let me know.

Thank you,

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Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

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AGENCY FOR HEALTH CARE ADMINISTRATION
2019 NOVEL CORONAVIRUS ACTIONS AND INFORMATION

Top Line Messaging

- AHCA's top priority is the health and safety of residents and patients in the facilities we regulate. As such, AHCA has taken proactive steps to communicate with our providers regarding 2019 Novel Coronavirus.

- Facilities and providers are expected to follow Florida Department of Health (DOH), Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines.

- AHCA, in direct collaboration with DOH, is focused on alerting facilities and providers to fundamental infection control protocols, including standard hand hygiene procedures, the use of personal protective equipment when appropriate, and other key practices.

- AHCA will ensure Medicaid coverage for testing and treatment of 2019 Novel Coronavirus through its health plans and fee-for-service system.

AHCA Coordination with DOH

- As with all public health emergencies, the Florida Department of Health serves as the lead agency of the Emergency Support Function (ESF) #8 - Public Health and Medical.

- Our role is to support DOH's efforts as they coordinate with state and local partners to investigate, confirm, contain, and report any suspected cases, should they occur.

- DOH is working closely with the CDC to monitor the current outbreak of COVID-19 and is actively working to ensure that the most up-to-date CDC guidance is quickly and accurately disseminated to local partners.

- DOH is hosting a weekly Florida Healthcare Provider Stakeholder Call for 2019 Novel Coronavirus.

Infection Control

- In coordination with DOH, AHCA has informed both facilities and stakeholder groups that healthcare facilities must adhere to standards for infection prevention and control in order to provide safe, high-quality care.

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- AHCA expects healthcare staff to comply with basic infection control practices.
    - For 2019 Novel Coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection (for more information, see CDC's Interim Infection Control Recommendations for 2019-nCoV).
    - Healthcare staff should also adhere to CDC recommendations on standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations.
    - If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available see CDC Hand Hygiene in Healthcare Settings for more detailed information.
    - Healthcare facilities should ensure that hand hygiene supplies are readily available see CDC Hand Hygiene in Healthcare Settings for more detailed information.
    - In addition to the review of CDC information by healthcare facilities, we encourage the review of appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection.
- Every nursing home licensee must have a written plan with procedures to be followed in the event of an internal or externally caused disaster—this includes pandemic response. Nursing home comprehensive emergency management plans must be submitted to the county emergency management agency for review and approval.
- Each nursing home facility shall maintain policies and procedures in infection control and staff education. The staff education plan must ensure that education is conducted annually for all facility employees, at a minimum, in prevention and control of infection.
- Assisted living facilities must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding infection control, sanitation, and universal precautions.
- If any assisted living facility staff member has, or is suspected of having, a communicable disease, that individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

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Nursing Home: Federal Infection Control - 42 CFR; 483.80

- The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

    - A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

    - Written standards, policies, and procedures for the program, which must include, but are not limited to:
        - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
        - When and to whom possible incidents of communicable disease or infections should be reported;
        - Standard and transmission-based precautions to be followed to prevent spread of infections;
        - When and how isolation should be used for a resident; including but not limited to;
        - The type and duration of the isolation, depending upon the infectious agent or organism involved, and
        - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
        - The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
        - The hand hygiene procedures to be followed by staff involved in direct resident contact.

    - A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility;

    - Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection; and,

    - Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.

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Hospital: Federal Infection Control - 42 CFR; 482.42

- The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

- The hospital's infection prevention and control program must be integrated into its hospital-wide Quality Assurance and Performance Improvement. (QAPI) program.

- A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

- The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Hospital: State Infection Control- 59A-3.250

- Each hospital shall establish an infection control program involving members of the organized medical staff, the nursing staff, other professional staff as appropriate, and administration. The program shall provide for:

    - The surveillance, prevention, and control of infections among patients and personnel;

    - The establishment of a system for identifying, reporting, evaluating and maintaining records of infections;

    - Ongoing review and evaluation of all septic, isolation and sanitation techniques employed in the hospital; and,

    - Development and coordination of training programs in infection control for all hospital personnel.

- Each hospital shall have written policies and procedures reflecting the scope of the infection control program outlined in subsection (1). The written policies and procedures shall be reviewed at least every two years by the infection control program members, dated at the time of each review, revised as necessary, and enforced.

- The policies and procedures devised by the infection control program shall be approved by the governing board, and shall contain the following:

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- (a) Specific policies for the shelf life of all stored sterile items.
- (b) Specific policies and procedures related to occupational exposure to blood and body fluids.
- (c) Specific policies and procedures related to admixture and drug reconstitution, and to the manufacture of intravenous and irrigating fluids.
- (d) Specific policies related to the handling and disposal of biomedical waste as required by chapter 64E-16, F.A.C., OSHA 29 CFR Part 1910.1030, Bloodborne Pathogens.
- (e) Specific policies related to the selection, storage, handling, use and disposition of disposable items.
- (f) Specific policies related to decontamination and sterilization activities performed in central services and throughout the hospital, including a requirement that steam gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.
- (g) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.
- (h) A requirement that soiled linen is collected in such a manner as to minimize microbial dissemination into the environment.
- (i) A requirement that all cases of communicable diseases as set forth in chapter 64D-3, F.A.C., be promptly and properly reported as required by the provisions of that rule.

- The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the assigned professional staff and the governing board.

- Each hospital shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include work restrictions for an employee whenever it is likely that communicable disease may be transmitted until such time as a medical practitioner certifies that the employee may return to work.

General Precautions for the Public

- Per DOH, you can protect yourself and your community from COVID-19 by wishing your hands frequently with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing.

    - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol. Avoid close contact with people who are sick and stay home when you are sick.

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Federal Emergency Preparedness Requirements

- The "Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers" establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.
    - The Rule also assists providers and suppliers to adequately prepare to meet the needs of patients, clients, residents, and participants during disasters and emergency situations, striving to provide consistent requirements across provider and supplier-types, with some variations.
    - The rule consists of multiple emergency preparedness requirements, however there are 4 core elements essential to an effective EP framework.
- **Risk Assessment and Planning:** Develop an emergency plan using all hazards approach, planning and identifying in advance essential functions and who is responsible in a crisis.
    - An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters.
    - This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to:
        - care-related emergencies;
        - equipment and power failures;
        - interruptions in communications, including cyber-attacks;
        - loss of a portion or all of a facility;
        - and, interruptions in the normal supply of essentials, such as water and food; and emerging infectious disease (EID) threats.
- **Policies and Procedures:** developed based on the plan (e.g. medical documentation, evacuation or shelter and place)
- **Communication Plan:** alternate means of communication, provide info to local authorities sharing medical info, and providing occupancy information and ability to provide assistance to other facilities in the community.

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- **Training and Testing Porgram:** train staff and test the plan through drills

Emergency Plans

- The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years.
    - The plan must do the following:
        - Address the patient/client population, including, but not limited to, persons at-risk;
        - the type of services the facility has the ability to provide in an emergency;
        - and continuity of operations, including delegations of authority and succession plans.

- *Note: For LTC facilities, emergency plan must be reviewed and updated annually. Additionally, "persons at-risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.*

- The emergency plan must specify the population served within the facility, such as inpatients and/or outpatients, and their unique vulnerabilities in the event of an emergency or disaster.

- As defined by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, members of at-risk populations may have additional needs in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care.

- In addition to those individuals specifically recognized as at-risk in the PAHPA (children, senior citizens, and pregnant women), "at-risk populations" are also individuals who may need additional response assistance including those who have disabilities, live in institutionalized settings, are from diverse cultures and racial and ethnic backgrounds, have limited English proficiency or are non-English speaking, lack transportation, have chronic medical disorders, or have pharmacological dependency.

- At-risk populations would also include, but are not limited to, the elderly, persons in hospitals and nursing homes, people with physical and mental disabilities as well as others with access and functional needs, and infants and children.

- Mobility is an important part in effective and timely evacuations, and therefore facilities are expected to properly plan to identify patients who would require additional

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assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients and residents are made aware of the procedures to evacuate.

- For outpatient facilities, such as Home Health Agencies (HHAs), the emergency plan is required to ensure that patients with limited mobility are addressed within the plan.

- The emergency plan must also address the types of services that the facility would be able to provide in an emergency.

- The emergency plan must identify which staff would assume specific roles in another's absence through succession planning and delegations of authority. Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions in the company.

- Succession planning increases the availability of experienced and capable employees that are prepared to assume these roles as they become available. During times of emergency, facilities must have employees who are capable of assuming various critical roles in the event that current staff and leadership are not available. At a minimum, there should be a qualified person who "is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility."

- In addition to the facility- and community-based risk assessment, continuity of operations planning generally considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources. Facilities are encouraged to refer to and utilize resources from various agencies such as FEMA and Assistant Secretary for Preparedness and Response (ASPR) when developing strategies for ensuring continuity of operations.

Legal Analysis from DOH General Counsel & AHCA General Counsel

1. What obligations does a hospital have when a sick person shows up?

   The Emergency Medical Treatment and Labor Act (EMTALA) was enacted in 1986 to guarantee nondiscriminatory access to emergency medical care and the health care system, regardless of a patient's ability to pay. A person who presents at a hospital's dedicated Emergency Department, and requests examination or treatment must be medically screened by the hospital. The hospital is obligated under EMTALA to provide the individual with the necessary stabilizing treatment, admit the person in order to

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provide such stabilization, or arrange for a transfer to another appropriate medical facility with the ability to stabilize the person. These hospital obligations under EMTALA are irrespective of whether the individual is indigent, uninsured, or a beneficiary of any program, such as Medicaid or Medicare.

In addition, Florida law provides that every general hospital which has an emergency department shall provide emergency services and care for any emergency medical condition when: 1. Any person requests emergency services and care; or 2. Emergency services and care are requested on behalf of a person by: a. An emergency medical services provider who is rendering care to or transporting the person; or b. Another hospital, when such hospital is seeking a medically necessary transfer, except as otherwise provided in this section. § 395.1041(3)(a).

2. Do hospitals have to have quarantine wings/regulations to deal with people with highly contagious diseases?

   For Florida hospitals that have special care units, they are required to ensure that the special care unit is a physically and functionally distinct entity within the hospital, has controlled access, and has an effective means of isolation for patients suffering from communicable or infectious disease or acute mental disorder. Fla. Admin. Code R. 59A-3.244(3). In additon, hospitals are required to have written procedures for cleaning all infectious disease areas and special written procedures for the separate handling and storage of both clean and dirty linen, with special attention being given to identification, separation and handling of linens from isolation or infectious disease areas. Fla. Admin. Code R. 59A-3.247(6). Additonal rules regarding the surveilance, prevention and control of infection are more specifically set out in Rule 59A-3.250, Florida Administrative Code

   - AHCA requires comprehensive emergency management plans to be prepared and updated annually under s. 395.1055 and rule 59A-3.078, F.A.C.
   - Must be submitted to the county emergency management agency annually for review and approval.
     - Required in these plans are
       - provisions for internal and external disasters and emergencies and a description of the hospital's role in community wide emergency management plans;
       - provisions for essential care and services for patients who may be relocated to the facility during a disaster or an emergency, including staffing, supplies and identification of patients
   - The plan must be tested semiannually through response to a disaster or emergency or in a planned drill.

3. What are the mechanics of a quarantine?
   - Voluntary Home Quarantine
   - Involuntary Quarantine

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- Quarantine Order issued by SSG
  - If quarantine issued under 381.00315(1)(b)4. (i.e., a declaration of Public Health Emergency) – the subject may choose isolation in their home/domicile, unless the department determines the individual's domicile is not a practical method of quarantine.
  - If quarantine at home is not a practical method:
    - "Practical Method of Quarantine" is defined in Florida Administrative Code rule 64D-3.028(20) as: a location where a person infected with or exposed to an infectious agent that threatens public health will have food, clothing and shelter as necessary while separated and restricted from contact with people who have not been infected with that disease or immunized against that infection.
    - Department has authority to utilize additional facilities including:
      - Schools (think special needs shelters in hurricanes)
      - Libraries
      - Jails (impractical if other non-quarantined individuals were there)
      - Hospitals
        - In the event a disaster or emergency conditions have been declared by the local emergency management authority, and the hospital does not evacuate the premises, a facility may provide emergency accommodations above the licensed capacity for patients. However, the following conditions must be met:
        - (a) The facility must report being over capacity and the conditions causing it to the Agency area office within 48 hours or as soon as practical. As an alternative, the facility may report to the Agency central office, Hospital and Outpatient Services Unit, at (850)412-4549;
        - (b) Life safety cannot be jeopardized for any individual;
        - (c) The essential needs of patients must be met; and,
        - (d) The facility must be staffed to meet the essential needs of patients.
        - Rule 59A-3.078(6), F.A.C.
      - Private places/residences
    - Counties' emergency management teams can assist in finding places suitable for quarantine.

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- DOH can enter into facility use agreements, memorandums of understanding, or other agreements to utilize and pay for the use of spaces designated for quarantined individuals.

NOTE: The CDC can also order quarantine under section 361 of the Public Health Service Act, 42 C.F.R Parts 70 and 71. It appears rarely used.

Florida Medicaid Coverage

- Medicaid covers a comprehensive array of services for eligible recipients. Key services that may aid in the diagnosis and treatment of COVID-19 have been included below:
    - Lab tests: Healthcare providers who need to test patients for the disease using the newly established CDC test panel may bill for the test using the newly created procedure code U0001.
        - Florida Medicaid's system is being modified to support billing of this procedure code. This should be implemented within the next 2 weeks. The Agency will notify health plans about the new procedure code coverage via a policy transmittal.
    - Physician services: Florida Medicaid covers physician services provided in the office setting and through telemedicine for recipients of all ages.
    - In-home physician visits: This is available for children ages 0 through 20 and pregnant women.
    - Home health nursing services: Florida Medicaid covers in-home nursing services for children and adults.
    - Hospital Care: For severe cases, both outpatient and inpatient hospital services are available for eligible recipients of all ages when determined necessary by a healthcare provider.
    - Other in-home monitoring services: Remote patient monitoring is available through Medicaid health plans.
    - Durable medical equipment (DME): Florida Medicaid covers and array of DME services in the home, including payment for protective equipment for use by in-home caregivers.

Health Plan Information

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- The health plans will cover all medically necessary services as specified above.

Symptoms, Diagnosis and Treatment

Symptoms

- Symptoms may appear 2-14 days after exposure:
    - Fever
    - Cough
    - Shortness of breath

Diagnosis

- The Centers for Disease Control and Prevention (CDC) developed the 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel, which health care providers can use to test for COVID-19. The Centers for Medicare and Medicaid Services developed a new procedure code (U0001) for providers and laboratories to bill when testing patients for SARS-CoV-2, the virus that causes COVID-19. It may take up to three-days for results to come in.

Treatment

- There is no specific antiviral treatment recommended for COVID-19. Patients are treated for their specific symptoms. More progressive cases may require hospitalization. In some cases, depending on the clinical presentations and other factors, the patient may be monitored in the home.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 11:49 AM
To: ""Smoak"","" Kimberly; " "Grow"","" Stefan; " "McKinstry"","" Molly; " "Philpot"","" Toby; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: Re: Correspondence Regarding Transfers of Patients to SNF

Thank you Kim. Very helpful

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 11:41:18 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: RE: Correspondence Regarding Transfers of Patients to SNF

A few thoughts for consideration:

The communication form was developed with FHCA and FHA, and is It is not mandated by CMS. It is not intended to deny appropriate residents for transfer.

The question (#3) is if the resident had 2 subsequent negative tests, not 4. It directs the provider to call to discuss the patient's status.

Screening criteria for restricted entry to NH is evolving daily, as is the information to prevent the transmission of COVID-19 the most vulnerable, at risk population in NH.

The CDC guidance indicates standard, contact, and airborne precautions. NH cannot follow airborne precautions, specifically an AIIR, therefore cannot accept a resident with those precautions.

From the guidance, "If an AIIR is not available, Patient who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available." The letter refers to the guidance for NH to admit individuals they would normally admit, including individuals from hospitals where COVID-19 is present IF possible to dedicate a wing for those residents coming or returning from the hospital. It is likely that dedicating a wing is not possible in most cases.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 4:49 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Fwd: Correspondence Regarding Transfers of Patients to SNF

Let me know your thoughts.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Steve Ecenia <Steve@rutledge-ecenia.com>
Sent: Friday, March 13, 2020 4:29:25 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Cc: 'bryan.anderson@hcahealthcare.com' <Bryan.Anderson@HCAHealthcare.com>; Ryan.Anderson2@hcahealthcare.com <Ryan.Anderson2@hcahealthcare.com>
Subject: [External] Correspondence Regarding Transfers of Patients to SNF

Thanks for convening the call today with the FHA, FHCA, and individual providers, and inviting us to participate. We look forward to working with everyone to find a solution to this challenging problem of patient transfers to SNF and ALFs. Please find attached correspondence that details the concerns of HCA's 48 affiliated hospitals in Florida.

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Stephen A. Ecenia
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(850) 509-4996 (mobile)

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FL-AHCA-20-0902-A-001192

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Wednesday, March 4, 2020 6:42 PM
To: ""Demott"","" Crystal; " "Barrett"","" Jennifer; Crystal.Demott@ahca.myflorida.com; Jennifer.Barrett@ahca.myflorida.com
Subject: FW: AHCA Non-Profits
Attachments: AHCA Non-Profits.xlsx

I need to know which of the Medicaid providers are non-profits.

From: Demott, Crystal <Crystal.Demott@ahca.myflorida.com>
Sent: Wednesday, March 4, 2020 4:22 PM
To: Miller, James <James.Miller@ahca.myflorida.com>
Cc: Barrett, Jennifer <Jennifer.Barrett@ahca.myflorida.com>
Subject: AHCA Non-Profits

JC:

Please see the attached spreadsheet containing a list of the identified non-profits that the Agency contracts with.

The three tabs identify the following:

- Tab 1: Agency Contracts
- Tab 2: MFMP Purchase Orders
- Tab 3: Medicaid Providers

If you have any questions or would like additional information, please let me know.

Thank you,

Crystal Demott
Procurement Director, FCCM, FCCN
Agency for Health Care Administration
2727 Mahan Drive, Bldg. 2, Suite 203A, MS 15
Tallahassee, Florida 32308-5403
Phone: (850) 412-3896

How are we doing? Let us know by completing this quick customer survey or send a special "thank you" to a staff member by using the AHCA Recognition options.

You can contact the Purchasing Office at MFMP_Help@ahca.myflorida.com or for Contract related questions, email Procurement@ahca.myflorida.com.

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AHCA Contract Number	Company Name
EXD067	Health Care Cost Institute, Inc.
FP076	Healthy Start Momcare Network, Inc.
GFA062	University of Louisville Research Foundation, Inc.
GFA074	St. Mark Village, Inc.
HQA022	Florida Coalition On Donation, Inc. D/B/A Donate Life Florida
MED140	Florida Healthy Kids Corporation
MED189	Qlarant Quality Solutions, Inc.

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Vendor Tax ID Number	Non-Profit?
38-3917409	Y
46-1801239	Y
61-1029626	Y
59-1953357	Y
20-1169939	Y
59-3032613	Y
52-1000082	Y

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 4:24 PM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re:

Please include ESS and more information about calls I've had with NHs and Hospitals and

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Monday, March 9, 2020 4:20:24 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject:

Please review and format. I will be speaking

AHCA's top priority is the health and safety of residents and patients in the facilities we regulate

Because infection prevention and control are so foundational to the health and welfare of patients and residents, it one of the highest priorities for the Agency as we inspect facilities.

As such, AHCA has taken proactive steps to communicate with our providers regarding COVID-19.

Infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities. These are practices that hospitals and nursing homes focus staff training and conduct drills on.

My agency's role is to ensure the facilities we license and regulate are vigilant in maintaining adherence to infection control and prevention protocols and quality standards that will protect the health and welfare of our state's most vulnerable.

• Facilities across Florida are held to an extremely high standard, and AHCA is vigilant in reviewing every aspect of compliance—inspecting for even the smallest misstep or gap in infection prevention practice and protocols.

We inspect for the smallest gaps in practice in order to support comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

And infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities – and they are the responsibility of everyone in the facility – from the clinical staff, to the custodial staff, to the vendors and visitors who enter facilities.

• We understand this is a rapidly evolving situation worldwide and my Agency remains committed to doing all we can to equip facilities with the best information to protect patients and residents.

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AHCA sent out alerts and hosted multiple calls with nursing homes, assisted living facilities, and hospitals to ensure they are focused on best practices for infection control and prevention.

As Secretary, I recognize the trust that Florida's nursing home residents and their families place in their facilities' nurses and administrators to ensure a safe living environment.

We know that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes or lung disease.

We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

• To that end, nursing homes and assisted living facilities, have been strongly encouraged to implement screening interventions for visitors, vendors and staff.

The agency recognizes that facilities need to be overly cautious to protect their patients and residents and we appreciate the thoughtful approach to the comprehensive screening of visitors, staff and vendors. Screening for illness, international travel, travel on a cruise ship.

• This includes the need to screen those entering the facility to ensure no one has a temperature prior to entering.

• I have an important message for the public: if you are sick please do not visit a nursing home.

• And if you are sick, please only go to a hospital if you need to seek services.

• In 2019, there were 4 hospitals out of 310 and 320 nursing homes out of 695 that had some level of non-compliance related to infection prevention and control, but they did not a level of risk of harm or serious injury to patients or residents.

o 2 hospitals and 10 nursing homes with concerns of severe jeopardy

• All of those findings were thoroughly corrected and verified for compliance by our Agency.

• Let me be clear: in just a matter of weeks, a hospital or nursing home could lose their license and be shut down for failing to effectively correct the risk to patients.

• Infection control inspection criteria, as administered from the CDC and CMS, includes reviews of:
o Facility Assignment and Task Coordination
o Hand Hygiene
o Personal Protective Equipment (PPE)
o Transmission-Based Precautions
o Laundry Services
o Policies and Procedures
o Infection Surveillance
o Antibiotic Stewardship Program
o Influenza and Pneumococcal Immunizations

AMERICAN OVERSIGHT

• Hospitals and nursing homes are executing key infection control measures, including:
o Staff members maintaining compliance with hand hygiene.
▪ Staff hand hygiene before and after contact with residents
▪ Ensuring appropriate resident hand hygiene is performed
o Appropriate use of personal protective equipment (PPE).
o Environmental cleaning

• Our Agency is engaging and communicating regularly with nursing homes across the state and engaging in stakeholder discussions to address best practices and take any questions.

• The Agency will consider immediate jeopardies for infection control issues and complaints alleging infection control concerns, including facilities with COVD-19.

• Our inspections will prioritize the facilities that currently have positive and suspected cases of COVD-19.

• Per CMS, we are currently deploying staff and will visit hospitals and nursing homes that have had infection control issues in the past.

• The Department of Health is – and always has been – the lead on any infectious disease outbreak. Our Agency is there to provide resources as appropriate. If the facility does not respond or accommodate the Department of Health, then our Agency go in as the regulatory entity.

• We are here to be a partner among state agencies and to consistently provide communications and immediate assistance.

• AHCA has shared and distributed communications that equip facilities with resources for Visitor Screening.

Personal Protective Equipment

• Personal protective equipment (PPE) coordination is handled at a local level through local health departments and emergency operations centers.

• In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

• To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 7:26 PM
To: ""Strickland"","" Katie; " "Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re: [External]

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or
b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or
c. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
d. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
e. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
f. Any person who resides in a community where community-spread of COVID-19 is occurring.

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From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 6:52:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: [External]

Updated the title.

From: Strickland, Katie
Sent: Tuesday, March 10, 2020 6:50 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: [External]

For review.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Tuesday, March 10, 2020 6:26 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External]

Florida Division of Emergency Management Issues Emergency Order to Protect Residents in Nursing Homes, Assisted Living Facilities and Other Residential Providers

TALLAHASSEE, Fla. – Today, in order to protect Florida's most vulnerable populations, the Florida Division of Emergency Management issued an Emergency Order temporarily restricting visitation to nursing homes, assisted living facilities (ALF), adult family care facilities, intermediate care facilities

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(ICF), and Agency for Persons with Disabilities (APD) group homes. While there has not been a case of COVID-19 at any of these provider types in Florida to date, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This order has been made in recognition of the fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from COVID-19.

Persons who will now be restricted from visiting nursing homes, ALF, adult family care facilities, ICF, and APD group homes includes:

- Any person infected with COVID-19 or suspected of being infected with COVID-19;
- Any person who traveled internationally within 14 days of intending to visit a facility;
- Any person who traveled on a cruise ship within 14 days of intending to visit a facility; or
- Any person who has been in close contact with a person(s) infected with COVID-19, or suspected of being infected with COVID-19, within 14 days of intending to visit a facility.

This Emergency Order is in addition to guidance issued by the Agency for Health Care Administration (AHCA), including a toolkit that was provided by AHCA to nursing homes, assisted living facilities and other residential providers. Protocols have already been put in place at many healthcare facilities across the state, including screenings of employees, vendors and visitors.

Find the full Emergency Order here – [LINK].

Jason Mahon
Communications Director
Florida Division of Emergency Management
850-815-4131 (desk)
850-294-2169 (cell)
Jason.Mahon@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 7:19 PM
To: ""Asztalos"","" Bob; " "McKinstry"","" Molly; " "Philpot"","" Toby; " "Strickland"","" Katie; Bob.Asztalos@ahca.myflorida.com; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re: Keeping Nursing Home Residents Connected with Families/Enriched

LOVE THESE PHOTOS!!

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 6:12:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: FW: Keeping Nursing Home Residents Connected with Families/Enriched

Secretary - See the attached pictures. People making the best of the situation to make residents' lives better.

From: Kristen Knapp <kknapp@fhca.org>
Sent: Wednesday, March 18, 2020 12:52 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Subject: [External] Keeping Nursing Home Residents Connected with Families/Enriched

Katie,
In case you wanted to share with Secretary Mayhew some of the things our centers are doing to keep residents and their families connected and keep residents spirits up during this time. A few photos attached and a few stories below. So much more but just wanted to give you a few highlights

We have had a church reach out to us and asked how they could help bring smiles to our residents. We are currently working on "Consulates Virtual Visitors. Spreading love not viruses". The church youth group is going to do one video for each of our care center, it's residents and staff. They will post it and we will get to share it on our care center Facebook pages for the residents and staff to see and encouraging others to post a video. They will say hello, sings songs and spread cheer.

The activity director is bringing donkeys, piglets, horses and owls up to the windows for patients' pleasure.

The facility is hosting bingo where they are calling out numbers over the intercom, staff are yelling out numbers from the halls and then if a resident in their room says bingo staff help give them the win

Kristen Knapp, APR, CPRC, CAE

AMERICAN OVERSIGHT

Director of Communications
Florida Health Care Association
850.701.3530 direct | 850.510.4389 cell
www.fhca.org



AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 3:18 PM
To: ""Grow"","" Stefan; Stefan.Grow@ahca.myflorida.com
Attachments: Notice of Emergency Rule Screning.docx

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION Health Facility and Agency Licensing RULE NO.: RULE TITLE: 59AER20-1 Screening Requirements for Non-Residents.

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 9, 2020, eight counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders live in Florida's XXX facilities. Ensuring XXX facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which XXX facilities screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule establishes screening requirements for nursing home staff and visitors to avoid the spreading COIVD-19 to health care facilities. Screening requirements include…

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

[2] *See* Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59A-xxx Screening Requirements for Non-Residents.

(1) REQUIREMENTS. Any non-resident individual, including staff, seeking entry to an assisted living facility must be actively screened by the facility. Any individual who meets the screening criteria must be restricted from entering the facility or facility grounds until they no longer meet the screening criteria.
(a) The screening criteria must at a minimum include the following:
1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat;
2. In the last 14 days has had a confirmed diagnosis of the Novel Coronavirus Disease 2019;
3. In the last 14 days has travelled with someone with a confirmed diagnosis of the Novel Coronavirus Disease 2019;
4. In the last 14 days has been under investigation for the Novel Coronavirus Disease 2019;
5. In the last 14 days has travelled internationally to any countries with sustained community transmission as identified by the Centers for Disease Control and Prevention. Affected countries can be found online at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html; or
5. Reside in a community where community-spread of the Novel Coronavirus Disease 2019 is occurring. A list of counties with confirmed cases of the Novel Coronavirus Disease 2019 can be found online at: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html.
(b) For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment such as facemasks.
(2) DOCUMENTATION.
(3) LIMITED ENTRY.
(4) DISCOURAGING.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 1:15 PM
To: ""Rumlin"","" Alicia; Alicia.Rumlin@ahca.myflorida.com
Subject: FW: Eblasts
Attachments: [External] COVID-19 Facility Visitor Screening Toolkit (38.3 KB); [External] COVID-19 Update for Nursing Homes (52.9 KB); [External] Aging and Vulnerable Populations Call - Hosted by the Flori... (38.0 KB); [External] AHCA Leadership call with Health Care Facilities Today Marc... (36.2 KB); [External] Novel Coronavirus Update for Health Care Facilities and Pro... (46.9 KB); [External] Novel Coronavirus Update for Nursing Homes (55.8 KB)

Please print these for me

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 10:30 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Kotas, James <James.Kotas@ahca.myflorida.com>
Subject: FW: Eblasts

James was asked to provide information to Tyler Russell Deputy LAD at EOG – we shared the LTC facility eblasts which show materials sent, visitor tool and conference calls.

From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 10:11 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: RE: Eblasts

Here you go!

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 10:03 AM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Subject: Eblasts

Can you please send me one email with all the Elasts on COVID 19 that we have sent to NHs and ALFs? Thanks

AMERICAN OVERSIGHT

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:11 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Facility Visitor Screening Toolkit

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MARY C. MAYHEW
SECRETARY

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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

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The toolkit can be found here:
https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:09 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Update for Nursing Homes

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COVID-19 Update for Nursing Homes

Nursing Home Conference Call with Health & Regulatory Partners
Wednesday, March 11, at 11:00 a.m. EST
Dial 1-866-951-1151 Room # 8484844

FHCA and Partners Nursing Home Conference Call on Coronavirus
Wednesday, March 11, at 11:00 a.m. EST
Dial 1-866-951-1151 and enter Room Number 8484844#

FHCA will host a Nursing Home/Health & Regulatory Partners Conference Call on Coronavirus Disease (COVID-19) tomorrow (Wed., March 11) at 11:00 a.m. EST.

Presenters/Areas of Focus include but are not limited to:

- *Florida Division of Emergency Management Director Jared Moskowitz:* Update on restricted entry criteria; Personal Protective Equipment (PPE) supply update
- *Agency for Health Care Administration Secretary Mary Mayhew & Leadership Team:* Nursing Home/Hospital transfer and admission protocols; survey changes pursuant to CMS Memo QSO-20-12 - Suspension of Non-Emergency Surveys; visitor screening/restrictions; isolation and COVID-19 testing protocols; Emergency Status System (ESS) reporting

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- *FHCA Highlights:* Visitor screening toolkit updates, hospital transfer resources, communications
- Participant Q&A

To access last week's FHCA/Partners Provider Call recordings, click here.

Recent Updates for Nursing Centers
The Florida Department of Health and Centers for Medicare and Medicaid Services (CMS) have issued guidance regarding screening and restricting visitors in nursing homes. CMS has revised its QSO-20-14-NH Memo, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-2019) in Nursing Homes (March 9, 2020). According to the Memo, facilities should *actively screen and restrict visitation* by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat
2. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness
3. International travel, travel on a cruise ship or travel to countries outside the United States within the last 14 days
4. Residing in a community where community-based spread of COVID-19 is occurring. Visit the Florida Department of Health COVID-19 web page for updates on confirmed Florida cases by county

Visitor Screening Toolkit
FHCA has updated our Visitor Screening Toolkit to reflect the updated guidance from CMS and the Department of Health. The toolkit includes recommendations for restricting, limiting or discouraging visitors, resources for conducting visitor and employee screenings, as well as sample signage to post in your center to alert visitors to your screening activities. It's designed to serve as a best practice to support centers' COVID-19 prevention activities. Centers should consult their legal and clinical teams when developing and implementing any company-specific procedures and protocols. Special thanks to Clear Choice Health Care and Avante Group for their contributions to this document.

SNF-Hospital Transfer Communication Tool
FHCA, in partnership with the Florida Hospital Association, has developed a SNF to Hospital and Hospital to SNF COVID-19 Transfer Communication Tool. The tool can be used to document an individual's medical status related to COVID-19 to help facilitate communication between nursing centers and hospitals during patient transfers and admissions.

Stay Informed
Please continue visiting FHCA's dedicated coronavirus web page, which includes updates from DOH, the Centers for Disease Control and Prevention

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(CDC), CMS and AHCA, along with links to support centers' strategies for reducing the spread of COVID-19.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org; Bob Asztalos at basztalos@fhca.org; or Melanie Motiska at mmotiska@fhca.org. Media inquiries can be directed to Kristen Knapp at kknapp@fhca.org.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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FL-AHCA-20-0902-A-001216

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:58 AM
To: Haddock, Taylor
Subject: [External] Aging and Vulnerable Populations Call - Hosted by the Florida Department of Health



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Aging and Vulnerable Populations Call
Hosted by the Florida Department of Health

Every Tuesday
11:00 AM to 11:30 AM

Call-In Information
Call-In Number: 888-585-9008
Participant Code: 488-097-156

Description
This is a weekly conference call hosted by the Florida Department of Health to disseminate the most up-to-date information regarding COVID-19. All residential facilities that provide care and support to aging and vulnerable populations are invited to participate on the call. There will be an opportunity for questions as time permits.

Standing Agenda

- Situation Updates from the Florida Department of Health
- Briefing from the Agency for Healthcare Administration
- Updates from other State Agencies
- Questions from Partners

Intended Audience
This call is intended residential facilities that provide care and support to aging and vulnerable populations in Florida. Other partners should relay any questions or concerns to their local county health department.

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Contact the Joint Information Center at JIC-Reports@em.myflorida.com for help with any technical issues with the Conference Call.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

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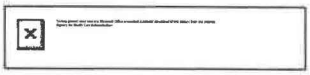

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 3, 2020 9:24 AM
To: Haddock, Taylor
Subject: [External] AHCA Leadership call with Health Care Facilities Today March 3rd at 12:00pm EST

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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AHCA Leadership call with Health Care Facilities
Today at Noon
March 3rd at 12:00pm EST

All Administrators and Owners of Assisted Living Facilities, Intermediate Care Facilities for the Developmentally Disabled, and Agency for Persons with Disabilities' Group Homes are asked to participate in a call with Agency for Health Care Administration leadership.

The conference call will be held **TODAY, Tuesday, March 3rd, at 12:00 pm Eastern Standard Time**, to discuss Novel Coronavirus (COVID-19).

To ensure the conference starts promptly, please dial in 5 minutes prior to the start time using the following information:

US Toll free: 1-866-519-2796

Once connected, please follow the instructions provided. When prompted, give the following information:

Participant passcode: 610007

You may hear music until the conference begins.

Please do not reply to this email.

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The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Monday, March 2, 2020 5:30 PM
To: Haddock, Taylor
Subject: [External] Novel Coronavirus Update for Health Care Facilities and Providers

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Novel Coronavirus Update for Health Care Facilities and Providers

Pursuant to Governor Desantis' Executive Order 20-51 and the direction of State Surgeon General Rivkees regarding 2019 Coronavirus (COVID-19), the Agency directs nursing homes and residential healthcare facilities to immediately review facility protocols including visitor screening to ensure precautions are in place to limit introduction of the virus. The CDC has provided guidance to facilities to screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website.

The Centers of Disease Control and Prevention (CDC) Guidance for Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19) to all healthcare facilities can also be found online at https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html.

The Florida Department of Health also provides significant resources including frequently asked questions at: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html, including what to do if you suspect a person may have COVID-19.

Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC):

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- Assess patients with acute respiratory symptoms and risk factors for COVID-19 to minimize exposure, including placing a facemask on the patient and isolating them in an Airborne Infection Isolation Room (AIIR), if available.
- Use Standard Precautions, Contact Precautions, and Airborne Precautions and eye protection when caring for patients with confirmed or possible COVID-19.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly don, use, and doff PPE in a manner to prevent self-contamination, and be aware of conservation guidelines for appropriate use of PPE
- For diagnostic facilities - perform aerosol-generating procedures, including collection of diagnostic respiratory specimens, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE. Additionally, it is essential that personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Residential providers should also review: Strategies to prevent the spread of COVID-19 in Long Term Care Facilities.

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact DOH's dedicated COVID-19 Call Center by calling **1-866-779-6121** oremailingCOVID-19@flhealth.gov.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Monday, March 2, 2020 2:39 PM
To: Haddock, Taylor
Subject: [External] Novel Coronavirus Update for Nursing Homes

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Novel Coronavirus Update for Nursing Homes

Provider Conference Call
with LTC Regulatory & Medical Partners
Tuesday, March 3, at 11:00 a.m. EST
Dial 1-866-951-1151 Room # 8484844

FHCA and Partners Provider Conference Call on Coronavirus
Tuesday, March 3, at 11:00 a.m. EST
Dial 1-866-951-1151 and enter Room Number 8484844#

The Florida Department of Health (DOH) has announced there are two presumptive positive cases of 2019 Coronavirus disease (COVID-19) in Florida. Gov. Ron DeSantis has issued Executive Order 20-51 declaring a Public Health Emergency and establishing COVID-19 Response Protocol.

FHCA will host a Provider Conference Call on Coronavirus tomorrow (Tues., March 3) at 11:00 a.m. EST. Presenters include:

- Florida Surgeon General Scott A. Rivkees from the Department of Health
- Secretary Mary Mayhew from the Agency for Health Care Administration
- Dr. Kenya Rivas from FMDA-The Society for Post-Acute and Long-Term Care Medicine
- A.C. Burke, VP for Healthcare Quality for RB Health Partners, Inc./Board Certified in Infection Control (CIC) by the Certification Board of Infection Control and Epidemiology.

FHCA has created a COVID-19 web page, which includes updates from DOH and the Centers for Disease Control and Prevention (CDC), along with links to support centers'

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strategies for reducing the spread of respiratory viruses. Resources also include the CDC's Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist and specific long term care center guidance from AMDA-The Society for Post-Acute and Long-Term Care Medicine.

Highlights for Nursing Centers

- Monitor your staff and visitors to ensure they are following proper hand washing procedures or using alcohol hand gels.
- Review your contact isolation procedures and make sure staff follow them consistently.
- Review plans for cohorting residents in the same room or wing who become sick to prevent the spread to other residents and staff, should the outbreak continue to grow.
- Remind staff, contractors, volunteers to stay home if they are sick (see detailed guidance here).
- Starting now, post notices for visitors who are sick to stop visiting (see FHCA website for sample notices) and work with families on alternate ways to visit their family members, like Skype, phone calls and email. Check with the local health department if they are recommending more restrictive criteria for visitations as COVID-19 spreads.
- Review guidelines for testing of persons under investigation suspected of COVID-19.
- Follow actions known to prevent the spread of viruses.

Stay Informed

- Monitor the CDC COVID-19 website for the latest information on Coronavirus prevention strategies, testing guidance and recommendations for health care workers.
- Make sure your staff are aware and keep up with CDC and your local health department guidelines (which are changing) as to when to contact them for testing suspected cases.
- Make sure your infection preventionist signs up for health department announcements as well as CDC announcements.
- Participate in the AHCA/NCAL COVID-19 webinar for long term care providers (Tues., March 3, at 4:00 p.m. EST). Join here.
- Participate in the DOH Florida Healthcare Provider Stakeholder Call, Wednesdays at 2:00 p.m. EST (Call in Information: 1-888-585-9008/Pin 208-305-233) with DOH State Surgeon General Scott Rivkees, State Epidemiologist, and the Incident Management Team for the most current situation and DOH's response actions.

Supplies

- Review the CDC's strategies for optimizing the supply of personal protective equipment here.
- If a health care provider, including long term care providers, is experiencing challenges meeting personal protective equipment needs, please contact your state and local health departments.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org or Melanie Motiska at mmotiska@fhca.org.

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:34 AM
To: ""Skipper"","" Jamie; Jamie.Skipper@ahca.myflorida.com
Subject: FW: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

From: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Sent: Monday, March 16, 2020 7:22 AM
To: Miller, James <James.Miller@ahca.myflorida.com>
Cc: Fillyaw, Tami <Tami.Fillyaw@dms.myflorida.com>
Subject: RE: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

I agree—this is huge. Thank you Tami.

Beth Kidder | Deputy Secretary for Medicaid
Agency for Health Care Administration | 850.412.4000

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 10:44 PM
To: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Cc: Fillyaw, Tami <Tami.Fillyaw@dms.myflorida.com>
Subject: Fwd: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

Wow Beth! Look at the directive from DMS.
We should share this with the Secretary tomorrow. This is a big win for employees at our agency.
Thanks Tami!

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Sunday, March 15, 2020 8:16 PM
To: Miller, James
Subject: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

RELEASE March 15, 2020

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ɔrmation Center on COVID-19 for the State of Florida (850) 815-4940, ESF14@em.myflorida.com

The State of Florida Issues Updates on COVID-19

- The State of Florida is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aw
the Florida Department of Health will issue this update every day, seven days per week.

antis is in constant communication with Florida Division of Emergency Management Director Jared Moskowitz a
Rivkees as the State of Florida continues to monitor and respond to the threat of COVID-19.

at the State Emergency Operations Center, Governor DeSantis announced the following:

rnor's direction, a public-private partnership has been put in place between Memorial Healthcare in Broward an
up a mobile testing unit.
eSantis has directed the Department of Business and Professional Regulation Secretary Halsey Beshears, in co
artment of Health, to issue social distancing guidance to restaurants and bars.
eSantis sent a letter to the federal Small Business Administration to turn on the SBA loan program for small bus
eSantis directed the Department of Management Services Secretary Jonathan Satter to allow state employees t
r available leave time to other state employees to mitigate the impacts of school closures.

rnor DeSantis issued Executive Order 20-52, declaring a State of Emergency for COVID-19. By declaring a Stat
is ensuring that state and local governments have the resources and flexibility they need to prepare and respo

on COVID-19

-to-date information and guidance on COVID-19, please visit the Department of Health's dedicated COVID-19 w
visories from the Centers for Disease Control (CDC), please visit the CDC COVID-19 website. For more informa
sued by the U.S. Department of State, please visit the travel advisory website.

tions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calli
nter is available 24 hours per day. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

Know

ead from person to person through small droplets from the nose or mouth, including when an individual coughs
on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touc

ID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14
ople recover from COVID-19 without needing special treatment. The elderly and those with underlying medical p
art problems and diabetes are more likely to develop serious illness.

o vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The De
day preventive actions to help stop the spread of respiratory diseases, including:

se contact with people who are sick;
e when you are sick and avoiding contact with persons in poor health;
ching your eyes, nose and mouth with unwashed hands;

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ur cough or sneezing into a tissue, then disposing of the tissue;
ır hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eatir
oughing or sneezing;
water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash ha
ds are visibly dirty; and
d disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory disea
asks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to
crucial for health workers and people who are taking care of someone in close settings (at home or in a health
riences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 day
on with community transmission should call ahead to their health care provider and local CHD and mention the

l close contact with someone showing these symptoms who has recently traveled from this area or been in cor
firmed COVID-19, he or she should call ahead to a health care professional and the CHD. The health care pro
determine if the person should be tested for COVID-19.

has taken to prepare for and Respond to COVID-19

vernor provided several additional updates on Florida's efforts to respond to COVID-19:

eSantis requested that Health and Human Services send home the 61 Floridians that were previously aboard tl
home from isolation from Dobbins Air Reserve Base, Georgia.
eSantis directed the Department of Health to hire additional epidemiologists from university health programs to
eSantis directed the Agency for Health Care Administration (AHCA) to extend all existing nursing home and as
90 days to remove distraction from patient care.
eSantis directed Director Moskowitz to expand his emergency order and prohibit all visitation to nursing homes,
ılt family-care homes, long-term care facilities and adult group homes to all visitors for the next 30 days.
eSantis directed the Department of Highway Safety and Motor Vehicles to suspend drivers' license renewal req

eSantis directed all agencies to suspend for 30 days licensing and registration renewal requirements for existin
ı. realtors).

HEALTH

on DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
on DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the st

on DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Eme
neral Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
nent of Health (DOH) established an Incident Management Team to coordinate response operations.
ed a dedicated incident command post for on-site response activities.
cted public health and health care stakeholder conference calls to provide statewide updates on the current out
tions and guidance for pandemic planning. Over five hundred participants joined these calls.
oated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing home
hospitals.
shed a public call center for questions regarding COVID-19.
ped and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
nented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain case
shed mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.

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stributed CDC Interim Guidance for public health personnel evaluating Persons under Investigation (PUIs) and
ts of confirmed cases at their home or non-home residential settings to CHDs.
ıted the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter re
and Preparedness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
ıented testing at all three State Public Health Laboratories.
ıted updated CDC guidance for schools to CHDs and the Department of Education.
ıted updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
Santis announced that the State ordered an additional 2,500 test kits to supplement the adequate resources al
ID-19. These additional test kits will enable the Department of Health, working with Florida health care provider
5,000 individuals. The Governor also suspended non-essential in state and all out-of-state travel for state empl
Santis directed the Florida Division of Emergency Management and the Agency for Health Care Administratior
ss to vulnerable populations for those who may have been exposed to COVID-19. The Governor also directed t
of Corrections to suspend visitation at state prisons for 30 days.

ALTH CARE ADMINISTRATION

for Health Care Administration (AHCA) will be granting a 90-day extension to all licenses for health care provid

tributing information regarding regulatory flexibilities created by waivers from CMS related to skilled nursing faci
ss hospitals, home health agencies, durable medical equipment, provider enrollment, etc.
ipated in a collaborative call with the Florida Health Care Association, Florida Hospital Association and Leading
ent transfer arrangements between health care facilities such as nursing homes and hospitals.
Medicaid Program announced coverage of commercial testing for COVID-19 for dates of service back to Febru
ıitted requests to the Centers for Medicare and Medicaid Services (CMS) for flexibility for Florida's program und
of a state of emergency.
ayhew participated in a call with hospitals, laboratory administrators and associations regarding hospital testing

RSONS WITH DISABILITIES

for Persons with Disabilities' (APD) three state-run centers in Marianna, Gainesville, and Chattahoochee, as w
up homes, are restricting visitors in compliance with the Executive Order to protect the health and safety of our
ay Training programs across the state are screening visitors for possible exposure to COVID-19 using a visitor
e is also being used to screen visitors to APD Regional Offices.
ıes to provide an up-to-date status on COVID-19, best practices, preventative tips, and CDC guidance to APD p
ordinators, Stakeholders, and APD employees.

ELDER AFFAIRS

ıent of Elder Affairs (DOEA), in coordination with the Administration for Community Living (ACL), facilitated a vi
ıe request of Hallandale Beach Mayor Joy Cooper. More than 2,700 seniors were online for the meeting. Charl
irector of the Aging and Disability Resource Center (ADRC) of Broward County, led the discussion with particip
ive Constantino Miskos, Chen Senior Medical Center, and representatives from Emergency Medical Services.
ıversation centered on the work being done, specifically by the Area Agency on Aging, to continue to provide pe
s to maximize support during COVID-19.
partmental Leadership and the Area Agency on Aging contract managers, DOEA provided ongoing technical as
Network regarding allowable flexibilities within programs to ensure continuity of services and the safety of elde
guidance to all Executive Directors regarding the safe delivery of home-delivered meals to prevent spread of re

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nues to provide updated information on current closures and possible future temporary closures of specific ser
Senior Centers and Adult Day Care Centers on our website homepage and all corresponding program pages.
e specific location for alternative services, they are provided the Area Agency on Aging helpline, and directed
litional questions on COVID-19.
!020: Looking Towards Your Age-Friendly Future Tour to five communities across Florida originally planned fo
hosted by the Department and AARP has been postponed to protect the health and wellness of seniors, volur
Health Insurance Needs of Elders (SHINE) participation in scheduled outreach events, presentations, and in-p
ıtrol (SMP) counseling has been suspended until further notice. SHINE volunteers and staff will continue to pr
t the services will be conducted over-the-phone with future considerations for the use of webinars and Facebo
etary Prudom held a conference call with The Comprehensive Assessment and Review for Long-term Care Se
to discuss the suspension of face-to-face assessments. CARES assessors will provide reviews through phone
ent/staff exposure and reduce spread.
partmental Leadership and the Area Agency on Aging contract managers, we provided ongoing technical assis
ork regarding allowable flexibilities within programs to ensure continuity of services and the safety of elders. Fo
dance to all Executive Directors regarding the provision on completing assessments for multiple program type
nave chosen to self-isolate.
ded updated information on current closures and possible future temporary closures of specific services at Cor
ers, and Adult Day Care Centers on our website homepage and all corresponding program pages. Clients are
location for alternative services, provided the Area Agency on Aging helpline, and directed to the DOH website
ı COVID-19.

: CHILDREN AND FAMILIES

nent of Children and Families (DCF) Office of Child Welfare sent communication about COVID-19, to licensed
recting them to follow the CDC's Interim Guidance for Administrators of US Childcare Programs and K-12 Sch
Respond to Coronavirus Disease 2019.
ary Chad Poppell sent thorough communication to all DCF staff, contracted partners, and licensed facilities (inc
bout COVID-19, including precautionary measures (as outlined by the CDC) and temporary policy updates.
ing with AHCA, DOEA, and APD to compile and develop guidance for agency staff and stakeholders who work
erly population and have a higher risk of being exposed to COVID-19.
shed strategies for COVID-19 prevention at all three state mental health treatment facilities, as well as the Sou
ies run by Wellpath Recovery Solutions, a contracted partner. They are reporting daily updates to ensure comp
nd monitor potential outbreaks.
tablished a visitation protocol for all state-owned and contracted mental health treatment facilities, as well as ve
uiring all outside parties to complete a Visitors Viral Symptoms Screening prior to entering a facility.

TMENT OF VETERANS' AFFAIRS

Department of Veterans' Affairs (FDVA) is restricting visitor access to its State Veterans' Nursing Homes and D
e, with the exception of essential visitors, such as family members of those residents undergoing end-of-life ca
partment of Veterans Affairs (VA) has also temporarily restricted access to their nursing and community living
al visitors until further notice.
cal Centers in Florida are implementing enhanced screening protocols at their facilities. VA Outpatient Clinics a
g enhanced screening protocols. Please plan to arrive at the facility well in advance of your appointment to allo
ening process.
no are concerned they may have symptoms of Coronavirus (COVID-19) are encouraged to contact the VISN 8
877-741-3400 (toll free). Clinical staff provide 24/7 virtual care and support, including nurse advice and triage.
no cost to veterans enrolled for care in the VA Sunshine Healthcare Network (VISN 8).
l U.S. Department of Veterans Affairs National Cemeteries are open for burial and visitation by the public. Flori
meteries. To schedule a burial, please call 800-535-1117, option 1. In light of concerns regarding COVID-19, sc

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ceed with direct interment of their loved ones and postpone the formal committal services to a later date. Ceme
ccommodate these preferences.
d VA facilities remain fully operational.

RIDA

orida is having preliminary conversations with Mass Care on the anticipated needs of volunteers. The agency is
olunteers and develop volunteer safety guidelines to ensure that they are protected.
orida has asked all Voluntary Organizations Active in Disaster (VOAD) partners to review their continuity of ope
ervice delivery disruption.

TMENT OF EDUCATION

er of the Florida Department of Education (FDOE) Richard Corcoran provided strong recommendations for exte
ing Centers for Disease Control and Prevention (CDC) issuing guidance specific to COVID-19 in Florida. As all
public charter schools have different schedules, please click here to see the recommended spring break chang
ddition, the department also announced that the start of state testing will be delayed by a minimum of two weeks
ool closure information, visit: org/em-response.
updated guidance to school districts and superintendents ahead of spring break. To view that memo, visit: fldoe
no Florida student has contracted COVID-19.
o be proactive, and only as a precautionary measure if COVID-19 evolves in Florida, Florida Virtual School (FLV
ida Department of Education to offer all school districts student support and teacher professional development t
ng environment. The Florida Department of Education in partnership with FLVS is training an additional 10,000
al Teacher Training for COVID-19. Superintendents who are interested in offering their teachers the Virtual Teac
hould work with their County Virtual Principals to provide a list of teachers to FLVS through:
flvs.net/FLVSTeacherTraining.
ommissioner Corcoran is in constant communication with Florida Superintendents and districts to provide guida
ss and response and will be holding weekly calls to update districts on preparation efforts.
ent weekly memos providing updates to school districts, superintendents, Florida Colleges, parents, teachers a
hed a survey to school districts and public charter schools about their preparations, policies, and their capacity
ually to help meet and determine any preparedness needs.

TY SYSTEM

niversity System will continue to evaluate the effectiveness of remote learning and the need to teach remotely in
and the university community.
niversity System will continue to work with the Florida Department of Health and the Emergency Operations Cei
o weeks of remote learning is sufficient.
nediately, all universities will make plans to transition to remote instruction as soon as possible.
sities with students who have returned from spring break, which includes Florida Gulf Coast University, Florida I
lorida Polytechnic University, and the University of Florida, should implement a process to transition to remote i
and encourage students to return home for at least 2 weeks. Each university will provide detailed information to
staff at the earliest possible time regarding this transition.
sities with students who are currently on spring break or about to be on break should direct their students to NO
at least 2 weeks following the conclusion of spring break. This includes students at Florida Agricultural and Mec
ntic University, Florida State University, New College of Florida, the University of North Florida, the University of
ty of South Florida, and the University of West Florida. Each university will provide detailed information to their s
he earliest possible time regarding this transition.

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es will continue to provide essential services, such as dining, counseling, health services, library services, etc.
or remotely. Each university with clinical and other non-classroom based programs will communicate directly
es will continue to provide essential services, such as dining, counseling, health services, library services, etc.
or remotely. Each university with clinical and other non-classroom based programs will communicate directly
AL HOUSING - While students are encouraged to remain off-campus, each university should develop a plan fc
ccommodations for students who need assistance or must remain in place.
versities have implemented campus-wide critical incident or emergency management teams that are meeting r
cts of the COVID-19 virus.
es are preparing to transition to remote instructional delivery for a two-week period during March and early Apı
ion's Spring Break, and are informing students not to return to campus during this period.
f Governors will be conducting its March meeting via conference call and will not have a face-to-face meeting
heduled.
ormation visit: https://www.flbog.edu/2020/03/11/state-university-system-statement-on-covid-19/.

TMENT OF CORRECTIONS

artment of Corrections (FDC) has no known or suspected cases of COVID-19 within its correctional institutions
unity Corrections officers are working with offenders on supervision to adjust reporting schedules to minimize c
fices and prevent the spread of COVID-19.
e of Health Services coordinates with the Department for guidance on any type of outbreak and is closely monit
as it is disseminated from the Department and the CDC.
spended visitation at all correctional institutions statewide through April 5, 2020. The decision to reinstate the n
l be evaluated in consultation with the Department.
es will continue to have access to mail, email, phone calls and video visitation.
visits will not be impacted.
has partnered with vendors to provide some complimentary phone and video visitation services.

ering a correctional institution will be screened, and entrance will be restricted if they:
traveled and returned from China, Iran, Italy or South Korea within the last 14 days
signs or symptoms of a respiratory infection such as fever, cough or shortness of breath
had contact with someone who has been or is under investigation for COVID-19.

lan in place and dedicated staff members trained in the prevention and containment of infectious diseases.
d its Incident Command System in response to this potential threat.
as been provided to staff, inmates and visitors to prevent the spread of any infectious disease, including COVIE
are in place at facilities to protect inmates and staff from exposure to flu, COVID-19 or any other respiratory illr
e being followed per CDC recommendations.

TMENT OF STATE

Department of State's museum properties are taking precautions to ensure the health of visitors amid concerns
site and museum operations, The Grove Museum has increased the frequency of disinfecting regularly touchec
ch as touchscreens, display cases, and tactile panels. Additionally, Museum staff ensure that door handles, flat
shared office equipment, bathrooms, etc., are all frequently sanitized. Finally, The Grove Museum has taken m
volunteers aware of the steps everyone should take to help contain the spread of COVID-19 such as hand was
ill, following recommendations from health officials and seeking medical evaluation immediately if COVID-19 s

TMENT OF TRANSPORTATION

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on of Governor Ron DeSantis, Florida Department of Transportation (FDOT) Secretary Kevin J. Thibault, along
Scott Rivkees, hosted a conference call with all Florida ports and their governing bodies as well as all public us
da's ongoing response to the COVID-19 virus.
tary Thibault and staff from the department will host weekly conference calls with all passenger seaports and p
odates related to COVID-19.
nitoring temporary lane closures near hospitals and Department of Health facilities. If congestion near these fac
ur, FDOT will remove lane restrictions to help ensure mobility within the area.
Executive Order 20-52 issued by Governor Ron DeSantis, FDOT Secretary Thibault has suspended size and w
loads on any vehicles transporting emergency equipment, services, supplies, and necessary agricultural comm

ducational materials are being posted in FDOT facilities, which include welcome centers, service plazas and re

naterials are being posted at all FDOT work sites across the state to help educate contractors, vendors, and sta
llectors have been given additional training and are required to wear gloves as well as continue with enhanced
posted COVID-19 educational materials inside all trains and on all platforms, focusing on areas near entrances

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:35 PM
To: ""Clary"","" Shannon; Shannon.Clary@ahca.myflorida.com
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please have raise this your bureau chief.

Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it comes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

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Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida

How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 3:29 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: Emergency Rule and Surge Hospital Beds
Attachments: Notice of Emergency Rule Screening3 (002).docx; Inpatient Bed Alternatives Revised.docx

Get Outlook for iOS

From: Grow, Stefan
Sent: Saturday, March 14, 2020 1:56:11 PM
To: Adrian.Lukis@eog.myflorida.com <Adrian.Lukis@eog.myflorida.com>
Cc: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; nicholas.primrose@eog.myflorida.com <nicholas.primrose@eog.myflorida.com>
Subject: Emergency Rule and Surge Hospital Beds

Adrian,

Attached are two documents. Our draft emergency rule restricting access to AHCA regulated facilities and options to expand hospital beds in the event of a surge.

I was initially thinking just the Governor's authority under Ch. 252 for waiving statutes, but after speaking with Nick, Director Moskowitz could also issue these same requirements in the DEM order. That way he could also include APD licenses facilities, which we cannot do under our authority.

Thanks,

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
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REPORT MEDICAID FRAUD
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REPORTE FRAUDE DE MEDICAID

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 72 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits visitors to assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services except under special circumstances and when such staff and visitors meet specific screening criteria in order to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations; or

2. Hospice or palliative care workers caring for residents in end-of-life situations; or

3. Any third-party providing necessary health care to a resident; or

4. Facility staff; or

5. Facility resident; or

6. Consistent with CMS guidance QSO-20-14-NH issued on March 13, 2020, Ombudsman representatives may access residents only during end-of-life situations; or

7. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; and any emergency medical personnel.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility must require any individual entering the facility to wear personal protective equipment.

(d) Residents must be discouraged from leaving the facility.

(3) Screening Requirements. Any individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough,

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fever, shortness of breath or sore throat;

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

4. Any person who traveled through any airport within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Inpatient Surge Beds

Scenario #1 Utilization of space within the hospital:

During a state of emergency the facility is permitted to utilize space as it see fit to safeguard the lives of patients, staff, and visitors. This includes using spaces for patient care that may not have been designed and approved for such uses where approved facilities are not available due to surge in patients. The facility is responsible for using the existing spaces and systems to the best of their ability to provide the appropriate level care and safety for patients.

(Emergency– no waivers need) – can do this now.

Scenario #2 Use of temporary structures (tents) for outpatient services and emergency screening (triage)

The use of such spaces is permitted during a state of emergency where the need arises to expand emergency services to alleviate overcrowding due a surge of patients. The facility is responsible for maintaining safe conditions and providing an appropriate care setting for the functions performed in the temporary facility including life safety, environmental control, and infection control.

(Emergency– no waivers need) – can do this now.

Scenario #3 Reopening previously licensed hospital or hospital building

Under existing applicable rules, these facilities would need to meet the requirements of the Florida Building Code, the Uniform Fire Standards for Hospitals and Nursing Homes, and federal regulations. We would expect that such facilities could be brought back into operation and comply with previously adopted codes and standards. At a minimum, the facility should be in compliance with the 2012 Life Safety Code and all critical systems should be in good working order. The facility would be permitted to be used for acute care services.

In order to implement, the following waivers would be required.
Waiver of:
61G20-1.001, F.A.C, Florida Building Code Adopted (DBPR - STATE),
59A-3.079 Physical Plant Codes and Standards Hospitals, F.A.C. (AHCA - STATE), and
69A-53, F.A.C Uniform Fire Safety Standards for Hospitals and Nursing Homes (DFS -STATE)
If Agency review is to be waived F.S. 395.0163 and 59A-3.080 would need to be waived (AHCA – STATE)
Waiver of s. 395, F.S. licensing requirements
Waiver of 42 CFR 482.1 (FEDERAL – CMS) FHA is working on the necessary waivers for these regulations

Scenario #4 Temporary use of a building that has never been licensed for inpatient care

Under existing applicable rules, these facilities would need to meet the requirements of the Florida Building Code, the Uniform Fire Standards for Hospitals and Nursing Homes, and federal regulations. This scenario should only be considered when scenarios 1 through 3 are not sufficient to provide for the needs of the community. Selected facility must be fully sprinklered, and protected by a monitored fire alarm system. If the building does not have a permanent emergency standby generator, it must be connected to a temporary mobile generator. The facility may only be used for low acuity patient (ESI level 3, 4, and 5) that are capable of self-preservation. The facility may not be used for patients on a ventilator or other life support equipment. A nurse call system, direct line of sight to the patient, or other method summoning nurse assistance must be provided. The facility must have a food plan and appropriate hygienic facilities for preparing and handling meals. A secure method for storing and distributing medication must be provided. Hand washing sinks and/or alcohol based hand scrub dispenser must be provided as directed by the facilities infection control personnel.

In order to implement, the following waivers would be required.
(Waiver of: 61G20-1.001, F.A.C, Florida Building Code Adopted (DBPR - STATE),
59A-3.079 Physical Plant Codes and Standards Hospitals, F.A.C. (AHCA - STATE), and
69A-53, F.A.C Uniform Fire Safety Standards for Hospitals and Nursing Homes (DFS - STATE)

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Waiver of s. 395, F.S. licensing requirements
Waiver of 42 CFR 482.1 (FEDERAL – CMS) FHA is working on the necessary waivers for these regulations
If Agency review is to be waived F.S. 395.0163 and 59A-3.080 would need to be waived (AHCA – STATE)

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:23 PM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com

EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

For more information on conserving PPEs supplies the facility should refer to the information on the CDC website.

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
    - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.

- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**

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- CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**

  - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How I do put on (don) and take off (doff) my mask and gloves?**

  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

  - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.

  - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 8:56 AM
To: ""Smoak"","" Kimberly; Kimberly.Smoak@ahca.myflorida.com
Subject: RE: 3-10 CMS memos top points

Thank you, Kim!

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 8:49 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: RE: 3-10 CMS memos top points

Just if you would like a little more detail on the respirator memo..

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
(850) 412-4516 Office Or Cell (850) 559-8273
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From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 8:20 AM

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To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Cc: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: 3-10 CMS memos top points

CMS Memo - March 10 (QSO-20-17-ALL)

Guidance for use of Certain Industrial Respirators by Health Care Personnel

- Expands the types of facemasks healthcare workers may use in addition to respirators (due to recent CDC and FDA guidance)

CMS Memo – March 10 (QSO-20-19-ESRD)

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities

- Dialysis facilities should screen patients, staff and visitors for respiratory infection, contact with someone with COVID-19, international travel in the last 14 days to countries with widespread or ongoing community spread, resident of community with community-based spread.
- Patients with symptoms should be place in facemask; signs about screenings should be posted; facilities should enforce hand hygiene and cough hygiene.
-

CMS Memo – March 10 (QSO-20-18-HHA)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies

- Staff should screen patients for respiratory infection; contact with someone with COVID-19, under investigation or with respiratory illness in the last 14 days; international travel in the last 14 days to countries with sustained transmission; resident of community with community-based spread.
- Sick staff shouldn't report to work/leave work if they become sick.
- If illness is mild, patient should not be transferred to hospital, but must be able to properly self-isolate at home with support from HHA.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 11:34 AM
To: ""Strickland"","" Katie; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: [External] Fwd: FL Call Follow-up
Attachments: HCP symptom monitoring from.docx; PPE Strategies for LTCFs_ES.docx; 20200315 Strategies for Optimizing the Supply of Eye protection_clean.docx; 20200315 Strategies for optimizing the supply of facemasks_clean.docx; 20200315 Strategies for Optimizing the Supply of Isolation Gowns_clean.docx; LTC_nursing home letter to families_share.docx; Plain language_Cleaning and disinfection tips for SARS_CoV_2_Upd 3.10.docx; LTCLine List_3.7.20.docx; rapid facility phone assessment.docx

Add this to your que

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 11:00:07 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: [External] Fwd: FL Call Follow-up

I received a call from Dr. Paula Thaqi (Broward County-DOH) she wants AHCA to push the attached information out to all ALF's and NH's in Broward County. She has stated to me this is more stringent and is strongly requesting we get this out under our authority. Just sharing the phone call I received and her ask of AHCA.

Kimberly R. Smoak, MSH, QIDP
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From: Soda, Elizabeth (CDC/DDID/NCEZID/DHQP) <lxn9@cdc.gov>
Sent: Tuesday, March 17, 2020 11:35:21 AM
To: Blackmore, Carina <Carina.Blackmore@flhealth.gov>
Cc: CDC IMS 2019 NCOV Response Healthcare IPC Field Unit <eocevent141@cdc.gov>; Jacobs Slifka, Kara (CDC/DDID/NCEZID/DHQP) <ipf8@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Soda, Elizabeth (CDC/DDID/NCEZID/DHQP) <lxn9@cdc.gov>
Subject: FL Call Follow-up

Hello Everyone,

Thank you for chatting with us today.

As I mentioned the CDC Healthcare Infection Control can be reached for further TA viaeocevent141@cdc.gov or via phone at 404-414-8385

I think your biggest challenge is going to be figuring out the contracted staff and how they have interacted with other facilities. It would be reasonable to apply many of the below listed concepts to other at risk facilities based upon how these staff moved to detect cases earlier among residents and staff. If helpful someone from our team developed a rapid facility phone assessment which could be deployed (attached).

Here are some good links:
LTC guidance which can apply to AL: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
General IPC guidance: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
Criteria for return to work for HCP (healthcare personnel):https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

Please remember many of the docs I have attached are not CDC cleared. Some were created as tools by our field team or by other jurisdictions so feel free to modify to your own needs.

A couple important points and lessons learned from other states:

1. Ensure a good active monitoring system for residents (at least once a day although more often if possible). They should be mindful (as you know) the elderly may present in other and potentially less dramatic fashion especially if they have baseline lung disease. I have attached a symptom/temp checking that we created for HCP but could be modified for use with residents.

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2. Likewise a good monitoring system for all HCP is key. They should be self-monitoring with delegation (i.e., they know who to call with symptoms) when at home and then have a symptom/temp check before starting their shift. This pre-shift check could happen upon facility arrival or via something like facetime before leaving for work. Just make sure they take their temp and show while on facetime.
3. Implement universal masking for HCP while in the facility. Attached is a PPE strategy for LTC which accounts for shortages in gowns and extend use of masks and eye protection. In addition, I have attached some docs about general PPE for all HCF which we do expect to be posted to the web soon.
4. Ideally gowns, gloves, mask/respirator, eye should be used for all cases, PUIs, and anyone with unknown respiratory illness. Again may need to refer to the PPE strategy doc if not doable. NTEC has a good video that helps with donning and doffing: https://repository.netecweb.org/items/show/688
5. Restrict visitors. Any visitor that must enter should have symptom/temp check, masked, and controlled movement in and out of resident rooms. I have attached an example letter to families that can be modified.
6. Restrict resident movements, no congregate settings.
7. I have attached some cleaning consideration as well to include the use of nursing/CNAs to wipe high touch surfaces for cases or PUIs instead of EVS.
8. I have also attached a line list if you want it.
9. Contact tracing and risk assessment is not practical in this setting and ideally time should be spent in the above activities plus IPC. We understand that work restricting staff may shutter the entire facility and thus the emphasis of the good monitoring of HCP. We discuss this in the new risk assessment at the very bottom of the page:https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
10. You and other PH staff should be wearing a facemask when you enter the facility and institute self-monitoring as well.

Please feel free to reach out with questions.

Best,
Elizabeth and Nicola

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Self-Monitoring of Asymptomatic Healthcare Personnel (HCP)

Instructions: HCP should check their temperature and complete this form twice daily for 14 days after the date of the last exposure. If temperature is above o equal to 38.0°C/100.0°F, HCP report subjective fevers or any of the following symptoms, they should separate yourself from others and call their local or state public health authority or healthcare facility. They should ensure their temperature is below 38.0°C/100.0°F and that they don't have any of the following symptoms before they leave home and report to work.

Name			Employee ID #		Phone		Email		Job Title			Supervisor		Date of last exposure		
Day # After Exposure	Date	Time	Temp	Symptoms (check if you have any of the following)												
				Subjective Fever	Cough	Sore throat	Shortness of breath	Runny Nose	Chills	Muscle aches	Headache	Fatigue	Abdominal Pain	Nausea or Vomiting	Diarrhea	None	Other
				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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Evaluation of Asymptomatic Healthcare Personnel (HCP)

Instructions: HCP can start work if temperature is below 38.0°C/100.0°F, and no subjective fever or any of the following symptoms are reported.

Name		Employee ID #		Phone	Email	Job Title	Supervisor	Date of last exposure	Screening Personnel Name

Day # After Exposure	Date	Time	Temperature	Symptoms (check if you have any of the following)													Screening Personnel Name and Signature
				Subjective Fever	Cough	Sore throat	Shortness of breath	Runny Nose	Chills	Muscle aches	Headache	Fatigue	Abdominal Pain	Nausea or Vomiting	Diarrhea	None	Other	
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PPE Strategies for LTCFs during Cluster of COVID-19 Infections:

When there are cases if the facility:

- Universal masking of HCP while in the facility
  - Consider changing every 2 hours or if it become visibly soiled or wet (see further guidance below for extended use).
- Consider using all recommend PPE (mask/respirator, eye protection, gowns, gloves) for the care of any resident if available.

For any contact with residents with respiratory infections, healthcare personnel (HCP) MUST wear all of the following if gowns are not readily available:

- Respirator (or Facemask if Respirator is not available or HCP are not fit-tested)
  - A respirator must be used if performing an aerosol-generating procedure (e.g., nebulizer therapy)
- Eye protection (Goggles or Face shield); Any eye protection that is not immediately discarded after use must be dedicated to each provider
- Gloves

Gowns MUST be added in the following situations:

- Performing an aerosol-generating procedure (e.g., nebulizer therapy);
- During care activities where splashes and sprays are anticipated;
- During the following high-contact resident care activities:
  - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

The following PPE must NEVER be used for more than one resident:

- Gloves
- Gown

Using the same respirator (or facemask if used) and eye protection is permitted for repeated close contact encounters with several residents, without removing between resident encounters (Extended Use).

- This should only be done between roommate pairs or residents in different rooms who are symptomatic
  - In units where illness is wide-spread, HCP could continue use of same respirator (or facemask if used) and eye protection for 2 hours before changing
- **HCP should avoid touching their face protection.**
- Hand hygiene must be performed after the HCP touches their face protection at any point.
- The respirator (or facemask if used) MUST be discarded and the eye protection must be replaced (can be reused after cleaning and disinfection) in the following scenarios:
  - If damp, damaged, or hard to breathe through.

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- If used during aerosol generating procedures.
- If contaminated with blood, respiratory or nasal secretions, or other bodily fluids from residents.

- The face shield MUST be discarded if it becomes damaged such that it can no longer fasten securely to the provider or become even slightly difficult to see through.

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Strategies for Optimizing the Supply of Eye Protection

Audience: These considerations are intended for use by federal, state, and local public health officials, occupational health service leaders, infection prevention and control program leaders, and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.

Purpose: This document offers a series of strategies or options to optimize supplies of eye protection in healthcare settings when there is limited supply. It does not address other aspects of pandemic planning; for those, healthcare settings can refer to COVID-19 preparedness plans to address other aspects of preparing to respond to novel coronavirus disease 2019 (COVID-19).

Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility. While there are no commonly accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of eye protection during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve eye protection supplies along the continuum of care.

- **Conventional capacity**: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity**: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of HCP. These practices may be used temporarily when eye protection demands exceed resources.
- **Crisis capacity**: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of expected or known eye protection shortages.

The following contingency and crisis strategies are based upon these assumptions:
1) facilities understand their eye protection inventory and supply chain
2) facilities understand their eye protection utilization rate
3) facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies
4) facilities have already implemented other engineering and administrative control measures including:
    - Reducing the number of patients going to the hospital or outpatient settings
    - Excluding HCP not essential for patient care from entering their care area
    - Reducing face-to-face HCP encounters with patients
    - Excluding visitors to patients with confirmed or suspected COVID-19
    - Cohorting patients and HCP
    - Maximizing use of telemedicine
5) facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care

Conventional Capacity Strategies

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Use eye protection according to product labeling and local, state, and federal requirements

Contingency Capacity Strategies

Selectively cancel elective and non-urgent procedures and appointments for which eye protection is typically used by HCP

Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields)

- Consider preferential use of powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.
- Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.

Implement extended use of eye protection

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
    - If a disposable face shield is reprocessed, it should be **dedicated to one HCP** and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.

Crisis Capacity Strategies

Cancel all elective and non-urgent procedures and appointments for which eye protection is typically used by HCP

Use eye protection devices beyond the manufacturer-designated shelf life during patient care activities

If there is no date available on the eye protection device label or packaging, facilities should contact the manufacturer. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials), discard the product.

Prioritize eye protection for selected activities such as:

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
- During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable

Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes

Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients

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- During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

Designate convalescent HCP for provision of care to known or suspected COVID-19 patients

- It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

Selected options for Reprocessing Eye Protection

Adhere to recommended manufacturer instructions for cleaning and disinfection

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable faceshields, consider

1. While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
3. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene.

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Strategies for Optimizing the Supply of Facemasks

Audience: These considerations are intended for use by federal, state, and local public health officials, occupational health service leaders, infection prevention and control program leaders, and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.

Purpose: This document offers a series of strategies or options to optimize supplies of facemasks in healthcare settings when there is limited supply. It does not address other aspects of pandemic planning; for those, healthcare settings can refer to COVID-19 preparedness plans to address other aspects of preparing to respond to novel coronavirus disease 2019 (COVID-19).

Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility. While there are no commonly accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of facemasks during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve facemask supplies along the continuum of care.

- **Conventional capacity**: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity**: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily when facemask demands exceed resources.
- **Crisis capacity**: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of expected or known facemask shortages.

The following contingency and crisis strategies are based upon these assumptions:
1) facilities understand their facemask inventory and supply chain
2) facilities understand their facemask utilization rate
3) facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies.
4) facilities have already implemented other engineering and administrative control measures including:
    - Reducing the number of patients going to the hospital or outpatient settings
    - Excluding HCP not essential for patient care from entering their care area
    - Reducing face-to-face HCP encounters with patients
    - Excluding visitors to patients with confirmed or suspected COVID-19
    - Cohorting patients and HCP
    - Maximizing use of telemedicine
5) facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care

Conventional Capacity Strategies

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Use facemasks according to product labeling and local, state, and federal requirements

- FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures
- Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays

Contingency Capacity Strategies

Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCP

Remove facemasks for visitors in public areas

Healthcare facilities can consider removing all facemasks from public areas. Facemasks can be available to provide to symptomatic patients upon check in at entry points. All facemasks should be placed in a secure and monitored site. This is especially important in high-traffic areas like emergency departments.

Implement extended use of facemasks

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the patient care area if they need to remove the facemask.

Restrict facemasks to use by HCP, rather than patients for source control.

Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.

Crisis Capacity Strategies

Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.

Use facemasks beyond the manufacturer-designated shelf life during patient care activities.

If there is no date available on the facemask label or packaging, facilities should contact the manufacturer. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.

Implement limited re-use of facemasks.

Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.

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- Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
- Facemasks with elastic ear hooks may be more suitable for re-use.

- HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

Prioritize facemasks for selected activities such as:

- For provision of essential surgeries and procedures
- During care activities where splashes and sprays are anticipated
- During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
- For performing aerosol generating procedures, if respirators are no longer available

When No Facemasks Are Available, Options Include

Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients

During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

Designate convalescent HCP for provision of care to known or suspected COVID-19 patients

It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

Consider use of expedient patient isolation rooms for risk reduction

Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed can increase the effective air changes per hour of clean air to the patient room, reducing risk to individuals entering the room without respiratory protection. NIOSH has developed guidance for using portable HEPA filtration systems to create expedient patient isolation rooms. The expedient patient isolation room approach involves establishing a high-ventilation-rate, negative pressure, inner isolation zone that sits within a "clean" larger ventilated zone.

Consider use of ventilated headboards

NIOSH has developed the ventilated headboard that draws exhaled air from a patient in bed into a HEPA filter, decreasing risk of HCP exposure to patient-generated aerosol. This technology consists of lightweight, sturdy, and adjustable aluminum framing with a retractable plastic canopy. The ventilated headboard can be deployed in combination with HEPA fan/filter units to provide surge isolation capacity within a variety of environments, from traditional patient rooms to triage stations, and emergency medical shelters.

HCP use of homemade masks

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In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

Use a faceshield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask

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Strategies for Optimizing the Supply of Isolation Gowns

Audience: These considerations are intended for use by federal, state, and local public health officials, occupational health service leaders, infection prevention and control program leaders, and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.

Purpose: This document offers a series of strategies or options to optimize supplies of isolation gowns in healthcare settings when there is limited supply. It does not address other aspects of pandemic planning; for those, healthcare settings can refer to COVID-19 preparedness plans to address other aspects of preparing to respond to novel coronavirus disease 2019 (COVID-19).

Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility. While there are no widely accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of isolation gowns during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve isolation gown supplies along the continuum of care.1

- **Conventional capacity**: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity**: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily when isolation gown demands exceed resources.
- **Crisis capacity**: strategies that are not commensurate with standard U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of expected or known isolation gown shortages.

The following contingency and crisis strategies are based upon these assumptions:
1) facilities understand their current isolation gown inventory and supply chain
2) facilities understand their isolation gown utilization rate
3) facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies
4) facilities have already implemented other engineering and administrative control measures within conventional capacity strategies including:

- Reducing the number of patients going to the hospital or outpatient settings
- Excluding healthcare personnel (HCP) not directly involved in patient care
- Reducing face-to-face HCP encounters with patients
- Excluding visitors to patients with confirmed or suspected COVID-19
- Cohorting patients and HCP
- Maximizing use of telemedicine

5) facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care

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Conventional Capacity Strategies

Use of isolation gown alternatives that offer equivalent or higher protection
Several fluid-resistant and impermeable protective clothing options are available in the marketplace for HCP. These include isolation gowns and surgical gowns. When selecting the most appropriate protective clothing, employers should consider all of the available information on recommended protective clothing, including the potential limitations. Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by HCP when caring for patients with suspected or confirmed COVID-19. In times of gown shortages, surgical gowns should be prioritized for surgical and other sterile procedures. Current U.S. guidelines do not require use of gowns that conform to any standards.

Contingency Capacity Strategies

Selectively cancel elective and non-urgent procedures and appointments for which a gown is typically used by HCP

Shift gown use towards cloth isolation gowns
Reusable (i.e., washable) gowns are typically made of polyester or polyester-cotton fabrics. Gowns made of these fabrics can be safely laundered according to routine procedures and reused. Care should be taken to ensure that HCP do not touch outer surfaces of the gown during care.

- Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles
- Systems are established to routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties), and replace reusable gowns when needed (e.g., when they are thin or ripped)

Consider the use of coveralls
Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. While the material and seam barrier properties are essential for defining the protective level, the coverage provided by the material used in the garment design, as well as certain features including closures, will greatly affect the protective level. HCP unfamiliar with the use of coveralls must be trained and practiced in their use, prior to using during patient care. In the United States, the NFPA 1999 standard specifies the minimum design, performance, testing, documentation, and certification requirements for new single-use and new multiple-use emergency medical operations protective clothing, including coveralls for HCP."

Use of expired gowns beyond the manufacturer-designated shelf life for training
The majority of isolation gowns do not have a manufacturer-designated shelf life. However, consideration can be made to using gowns that do and are past their manufacturer-designated shelf life. If there is no date available on the gown label or packaging, facilities should contact the manufacturer.

Use of gowns or coveralls conforming to international standards

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Current guidelines do not require use of gowns that conform to any standards. In times of shortages, healthcare facilities can consider using international gowns and coveralls. Gowns and coveralls that conform to international standards, including with EN 13795 and EN14126, could be reserved for activities that may involve moderate to high amounts of body fluids.

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Crisis Capacity Strategies

Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP

Extended use of isolation gowns

Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridium difficile*) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices.

Re-use of cloth isolation gowns among multiple patients in a patient cohort area

Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between.

In a situation where the gown is being used as part of standard precautions to protect HCP from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, the risk of re-use of cloth isolation gowns without laundering among single HCP caring for multiple patients or among multiple HCP is unclear. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.

Prioritization of gowns

Gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:
    - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

Surgical gowns should be prioritized for surgical and other sterile procedures. Facilities may consider suspending use of gowns for endemic multidrug resistant organisms (MDROs), (e.g., MRSA, VRE, ESBL-producing organisms).

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When No Gowns Are Available

Use of gown alternatives that have not been evaluated as effective

In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured..

Disposable laboratory coats

- Reusable (washable) patient gownsReusable (washable) laboratory coats
  Disposable aprons
- Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
  - Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
  - Open back gowns with long sleeve patient gowns or laboratory coats
  - Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

Reusable patient gowns and lab coats can be safely laundered according to routine procedures.

- Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles
- Systems are established to routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties) and replace reusable gowns when needed (e.g., when they are thin or ripped)

DRAFT

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Help Keep our Residents Safe from COVID-19

Dear Residents, Families, Friends, Volunteers,

[Nursing home A] is committed to keeping our residents safe and need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many nursing home residents are elderly or have medical conditions putting them at a very high risk of becoming sick, or even severely ill with COVID-19. Visitors and healthcare personnel (HCP) are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

To protect our vulnerable residents, even before COVID-19 is seen in our community, we are immediately taking the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

1. **We are limiting visitation.**

We strongly encourage you to postpone your visit. We know that your presence is important for your loved one but, per guidance from the Centers for Disease Control and Prevention (CDC), this is a necessary action to protect their health. We are introducing alternative methods of visitation (such as skype, FaceTime, etc.) so that you can continue to communicate with your loved ones. As the situation with COVID-19 is rapidly changing, we might need to further limit visitation to those who are essential for the resident's emotional well-being and care or end of life situations. Anyone who does enter the building will be expected to frequently clean their hands and limit their visit to a designated area within the building. You may be asked to wear a mask while you are in the building.

Ill people should not visit. We will be performing screenings; visitors with any of the following will not be allowed into the building:

- Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath)
- International travel within the last 14 days to affected countries. For updated information on high-risk countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
- Contact with an individual with COVID-19.

2. **We are monitoring healthcare personnel and residents for symptoms of respiratory illness:**

We are asking non-essential personnel including volunteers and consultant personnel not to enter the building. Healthcare personnel will be monitored for fever and symptoms of respiratory infection. Ill healthcare personnel will be asked to stay home. You may see healthcare personnel wearing facemasks, eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are assessing residents daily for fevers and symptoms of respiratory infection in order to quickly identify ill residents and implement additional infection prevention activities. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

3. **We are limiting activities within the facility:**

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We will be limiting group activities and community outings for residents in order to keep our residents and healthcare personnel safe. If there is COVID-19 in the community or in the facility, we will need to completely cancel activities, further restrict visitation, and deliver meals resident rooms.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe. Please contact us with additional questions at **[facility contact info]**.

Formatted: Font: Bold, Font color: Red

Sincerely,

[NURSING HOME A]

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Guidelines for cleaning and disinfection for SARS_CoV_2

- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Use EPA-approved disinfection products listed on this website: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.
- Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
- Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers and donning appropriate PPE).
- After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.

Best practices for long-term care facilities:

- Avoid using product application methods that cause splashing or generate aerosols.
- Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
- Review cleaning and disinfection products and protocols with floor staff and housekeeping
    - Ensure they understand the necessary contact time
    - Differences between porous and non-porous surfaces
- Room cleaning
    - Daily cleaning
    - High touch surfaces every shift (door handles, bedside tables, bed rails, TV remote, call button, light switches
- Facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.
- Shared equipment: clean and disinfect after every resident use
- Dedicated equipment: clean and disinfect prior to storage

Resources:

- This document contains those disinfectants already registered with EPA for coronavirus effectiveness, at the link here https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 .

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- Overall IPC guidance for COVID-19 can be found on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- Detailed information on environmental infection control in healthcare settings can be found in CDC's Guidelines for Environmental Infection Control in Health-Care Facilities and Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings [section IV.F. Care of the environment].

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Washington State Department of Health

Line List for COVID-19 Outbreaks in Long Term Care Facilities

Please list all residents ill with COVID respiratory symptoms.

Name	DOB	Unit Or Room	Onset Date	Cough (Y/N)	Fever Y/N)	Measured (degrees F)	Shortness of Breath (Y/N)	SARS CoV-2 test result (+/-)	Respiratory Panel Test Result (+/-)	Hospitalize d (Y/N)	Died (Y/N)	Notes

FL-AHCA-20-0902-A-001276

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Rapid Telephone Assessment and Recommendations for Facilities during COVID-19 Outbreak

The purpose of this document is to provide guidance on infection prevention and control information to obtain from facilities and recommendations in the setting of a COVID-19 outbreak.

Facility name: _____

Facility type: _____

Date of contact: _____

Facility demographics –

1. Who oversees infection prevention at your facility?

2. How would you describe your facility? What kind of care is provided at your facility?

3. What is your current census and breakdown by different units?

4. Have you made any changes at your facility in response to the coronavirus outbreak? If so, what are those

5. Are you restricting visitors at your facility? If so, are there any exceptions? How are your preventing visitors from entering the facility?

   (If they are not doing this, would recommend that they restrict all visitors except for end of life visitation; this has been mandated by the governor)

6. Are you performing screening of all employees before they report to work?

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(Ideally, this would occur at the entrance to the facility, before they begin their shift. Includes temperature check and check for symptoms like subjective fever, cough, difficulty breathing. If they have a fever of 100.0F or higher or symptoms, they should be asked to leave work and consider seeing a healthcare provider.)

7. Are group activities still occurring at your facility (e.g., communal meals, mass/church, art or gym classes, etc.)?

(ideally, this should be discontinued if there are cases in the community or any cases within the facility)

8. Are the residents/patients at your facility screened regularly? What type of screening are you doing?

(Ideally, the facility should be screening their patients/residents at least once a day, but preferably 2+ times daily. This should include either measuring temperatures or report of subjective fever and any symptoms like difficulty breathing, shortness of breath, and cough. If they have a fever (temperature of 100.0F or higher) or symptoms, they should be evaluated by a medical professional and can consider testing for coronavirus.)

There are three main components to infection prevention and control that I would like to talk about today. The three big things that we know prevents the spread of infections in facilities is good hand hygiene, appropriate use of personal protective equipment, and good environmental cleaning. The first one we will talk about is hand hygiene.

Hand Hygiene

1. Can you tell me about your hand hygiene (HH) policy at your facility?

2. Is there a preference for soap and water or alcohol-based hand rub (ABHR)?

3. Do you have a program in place where you audit HH? If so, what are your rates for HH?

4. How is your supply of soap/alcohol-based hand rub?

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(Consider discussing that ABHR is generally better at cleaning healthcare workers' hands and that staff generally do not wash their hands appropriately. ABHR should be prioritized for coronavirus these reasons and would be the preferred way to clean hands for this outbreak. There are concerns that surveyors may be requiring some facilities to use soap and water with every third application of ABHR, but you could consider telling them that this should not prevent them from using ABHR in this setting.)

Next we can move into personal protection equipment or PPE use.

1. What type of training do your employees get for PPE use and how frequently?

   (If it is only at the time or hire or annually, consider recommending an in-service with staff to ensure they are competent is appropriate PPE use)

2. Is PPE use audited? For example, does anyone watch how PPE is used as people enter and leave a room? If so, do you have any issues with PPE use?

3. How is your supply of PPE?
   a. Surgical masks
   b. Respirators
   c. Gowns
   d. Gloves
   e. Eye protection

4. Where do your employees take off PPE?

   (ideally as they exit the room, by the door)
5. Do you have signs (or signage) to indicate what type of precautions a patient is on or what PPE is needed to enter a room?

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(Many LTC facilities will have a sign that says see nurse. This is done to try and protect personal healthcare information, but it doesn't tell staff what they need to wear. You can recommend using a transmission based precaution sign such as https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318)

6. What precautions are being used for your patients that may be suspect or confirmed cases?

(Should be gowns, gloves, N95/respirator or surgical mask if running low, and eye protection)

7. How do you communicate isolation status or needs at the time of patient transfer to another facility?

(Often this is a verbal report to the receiving nurse or facility)

If you are having issues with your supply of PPE or ABHR, consider reaching out to the DRC's for supplies and coordination – they can be reached ***how***

Finally, we will talk about environmental cleaning. Making sure the environment is cleaned well is one of the best ways to prevent spread of infections to other patients.

8. What type of cleaning product is used at your facility?

(If you are talking to the IP head [like the DON/ADON] they probably won't be able to answer this. If they cannot, that's not unusual. You can share List N from the FDA which includes all products that are authorized for use for coronavirus in healthcare settings: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

9. Do you know the contact time for that product?

(Contact time is how long the product needs to sit on a surface for it to kill/inactivate bacteria and viruses. This ranges from 1 minute to 10 minutes depending on the product. It's imperative that the facility know what the contact time is for their products and ensuring that environmental services knows exactly how long to keep surfaces wet. Many times that means reapplying a product before it dries until it reaches that contact time – reinforce this).

10. Who cleans common or shared equipment like nurse-on-a-stick/blood pressure machine or thermometers?

11. What product is used for that? (Again, reinforcing contact time)

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(These should be cleaned after every patient use. The facility should also dedicate whatever equipment is possible to a suspect or case-patient like thermometers or stethoscopes)

That is all of my questions. Any questions that you have for me?

Next we can recap the recommendations for your facility:

1.
2.
3.
4.
5.

Any last questions or thoughts?

You can reach us at *** if you have further questions or to follow-up on some of this information. We will also be sending you an e-mail; could you provide me with a good e-mail address to send this to?

-Wrap up and thanks!

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 7:02 PM
To: ""Smoak"","" Kimberly; Kimberly.Smoak@ahca.myflorida.com
Subject: FW: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19 _Cases_in_Florida

Please use this

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:15 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Cc: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Tuesday, March 10, 2020 10:40 PM
To: Strickland, Katie
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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.EASE

ıation Center on COVID-19 for the State of Florida
4@em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

ıe Florida Department of Health has announced eight new positive cases of coronavirus disease (COVID-19) in Florida. To ıre about the status of the virus, the Department is issuing regular updates as information becomes available.

ıle in Nassau County has been identified as positive. This person is isolated and will continue to remain isolated until clear ı travel-related case.

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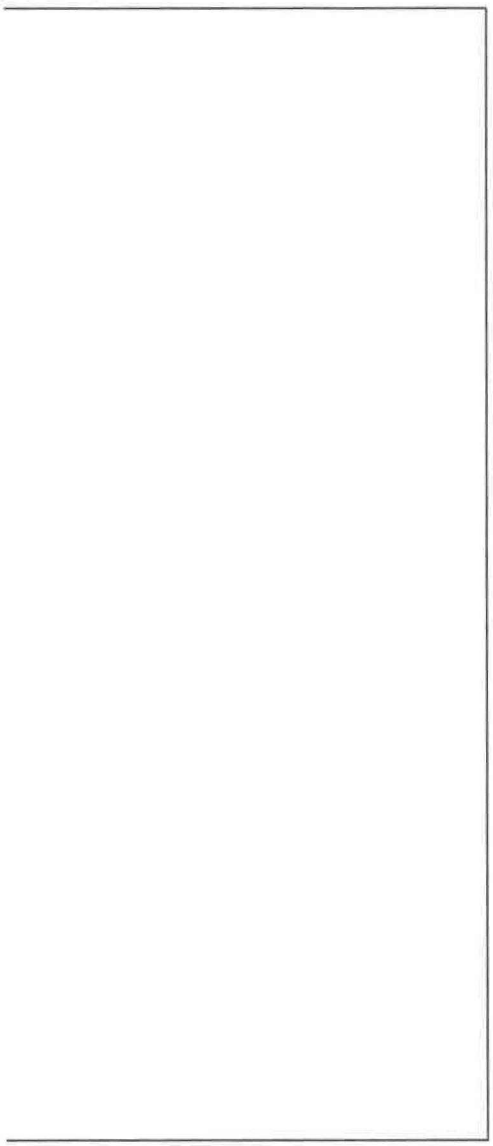
ıale Georgia resident who is currently in Alachua County, Florida, has been identified as positive. This person is isolated a
ıtil cleared by public health officials. The Georgia Department of Public Health is leading the epidemiological investigatio
le in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleare
. travel-related case.
ıale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until clea
ı travel-related case.
ıale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until clea
ı travel-related case.
le in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until clear
ı travel-related case.
le in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until clear
ı travel-related case.
le in Pasco County has been identified as positive. This person is isolated and will continue to remain isolated until clearec
ı travel-related case.



osure to COVID-19 outside of the state.

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dvisory

nt of Health is advising all individuals who have traveled internationally to follow the **new Centers for Disease idelines**, summarized below:

ecommends 14-day self-isolation and social distancing upon return to the United States. Social distancing inclu ose personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health vider.
uises: Travelers should monitor their health and limit interactions with others for 14 days after returning to the matic, immediately self-isolate and contact your CHD or health care provider.
ation regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/201 ndex.html

isory

gh an extensive epidemiological investigation, has identified three positive COVID-19 cases associated with P da. All three cases are connected to or employed by Metro Cruise Services – a company that operates at Port I

partment of Health recommends all individuals experiencing symptoms who have recently traveled through Por ntact their CHD or health care provider and self-isolate for 14 Days.

t also recommends employees of Metro Cruise Services at Port Everglades with any association to these case t is working to connect with all employees at Metro Cruise Services who may have come into contact with the t itive for COVID-19 to provide the employees with the appropriate guidance and monitoring.
t is working in close consultation with the CDC on this investigation.
nds that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop sy contact their CHD or health care provider.

nt of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 te of return to the United States. Several passengers in the United States recently developed symptoms and ha D-19, including two positive cases in Florida.

e and Call Center

ment's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

s related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling le **24 hours a day**. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

s

on DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
on DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the sta

on DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Eme on General Dr. Scott Rivkees declared a Public Health Emergency for the novel coronavirus in Florida.
an Incident Management Team to coordinate response operations.
dedicated incident command post for on-site response activities.

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hree public health and health care stakeholder conference calls to provide statewide updates on the current out
tions and guidance for pandemic planning. Over five hundred participants joined these calls. Calls are schedule
at 2:00 EST.
with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, ass
s.
a public call center for questions regarding COVID-19.
ınd distributed an updated COVID-19 presentation to CHDs for use at community meetings.
ınd implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and con
mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asympton
ases at their home or non-home residential settings to CHDs.
he updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regardir
and Preparedness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
d testing at all three State Public Health Laboratories.
ıpdated CDC guidance for schools to CHDs and the Department of Education.
ıpdated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

ow

from person to person through small droplets from the nose or mouth, including when an individual coughs or s
objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touchin

19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 da
om COVID-19 without needing special treatment. The elderly and those with underlying medical problems like h
abetes are more likely to develop serious illness.

accine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Depart
ctions to help stop the spread of respiratory diseases, including:

contact with people who are sick;
hen you are sick and avoiding contact with persons in poor health;
ng your eyes, nose and mouth with unwashed hands;
ough or sneeze with a tissue, then disposing of the tissue;
ands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, a
ezing;
er are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands
y dirty; and
sinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

ommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases,
used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use
ers and people who are taking care of someone in close settings (at home or in a health care facility).

ices a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days aft
a, Japan and any other destination under CDC travel advisory should call ahead to their health care provider an
avel or close contact.

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ase contact with someone showing these symptoms who has recently traveled from this area or been in contac COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will worl son should be tested for COVID-19.

partment of Health

nt of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and impr gh integrated state, county and community efforts.

k, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:16 AM
To: ""Manzie"","" Mandi; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Haddock, Taylor; MacLafferty, Laura; Smoak, Kimberly
Subject: RE: CMS Memos

I think we need to add language to each one of these that mentions DOH.

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:13 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: RE: CMS Memos

Please review the 5 attached email notifications to be sent.

All have links to the CDC website. Only the hospital one has a link to the FDOH website; do we want to include this link in all of them?

I will need to know to which provider types we want to send QSO-20-17-ALL Guidance for use of Certain Industrial Respirators by Health Care Personnel.

Thanks.
Mandi

Mandi Manzie
Government Operations Consultant III
BCS - CENTRAL SYSTEMS MGMT UNIT
850-412-4462 (Office) - Mandi.Manzie@ahca.myflorida.com

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From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 8:46 AM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: CMS Memos

Thank you!!

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 10:37 PM
To: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>

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Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: Re: CMS Memos

This is great -thank you!

Laura - can you please work with Taylor to draft the appropriate eblasts for these - which ones go to which provider types. Then send to me and Katie for approval - thanks much

---

From: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 3:50 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: CMS Memos

Molly - The following CMS Memos have not been distributed via eblast that I am able to find. Below is some draft language that I took from the CMS memos to accompany the link(s) to the guidance. Let me know how you would like for me to proceed. Thanks

QSO-20-15 Hospital/CAH/EMTALA (Distribute to all hospitals)

Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. By memorandum dated March 9, 2020 CMS addressed Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19). This memorandum conveys information in response to inquiries from hospitals concerning implications of COVID-19 for their compliance with EMTALA.

The most up-to-date guidance regarding screening, testing, treatment, isolation, and other COVID-19 topics can be found on the CDC website at https://emergency.cdc.gov.han/HAN00427.asp Hospitals are strongly urged to monitor this site as well as the Florida Department of Health's website and follow recommended guidelines and acceptable standards of practice.

QSO-20-16-Hospice (Distribute to all Hospices)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies

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The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. On March 9, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies. This memorandum responds to questions CMS has received and provides important guidance for hospice agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Hospice agencies should regularly monitor the CDC website for recent updates and contact their local county health department when needed.

QSO-20-17-ALL (Distribute to Hospitals, Nursing Homes, Home Health Agencies, Hospice, ???)

Guidance for use of Certain Industrial Respirators by Health Care Personnel

The Centers for Medicare and Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to the threat of the Coronavirus Disease 2019 (COVID-19) and other respiratory illnesses. On March 10, 2020 CMS provided Guidance for use of Certain Industrial Respirators by Health Care Personnel. This memorandum clarifies the application of CMS policies in light of recent CDC and FDA guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections.

Providers should monitor the CDC website for recent updates and contact their local county health department when needed.

QSO-20-18-HHA (Distribute to all Hospices) [should be Distribute to all HHAs]

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns. On March 10, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies. This

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memorandum responds to questions CMS has received and provides important guidance for home health agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Home health agencies should be monitoring the health status of everyone in the homecare setting for signs or symptoms of COVID-19. Also, home health agencies should regularly monitor the CDC website for recent information and resources and contact their local county health department when needed.

QSO-20-19-ESRD (Distribute to all ESRDs)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Dialysis Facilities

The Centers for Medicare and Medicaid Services (CMS) is dedicated to the continued health and safety of patients obtaining care within dialysis facilities to ensure facilities are prepared to respond to the threat of COVID-19. On March 10, 2020 CMS provided Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Dialysis Facilities. This memorandum provides additional guidance to dialysis facilities to help control and prevent the spread of the virus.

Facilities should be monitoring the health status of everyone (in-center and home dialysis patients/visitors/staff/etc.) in their facility for signs and symptoms of respiratory infection, including COVID-19. Also, facilities should regularly monitor the CDC website for recent information and resources and contact their local county health department when needed.

Sincerely,

Laura Mac...

412-4340

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 12:37 PM
To: Rodriguez, Lisa; Armstrong, William
Cc: Manderfield, Patrick
Subject: FW: Facilities List Noon Update
Attachments: Facilities_Monitored_COVID19_List_03.18.2020_1130.xlsx

Hi Lisa,

A reporter asked the Secretary to provider them with the total number of facilities with confirmed COVID-19 cases broken down by county. Based on the info below, is that allowable?

Thank you!

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 11:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: Facilities List Noon Update

No change from this morning.

Thanks.
Mandi

	Negative	Positive	Pending
Long Term Care Residents	18	2	11
Independent Residents	0	3	6

	# Affected Facilities
ALFs	11
NHs	8
ICFDDs	1

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Provider Type	Name	City	County	Lic Beds	Occupanc
Grand Totals				**2200**	
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48	
ALF	BROOKDALE DEER CREEK	DEERFIELD BEACH	BROWARD	168	
ALF	FLAMINGO ALF	PLANTATION	BROWARD	6	
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	
ALF	GRAND VILLA OF DEERFIELD BEACH	DEERFIELD BEACH	BROWARD	240	
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	
NH	VILLAGES REHABILITATION AND NURSING CENTER, THE	LADY LAKE	LAKE	120	
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	
ALF	SOLARIS SENIOR LIVING STUART	STUART	MARTIN	100	
ALF	WATER'S EDGE ASSISTED LIVING	PALM CITY	MARTIN	20	
NH	WATER'S EDGE HEALTH AND REHABILITATION	PALM CITY	MARTIN	56	
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	
NH	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY	WASHINGTON	180	

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	Negative	Positive	Pending
Long Term Care Residents	18	2	11
Independent Residents	0	3	6

	# Affected Facilities
ALFs	11
NHs	8
ICFDDs	1

Provider Type	Name	City	County	Lic Beds	Occupancy	COVID Testing Results	AHCA Visit	Negative LTC Residents	Posit Res
Grand Totals				**2200**				**18**	
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120		2 Negative	3/17/2020	2	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120		1 Pending	3/17/2020		
ALF	ATRIA WILLOW WOOD	FORT LAUDERDA	BROWARD	180		1 positive ALF (exp) 1 pending Ind (exp) 5 pending Ind 2 staff pending	3/17/2020		
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48		Visting to clarify	3/16/2020		
ALF	BROOKDALE DEER CREEK	DEERFIELD BEACH	BROWARD	168			3/17/2020		
ALF	FLAMINGO ALF	PLANTATION	BROWARD	6		1 Pending			
NH	FT LAUDERDALE HEALTH AND	FORT LAUDERDA	BROWARD	169		2 Pending			
ALF	GRAND VILLA OF DEERFIELD B	DEERFIELD BEACH	BROWARD	240			3/17/2020		
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48		1 Pending			
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140		14 Negative	3/14/2020	14	
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95		1 Positive ALF 3 Postive Ind	3/13/2020 and 3/15/2020		
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50		1 Negative	3/15/2020	1	
NH	VILLAGES REHABILITATION AN	LADY LAKE	LAKE	120					
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100		1 Pending	3/16/2020		
ALF	SOLARIS SENIOR LIVING STUA	STUART	MARTIN	100					
ALF	WATER'S EDGE ASSISTED LIVI	PALM CITY	MARTIN	20					
NH	WATER'S EDGE HEALTH AND	PALM CITY	MARTIN	56					
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120		2 Pending			
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120		1 Negative	N/A	1	
NH	WASHINGTON REHABILITATIO	CHIPLEY	WASHINGTO	180					

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 11:57 AM
To: ""Evans"","" Stephanie; Stephanie.Evans@ahca.myflorida.com
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Thoughts?

From: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Sent: Monday, March 16, 2020 11:55 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Fwd: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Hi Stefan - see verbiage below on alert that will go out from Medicaid which includes the below paragraph on fair hearings. Let me know if you have questions or would like to discuss. My cell is: 264-4762. Working from home today.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the recipient is continuing to receive services pending the outcome of the fair hearing.

Shevaun Harris
Agency for Health Care Administration
Office: 850-412-4264
Cell: 850-264-4762

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:17 AM
To: Sokoloski, Kristin; Manderfield, Patrick
Cc: Harris, Shevaun
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

This is good to go as long as the Secretary has also signed off. Thank you!

From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:46 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

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Patrick- Shevaun sent a note to Katie earlier on this- The Secretary has approved all of the content We just wanted to see if you wanted to review quickly for language ect. THANKS – we know you guys are super busy ☺

From: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:12 AM
To: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Cc: Ward, Matthew <Matthew.Ward@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Draft provider alert for review and approval.

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:08 AM
To: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Subject: [External] Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 16, 2020

Provider Type(s): All

Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to facilitate testing and treatment of COVID-19.** The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance

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applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications being made now. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for hospital services, physician services, advanced practice registered nursing services, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving all prior authorization requirements for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc.
- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.
- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid will allow mail order delivery of maintenance prescriptions in those instances when recipients are prohibited from going to a retail pharmacy. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

Cost Sharing

Florida Medicaid is waiving all co-payments related to testing and diagnosing COVID-19 and treating Medicaid recipients diagnosed with COVID-19.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the enrollee is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

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All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at http://www.mymedicaid-florida.com. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

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This message was sent from Florida Agency for Health Care Administration to clifford.schmidt@ahca.myflorida.com. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.



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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 5:35 PM
To: ""Riddle"","" Abby; " "Gabric"","" Dan; Dan.Gabric@ahca.myflorida.com; Abby.Riddle@ahca.myflorida.com
Subject: Fwd: Pending Provider Alert re: Provider Flexibilities Related to COVID-19
Attachments: Provider Alert - Provider Flexibilities Related to COVID-19_FINAL.docx

Any opinions about whether the waivers apply to 'SNPs?

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From: Smith, Craig H. <craig.smith@hoganlovells.com>
Sent: Tuesday, March 17, 2020 5:01 PM
To: Grow, Stefan
Subject: [External] FW: Pending Provider Alert re: Provider Flexibilities Related to COVID-19

Stefan: Do you happen to know whether AHCA intends for this to apply to D-SNP and/or Fully Liable Plans? It appears to perhaps apply only to SMMC plans, but I thought I'd ask just in case. Thanks, Craig

From: Medina, Eunice <Eunice.Medina@ahca.myflorida.com>
Sent: Monday, March 16, 2020 7:00 PM
To: Baker, Erica <Erica.Baker@ahca.myflorida.com>; Aetna (gilbertt@aetna.com) <gilbertt@aetna.com>; Aetna (scanlonm@aetna.com) <ScanlonM@aetna.com>; CCP (AFabano@ccpcares.org) <AFabano@ccpcares.org>; CCP (lrivero@ccpcares.org) <lrivero@ccpcares.org>; CMS Plan <CMSPlanContract@flhealth.gov>; CMS Plan (Andrea.Gary@flhealth.gov) <Andrea.Gary@flhealth.gov>; Florida Community Care (ividal@fcchealthplan.com <ividal@fcchealthplan.com>; Florida Community Care (jcarbonell@fcchealthplan.com) <jcarbonell@fcchealthplan.com>; Humana (jwhite3@humana.com) <jwhite3@humana.com>; Humana (Rquintana3@humana.com) <Rquintana3@humana.com>; Lighthouse (Compliance@lighthousehealthplan.com) <Compliance@lighthousehealthplan.com>; Lighthouse (executivemanagementsuite@lighthousehealthplan.com) <executivemanagementsuite@lighthousehealthplan.com>; Magellan (KEBaker1@magellanhealth.com) <KEBaker1@magellanhealth.com>; Magellan (lordi@magellanhealth.com) <lordi@magellanhealth.com>; Miami Children's (maria.argibay@miamichildrenshealthplan.com) <maria.argibay@miamichildrenshealthplan.com>; Miami Children's (MCHPMedicaid@miamichildrenshealthplan.com) <MCHPMedicaid@miamichildrenshealthplan.com>; Molina (Hector.Feliciano@molinahealthcare.com) <Hector.Feliciano@molinahealthcare.com>; Molina (MFL_GOVT_CONTRACTS@MolinaHealthCare.com) <MFL_GOVT_CONTRACTS@MolinaHealthCare.com>; Prestige (khorn@prestigehealthchoice.com) <khorn@prestigehealthchoice.com>; Prestige (PHCPRSContractTeam@prestigehealthchoice.com) <PHCPRSContractTeam@prestigehealthchoice.com>; Simply (BRodriguez2@simplyhealthcareplans.com) <BRodriguez2@simplyhealthcareplans.com>; Simply (dl-flregulatory_floridaregulatory@anthem.com) <dl-flregulatory_floridaregulatory@anthem.com>; Simply (JoAnn.McDaniel-Chinn@anthem.com) <JoAnn.McDaniel-Chinn@anthem.com>; Staywell (michelle.bimle@wellcare.com) <michelle.bimle@wellcare.com>; Staywell (William.Hinsdale@wellcare.com) <William.Hinsdale@wellcare.com>; Sunshine (Tamela.I.Perdue@centene.com) <Tamela.I.Perdue@centene.com>; Sunshine (Warren.Moore@centene.com) <Warren.Moore@centene.com>; United (holly_graham@uhc.com <holly_graham@uhc.com>; United (travis_garland@uhc.com) <travis_garland@uhc.com>; Vivida (abryan@vividahealth.com) <abryan@vividahealth.com>; Vivida (Operations@vividahealth.com)

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Cc: Arnoldy, Teri <Teri.Arnoldy@ahca.myflorida.com>; Aufderheide, Kerryn <Kerryn.Aufderheide@ahca.myflorida.com>; Bailey, Karin <Karin.Bailey@ahca.myflorida.com>; Bounds, Amie <Amie.Bounds@ahca.myflorida.com>; Bowers, Caitlin <Caitlin.Bowers@ahca.myflorida.com>; Brackett, Matt (John) <Matt.Brackett@ahca.myflorida.com>; Brown, Barrie <Barrie.Brown@ahca.myflorida.com>; Brown, Joy <Joy.Brown@ahca.myflorida.com>; Brown, Sandra <Sandra.Brown@ahca.myflorida.com>; Cai, Jun <Jun.Cai@ahca.myflorida.com>; Cole, Dietra <Dietra.Cole@ahca.myflorida.com>; Coley, Elicia <Elicia.Coley@ahca.myflorida.com>; Courtney, Jennifer <Jennifer.Courtney@ahca.myflorida.com>; Creel, Sheri <Sheri.Creel@ahca.myflorida.com>; Cross, Cathy <Cathy.Cross@ahca.myflorida.com>; Crowe, Jessica <Jessica.Crowe@ahca.myflorida.com>; Davis, Phyllis <Phyllis.Davis@ahca.myflorida.com>; Denis, Judith <Judith.Denis@ahca.myflorida.com>; Diaz, Luis <Luis.Diaz@ahca.myflorida.com>; Donald, Justin <Justin.Donald@ahca.myflorida.com>; Douglas, Jeffrey <Jeffrey.Douglas@ahca.myflorida.com>; Elliott, Arlene <Arlene.Elliott@ahca.myflorida.com>; Paul Runk <paul@fahp.net>; Faison, Kelvin <Kelvin.Faison@ahca.myflorida.com>; Floyd Thomas, Erica <Erica.FloydThomas@ahca.myflorida.com>; Floyd, Darryl <Darryl.Floyd@ahca.myflorida.com>; Fuller, Don <Don.Fuller@ahca.myflorida.com>; Gardy, Meghan <Meghan.Gardy@ahca.myflorida.com>; Gill, Lisa <Lisa.Gill@ahca.myflorida.com>; Gordon, Nikki <Nikki.Gordon@ahca.myflorida.com>; Gray, Rhea <Rhea.Gray@ahca.myflorida.com>; Greene, Shantrice <Shantrice.Greene@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Harrison, Logan <Logan.Harrison@ahca.myflorida.com>; Henry, Kasimu <Kasimu.Henry@ahca.myflorida.com>; Holland, Jemirah <Jemirah.Holland@ahca.myflorida.com>; Hull, Pamela <Pamela.Hull@ahca.myflorida.com>; Hurd-Alvarez, Tracy <Tracy.Hurd-Alvarez@ahca.myflorida.com>; Jackson, Antraneise <Antraneise.Jackson@ahca.myflorida.com>; Jacobs, Judy <Judy.Jacobs@ahca.myflorida.com>; James, Paula <Paula.James@ahca.myflorida.com>; Jeter-Cummings, Tracy <Tracy.Jeter-Cummings@ahca.myflorida.com>; Kaperak, Ann <Ann.Kaperak@ahca.myflorida.com>; Kellum, Kim <Kim.Kellum@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Kollen, Kelly <Kelly.Kollen@ahca.myflorida.com>; Koon, Bonnie <Bonnie.Koon@ahca.myflorida.com>; Kordooni, Sheri <Sheri.Kordooni@ahca.myflorida.com>; Kyle McClone (Milliman) <Kyle.McClone@milliman.com>; Lacroix, Rachel <Rachel.Lacroix@ahca.myflorida.com>; Lane, Jessica <Jessica.Lane@ahca.myflorida.com>; Lin, Eileen <Eileen.Lin@ahca.myflorida.com>; Loriston, Daphnie <Daphnie.Loriston@ahca.myflorida.com>; Lovett, Philynsia <Philynsia.Lovett@ahca.myflorida.com>; Malono, Steve <steve.malono@ahca.myflorida.com>; Mason, Keyana <keyana.mason@ahca.myflorida.com>; McClendon, Alexander <Alexander.McClendon@ahca.myflorida.com>; McGinnis, Christina <Christina.McGinnis@ahca.myflorida.com>; Meyer, Brian <Brian.Meyer@ahca.myflorida.com>; Moore, John <John.Moore@ahca.myflorida.com>; Munyon, Gay <Gay.Munyon@ahca.myflorida.com>; Nick Bauman (Milliman) <nick.bauman@milliman.com>; Owens, Meagan <Meagan.Owens@ahca.myflorida.com>; Peoples, Leeanne <Leeanne.Peoples@ahca.myflorida.com>; Pickle, Devona <Devona.Pickle@ahca.myflorida.com>; Price, Tamara <Tamara.Price@ahca.myflorida.com>; Randall, Kathryn <Kathryn.Randall@ahca.myflorida.com>; Reifinger, Alicia <Alicia.Reifinger@ahca.myflorida.com>; Rich, Damon <Damon.Rich@ahca.myflorida.com>; Riddle, Abby <Abby.Riddle@ahca.myflorida.com>; Rinaldi, Susan <Susan.Rinaldi@ahca.myflorida.com>; Rodriguez, Lisette <Lisette.Rodriguez@ahca.myflorida.com>; Ryals, Christopher <Christopher.Ryals@ahca.myflorida.com>; Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>; Scott-Clark, Debra <Debra.Scott-Clark@ahca.myflorida.com>; Smith, Deanna <Deanna.Smith@ahca.myflorida.com>; Smith, Lisa <Lisa.Smith@ahca.myflorida.com>; SMMCPolicy <SMMCPolicy@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; Stacknik, Suzanne <Suzanne.Stacknik@ahca.myflorida.com>; Stokes, Debbie <Debbie.Stokes@ahca.myflorida.com>; Tillery, James <James.Tillery@ahca.myflorida.com>; Turner, Sara (Kimberly) <Sara.Turner@ahca.myflorida.com>; Wallace, Marshall <Marshall.Wallace@ahca.myflorida.com>; Wallace, Thomas J. <Thomas.Wallace@ahca.myflorida.com>; Warfel, Deborah <Deborah.Warfel@ahca.myflorida.com>; Washington, Tysha <Tysha.Washington@ahca.myflorida.com>; Waters, Marco <Marco.Waters@ahca.myflorida.com>; Wetherington, Mary (Katie) <Katie.Wetherington@ahca.myflorida.com>; White, Ryan <Ryan.White@ahca.myflorida.com>; Williams, Joy <Joy.Williams@ahca.myflorida.com>; Yoder-Trau, Teresa S. <Teresa.Yoder-Trau@ahca.myflorida.com>

Subject: Pending Provider Alert re: Provider Flexibilities Related to COVID-19

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Dear SMMC Plan,

Please find attached the provider alert that will be distributed to providers shortly. A policy transmittal will be forthcoming.

Thank you,

Eunice Medina, Chief
Agency for Health Care Administration
Bureau of Plan Management Operations
2727 Mahan Drive
Tallahassee, FL 32308
Phone: 850-412-4053
Cell: 850-459-2343
Eunice.Medina@ahca.myflorida.com

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DRAFT ALERT – Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to facilitate testing and treatment of COVID-19.** The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications, effectively immediately, unless otherwise specified. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for medically necessary hospital services, physician services, advanced practice registered nursing services, physician assistant, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving prior authorization requirements for all services (except pharmacy services) necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc. When service limits have been exceeded for recipients receiving services through the fee-for-service delivery system, providers must submit paper claims through the Agency's exceptional claims process.

- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.

- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid is waiving any limits on mail order delivery of maintenance prescriptions. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

Co-Payments

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Florida Medicaid is waiving co-payment requirements for all services.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the recipient is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment will be located at http://www.mymedicaid-florida.com by Thursday, March 19, 2020. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 10:56 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate Statewide Response to COVID-19 in Florida

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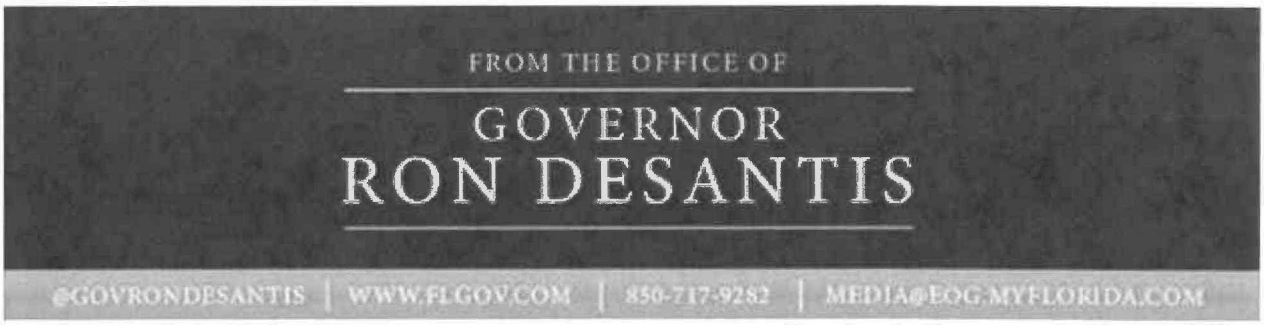
From: Governor's Press Office <Governor'sPressOffice@eog.myflorida.com>
Sent: Saturday, March 7, 2020 10:47:40 AM
Subject: [External] Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate Statewide Response to COVID-19 in Florida



For Immediate Release
March 7, 2020

Contact: Governor's Press Office
(850) 717-9282
Media@eog.myflorida.com

Governor Ron DeSantis Directs the Division of Emergency Management to Activate to Level II to Coordinate Statewide Response to COVID-19 in Florida

Tallahassee, Fla.— Today, Governor Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's response to COVID-19 and provide critical support to the Florida Department of Health and county health departments.

The Governor's directive follows last night's announcement from the Florida Department of Health (DOH) that two individuals have died and two new presumptive positive cases were confirmed in Broward County. Additionally, today DOH announced a new presumptive positive case in Lee County. The individual is isolated and being appropriately cared for. For the total case count, visit http://FloridaHealth.gov/COVID-19.

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"I have directed the Division of Emergency Management to activate to Level II to ensure our state has all the necessary resources engaged as we respond to COVID-19," **said Governor DeSantis.** "It is critical that we proactively coordinate all state resources to mitigate the threat and contain COVID-19. I urge all Floridians to take necessary precautions and follow hygiene guidelines issued by the Surgeon General and Florida Department of Health."

On March 1, Governor DeSantis issued Executive Order 20-51, which directed Surgeon General Rivkees to declare a public health emergency to better equip Florida with the resources needed to handle the public health threat. The Governor has requested $25 million from the Florida Legislature to be appropriated in this current year for the Florida Department of Health to be used immediately to assist with the COVID-19 response.

Guidance from the Florida Department of Health

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

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A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:58 AM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

I think it needs to included because it is in effect now.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:57:00 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

We can add to tomorrow's once we get it sent out today to providers.

Get Outlook for iOS

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:50:51 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Should this be in roll up

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>

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Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases
- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
    - Visitors will be limited to a specific room only
    - Facilities should require visitors to perform hand hygiene frequently
    - Must wear a face mask
- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.
- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

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Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting:
QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

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	Homes *(REVISED)*		

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 7:28 PM
To: ""Mayhew"","" Mary; " "McKinstry"","" Molly; " "Smoak"","" Kimberly; " "Strickland"","" Katie; " "Manderfield"","" Patrick; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: CDC: COVID-19 and Cruise Ship Travel

https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship

I copied the Pertinent Part at the end of document highlighted and pasted below:

If you were on a cruise in the past 14 days:

- Monitor your health and limit interactions with others for 14 days after returning to the United States.
- If a case of COVID-19 was reported on your ship during the cruise, stay home during these 14 days and practice social distancing.
- Stay home if you feel sick with fever, cough, or have trouble breathing and call ahead before you seek medical care

COVID-19 and Cruise Ship Travel

Key Points

- CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel worldwide.
- Sustained community spread of respiratory illness caused by COVID-19 has been reported in many countries.
- Cruise ship passengers are at increased risk of person-to-person spread of infectious diseases, including COVID-19.
- Older adults and travelers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.

What is the current situation?

CDC typically posts travel health notices for countries and other international destinations, not conveyances, such as ships, airplanes, or trains. Because of the unusual nature of the novel

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coronavirus outbreak, the US government is advising US travelers, particularly those with underlying health issues, to defer cruise ship travel.

Recent reports of COVID-19 on cruise ships highlight the risk of infection to cruise ship passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships.

Person-to-person spread of COVID-19 is occurring and countries are reporting both travel-related cases and community spread of the disease. As the outbreak of COVID-19 continues, there remains a risk of infected travelers and crew boarding cruise ships.

It has become clear that people with underlying conditions such as heart disease, chronic lung disease, diabetes, and other conditions that cause suppression of immune system particularly among the older adults, are at a high risk of serious disease if infected with the novel coronavirus.

To best protect these vulnerable individuals, we recommend that such individuals avoid situations that increase their risk of acquiring infections. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.

In addition, The U.S. Department of State recommends against cruise ship travel. This is a dynamic situation and those traveling by ship may be impacted by travel restrictions affecting their itineraries or ability to disembark or may be subject to quarantine procedures implemented by the local authorities. While the U.S. government has successfully evacuated hundreds of our citizens in the previous weeks, repatriation flights should not be relied upon as an option for US citizens under the potential risk of quarantine by local authorities. U.S. citizens should evaluate the risks associated with choosing to remain in an area that may be subject to quarantine and take the appropriate proactive measures. Passengers who plan to travel by cruise ship should contact their cruise line companies directly for further information on the current rules and restrictions and continue to monitor the travel.state.gov website for updated information.

What can travelers do to protect themselves and others?

CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel at this time. If you do travel by cruise ship during the COVID-19 outbreak:

- Older adults and travelers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.
- Discuss cruise ship travel with your healthcare provider prior to travel.
- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol. Soap and water should be used if hands are visibly dirty.

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- It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.
- Avoid traveling if you are sick.
- If you get sick with fever or new or worsening cough or difficulty breathing during your cruise, stay in your cabin and notify the onboard medical center immediately.

If you were on a cruise in the past 14 days:

- **Monitor your health and limit interactions with others for 14 days after returning to the United States.**
  - **If a case of COVID-19 was reported on your ship during the cruise, stay home during these 14 days and practice social distancing.**
- Stay home if you feel sick with fever, cough, or have trouble breathing and call ahead before you seek medical care
- Seek medical advice. Call ahead before going to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.
- Do not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol. Soap and water should be used if hands are visibly dirty.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 11:36 AM
To: ""Harris"","" Shevaun; Shevaun.Harris@ahca.myflorida.com
Subject: Fwd: [External] Advisory 20-21: Provision of Telehealth Services During Public Health Emergency
Attachments: Advisory 20-21 COVID Telehealth.pdf

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philip Peisch <Ppeisch@brownandpeisch.com>
Sent: Wednesday, March 18, 2020 8:51:34 AM
To: Philip Peisch <Ppeisch@brownandpeisch.com>
Cc: Madeline Winslow <mwinslow@brownandpeisch.com>
Subject: [External] Advisory 20-21: Provision of Telehealth Services During Public Health Emergency

Please see attached States Advisory 20-21: Provision of Telehealth Services During Public Health Emergency.

PHILIP J. PEISCH
O: 202.499.4261 | **C:** 339.927.6908
ppeisch@brownandpeisch.com | Website | Washington, D.C.

BROWN & PEISCH PLLC
Healthcare & Federal Programs Lawyers

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States Advisory 20-21: Provision of Telehealth Services During Public Health Emergency

March 18, 2020

One of the authorities that can be invoked during a Presidentially-declared public health emergency is a Section 1135 waiver. *See* Advisory 20-17. Division B of the recently enacted Coronavirus Preparedness and Response Supplemental Appropriations Act amended Section 1135 to add waiver authority related to telehealth. To support the use of telehealth services, today HHS published several guidance documents for Medicare and Medicaid coverage of telehealth, including Medicaid State Plan FFS Payments for Telehealth and Medicare Telehealth FAQs and Fact Sheet.

As described in Advisory 20-20, Secretary Azar has also issued several blanket waivers under his Section 1135 authority, including the waiver of a number of HIPAA privacy regulations. In conjunction with the publication of telehealth guidance documents, the Office for Civil Rights (OCR) at HHS also published a Notification of Enforcement Discretion ("Notification") regarding HIPAA noncompliance in connection with the provision of telehealth services.

Medicaid State Plan FFS Payments

CMS has already touched on the ways in which States have the flexibility to cover telehealth under Medicaid in the FAQs it published at the end of last week. See Advisory 20-18. In that guidance, CMS stated that

> States have broad flexibility to cover telehealth through Medicaid, including the methods of communication (such as telephonic, video technology commonly available on smart phones and other devices) to use ... No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services. A SPA would be necessary to accommodate any revisions to payment methodologies to account for telehealth costs.

CMS clarified the extent of this flexibility in the guidance document published today. With respect to when a State needs to seek federal approval via a SPA, the guidance document explains that "a state would need an approved State plan payment methodology (and thus, might need to submit a SPA) to establish rates or payment methodologies for telehealth services that differ from those applicable for the same services furnished in a face-to-face setting." CMS also provides sample language for States to use when submitting SPAs related to telehealth payment policies. However, a State does not need to submit a SPA to cover a service provided through telehealth, rather than face-to-face, if its reimbursement policies for both are the same.

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The guidance also states that Medicaid reimbursement for service provided by telehealth can cover ancillary costs "such as technical support, transmission charges, and equipment necessary for the delivery of telehealth services."

Medicare and Telehealth

The Coronavirus Preparedness and Response Supplemental Appropriations Act added authority to Section 1135 allowing the Secretary to waive certain Medicare restrictions regarding the availability of telehealth services. Specifically, under the waiver Medicare can cover telehealth services across the country, instead of only in rural areas, and in a range of settings including the patient's place of residence.

In the FAQ published today, CMS explains the scope of the telehealth waiver, including aspects of Medicare's telehealth coverage rules that are not waived. For example, telehealth services are limited to "qualified providers," including physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives (as well as certain other practitioners within their scope of practice and consistent with Medicare benefit rules that apply to all services.

However, CMS does announce a policy of enforcement discretion with respect to the "established relationship requirement" included in the definition of a "qualified provider" in Section 1135. "To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency."

The guidance also makes clear that the telehealth services are not limited to those related to COVID 19 but can extend to all Medicare services.

HIPAA and Telehealth

OCR stated that it "will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth" during the public health emergency.

According to the Notification, telehealth services may be provided using "any non-public facing remote communication product that is available to communicate with patients." This means that more widely used and available consumer services and products that would not typically meet the HIPAA privacy and security standards for telehealth can be used. Examples of such services and products specifically mentioned in the Notification include "Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype."

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FL-AHCA-20-0902-A-001327

OCR clarified that "Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth." (emphasis in original).

The Notice also provided a list of technology vendors that already offer HIPAA compliant services and are able to enter into HIPAA business associate agreements (BAAs). These vendors include "Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts Meet." OCR clarified that it will not penalize providers "for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules" related to telehealth services provided during the public health emergency.

OCR has also published a Bulletin on HIPAA during the current public health emergency.

If you have any questions concerning the material discussed in this client alert or would like advice or assistance on applying for a Section 1135 waiver, please contact **Julia Siegenberg** or any other lawyer at Brown & Peisch:

Caroline Brown	+1 202 499 4259	cbrown@brownandpeisch.com
Philip Peisch	+1 202 499 4261	ppeisch@brownandpeisch.com
Rebecca Smith	+1 202 499 4361	resmith@brownandpeisch.com
Julia Siegenberg	+1 202 747 5211	jsiegenberg@brownandpeisch.com

This information is not intended as legal advice. Readers should seek specific legal advice before acting with regard to the subjects mentioned herein. This communication is intended to bring relevant developments to subscribers to the advisory service.

Please send an email to mwinslow@brownandpeisch.com if you do not wish to receive future emails or electronic alerts.

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FL-AHCA-20-0902-A-001328

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:21 PM
To: ""Ernst"","" Colleen; Colleen.Ernst@eog.myflorida.com
Subject: RE: DRAFT - Prohibition
Attachments: DRAFT FDEM Order 20-006 (6.44 pm) edits.docx

Directions were to send to you. Attached. Call me with any questions.

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:46 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: [External] RE: DRAFT - Prohibition

Updated.

Please ensure referenced statutes and chapters are correct.

When you complete review, send a note to let me know.

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:27 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; StLaurent, Louise <louise.stlaurent@flhealth.gov>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: DRAFT - Prohibition

Please see the attached draft circulating that will prohibit individuals from entering certain facilities, with certain exemptions.

If you have any edits, please get them to Collen before 7:30 pm tonight! Make sure all facilities are covered.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is

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FL-AHCA-20-0902-A-001330

subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-006

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency, which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

WHEREAS, today, March 14, 2020, Governor DeSantis directed me, as the State Coordinating Officer, under the powers afforded by Executive Order No. 20-52, to prohibit visitation to certain facilities for thirty days from the date of this order in the State of Florida.

NOW, THEREFORE, I, JARED MOSKOWITZ hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order. Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby suspend sections 393.13(4), 394.459(5)(c), 400.022(1)(b), 429.28(1)(d),

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429.85(1)(d), 916.107(5)(7), Florida Statutes, for the particular purpose of prohibiting all individuals from visiting facilities within the State of Florida. For purposes of this order, a facility includes: Treatment Facilities under Chapter 319, Florida Statute; nursing homes as provided under Chapter 400, Florida Statute; homes for Special Services as provided under Chapter 400, Florida Statutes; Long-Term Care Hospitals, as provided under Chapter 395, Part I, Florida Statutes; Transitional Living Facilities, as provided under Chapter 400, Florida Statute; Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Florida Statutes; Assisted Living Facilities, as provided under Chapter 429, Florida Statutes; Adult Civil Facilities under Chapter 394 and Chapter 916 Florida Statutes; and Adult Family-Care Homes, as provided under Chapter 429, Florida Statutes. The order applies as follows:

1. Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

a. Family members, friends, and visiting residents in end-of-life situations; or

b. Hospice or palliative care workers caring for residents in end-of-life situations; or

c. Any third party providing necessary health care to a resident; or

d. Facility staff; or

e. Facility residents; or

f. Attorneys of Record; or

g. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elder Affairs; any law enforcement officer; and any emergency medical

Commented [MM1]: Should this be 916.107(5)-(7)?

Commented [MM2]: Statute 319 is Title Certificates – should this phrase be "group homes under 393. . ."?

Commented [MM3]: Suggest either capitalize each word or none. If all are capitalized, should Nursing Home be capitalized too on above line?

Commented [MM4]: No need to have "or" except after section f.

Commented [GS5]: Attorney of Record for who? The resident? Facility? Do we want to hold attorneys above their family members who are prohibited from visiting?

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personnel.

2. Individuals seeking entry to the facility under the above section 1 will not be allowed to enter if they meet any of the screening ~~are screened based on the~~ criteria listed below:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

c. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

d. Any person who traveled through any airport within the past 14 days; and

e. Any person who traveled on a cruise ship within the past 14 days. ;

~~f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and~~

~~g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.~~

Commented [GS6]: Are we removing this to account for concerns about staff residing in areas of community spread?

3. The facility must require any individual entering the facility to wear personal protective equipment.

4. Residents must be discouraged from leaving the facility.

5. The following documentation must be kept for visitation within a facility:

a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

Commented [MM7]: Can we add taking temperatures?

Commented [GS8R7]: If the facility takes the temperature, then we suggest adding that to the documentation requirements.

b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;
2. Date and time of entry; and
3. The documentation used by the facility to screen the individual

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showing the individual did not meet any of the enumerated screening criteria.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 14th day of March, 2020, in Tallahassee, Leon County, Florida.

_____

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

_____
Division Clerk

Date: _____

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 6:51 PM
To: ""Grow"","" Stefan; Stefan.Grow@ahca.myflorida.com
Subject: Fwd: Florida Assisted Living Association Provider Request for Direction
Attachments: TRF AHCA Form.pdf; 59A-36.doc

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 6:34:40 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: Florida Assisted Living Association Provider Request for Direction

We need to address

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 17, 2020 6:08:13 PM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; PrudomRM@elderaffairs.org <PrudomRM@elderaffairs.org>
Cc: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Bussey, Jon <Jon.Bussey@em.myflorida.com>; dayle.mooney@flhealth.gov <dayle.mooney@flhealth.gov>; nicholas.primrose@eog.myflorida.com <nicholas.primrose@eog.myflorida.com>; Mike Hardy <mike@fala.org>
Subject: [External] Florida Assisted Living Association Provider Request for Direction

Dear Emergency Response Leaders,

On behalf of our members and providers, we are asking for assistance to provide appropriate direction to providers. As you are aware: DEM Order No. 20-002 restricted visitation for certain persons presenting risk factors (enumerated as a through g). DEM Order No. 20-005 prohibited ALL individuals from visiting facilities in Broward County for 30 days. DEM Order No. 20-006 limited entry to facilities to certain individuals (described in Section 1), and provided screening criteria (a through e) which otherwise authorized entrants must meet in order to enter the facility. All of these orders remain in effect and none expressly supersedes the others as currently written.

We have compiled the following list of questions for your review and direction.

1.) Can further consideration be given to prohibiting residents from leaving and returning to facilities? This presents a tremendous risk of infection to all residents. It also places a burden on thinning staff resources to screen and re-screen returning residents. Finally, it is demoralizing to other residents who

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are unable to safely leave the facility and are not able to visit friends and family at the facility. Suspension of 429.28(1)(e) and 429.85(1)(e) and, suspension of 429.28(1)(k) and 429.28(1)(l) for residents who choose to leave the facility is advised.

2.) Are screening criteria f. and g. from DEM Order No. 20-002 (prohibiting persons who have been in or reside in a community with confirmed community spread) to be asked of all entrants, only end-of-life family and friend visitors (DEM Order No. 20-006, 1. a.), or not at all?

3.) What guidance/direction is available to assisted living facilities regarding limiting communal meals and activities?

4.) The screening requirements of DEM Order No. 20-006 2.b., strictly applied, would prohibit staff and residents from entering the facility if they exhibit or report signs of a respiratory infection, even in cases where a physician has diagnosed the cause of the infection to be non-communicable (allergies, etc.). Is this intended?

5.) Does DEM Order No. 20-005 prohibit end-of-life family and friend visitors in Broward County (which would otherwise be permitted by DEM Order No. 20-006, 1. a.)?

6.) Are facilities authorized to restrict visitation in end-of-life situations when the patient is in a shared room and unable to provide alternative space? In one particular end-of-life case, friends and family are attempting to visit very frequently, placing the other resident at risk. Hospice does not have an inpatient bed available and the family is unwilling/unable to care for the affected resident at home.

7.) Under what circumstances may non-healthcare providers of essential services (AC/plumbing repair services) and local authorities that are not law enforcement or emergency medical personnel (ex. county fire marshal) admissible to the facility? See DEM Order No. 20-006, 1. g. Would the service providers qualify as "facility staff" for purposes of DEM Order No. 20.006, 1. d. See also Rule 59A-36.001(37) (definition of "staff"). Recognizing that the fewer entrants the better, a plumbing or AC failure, etc. can necessitate the transfer of all residents if it cannot be addressed by qualified personnel.

8.) Under what circumstances are facilities permitted to admit new residents (are prospective residents considered "facility residents" as used in DEM Order No. 20-006, 1. a.)?

9.) It has been reported that some AHCA surveyors have indicated that assisted living facilities are to use the attached Hospital to Post-Acute Care Facility Transfer – COVID- 19 Assessment (3/15/20) to determine whether a resident may be transferred from a hospital to an assisted living facility. The proposed analysis is entirely inconsistent with the screening requirements provided under DEM Order No. 20-006. For example, under the assessment on the form, a patient may be transferred to an assisted living facility if they have NOT been tested for COVID-19, regardless of whether they are presenting symptoms of respiratory infection.

10.) Under what circumstances, if any, would it be permissible to permit screened professional movers to remove a discharged resident's belongings? For example, a resident occupied a 2-bedroom apartment at a standard ALF and needed to be relocated to a higher level of care. The resident is unable to move the items, the resident's family is unable to enter the facility, and potential injury to facility staff should not be risked.

11.) With screening procedures, illnesses, school closures, etc., it is a highly likely that it will become impossible for many facilities to meet the staffing standards prescribed by 59A-36.010. Additionally, some of the required staff training as prescribed by 59A-36.011 is becoming unavailable as in-person gatherings and activities are necessarily limited. What guidance and assistance is available to facilities and their staff? Should every facility be applying for variances or waivers from any rules they cannot comply with during this emergency?

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12.) It has been reported that LabCorp and Quest have indicated that COVID-19 specimen collection may only occur at a physician's office or hospital. Assisted living facilities have been told by these entities that it would not be permissible for a physician to travel to the facility to do the collection. Is this accurate and is there any accommodation that can be made to more efficiently effectuate testing of multiple residents?

We thank you in advance and look forward to your response.

My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103

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Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility. This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. **CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:**

Patient Name: _____

Transferring Facility: _____ **Accepting Facility:** _____

Has patient been laboratory tested for COVID-19?

☐ **YES, Patient tested for COVID-19**
Date of test_____
What was the indication for testing?

☐ **NO, Test was NOT INDICATED per CDC testing criteria. May transfer.**

☐ **Travel/Exposure** In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, or exposed to a person who has been lab tested positive for COVID-19?
Dates of travel_____ Date(s) of exposure_____

☐ **Respiratory** Signs/symptoms of a respiratory illness (cough, sneezing, fever>100, shortness of breath, sore throat).

☐ **Negative test**

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ **YES** ☐ **NO/Not Applicable**

→ MAY NOT TRANSFER

→ MAY TRANSFER

☐ **Positive test**

Does patient meet criteria outlined in *CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19?*

☐ **YES** ☐ **NO**

→ MAY NOT TRANSFER

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ **YES** ☐ **NO**

→ MAY NOT TRANSFER

→ MAY TRANSFER

Clinical Assessment Completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time

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CHAPTER 59A-36
ASSISTED LIVING FACILITY

59A-36.001 Standards and Criteria for Determining Compliance with Facility Standards and Resident Rights
59A-36.002 Definitions
59A-36.003 Licensing and Change of Ownership
59A-36.004 License Requirements
59A-36.005 Inspection Responsibilities
59A-36.006 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria
59A-36.007 Resident Care Standards
59A-36.008 Medication Practices
59A-36.009 Do Not Resuscitate Orders (DNROs)
59A-36.010 Staffing Standards
59A-36.011 Staff Training Requirements and Competency Test
59A-36.012 Food Service Standards
59A-36.013 Fiscal Standards
59A-36.014 Physical Plant Standards
59A-36.015 Records
59A-36.016 Adverse Incident Report
59A-36.017 Liability Claim Report
59A-36.018 Resident Contracts
59A-36.019 Emergency Management
59A-36.020 Limited Mental Health
59A-36.021 Extended Congregate Care Services
59A-36.022 Limited Nursing Services
59A-36.023 Administrative Enforcement
59A-36.024 Waivers
59A-36.025 Emergency Environmental Control for Assisted Living Facilities
59A-36.027 ALF Core Training Provider Qualifications
59A-36.028 ALF Minimum Core Training Curriculum Requirements
59A-36.029 ALF Core Training Provider Initial Registration Process
59A-36.030 Process for Maintaining ALF Core Training Provider Registration
59A-36.031 Registered ALF Core Training Provider Responsibilities

59A-36.001 Standards and Criteria for Determining Compliance with Facility Standards and Resident Rights.

(1) DEFINITIONS.

In addition to the terms defined in section 429.02, F.S., and rule 59A-36.002, F.A.C., the following definitions are applicable in this rule chapter.

(a) "Core Survey Task" means tasks conducted by Agency survey staff that focus on core areas of regulations.

(b) "Timely Manner" means as soon as possible, but not to exceed 24 hours of Agency staff having requested materials.

(2) SURVEY PROCESS FOR RESIDENT RIGHTS.

The following core survey tasks shall be utilized during survey activities in order to determine the facility's compliance with resident rights pursuant to section 429.28, F.S., and rule 59A-36.007, F.A.C.

(a) The surveyor(s) conducts a tour of the facility to determine if the residents' health, safety, and welfare are maintained. The tour includes observations and assessments of the following:

1. Resident behavior and demeanor;
2. Adherence to facility abuse prohibition policy and procedure;
3. Adherence to infection control policy and procedure;
4. General physical plant standards in accordance with rule 59A-36.014, F.A.C.;
5. Overall appearance of residents and observations of any special care needs;

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6. Posting of Resident Bill of Rights and required phone numbers in accordance with rule 59A-36.007, F.A.C.;

7. Resident access to phones and unrestricted private communication;

8. Resident opportunity to exercise;

9. Staff availability and responsiveness to resident care needs;

10. Medication storage and security;

11. Chemical and physical restraint use;

12. Positioning/transferring processes utilized by staff;

13. Any specialized care provided by the facility with a specialty license;

14. Any license conditions or restrictions as a result of Agency action.

(b) The surveyor(s) conducts interviews with residents, family members/representatives, staff, and any other persons the surveyor(s) deems relevant to the survey.

1. The facility may not restrict Agency staff from conducting confidential interviews pursuant to section 429.14(6), F.S.

2. Interviews may be conducted both in person and telephonically.

(c) The surveyor(s) reviews facility records to determine compliance with:

1. Licensure requirements in accordance with rule 59A-36.004, F.A.C.;

2. Inspection responsibilities in accordance with rule 59A-36.005, F.A.C.;

3. Admissions procedures and appropriateness of placement and continued residency criteria in accordance with rule 59A-36.007, F.A.C.;

4. Resident care standards in accordance with rule 59A-36.007, F.A.C.;

5. Medication practices in accordance with rule 59A-36.008, F.A.C.;

6. Do not resuscitate orders (DNROs) in accordance with rule 59A-36.009, F.A.C.;

7. Staffing standards in accordance with rule 59A-36.010, F.A.C.;

8. Staff training requirements and competency training in accordance with rule 59A-36.011, F.A.C.;

9. Alzheimer's Disease or Related Disorders training provider and curriculum approval in accordance with rule 58A-5.0194, F.A.C.;

10. Food service standards in accordance with rule 59A-36.012, F.A.C.;

11. Fiscal standards in accordance with rule 59A-36.013, F.A.C.;

12. Physical plant standards in accordance with rule 59A-36.014, F.A.C.;

13. Records in accordance with rule 59A-36.015, F.A.C.;

14. Resident contracts in accordance with rule 59A-36.018, F.A.C.;

15. Emergency management in accordance with rule 59A-36.019, F.A.C.

(d) The facility must provide agency staff with requested documents in a timely manner and allow the agency staff to obtain copies.

(e) Surveyor(s) conducts specific and general observations throughout the survey to determine compliance with: dietary standards, medication standards, infection control standards, resident activities, assistance with activities of daily living, facility practices, and resident daily routines.

(f) For facilities licensed to provide specialty services such as Limited Mental Health, Extended Congregate Care, and Limited Nursing Services: the surveyor(s) reviews the required components in accordance with rules 59A-36.020, 59A-36.021, and 59A-36.021, F.A.C.

Rulemaking Authority 429.28(3)(a) FS. Law Implemented 429.28 FS. History–New 11-28-16.

59A-36.002 Definitions.

In addition to the terms defined in section 429.02, F.S., the following definitions are applicable in this rule chapter:

(1) "Advertise" means any written, printed, oral, visual, or electronic promotion, statement of availability, qualifications, services offered, or other similar communication appearing in or on television, radio, the Internet, billboards, newspapers, magazines, business cards, flyers, brochures or other medium for the purpose of attracting potential residents to an assisted living facility. A complimentary listing of a licensed facility's name, address, and telephone number in the telephone directory is not considered advertising.

(2) "Agency Central Office" means the Agency for Health Care Administration Assisted Living Unit (ALU), located at 2727

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Mahan Drive, Mail Stop 30, Tallahassee, FL 32308-5403. The ALU telephone number and website address are (850)412-4304, and http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml.

(3) "Agency Field Office" means the Agency for Health Care Administration's Office in a particular geographic area. Information regarding local offices is available online at: http://ahca.myflorida.com/mchq/index.shtml#six.

(4) "Apartment" means a self-contained dwelling unit with a bathroom, kitchen area, and living and sleeping space that is contracted for use as a residence by one or more persons who maintain a common household.

(5) "Anti-Embolism Stockings and Hosiery" means prescribed close-fitting elastic-type coverings for therapeutic treatment of the legs. They may be knee high or thigh high length and have transparent, open-toe, or similar foot design.

(6) "Assistance with Activities of Daily Living" means individual assistance with the following:

(a) Ambulation – Providing physical support to enable the resident to move about within or outside the facility. Physical support includes supporting or holding the resident's hand, elbow, or arm; holding on to a support belt worn by the resident to assist in providing stability or direction while the resident ambulates; or pushing the resident's wheelchair. The term does not include assistance with transfer.

(b) Bathing – Assembling towels, soaps, or other necessary supplies; helping the resident in and out of the bathtub or shower; turning the water on and off; adjusting water temperatures; washing and drying portions of the body that are difficult for the resident to reach; or being available while the resident is bathing.

(c) Dressing – Helping residents to choose, put on, and remove clothing.

(d) Eating – Helping residents with or by cutting food, pouring beverages, or feeding residents who are unable to feed themselves.

(e) Grooming – Helping residents with shaving, oral care, care of the hair, or nail care.

(f) Toileting – Assisting the resident to the bathroom, helping the resident to undress, positioning the resident on the commode, and helping the resident with related personal hygiene including assistance with changing an adult brief and assistance with the routine emptying of a catheter or ostomy bag.

(7) "Assistance With Transfer" means providing verbal and physical cuing or physical assistance or both while the resident moves between bed and a standing position or between bed and chair or wheelchair. The term does not include total physical assistance with transfer provided by staff to residents.

(8) "Bedridden" means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or physical restraint.

(9) "Capacity" means the number of residents for which a facility has been licensed to provide residential care.

(10) "Case Manager" means an individual employed by or under contract with any agency or organization, public or private, who has the responsibility for assessing resident needs; planning services for the resident; coordinating and assisting residents with gaining access to needed medical, mental health, social, housing, educational or other services; monitoring service delivery; and evaluating the effects of service delivery.

(11) "Certified Nursing Assistant (CNA)" means an individual certified under chapter 464, part II, F.S.

(12) "Day Care Participant" means an individual who receives services at a facility for less than 24 hours per day.

(13) "Deficiency" means an instance of non-compliance with the requirements of part II of chapter 408, F.S., part I of chapter 429, F.S., rule chapter 59A-35, F.A.C., and this rule chapter.

(14) "Direct Care Staff" means Staff in Regular Contact or Staff in Direct Contact with residents who provide personal or nursing services to residents, including administrators and managers providing such services.

(15) "Distinct Part" means designated bedrooms or apartments, bathrooms and a living area; or a separately identified wing, floor, or building that includes bedrooms or apartments, bathrooms and a living area. The distinct part may include a separate dining area, or meals may be served in another part of the facility.

(16) "Elopement" means an occurrence in which a resident leaves a facility without following facility policy and procedures.

(17) "Food Service" means the storage, preparation, service, and clean up of food intended for consumption in a facility either by facility staff or through a formal agreement that meals will be regularly catered by a third party.

(18) "Glucose Meter" or "glucometer" means a medical device that determines the approximate concentration of glucose in the blood.

(19) "Health Care Provider" means a physician or physician's assistant licensed under chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under chapter 464, F.S.

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(20) "Licensed Dietitian or Nutritionist" means a dietitian or nutritionist licensed under chapter 468, part X, F.S.

(21) "Local fire safety authority" means the authority having jurisdiction as defined in rule chapter 69A-40, F.A.C.

(22) "Long-term Care Ombudsman Program (LTCOP)" means the long-term care ombudsman program established under chapter 400, Part I, F.S.

(23) "Manager" means an individual who is authorized to perform the same functions as a facility administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility. A manager does not include staff authorized to perform limited administrative functions during an administrator's temporary absence.

(24) "Mental Disorder" for the purposes of identifying a mental health resident, means schizophrenia and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental disorder does not include residents with a primary diagnosis of Alzheimer's disease, other dementias, or mental retardation.

(25) "Mental Health Care Provider" means an individual, agency, or organization providing mental health services to clients of the Department of Children and Families; an individual licensed by the state to provide mental health services; or an entity employing or contracting with individuals licensed by the state to provide mental health services.

(26) "Mental Health Case Manager" means a case manager employed by or under contract to a mental health care provider to assist mental health residents residing in a facility holding a limited mental health license.

(27) "Nurse" means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under chapter 464, F.S.

(28) "Nursing Assessment" means a written review of information collected from observation and interaction with a resident, including the resident's record and any other relevant sources of information, the analysis of the information, and recommendations for modification of the resident's care, if warranted. The assessment must contain the signature and credential initials of the person who conducted the assessment.

(29) "Nursing Progress Notes" or "Progress Report" means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services in a facility with a limited nursing or extended congregate care license. The progress notes must be completed by the nurse who delivered the service; must describe the date, type, scope, amount, duration, and outcome of services that are rendered; must describe the general status of the resident's health; must describe any deviations in the residents health; must describe any contact with the resident's physician; and must contain the signature and credential initials of the person rendering the service.

(30) "Optional State Supplementation (OSS)" means the state program providing monthly payments to eligible residents pursuant to section 409.212, F.S., and rule chapter 65A-2, F.A.C.

(31) "Owner" means a person, partnership, association, limited liability company, or corporation, that owns or leases the facility that is licensed by the agency. The term does not include a person, partnership, association, limited liability company, or corporation that contracts only to manage or operate the facility.

(32) "Physician" means an individual licensed under chapter 458 or 459, F.S.

(33) "Pill organizer" means a container that is designed to hold solid doses of medication and is divided according to day or time increments.

(34) "Registered Dietitian" means an individual registered with the Commission on Dietetic Registration, the accrediting body of the Academy of Nutrition and Dietetics.

(35) "Respite Care" means facility-based supervision of an impaired adult for the purpose of relieving the primary caregiver.

(36) "Significant Change" means either a sudden or major shift in the behavior or mood of a resident that is inconsistent with the resident's diagnosis, or a deterioration in the resident's health status such as unplanned weight change, stroke, heart condition, enrollment in hospice, or stage 2, 3 or 4 pressure sore. Ordinary day-to-day fluctuations in a resident's functioning and behavior, short-term illnesses such as colds, or the gradual deterioration in the resident's ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.

(37) "Staff" means any individual employed by a facility, contracting with a facility to provide direct or indirect services to residents, or employed by a firm under contract with a facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service that counts toward meeting any staffing requirement of this rule chapter.

(38) "Staff in Regular Contact" or "Staff in Direct Contact" mean all staff whose duties may require them to interact with

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residents on a daily basis.

(39) "Third Party" means any individual or business entity providing services to residents in a facility that is not staff of the facility.

(40) "Universal Precautions" are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Universal precautions require that the blood and certain body fluids of all residents be considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

(41) "Unscheduled Service Need" means a need for a personal service, nursing service, or mental health intervention that cannot be predicted in advance and that must be met promptly to ensure that the health, safety, and welfare of residents is preserved.

Rulemaking Authority 429.41, 429.929 FS. Law Implemented 429.07, 429.075, 429.11, 429.14, 429.19, 429.41, 429.47, 429.52, 429.905 FS. History–New 9-30-92, Formerly 10A-5.0131, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 1-9-02, 7-30-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.0131, 7-1-19.

59A-36.003 Licensing and Change of Ownership.

(1) LICENSE APPLICATION. An applicant for a standard assisted living facility license, a limited mental health license, an extended congregate care license, or a limited nursing services license may apply for licensure pursuant to the requirements of chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C.

(2) CHANGE OF OWNERSHIP. In addition to the requirements for a change of ownership contained in chapter 408, part II, F.S., section 429.12, F.S., and rule chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to section 429.27, F.S.:

(a) At the time of transfer of ownership, all resident funds on deposit, advance payments of resident rents, resident security deposits, and resident trust funds held by the current licensee must be transferred to the applicant. Proof of such transfer must be provided to the agency at the time of the agency survey and before the issuance of a standard license. This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in section 651.024, F.S.

(b) The transferor must provide to each resident a statement detailing the amount and type of funds held by the facility and credited to the resident.

(c) The transferee must notify each resident in writing of the manner in which the transferee is holding the resident's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited.

(3) CONDITIONAL LICENSE. Except as provided in section 429.14, F.S., the agency may issue a conditional license to a facility if, at the time of license renewal the facility is found to have uncorrected violations that the facility has had an opportunity to correct. The issuance of a conditional license does not change the biennial license expiration date.

(4) OSS RESIDENT DETERMINATION. With respect to the fee per bed required for a standard license, the number of OSS recipients claimed shall be the average number per month residing in the facility during the previous license period. An additional per bed charge shall be added to the bed fee for facilities whose average number of OSS residents per month was less than the number of beds designated for OSS recipients during the previous license period.

Rulemaking Authority 429.17, 429.27, 429.41 FS. Law Implemented 429.04, 429.07, 429.075, 429.11, 429.12, 429.17, 429.27, 429.41 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.14, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.014, Amended 10-30-95, 4-20-98, 10-17-99, 7-30-06, 4-17-14, 5-10-18, Formerly 58A-5.014, 7-1-19.

59A-36.004 License Requirements.

(1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide.

(2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in rule 59A-36.005, F.A.C.

(3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in rule

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59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in rule 59A-36.005, F.A.C.

(4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of chapters 408, Part II, 429, Part I, F.S. and rule chapter 59A-35, F.A.C., and this rule chapter.

(5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to chapter 408, part II, and section 429.14, F.S., and rule chapter 59A-35, F.A.C.

(6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws.

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.44 FS. History–New 5-15-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.16, Amended 6-21-88, 9-30-92, Formerly 10A-5.016, Amended 10-30-95, 10-17-99, 7-30-06, 4-15-10, 4-17-14, Formerly 58A-5.016, 7-1-19.

59A-36.005 Inspection Responsibilities.

(1) County health departments are responsible for inspecting all license applicants and licensed facilities in matters regulated by:

(a) Rule 64E-12.004, F.A.C., and rule chapter 64E-11, F.A.C., relating to food hygiene.

(b) Chapter 64E-12, F.A.C., relating to sanitary practices in community-based residential facilities.

(c) Chapter 64E-16, F.A.C., relating to biomedical waste.

(2) The local authority having jurisdiction over fire safety or State Fire Marshal is responsible for inspecting all license applicants and licensed facilities in matters regulated by section 429.41, F.S., relating to uniform fire safety standards and chapter 69A-40, F.A.C., Uniform Fire Safety Standards for Assisted Living Facilities.

(3) The agency is responsible for inspecting all license applicants and licensed facilities in all other matters regulated by this rule chapter.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History–New 8-15-90, Formerly 10A-5.0161, Amended 10-30-95, 10-17-99, 3-13-14, Formerly 58A-5.0161, 7-1-19.

59A-36.006 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria.

(1) ADMISSION CRITERIA.

(a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license:

1. Be at least 18 years of age.

2. Be free from signs and symptoms of any communicable disease that is likely to be transmitted to other residents or staff. An individual who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule.

3. Be able to perform the activities of daily living, with supervision or assistance if necessary.

4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.

5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication.

a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact.

b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.

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6. Not have any special dietary needs that cannot be met by the facility.

7. Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under chapter 490 or 491, F.S.

8. Not require 24-hour licensed professional mental health treatment.

9. Not be bedridden.

10. Not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted provided that:

a. The resident either:

(I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or

(II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care provider;

b. The condition is documented in the resident's record and admission and discharge logs; and,

c. If the resident's condition fails to improve within 30 days as documented by a health care provider, the resident must be discharged from the facility.

11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services:

a. Artificial airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine;

b. Assistance with tube feeding,

c. Monitoring of blood gases,

d. Management of post-surgical drainage tubes and wound vacuum devices;

e. The administration of blood products in the facility; or

f. Treatment of surgical incisions or wounds, unless the surgical incision or wound and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record.

12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services:

a. Hemodialysis and peritoneal dialysis performed in the facility;

b. Intravenous therapy performed in the facility.

13. Not require 24-hour nursing supervision.

14. Not require skilled rehabilitative services as described in rule 59G-4.290, F.A.C.

15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on:

a. An assessment of the strengths, needs, and preferences of the individual;

b. The medical examination report required by section 429.26, F.S., and subsection (2) of this rule, if available;

c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and,

d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C.

(b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable oxygen or assistance with routine colostomy care of stoma site flange placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves.

(c) Nursing staff may not provide training to unlicensed persons, as defined in section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from contracting with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.

(d) An individual enrolled in and receiving hospice services may be admitted to an assisted living facility as long as the individual otherwise meets resident admission criteria.

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(e) Resident admission criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.

(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.

(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:

1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,

2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,

3. Any nursing or therapy services required by the individual,

4. Any special diet required by the individual,

5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,

6. Whether the individual has signs or symptoms of Tuberculosis, Methicillin Resistant Staphylococcus Aureus, Scabies or any other communicable disease, which are likely to be transmitted to other residents or staff,

7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and,

8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.

(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, March 2017, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.

1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.

2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.

3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.

(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.

(d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).

(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule.

(f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Do Not Resuscitate Order Form, for residents who do not wish cardiopulmonary resuscitation to be administered in the case of cardiac or respiratory arrest.

(g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

(3) ADMISSION PACKAGE.

(a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this

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requirement.

1. The facility's admission and continued residency criteria;

2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate;

3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any;

4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any;

5. Food service and the ability of the facility to accommodate special diets;

6. The availability of transportation and additional costs to the resident, if any;

7. Any other special services that are provided by the facility and additional cost if any;

8. Social and leisure activities generally offered by the facility;

9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;

10. The facility rules and regulations that residents must follow as described in rule 59A-36.007, F.A.C.;

11. The facility policy concerning Do Not Resuscitate Orders pursuant to section 429.255, F.S., and rule 59A-36.009, F.A.C., and Advance Directives pursuant to chapter 765, F.S.;

12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 59A-36.021, F.A.C.;

13. If the facility advertises that it provides special care for individuals with Alzheimer's disease and related disorders, a written description of those special services as required in section 429.177, F.S.; and,

14. The facility's resident elopement response policies and procedures.

(b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following:

1. A copy of the resident's contract that meets the requirements of rule 59A-36.018, F.A.C.,

2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided,

3. A copy of the resident's bill of rights as required by rule 59A-36.007, F.A.C.; and,

4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office.

(c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident.

(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:

(a) The resident may be bedridden for no more than 7 consecutive days.

(b) A resident requiring care of a stage 2 pressure sore may be retained provided that:

1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,

2. The condition is documented in the resident's record; and,

3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.

(c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;

2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;

3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the

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services being provided by hospice and those being provided by the facility; and,

4. Documentation of the requirements of this paragraph is maintained in the resident's file.

(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.

(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.

(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.

(g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.

(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with section 429.28, F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.26, 429.28, 429.41 FS. History–New 9-17-84, Formerly 10A-5.181, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0181, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 10-14-10, 4-17-14, 5-10-18, Formerly 58A-5.0181, 7-1-19.

59A-36.007 Resident Care Standards.

An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.

(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:

(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.

(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.

(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.

(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.

(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.

(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

(2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.

(a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

(b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.

(c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate.

(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time.

(3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must:

(a) Assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services.

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(b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation.

(c) The facility may not require residents to receive services from a particular health care provider.

(4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living.

(5) NURSING SERVICES.

(a) Pursuant to section 429.255, F.S., the facility may employ or contract with a nurse to:

1. Take or supervise the taking of vital signs,
2. Manage pill-organizers and administer medications as described in rule 59A-36.008, F.A.C.,
3. Give prepackaged enemas pursuant to a physician's order; and,
4. Maintain nursing progress notes.

(b) Pursuant to section 429.255(2), F.S., the nursing services listed in paragraph (a), may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services.

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.

(a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C.

(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.

(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.

(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:

1. Resident responsibilities;
2. Alcohol and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident abuse, neglect, and exploitation;
6. Administrative and housekeeping schedules and requirements;
7. Infection control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.

(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.

(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical restraints by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical restraint.

(7) THIRD PARTY SERVICES.

(a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, contracting, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued

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residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided.

(b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the particular resident's needs.

(c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.

(8) ELOPEMENT STANDARDS.

(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.

1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.

2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.

(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:

1. An immediate search of the facility and premises,

2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,

3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,

4. The continued care of all residents within the facility in the event of an elopement.

(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

(9) OTHER STANDARDS. Additional care standards for residents residing in a facility holding a limited mental health, extended congregate care or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.

Rulemaking Authority 429.41 FS. Law Implemented 429.255, 429.26, 429.28, 429.41 FS. History–New 9-17-84, Formerly 10A-5.182, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0182, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.0182, 7-1-19.

59A-36.008 Medication Practices.

Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) SELF ADMINISTERED MEDICATIONS.

(a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do

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so.

(b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the resident's records.

(2) PILL ORGANIZERS.

(a) Only a resident who self-administers medications may maintain a pill organizer.

(b) Unlicensed staff may not provide assistance with the contents of pill organizers.

(c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner:

1. Obtain the labeled medication container from the storage area or the resident,

2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed,

3. Return the medication container to the storage area or resident; and,

4. Document the date and time the pill organizer was filled in the resident's record.

(d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication must be documented in the resident's record.

(3) ASSISTANCE WITH SELF-ADMINISTRATION.

(a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule.

(b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed.

(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.

(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.

(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,

2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,

3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or

4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.

(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.

1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

(g) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the self-administration of medication.

(4) MEDICATION ADMINISTRATION.

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(a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.

(b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record.

(c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff.

(d) A facility that performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500.

(5) MEDICATION RECORDS.

(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.

(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:

1. The name of the resident and any known allergies the resident may have;

2. The name of the resident's health care provider and the health care provider's telephone number;

3. The name, strength, and directions for use of each medication; and,

4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.

(c) For medications that serve as chemical restraints, the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.

(6) MEDICATION STORAGE AND DISPOSAL.

(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.

(b) Both prescription and over-the-counter medications for residents must be centrally stored if:

1. The facility administers the medication;

2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;

3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;

4. The resident fails to maintain the medication in a safe manner as described in this paragraph;

5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or

6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C.

(c) Centrally stored medications must be:

1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;

2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the

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refrigerator locked, or by keeping the area in which the refrigerator is located locked;

3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,

4. Kept separately from the medications of other residents and properly closed or sealed.

(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.

(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).

(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.

(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C.

(7) MEDICATION LABELING AND ORDERS.

(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:

1. The resident's name; and,

2. The identification of each medicinal drug in the container.

(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.

(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.

(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.

(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.

(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.

(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:

1. Practitioner's name,

2. Resident's name,

3. Date dispensed,

4. Name and strength of the drug,

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5. Directions for use; and,

6. Expiration date.

(h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

(8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription.

(a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply.

(b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required.

(c) Residents or their representatives may purchase OTC products from an establishment of their choice.

(d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications.

Rulemaking Authority 429.256, 429.41 FS. Law Implemented 429.255, 429.256, 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-15-10, 10-14-10, 3-13-14, 5-10-18, Formerly 58A-5.0185, 7-1-19.

59A-36.009 Do Not Resuscitate Orders (DNROs).

(1) POLICIES AND PROCEDURES.

(a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to Do Not Resuscitate Orders (DNROs). An assisted living facility may not require execution of a DNRO as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission:

1. Form SCHS-4-2006, "Health Care Advance Directives – The Patient's Right to Decide," April 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and,

2. DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005.

(b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy.

(c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency.

(2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896.

(3) DNRO PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows:

(a) In the event a resident experiences cardiac or pulmonary arrest, staff trained in cardiopulmonary resuscitation (CPR) or a health care provider present in the facility, may withhold cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation).

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(b) In the event a resident is receiving hospice services and experiences cardiac or pulmonary arrest, facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility.

Rulemaking Authority 429.255 FS. Law Implemented 429.255 FS. History–New 4-15-10, Amended 4-17-14, Formerly 58A-5.0186, 7-1-19.

59A-36.010 Staffing Standards.

(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.

(a) An administrator must:

1. Be at least 21 years of age;

2. If employed on or after October 30, 1995, have, at a minimum, a high school diploma or G.E.D.;

3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;

4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule; and,

5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.

(b) In the event of extenuating circumstances, such as the death of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:

1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,

2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.

(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile radius of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.

(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to April 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not simultaneously serve as an administrator of any other facility.

(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, June 2016, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393.

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.

1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis.

2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed

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from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.

(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility must:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,

2. Maintain time sheets for all staff.

(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

(3) STAFFING STANDARDS.

(a) Minimum staffing:

1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week
0-5	168
6-15	212
16- 25	253
26-35	294
36-45	335
46-55	375
56- 65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.

2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.

3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.

5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses must be in the facility at all times.

a. Documentation of attendance at First Aid or CPR courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.

b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and CPR.

6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least 21 years of age must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.

7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards

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meeting the minimum staffing hours requirement.

8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.

9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.

(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.

(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.

(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.

(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.

Rulemaking Authority 429.41, 429.52, 429.929 FS. Law Implemented 429.174, 429.176, 429.41, 429.52, 429.905 FS. History–New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.019, 7-1-19.

59A-36.011 Staff Training Requirements and Competency Test.

(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.

(a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.

(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to July 1, 1997, and managers who attended the core training program prior to April 20, 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement.

(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years.

(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new

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administrator or manager for the purposes of the core training requirements and must:

1. Retake the assisted living facility core training; and,

2. Retake and pass the competency test.

(e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

(2) STAFF PRESERVICE ORIENTATION.

(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).

(b) New staff must complete the preservice orientation prior to interacting with residents.

(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.

(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:

1. Resident's rights; and,

2. The facility's license type and services offered by the facility.

(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:

(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.

(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Reporting adverse incidents.

2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Resident rights in an assisted living facility.

2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use its abuse prevention policies and procedures when offering this training.

(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:

1. Resident behavior and needs.

2. Providing assistance with the activities of daily living.

(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.

2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

(4) HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on HIV and AIDS, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.

(5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times.

(a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person,

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that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.

(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.

(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:

(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for infection control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.

(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:

1. Read and understand a prescription label;

2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:

a. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic and nasal dosage forms;

b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;

c. Recognize the need to obtain clarification of an "as needed" prescription order;

d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;

e. Complete a medication observation record;

f. Retrieve and store medication;

g. Recognize the general signs of adverse reactions to medications and report such reactions;

h. Assist residents with insulin syringes that are prefilled with the proper dosage by a pharmacist and insulin pens that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;

i. Assist with nebulizers;

j. Use a glucometer to perform blood glucose testing;

k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels;

l. Apply and remove anti-embolism stockings and hosiery;

m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and,

n. Measurement of blood pressure, heart rate, temperature, and respiratory rate.

(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.

(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.

(7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing

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education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service.

(8) EXTENDED CONGREGATE CARE (ECC) TRAINING.

(a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to April 20, 1998, shall not be required to take the assisted living facility core training competency test.

(b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, psychological, or social needs of frail elderly and disabled persons, or persons with Alzheimer's disease or related disorders.

(c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.

(9) LIMITED MENTAL HEALTH TRAINING.

(a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:

1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.

a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.

b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule.

2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:

a. Mental health diagnoses; and,

b. Mental health treatment such as:

(I) Mental health needs, services, behaviors and appropriate interventions;

(II) Resident progress in achieving treatment goals;

(III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,

(IV) Crisis services and the Baker Act procedures.

3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule.

4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.

(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.

(10) ALZHEIMER'S DISEASE AND RELATED DISORDERS ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.

(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between April 20, 1998 and July 1, 2003 shall satisfy this requirement. Facility staff who

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meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "Alzheimer's Disease and Related Disorders Level I Training," must address the following subject areas:

1. Understanding Alzheimer's disease and related disorders;
2. Characteristics of Alzheimer's disease;
3. Communicating with residents with Alzheimer's disease;
4. Family issues;
5. Resident environment; and,
6. Ethical issues.

(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility Alzheimer's Disease and Related Disorders Level I Training.

(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled "Alzheimer's Disease and Related Disorders Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Alzheimer's Disease and Related Disorders Level II Training must address the following subject areas as they apply to these disorders:

1. Behavior management,
2. Assistance with ADLs,
3. Activities for residents,
4. Stress management for the care giver; and,
5. Medical information.

(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with Alzheimer's Disease and Related Disorders," dated March 1999, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.

(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.

(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.

(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:

1. Have 1 year teaching experience as an educator of caregivers for persons with Alzheimer's disease or related disorders, or
2. Three years of practical experience in a program providing care to persons with Alzheimer's disease or related disorders, or
3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with Alzheimer's disease or related disorders.

(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).

(11) DO NOT RESUSCITATE ORDERS TRAINING.

(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders.

(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding DNROs within 30 days after employment.

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(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.

(12) TRAINING DOCUMENTATION AND MONITORING.

(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following:

1. The title of the training program,
2. The subject matter of the training program,
3. The training program agenda,
4. The number of hours of the training program,
5. The trainee's name, dates of participation, and location of the training program,
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.

(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.

(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

Rulemaking Authority 429.178, 429.41, 429.52 FS. Law Implemented 429.07, 429.075, 429.178, 429.41, 429.52 FS. History–New 9-30-92, Formerly 10A-5.0191, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-5-05, 7-30-06, 10-9-06, 7-1-08, 4-15-10, 5-10-18, Formerly 58A-5.0191, 7-1-19.

59A-36.012 Food Service Standards.

(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply:

(a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices.

(b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule.

(c) An administrator or designee must perform his or her duties in a safe and sanitary manner.

(d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets.

(e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C.

(2) DIETARY STANDARDS.

(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible.

(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.

(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to

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ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.

1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.

2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.

(e) Therapeutic diets must be prepared and served as ordered by the health care provider.

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.

2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.

(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals.

(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on hand.

(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

(3) FOOD HYGIENE. Copies of inspection reports issued by the county health department for the last 2 years pursuant to rule 64E-12.004, or chapter 64E-11, F.A.C., as applicable, depending on the licensed capacity of the assisted living facility, must be on file in the facility.

(4) CONTRACTED FOOD SERVICE. When food service is contracted by the facility, the facility must ensure that the contracted food service meets all dietary standards imposed by this rule and is adequately protected upon delivery to the facility pursuant to subsection 64E-12.004(4), F.A.C. The facility must maintain:

(a) A copy of the current contract between the facility and the food service contractor.

(b) A copy of the annually issued certificate or license authorizing the operation of the food service contractor issued by the applicable regulating agency. The license or certificate must provide documentation of the food service contractor's compliance with food service regulatory requirements.

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.52 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.20, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.020, Amended 10-30-95, 6-2-96, 10-17-99, 4-17-14, Formerly 58A-5.020, 7-1-19.

59A-36.013 Fiscal Standards.

(1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.

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(2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds.

(3) SURETY BONDS. Pursuant to the requirements of section 429.27(2), F.S.:

(a) For entities that own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entities.

(b) The following additional bonding requirements apply to facilities serving residents receiving OSS:

1. If serving as representative payee for a resident receiving OSS, the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security disability income plus the OSS payments, including the personal needs allowance.

2. If holding a power of attorney for a resident receiving OSS, the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security disability income; the OSS payments, including the personal allowance; plus the value of any property belonging to a resident held at the facility.

(c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office.

(4) LIABILITY INSURANCE. Pursuant to section 429.275, F.S., facilities must maintain liability insurance coverage, as defined in section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage.

Rulemaking Authority 429.24, 429.27, 429.275, 429.41 FS. Law Implemented 429.27, 429.275 FS. History–New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.21, Amended 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.021, Amended 10-30-95, 6-2-96, 10-17-99, 4-17-14, Formerly 58A-5.021, 7-1-19.

59A-36.014 Physical Plant Standards.

(1) NEW FACILITIES. Newly constructed facilities to be licensed as assisted living facilities, and existing structures, not previously licensed as assisted living facilities, to be converted to assisted living facilities, as well as any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities, are required by governmental entities other than the Department of Elder Affairs to adhere to certain building code and fire safety standards. Such standards may be found in:

(a) Chapter 4, Section 464, of the Florida Building Code as adopted in rule 61G20-1.001, F.A.C.;

(b) Section 633.022, F.S., Uniform Firesafety Standards and rule chapter 69A-40, F.A.C. The Uniform Fire Safety Standards for Assisted Living Facilities; and,

(c) The National Fire Protection Association codes described in section 429.41, F.S.

(2) EXISTING FACILITIES.

(a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S.

(b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule.

(3) OTHER REQUIREMENTS.

(a) All facilities must:

1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;

2. Be maintained free of hazards; and,

3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:

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1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident,

2. A closet or wardrobe space for hanging clothes,

3. A dresser, chest or other furniture designed for storage of clothing or personal effects,

4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,

5. A comfortable chair, if requested.

(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.

(d) Residents who use portable bedside commodes must be provided with privacy during use.

(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be threadbare.

Rulemaking Authority 429.41 FS. Law Implemented 429.27, 429.28, 429.41 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.23, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.023, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 4-15-10, 4-17-14, Formerly 58A-5.023, 7-1-19.

59A-36.015 Records.

The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.

(1) FACILITY RECORDS. Facility records must include:

(a) The facility's license displayed in a conspicuous and public place within the facility.

(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:

1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a stage 2 pressure sore; and,

2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of death.

(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).

(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.

(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.

(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.

(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.

(h) If the facility advertises that it provides special care for persons with Alzheimer's disease or related disorders, a copy of all such facility advertisements as required by section 429.177, F.S.

(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.

(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.

(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.

(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.

(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.

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(n) The facility's resident elopement response policies and procedures.

(o) The facility's documented resident elopement response drills.

(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.

(2) STAFF RECORDS.

(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable disease. In addition, records must contain the following, as applicable:

1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C.,

2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,

3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C.,

4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C.,

5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.

(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.

(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.

(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:

(a) Resident demographic data as follows:

1. Name,

2. Sex,

3. Race,

4. Date of birth,

5. Place of birth, if known,

6. Social security number,

7. Medicaid and/or Medicare number, or name of other health insurance carrier,

8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,

9. Name, address, and telephone number of the health care provider and case manager, if applicable.

(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.

(c) Any orders for medications, nursing services, therapeutic diets, do not resuscitate orders, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.

(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.

(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.

(f) A weight record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their weight recorded semi-annually.

(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.

(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C.

(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.

(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.

(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy

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of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S.

(l) If the resident is an OSS recipient, a copy of the Department of Children and Families form Alternate Care Certification for Optional State Supplementation (OSS), CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.

(m) Documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.

(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.

(o) The resident's Do Not Resuscitate Order, DH Form 1896, if applicable.

(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:

1. A log listing the names of residents participating in this arrangement,
2. The resident demographic data required in this paragraph,
3. The health assessment described in rule 59A-36.006, F.A.C.,
4. The resident's contract described in rule 59A-36.018, F.A.C.; and,
5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.

(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.

(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.

(4) RECORD INSPECTION.

(a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law.

(b) Pursuant to section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report.

Rulemaking Authority 429.41, 429.275 FS. Law Implemented 429.24, 429.255, 429.256, 429.26, 429.27, 429.275, 429.35, 429.41, 429.52 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.24, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.024, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-17-14, Formerly 58A-5.024, 7-1-19.

59A-36.016 Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting.

(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.

Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History–New 1-9-02, Amended 7-30-06, 4-17-14, Formerly 58A-5.0241, 7-1-19.

59A-36.017 Liability Claim Report.

(1) MONTHLY LIABILITY CLAIM REPORT. Each assisted living facility must report monthly any liability claim filed against the facility pursuant to rule 59A-35.110, F.A.C., which requires online reporting. Each facility must comply with the reporting time frames and transmission requirements specified in section 429.23(5), F.S.

(2) If a liability claim has not been filed against the facility in a given month, no report is required.

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Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History–New 1-9-02, Amended 3-13-14, Formerly 58A-5.0242, 7-1-19.

59A-36.018 Resident Contracts.

(1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions:

(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;

(b) The daily, weekly, or monthly rate;

(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;

(d) A provision stating that at least 30 days written notice will be given before any rate increase;

(e) Any rights, duties, or obligations of residents, other than those specified in section 429.28, F.S.;

(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;

(g) A refund policy that must conform to section 429.24(3), F.S.;

(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or psychiatric facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;

(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;

(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;

(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;

(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,

(m) The facility's policies and procedures related to a properly executed DH Form 1896, Do Not Resuscitate Order.

(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.

(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.

Rulemaking Authority 429.24, 429.41 FS. Law Implemented 429.24, 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-15-10, 3-13-14, Formerly 58A-5.025, 7-1-19.

59A-36.019 Emergency Management.

(1) EMERGENCY PLAN COMPONENTS. Pursuant to section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated October 1995, which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-04010. This document is available from the local emergency management

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agency. The emergency management plan must, at a minimum, address the following:

(a) Provision for all hazards;

(b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment;

(c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications;

(d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies;

(e) Identification of residents with Alzheimer's disease or related disorders, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation;

(f) Identification of and coordination with the local emergency management agency;

(g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and,

(h) The identification of staff responsible for implementing each part of the plan.

(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.

(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.

(b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.

1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.

2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.

(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.

(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.

(3) PLAN IMPLEMENTATION.

(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.

(b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication.

(4) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

(a) The facility must report the evacuation to the local office of emergency management or designee and to the agency within 6 hours of the evacuation order. If the evacuation takes more than 6 hours, the facility must report when the evacuation is completed.

(b) The facility must not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents.

(c) A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.

(d) The facility is responsible for knowing the location of all residents until the residents have been relocated to another facility.

(e) The facility must provide the agency with the name of a contact person who must be available by telephone 24 hours a day, seven days a week, until the facility is re-occupied.

(f) The facility must assist in the relocation of residents, and must cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences must be considered to the extent possible in any relocation decision.

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(5) EMERGENCY SHELTER. In the event a state of emergency has been declared and the facility is not required to evacuate the premises, the facility may provide emergency shelter above the facility's licensed capacity provided the following conditions are met:

(a) Life safety will not be jeopardized for any individual;

(b) The immediate needs of residents and other individuals sheltered at the facility can be met by the facility;

(c) The facility reports the number of individuals over its licensed capacity and the conditions causing it to the Agency Field Office within 48 hours or as soon as practical. As an alternative, the facility may report to the Agency Central Office at (850)412-4304. If the facility will continue to be over capacity after the declared emergency ends, the agency will review requests for excess capacity on a case-by-case basis; and,

(d) The facility maintains a log of the additional individuals being housed in the facility. The log must include the individual's name, usual address, and the dates of arrival and departure. The log must be available for review by representatives of the agency, the department, the local emergency management agency or its designee. The admissions and discharge log maintained by the facility may be used for this purpose provided the information is maintained in a manner that is easily accessible.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-17-14, Formerly 58A-5.026, 7-1-19.

59A-36.020 Limited Mental Health.

(1) LICENSE APPLICATION.

(a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident.

(b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.

(2) RECORDS.

(a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified.

(b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C.

(c) Resident records must include:

1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security disability or supplemental security income and optional state supplementation as follows:

a. An affirmative statement on the Alternate Care Certification for Optional State Supplementation (OSS) form, CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental disorder,

b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental disorder. Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or

c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental disorder. The case manager or other mental health care provider must consider the following minimum criteria in making that determination:

(I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or

(II) The resident has been diagnosed as having a severe or persistent mental disorder.

2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, psychiatric nurse, or an individual supervised by one of these professionals.

a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement:

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(I) Completed Alternate Care Certification for Optional State Supplementation (OSS) form, CF-ES Form 1006,

(II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or

(III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.

b. A mental health resident returning to a facility from treatment in a hopsital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment.

3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that:

a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community,

b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services,

c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities,

d. Includes the obligations of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager,

e. Includes a description of other services to be provided or arranged by the facility,

f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms particular to the resident that indicate the immediate need for professional mental health services,

g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan,

h. Is updated at least annually or if there is a significant change in the resident's behavioral health,

i. May include the Cooperative Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and,

j. Must be available for inspection to those who have legal authority to review the document.

4. Cooperative Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement:

a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number;

b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.;

c. May cover all mental health residents of the facility who are clients of the same provider; and,

d. May be included in the Community Living Support Plan described in subparagraph (2)(c)3.

5. Missing documentation will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file.

(3) RESPONSIBILITIES OF FACILITY. In addition to the staffing and care standards of this rule chapter to provide for the welfare of residents in an assisted living facility, a facility holding a limited mental health license must:

(a) Meet the facility's obligation to assist the resident in carrying out the activities identified in the Community Living Support Plan;

(b) Provide an opportunity for private face-to-face contact between the mental health resident and the resident's mental health

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case manager or other treatment personnel of the resident's mental health care provider;

(c) Observe resident behavior and functioning in the facility, and record and communicate observations to the resident's mental health case manager or mental health care provider regarding any significant behavioral or situational changes that may signify the need for a change in the resident's professional mental health services, supports, and services described in the community living support plan, or that the resident is no longer appropriate for residency in the facility;

(d) If the facility initiates an involuntary mental health examination pursuant to section 394.463, F.S., the facility must document the circumstances leading to the initiation of the examination;

(e) Ensure that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C.; and,

(f) Maintain facility, staff, and resident records in accordance with the requirements of this rule chapter.

Rulemaking Authority 429.41 FS. Law Implemented 429.075, 429.26, 429.41 FS. History–New 8-15-90, Amended 9-30-92, Formerly 10A-5.029, Repromulgated 10-30-95, Amended 6-2-96, 11-2-98, 7-30-06, Amended 4-17-14, 5-10-18, Formerly 58A-5.029, 7-1-19.

59A-36.021 Extended Congregate Care Services.

(1) LICENSING.

(a) Any facility intending to establish extended congregate care services must obtain a license from the agency before accepting residents needing extended congregate care services.

(b) Only the portion of a facility that meets the physical requirements of subsection (3), and is staffed in accordance with subsection (4), is considered licensed to provide extended congregate care services to residents who meet the admission and continued residency requirements of this rule.

(2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through extended congregate care services must promote resident independence, dignity, choice, and decision-making. The facility must develop and implement specific written policies and procedures that address:

(a) Aging in place;

(b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5), and extended congregate care services listed in subsection (8);

(c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility;

(d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff;

(e) Identifying potential unscheduled resident service needs and mechanisms for meeting those needs including the identification of resources to meet those needs;

(f) A process for mediating conflicts among residents regarding choice of room or apartment and roommate; and,

(g) How to involve residents in decisions concerning the resident. The services must provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative must be consulted. Choices must include at a minimum whether:

1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan,

2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care services may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed,

3. To select among social and leisure activities,

4. To participate in activities in the community. At a minimum the facility must arrange transportation to such activities if requested by the resident; and,

5. To provide input with respect to the adoption and amendment of facility policies and procedures.

(3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services:

(a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or disabled persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C.

1. A baccalaureate degree may be substituted for one year of the required experience.

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2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph.

(b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents.

(c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan.

(d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents.

(e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C.

(f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C.

(4) ADMISSION AND CONTINUED RESIDENCY.

(a) An individual must meet the following minimum criteria in order to receive extended congregate care services:

1. Be at least 18 years of age;

2. Be free from signs and symptoms of a communicable disease that is likely to be transmitted to other residents or staff; however, an individual who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that he or she would otherwise be eligible for admission according to this rule;

3. Be able to transfer, with assistance if necessary. The assistance of more than one individual is permitted;

4. Not be a danger to self or others as determined by a health care provider or mental health practitioner licensed under chapter 490 or 491, F.S.;

5. Not be bedridden;

6. Not have any stage 3 or 4 pressure sores;

7. Not require any of the following nursing services:

a. Artificial airway management of any kind except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine,

b. Nasogastric tube feeding,

c. Monitoring of blood gases,

d. Management of post-surgical drainage tubes or wound vacuums,

e. Skilled rehabilitative services as described in rule 59G-4.290, F.A.C., or

f. Treatment of a surgical incision, unless the surgical incision and the condition that caused it have been stabilized and a plan of care developed. The plan of care must be maintained in the resident's record at the facility.

8. Not require 24-hour nursing supervision; and,

9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager must base his or her decision on:

a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed in subsection (7),

b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and,

c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C.

(b) Criteria for continued residency in an extended congregate care services must be the same as the criteria for admission, except as specified below.

1. A resident may be bedridden for up to 14 consecutive days.

2. A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice that coordinates and ensures the provision of any additional care and services that may be needed,

b. Continued residency is agreeable to the resident and the facility,

c. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility; and,

d. Documentation of the requirements of subparagraph (5)(b)2., is maintained in the resident's file.

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3. The extended congregate care administrator or manager is responsible for monitoring the appropriateness of continued residency of a resident in extended congregate care services at all times.

4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license.

5. Staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice. Staff may not exceed the scope of their professional licensure or training in any licensed assisted living facility.

(5) HEALTH ASSESSMENT. Before receiving extended congregate care services, all persons. including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care provider pursuant to rule 59A-36.006, F.A.C. A health assessment conducted no more than 60 days before receiving extended congregate care services meets this requirement. Once receiving services, a new health assessment must be obtained at least annually.

(6) SERVICE PLANS.

(a) Before receiving services, the extended congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, psychological and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.

(b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (6); the resident's unique physical, psychological and social needs and preferences; and how the facility will meet the resident's needs including the following if required:

1. Health monitoring,
2. Assistance with personal care services,
3. Nursing services,
4. Supervision,
5. Special diets,
6. Ancillary services,
7. The provision of other services such as transportation and supportive services; and,
8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.

(c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences.

(d) The service plan must be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.

(7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity.

(a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan.

(b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan:

1. Total help with bathing, dressing, grooming and toileting,
2. Nursing assessments conducted more frequently than monthly,
3. Measurement and recording of basic vital functions and weight,
4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid

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intake and output,

5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S.,

6. Supervision of residents with dementia and cognitive impairments,

7. Health education and counseling and the implementation of health-promoting programs and preventive regimes,

8. Provision or arrangement for rehabilitative services; and,

9. Provision of escort services to health-related appointments.

(c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are:

1. Authorized by a health care provider's order and pursuant to a plan of care,

2. Medically necessary and appropriate for treatment of the resident's condition,

3. In accordance with the prevailing standard of practice in the nursing community,

4. A service that can be safely, effectively, and efficiently provided in the facility,

5. Recorded in nursing progress notes; and,

6. In accordance with the resident's service plan.

(d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted.

(8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following:

(a) The service plans for each resident receiving extended congregate care services;

(b) The nursing progress notes for each resident receiving nursing services;

(c) Nursing assessments; and,

(d) The facility's extended congregate care policies and procedures.

(9) DISCHARGE. If the facility and the resident are unable to agree on a service plan, the facility is unable to meet the resident's needs as identified in the service plan, or the resident no longer meets the criteria for continued residency, the resident must be discharged or relocated in accordance with sections 429.26 and 429.28, F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.28, 429.41 FS. History–New 9-30-92, Formerly 10A-5.030, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-17-14, 5-10-18, Formerly 58A-5.030, 7-1-19.

59A-36.022 Limited Nursing Services.

Any facility intending to provide limited nursing services must obtain a license from the agency.

(1) NURSING SERVICES. In addition to any nursing service permitted under a standard license pursuant to section 429.255, F.S., a facility with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision and to residents who do require 24-hour nursing care and are enrolled in hospice.

(2) RESIDENT CARE STANDARDS.

(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C.

(b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.

(c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file.

(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or contracted nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

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(e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community.

(3) RECORDS.

(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.

(b) Nursing progress notes must be maintained for each resident who receives limited nursing services.

(c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.

Rulemaking Authority 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.41 FS. History–New 9-30-92, Formerly 10A-5.031, Amended 10-30-95, 10-17-99, 7-30-06, 3-13-14, 5-10-18, Formerly 58A-5.031, 7-1-19.

59A-36.023 Administrative Enforcement.

Facility staff must cooperate with agency personnel during surveys, complaint investigations, monitoring visits, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.

(1) Abbreviated Survey.

(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman program complaints, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date, is eligible for an abbreviated biennial survey by the agency. For the purpose of this rule, a confirmed long-term care ombudsman program complaint is a complaint that is verified and referred to a regulatory agency for further action. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency must inform the facility that it is eligible for an abbreviated survey, and that an abbreviated survey will be conducted.

(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:

1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria;

2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;

3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights;

4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with the activities of daily living, and arrangement for appointments and transportation to appointments;

5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications;

6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs;

7. Section 429.41, F.S., and Rule 58A-5.020, F.A.C., relating to minimum dietary requirements and proper food hygiene;

8. Section 429.075, F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents' community support living plan;

9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and

10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing services license.

(c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or welfare of residents are identified during the abbreviated survey. The facility must be informed when a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted:

1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident;

2. Violations relating to staffing standards or resident care standards that adversely affect the health, safety, or welfare of a resident;

3. Violations relating to facility staff rendering services for which the facility is not licensed; or

4. Violations relating to facility medication practices that are a threat to the health, safety, or welfare of a resident.

(2) Survey Deficiency.

(a) Before or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S., the

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agency shall issue a statement of deficiency for class I, II, III, and IV violations which are observed by agency personnel during any inspection of the facility. The deficiency statement must be issued within 10 working days of the agency's inspection and must include:

1. A description of the deficiency;

2. A citation to the statute or rule violated; and

3. A time frame for the correction of the deficiency.

(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency before the expiration of the time frame included in the agency's statement.

(3) Employment of A Consultant.

(a) Medication Deficiencies.

1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.

2. After developing and impementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of a class I or class II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

(b) Dietary Deficiencies.

1. If a class I, class II, or uncorrected class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a registered or licensed dietitian, or a licensed nutritionist.

2. The initial on-site consultant visit must take place within seven working days of the notice of a class I or II deficiency or within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license or registration of the consultant dietitian or nutritionist and the consultant's signed and dated review of the facility's corrective action plan, if a plan is required by the agency, no later than 10 working days after the initial on-site consultant visit.

3. If a corrective action plan is required, the facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator, that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and consultant services are no longer required. The agency must provide the facility with written notification of such determination.

Rulemaking Authority 429.41, 429.42 FS. Law Implemented 429.19, 429.34, 429.41, 429.42 FS. History–New 9-30-92, Formerly 10A-5.033, Amended 10-30-95, 10-17-99, 1-9-02, 7-30-06, 4-15-10, 3-13-14, Formerly 58A-5.033, 7-1-19.

59A-36.024 Waivers.

The agency, in consultation with the department, may waive rules promulgated pursuant to part I, chapter 429, F.S., if the waiver request meets the conditions set forth in section 429.41(4), F.S., and demonstrates and evaluates innovative or cost-effective congregate care alternatives which will enable individuals to age in place.

(1) Application Process.

(a) Licensed assisted living facilities proposing a waiver under this statute must submit the request in writing. All requests must include the facility name and address, license number, administrator's name and contact information for the requestor, or its attorney. Petitions for waiver of rules other than for the objectives detailed in section 429.41(4), F.S., including emergency waivers, will not be considered under this section but should follow the petition for waiver provisions of section 120.542, F.S., and rule chapter 28-104, Variance or Waiver, F.A.C.

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(b) The written request must address the elements required in section 429.41(4), F.S. In addition, the following information must be included in order to demonstrate how a waiver of the stated rule will permit development of a concept that will achieve the purpose of the underlying statute:

1. The rule or rules for which the waiver is requested.

2. The licensee's anticipated date or dates for implementation of the concept.

3. If applying based on cost-effectiveness or cost-savings, a cost-benefit analysis of the proposed alternative to both residents or potential residents as well as facility operations.

4. An analysis of the impact the alternative will have on the relevant local community, including any barriers such as zoning or use issues, which may need resolution prior to implementation.

5. Specific performance measures with an annual projection of objectives and goals to be achieved broken into quarterly increments or an annual projection of outcome measures, if the concept will be implemented in less than 90 days.

6. If applying based on cost-effectiveness or cost-savings, an annual budget projection for the proposed alternative broken into quarterly increments.

(c) A waiver can be requested at the time of the initial license application, relicensure, or any time during the licensure period.

(d) Waiver requests must be submitted to the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, Florida 32308-5403.

(2) In accordance with section 120.542(6), F.S., the agency shall post notice of the request within fifteen (15) days of receipt of the request. The agency shall make any requests for additional information within 30 days of receipt of the request. If additional information is provided, the agency may request clarification of only that information no later than 30 days following receipt of the information. The agency shall process the waiver request pursuant to the time frame referenced in section 120.542(8), F.S.

(3) The agency, in consultation with the department, will evaluate all requests in light of the likelihood the concept, as described in detail, will achieve the underlying statutory objectives of innovative or cost effective congregate care alternatives to enable individuals to age in place, as provided in section 429.41(4), F.S. Waivers may be granted only so long as there is reasonable assurance that the health, safety or welfare of residents will not be endangered by the waiver.

(4) The agency shall grant or deny the request for waiver and enter an order summarizing the facts it relied on and reasons supporting its decision. The agency must provide notice of its order as described in section 120.542(8), F.S. The requestor shall be advised that a denial of the request may be reviewed as provided in subsection (5) of this rule.

(5) Report of Findings. A facility that has been granted a waiver must submit an annual report within 12 months of the order granting the waiver as specified in section 429.41(4), F.S. If the report is not submitted as required, the agency may revoke the waiver.

(a) The agency will review the report of findings to determine whether the waiver shall be renewed or revoked. The agency shall make the determination based on whether the facility has met the requirements outlined in subparagraph (1)(b) of this rule. The agency shall enter an order providing the general basis for making its decision and notify the licensee of its opportunity to seek review of a revocation in accordance with sections 120.569 and 120.57, F.S. and rule 28-106.111, F.A.C.

(b) The agency may also consider other material which is available relative to this review.

(c) A waiver is effective unless revoked by the agency or superseded by statutory or regulatory change.

(d) In reviewing the report of findings, the agency, in consultation with the department, shall assess whether statutory or regulatory changes should be pursued to enable other facilities to adopt the same practices.

Rulemaking Authority 429.41 FS. Law Implemented 120.542, 429.41 FS. History–New 9-30-92, Formerly 10A-5.035, Amended 10-30-95, 7-1-08, 4-17-14, Formerly 58A-5.035, 7-1-19.

59A-36.025 Emergency Environmental Control for Assisted Living Facilities.

(1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:

(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure ambient air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.

1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size

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to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square feet per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the calculation to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.

2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.

3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve ambient temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.

a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.

b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.

c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.

(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain ambient temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.

1. Facilities must store minimum amounts of fuel onsite as follows:

a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.

b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.

2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.

3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.

4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.

(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.

(d) The acquisition and maintenance of a carbon monoxide alarm.

(2) SUBMISSION OF THE PLAN.

(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency rule 58AER17-1 will require resubmission only if changes are made to the plan.

(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.

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(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.

(3) APPROVED PLANS.

(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.

(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.

(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.

(4) IMPLEMENTATION OF THE PLAN.

(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than June 1, 2018, have implemented the plan required under this rule.

(b) The Agency shall allow an extension up to January 1, 2019 to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S.

(c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours.

1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.

2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:

a. Fully and safely evacuate its residents prior to the arrival of the event; or

b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.

(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.

(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.

(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.

(5) POLICIES AND PROCEDURES.

(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in ambient air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:

1. The use of cooling devices and equipment;

2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring

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refrigeration;

3. Wellness checks by assisted living facility staff to monitor for signs of dehydration and heat injury; and

4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.

(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.

(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.

(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.

(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.

(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.

(8) NOTIFICATION.

(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:

1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;

2. Upon final implementation of the plan by the assisted living facility.

(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.

Rulemaking Authority 429.41, FS. Law Implemented 429.19, 429.41, FS. History–New 3-26-18, Formerly 58A-5.036, 7-1-19.

59A-36.027 ALF Core Training Provider Qualifications.

(1) PRIMARY REQUIREMENTS. In order to register as an assisted living facility core training provider (hereafter referred to as "core training provider," "training provider," or "provider"), all applicants must meet the requirements outlined in Section 429.52(10), F.S. The requirements are as follows:

(a) Completion of the minimum core training requirements developed by the Agency pursuant to Section 429.52(9), F.S., and Rule 59A-36.028, F.A.C.;

(b) Successful passage of the competency test, which requires a minimum score of 75%; and,

(c) Compliance with the minimum of 12 contact hours of continuing education in topics related to assisted living every 2 years pursuant to Section 429.52(5), F.S., and paragraph 59A-36.011(1)(c), F.A.C.

(2) ADDITIONAL REQUIREMENTS. In addition to meeting the 3 primary requirements set forth in subsection (1), of this rule, applicants must meet one of the requirements outlined in Section 429.52(11), F.S., or one of the requirements established in this subsection. The requirements are as follows:

(a) A minimum of 5 years of employment with the Agency for Health Care Administration (AHCA), or formerly the Department of Health and Rehabilitative Services, as a surveyor of assisted living facilities; or

(b) A minimum of 5 years of employment in a professional position in the AHCA Assisted Living Unit; or

(c) A minimum of 5 years of employment as an educator or staff trainer for persons working in an ALF or other long-term care (LTC) settings; or

(d) A minimum of 5 years of employment as an assisted living facility core trainer, which was not directly associated with the

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department; or

(e) A minimum of a 4-year degree from an accredited college or university in areas of healthcare, gerontology, social work, education or human services; and a minimum of 3 years experience as an educator or staff trainer for persons working in an ALF or other LTC settings after core certification.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.203, 7-1-19.

59A-36.028 ALF Minimum Core Training Curriculum Requirements.

(1) CURRICULUM REQUIREMENTS. An approved core training provider must conduct core training using the curriculum outlined in AHCA Form 3180-1038, September 2019, which is incorporated by reference in this rule. The curriculum is available from the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Tallahassee, FL 32308-5403 or the Agency's website at: http://acha.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml.

(2) MONITORING. The Agency reserves the right to do the following:

(a) Attend and monitor core training courses;

(b) Review provider records and course materials pursuant to this rule; and,

(c) Conduct on-site monitoring, follow-up monitoring, and require implementation of a corrective action plan if the provider does not adhere to the approved curriculum.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.205, 7-1-19.

59A-36.029 ALF Core Training Provider Initial Registration Process.

(1) REGISTRATION PROCESS.

(a) Before core training can be conducted, an applicant must meet the training provider qualifications outlined in section 429.52(10), F.S., and rule 59A-36.027, F.A.C. Additionally, an applicant must register with, and obtain from, the Agency a unique provider registration number as set forth in this subsection.

(b) An applicant must complete ACHA Form 3180-1039, Application for Assisting Living Facility (ALF) Core Training Provider Registration, September, 2019. The form is hereby incorporated by reference and may be obtained from the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Tallahassee, FL 32308-5403 or the Agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml.

(2) APPROVAL PROCESS. Within 30 calendar days after receiving a core training provider application, the Agency must submit written notification approving or denying the application, or requesting supplemental information or clarification.

(a) If the application is approved, the Agency must include a unique provider registration number in the notice.

(b) If the application is denied, the Agency must provide the reason or reasons for denial in the notice.

(c) If the application is determined to require supplemental information or clarification, the Agency must state the supplemental information or clarification that is being requested.

1. If the Agency does not receive the requested information within 30 calendar days of the request, the application will be deemed incomplete and closed.

2. If the Agency receives the requested information within 30 calendar days of the request, the Agency must process the training provider application within 30 calendar days after all required information is received.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.207, 7-1-19.

59A-36.030 Process for Maintaining ALF Core Training Provider Registration.

(1) MAINTAINING ALF CORE TRAINING PROVIDER REGISTRATION.

(a) After receiving the initial core training provider registration, the approved provider must re-register with the Agency every 2 years by submitting documentation of his or her compliance with the continuing education requirement as specified in section 429.52(5), F.S., and this rule.

(b) The provider must submit the documentation to the address referenced on AHCA Form 3180-1038. It must be submitted no later than 30 calendar days after each two-year continuing education cycle. The 2-year cycle begins on the date of the initial training provider registration. Documentation must include the following:

1. Title of the training program;

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2. Subject matter of the training program;

3. The training program agenda including topics discussed;

4. The core training provider's name and registration number;

5. Date(s) of participation;

6. Number of hours of the training program; and

7. The continuing education training provider's name, signature, credentials, and professional license number, if applicable.

(2) APPROVAL PROCESS.

(a) Within 30 calendar days after receiving the required continuing education documentation, the Agency must notify the provider in writing that the continuing education requirement:

1. Has been met; or

2. Has not been met and the reasons why; or

3. Has omissions or additional information is requested.

a. If the Agency does not receive the omitted or additional information within 30 calendar days of the request, the provider's registration shall be cancelled. The Agency must provide written notification of its decision, including the reason for the cancellation, no later than 30 calendar days after the deadline for the request for the omitted or additional information.

b. If the Agency receives the omitted or additional information as requested within the 30 calendar day time period, the Agency must process the core training provider's registration within 30 calendar days after all required information is received. The Agency must provide written notification to the provider of its decision.

(b) Failure to submit proof of the continuing education requirement as specified in this rule shall result in cancellation of the core training provider's registration. The Agency must provide written notification of such action no later than 30 calendar days after the information was due.

(c) If the provider's registration is cancelled under paragraphs (a) and (b) of this subsection, and the provider subsequently meets the continuing education requirement, he or she may re-apply for registration as specified in rule 59A-36.029, F.A.C., and include documentation that the continuing education requirement has been met pursuant to this rule.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.209, 7-1-19.

59A-36.031 Registered ALF Core Training Provider Responsibilities.

The following are the responsibilities of a registered core training provider:

(1) USE OF MINIMUM CORE TRAINING CURRICULUM. A registered core training provider is responsible for the following:

(a) Conducting core training using the minimum core training curriculum required by rule 59A-36.028, F.A.C.; and

(b) Ensuring that all changes in ALF statutes and rules are immediately incorporated into the contents of his or her core training curriculum.

(2) CERTIFICATES. After a trainee successfully completes core training, the approved training provider must issue a certificate to him or her. In addition to the provider's unique registration number, the certificate must include the information referenced in paragraph 59A-36.011(12)(a), F.A.C. The provider's signature and registration number shall serve as documentation that the trainee has completed the required training.

(3) RECORDS. Approved providers must maintain records of each course taught for a minimum of 5 years. Course records must include the following information:

(a) The title of the training program;

(b) The agenda;

(c) The curriculum and any accompanying documentation and training aids;

(d) The training provider's name and registration number;

(e) The trainees' names, dates of participation and training location; and

(f) Training evaluations and roster signed by trainees.

(4) COMPETENCY EXAM.

(a) Approved training providers must submit the names of trainees completing core training to the testing authority within 10 calendar days after completion of the course. Names must be submitted to the following address: ALF at The MacDonald Research Institute, 28953 SR 54, Wesley Chapel, FL 33543. Names may be alternately submitted via email to alftest.tmri@gmail.com.

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(b) The testing authority shall not process any requests for the competency exam, nor sit any individual for the exam, unless proper notice is submitted by an approved training provider pursuant to paragraph (a), of this subsection.

(5) GUEST SPEAKERS. If a core training provider uses guest trainers to teach or participate in specific training modules covered in the minimum core training curriculum referenced in rule 59A-36.028, F.A.C., the core trainer is responsible to ensure that the guest speaker meets the following minimum conditions:

(a) Has expertise in the specific subject matter; and

(b) Covers all components of the subject matter if he or she provides the module or portion of the module instruction.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.211, 7-1-19.

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:43 PM
To: ""Cooper"","" Matthew; " "Barry"","" Joycee; Matthew.Cooper@ahca.myflorida.com; Joycee.Barry@ahca.myflorida.com
Cc: Wallace, Thomas J.; Philpot, Toby
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

Matt- I need to rank the counties below by the number of counties ASAP.

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:41 PM
To: Miller, James
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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From: Philpot, Toby
Sent: Sunday, March 15, 2020 1:35:38 PM
To: Meyer, Brian <Brian.Meyer@ahca.myflorida.com>; Cooper, Matthew <Matthew.Cooper@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: FW: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Sunday, March 15, 2020 1:33 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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on Center on COVID-19 for the State of Florida
em.myflorida.com

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Florida Department of Health Announces New Positive COVID-19 Cases in Florida

lorida Department of Health has announced 39 new positive cases of coronavirus disease (COVID-19). Earlier
irmed the death of a 77-year old male in Lee County who had previously tested positive for COVID-19. Yesterd
lealth and Human Services requesting the release of 61 Florida residents from Georgia, many of whom are elde
s voyage outside of California.

and visitors safe and aware about the status of the virus, the Department is issuing regular updates as informat

le in Clay County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

le from Connecticut has tested positive for COVID-19 in Baker County. This individual is isolated and will contin
ealth officials. The epidemiological investigation is ongoing.
le in Lee County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

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in Collier County has tested positive for COVID-19. This is a travel related case. This individual is isolated anc d by public health officials.

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ɨ: A known history of exposure to COVID-19 associated with travel outside of Florida.

– Global Level 3 Health Advisory

tate advises U.S. citizens to reconsider travel abroad due to the global impact of COVID-19. Many areas throu utbreaks and taking action that may limit traveler mobility, including quarantines and border restrictions. Even ı ıot been reported may restrict travel without notice.

f Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized bel

ʋisory: CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social ɔ in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact you lth care provider.
ʋisory and Cruises: Travelers should monitor their health and limit interactions with others for 14 days after re ne symptomatic, immediately self-isolate and they should call ahead to a health care professional or their cour .tment.
CDC, a cruise ship is defined as a passenger vessel involving the movement of large numbers of people in cl

ɔn regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-n

ı a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after and any other destination under CDC travel advisory should call ahead to their health care provider or local Co ecent travel or close contact, unless they are experiencing an emergency.

contact with someone showing these symptoms who has recently traveled from areas or been in contact with a ʃ should call ahead to a health care professional and the County Health Department. The health care professio if the person should be tested for COVID-19.

f Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or Ma ːe of return to the United States, and if ill, immediately contact their CHD or health care provider. Several passe ɔms and have been confirmed to be infected with COVID-19, including over 10 positive cases in Florida.

ʏ

an extensive epidemiological investigation, has identified multiple, positive COVID-19 cases that are connecte ɔunty, Florida.

commends all individuals experiencing symptoms who have recently traveled through Port Everglades to imme ider and self-isolate for 14 Days.
so recommends employees of Metro Cruise Services at Port Everglades with any association to these cases se working to connect with all employees at Metro Cruise Services who may have come into contact with the thre ːOVID-19 to provide the employees with the appropriate guidance and monitoring.
working in close consultation with the CDC on this investigation.
that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop sympt their CHD or health care provider.

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e and Call Center

nt's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

lated to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(8**
urs a day. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

ida has taken on COVID-19:

antis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
antis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's re
antis issued Executive Order 20-51directing the State Surgeon General to declare a Public Health Emergency.
eral Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
dent Management Team to coordinate response operations.
ed incident command post for on-site response activities.
ealth and health care stakeholder conference calls to provide statewide updates on the current outbreak situati
mic planning. Over five hundred participants joined these calls.
e Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

c call center for questions regarding COVID-19.
ributed an updated COVID-19 presentation to CHDs for use at community meetings.
cols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
nisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
terim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic cl
or non-home residential settings to CHDs.
ated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enh
OVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
g at all three State Public Health Laboratories.
l CDC guidance for schools to CHDs and the Department of Education.
l Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
ment of Education in partnership with FLVS is training an additional 10,000 teachers statewide on the Virtual Te
tendents who are interested in offering their teachers the Virtual Teacher Training for COVID-19 should work w
e a list of teachers to FLVS through: https://www.flvs.net/FLVSTeacherTraining.
directed the Florida Division of Emergency Management and the Agency for Health Care Administration to take
ations for those who may have been exposed to COVID-19. The Governor also directed the Florida Departmen
t state prisons for 30 days.
requested that Health and Human Services send home the 61 Floridians that were previously aboard the Gran
from Dobbins Air Reserve Base, Georgia.
has directed the Department of Health to hire additional epidemiologists from university health programs to hel
has directed the Agency for Health Care Administration (AHCA) to extend all existing nursing home and ALF li
from patient care.
directed Director Moskowitz to expand his emergency order and prohibit all visitation to nursing homes, assiste
long-term care facilities and adult group homes to all visitors for the next 30 days.
directed the Department of Highway Safety and Motor Vehicles to suspend drivers' license renewal requiremer
directed all agencies to suspend for 30 days licensing and registration renewal requirements for existing proce

has recommended that local authorities strongly consider canceling mass gatherings and follow Centers for Di
guidance. CDC has issued recommendations for implementation of mitigation strategies in Florida, including rec
more than 250 people and smaller gatherings that may bring persons together from multiple parts of the countr

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: of Education Commissioner Richard Corcoran has provided strong recommendations for extending spring bre
'd Prevention (CDC) issuing guidance specific to COVID-19 in Florida. In addition, the Department of Educatio
.be delayed by a minimum of two weeks.

n person to person through small droplets from the nose or mouth, including when an individual coughs or sne
:es. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nos

.re fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days
ID-19 without needing special treatment. The elderly and those with underlying medical problems like high bloc
e more likely to develop serious illness.

ine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Departme
stop the spread of respiratory diseases, including:

tact with people who are sick;
1 you are sick and avoiding contact with persons in poor health;
/our eyes, nose and mouth with unwashed hands;
jh or sneeze with a tissue, then disposing of the tissue;
ls often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, afte
ng;
re not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands wit
d
'ecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

mend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, inc
:d by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of
)ple who are taking care of someone in close settings (at home or in a health care facility).

; a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after
and any other destination under CDC travel advisory should call ahead to their health care provider and local C
act.

contact with someone showing these symptoms who has recently traveled from this area or been in contact wit
'ID-19, they should call ahead to a health care professional and the CHD. The health care provider will work wi
:ould be tested for COVID-19.

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ɔu at no charge by the Florida Division of Emergency Management.

.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee, FL 32399-210

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 2, 2020 9:55 AM
To: Alexandra Glorioso; " "Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com
Subject: RE: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Hi Alex,

Request received. We will work with Helen, Meredith and Alberto on this for you.

Thank you,

Katie

From: Alexandra Glorioso <aglorioso@politico.com>
Sent: Monday, March 2, 2020 9:33 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smith, DaMonica <DaMonica.Smith@myflfamilies.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Sorry, guys, meant to include you on this request/email. Thanks

---

From: Alexandra Glorioso <aglorioso@politico.com>
Date: Monday, March 2, 2020 at 9:31 AM
To: "Moscoso, Alberto" <Alberto.Moscoso@flhealth.gov>, "Beatrice, Meredith M." <Meredith.M.Beatrice@eog.myflorida.com>, "Ferre, Helen" <Helen.Ferre@eog.myflorida.com>
Subject: FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Hi Everyone,

Good morning. I hope you all slept well last night because we are all working non-stop and will only work harder for the next two weeks!

To that end, Please send me the documents and details of the 8 a.m. meeting Gov. Ron DeSantis had with health agency heads.

Thanks,

Alex

AMERICAN OVERSIGHT

From: Governor's Press Office <Governor'sPressOffice@eog.myflorida.com>
Date: Monday, March 2, 2020 at 9:14 AM
Subject: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

GOVERNOR RON DESANTIS SCHEDULE
FOR
MONDAY, MARCH 2, 2020

7:45am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

8:00am **MEETING WITH AGENCY HEADS FROM DEPARTMENT OF HEALTH, DEPARTMENT OF ELDER AFFAIRS, AGENCY FOR HEALTH CARE ADMINISTRATION, DEPARTMENT OF EDUCATION, DEPARTMENT OF CHILDREN AND FAMILIES, DIVISION OF EMERGENCY MANAGEMENT AND DEPARTMENT OF CORRECTIONS**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

10:30am **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard
Tampa, FL 33612

12:00pm **CONFERENCE CALL WITH VICE PRESIDENT MIKE PENCE AND OTHER GOVERNORS REGARDING COVID-19**

2:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street
Miami, FL 33125

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LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
MONDAY, MARCH 2, 2020

10:30am **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard
Tampa, FL 33612

2:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health in Miami Dade County

AMERICAN OVERSIGHT

Address: 1350 Northwest 14th Street
Miami, FL 33125

###

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 7:35 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "Kidder"","" Beth; " "McKinstry"","" Molly; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: [External] FW: DEPARTMENT OF HEALTH ANNOUNCES TWO NEW PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

From: "Moscoso, Alberto" <Alberto.Moscoso@flhealth.gov>

Date: March 7, 2020 at 7:05:23 PM EST
To: "Feedback, NewsMedia" <NewsMedia@flhealth.gov>
Subject: DEPARTMENT OF HEALTH ANNOUNCES TWO NEW PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

FOR IMMEDIATE RELEASE
March 7, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ANNOUNCES TWO NEW PRESUMPTIVE POSITIVE COVID-19 CASES IN FLORIDA

TALLAHASSEE — The Florida Department of Health has announced two new presumptive positive cases of 2019 coronavirus disease (COVID-19) in Florida.

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New Presumptive Positive Cases

- A 66-year old female in Volusia County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials. She has a history of recent travel outside of the United States.
- A 61-year old female in Okaloosa County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials. She has a history of recent travel outside of the United States.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

##

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:18 PM
To: ""Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com
Subject: FW: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit
Attachments: [External] COVID-19 Update for Nursing Homes (52.9 KB); [External] COVID-19 Facility Visitor Screening Toolkit (38.3 KB)

From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:15 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: RE: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

The attached messages have been sent.

The first attachment was sent to all nursing homes and their listserv.

The second attachment was sent to all NHs, ALFs, ICFs, ADFCHs, and Adult Day Care Centers and their listservs.

Thanks!

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:06 PM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: RE: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

Please send it -thanks

From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:55 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: RE: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

Done!

I've also updated the subject and title of the FHCA call to "COVID-19 Update for Nursing Homes"

Are both ok to send?

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:52 PM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: RE: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

Can we change the subject to: COVID-19 Facility Visitor Screening Toolkit

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From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:41 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit

Please review. Please let me know if the subject needs to be changed.

Thanks!

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:39 PM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Subject: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist

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- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

The toolkit can be found here:
https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to taylor.haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:09 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Update for Nursing Homes

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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COVID-19 Update for Nursing Homes

Nursing Home Conference Call
with Health & Regulatory Partners
Wednesday, March 11, at 11:00 a.m. EST
Dial 1-866-951-1151 Room # 8484844

FHCA and Partners Nursing Home Conference Call on Coronavirus
Wednesday, March 11, at 11:00 a.m. EST
Dial 1-866-951-1151 and enter Room Number 8484844#

FHCA will host a Nursing Home/Health & Regulatory Partners Conference Call on Coronavirus Disease (COVID-19) tomorrow (Wed., March 11) at 11:00 a.m. EST.

Presenters/Areas of Focus include but are not limited to:

- *Florida Division of Emergency Management Director Jared Moskowitz:* Update on restricted entry criteria; Personal Protective Equipment (PPE) supply update
- *Agency for Health Care Administration Secretary Mary Mayhew & Leadership Team:* Nursing Home/Hospital transfer and admission protocols; survey changes pursuant to CMS Memo QSO-20-12 - Suspension of Non-Emergency Surveys; visitor screening/restrictions; isolation and COVID-19 testing protocols; Emergency Status System (ESS) reporting

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- *FHCA Highlights:* Visitor screening toolkit updates, hospital transfer resources, communications
- Participant Q&A

To access last week's FHCA/Partners Provider Call recordings, click here.

Recent Updates for Nursing Centers
The Florida Department of Health and Centers for Medicare and Medicaid Services (CMS) have issued guidance regarding screening and restricting visitors in nursing homes. CMS has revised its QSO-20-14-NH Memo, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-2019) in Nursing Homes (March 9, 2020). According to the Memo, facilities should *actively screen and restrict visitation* by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat
2. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness
3. International travel, travel on a cruise ship or travel to countries outside the United States within the last 14 days
4. Residing in a community where community-based spread of COVID-19 is occurring. Visit the Florida Department of Health COVID-19 web page for updates on confirmed Florida cases by county

Visitor Screening Toolkit
FHCA has updated our Visitor Screening Toolkit to reflect the updated guidance from CMS and the Department of Health. The toolkit includes recommendations for restricting, limiting or discouraging visitors, resources for conducting visitor and employee screenings, as well as sample signage to post in your center to alert visitors to your screening activities. It's designed to serve as a best practice to support centers' COVID-19 prevention activities. Centers should consult their legal and clinical teams when developing and implementing any company-specific procedures and protocols. Special thanks to Clear Choice Health Care and Avante Group for their contributions to this document.

SNF-Hospital Transfer Communication Tool
FHCA, in partnership with the Florida Hospital Association, has developed a SNF to Hospital and Hospital to SNF COVID-19 Transfer Communication Tool. The tool can be used to document an individual's medical status related to COVID-19 to help facilitate communication between nursing centers and hospitals during patient transfers and admissions.

Stay Informed
Please continue visiting FHCA's dedicated coronavirus web page, which includes updates from DOH, the Centers for Disease Control and Prevention

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(CDC), CMS and AHCA, along with links to support centers' strategies for reducing the spread of COVID-19.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org; Bob Asztalos at basztalos@fhca.org; or Melanie Motiska at mmotiska@fhca.org. Media inquiries can be directed to Kristen Knapp at kknapp@fhca.org.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:11 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Facility Visitor Screening Toolkit

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
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- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

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The toolkit can be found here:
https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

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Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:59 PM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com
Subject: Fwd: Nursing Home Guidance Going Out Tonight

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>
Sent: Tuesday, March 17, 2020 3:52:13 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] RE: Nursing Home Guidance Going Out Tonight

Understand and Thank You.

Blessings,
Diane L. Godfrey

AdventHealth
Executive Director | Regulatory Administration
407-200-2929

Diane.Godfrey@AdventHealth.com

The information contained in this message may be privileged and/or confidential and protected from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to this message and deleting the material from your computer. Thank you.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:48 PM
To: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [EXTERNAL] Re: Nursing Home Guidance Going Out Tonight

It will be coming out later tonight. But this is our high risk population and we need to be extremely comprehensive in our assessment about COVID 19 for this population before transfer back to long term care facilities.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration

AMERICAN OVERSIGHT

850-412-3603
850-228-7093 (cell)

From: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>
Sent: Tuesday, March 17, 2020 3:45:14 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] Nursing Home Guidance Going Out Tonight

Good afternoon,

I hope you both are getting some rest and staying well! I was going to ask the below question on the 3:00 call, however, we ran out of time.

We have nursing homes requesting a resident receive a COVID-19 negative test, even when they are not symptomatic or do not fit the criteria to be tested, before they will accept the patient/resident. Hospitals are expressing concern with the inability to discharge patients due to shortages of testing supplies and creating shortages in hospital beds. Is there specific guidance that can be provided to help eliminate the refusals to accept patients without first testing a patient who does not meet criteria and providing proof of the negative test?

Thank you in advance for the additional guidance coming out around staff. Will there be any additional guidance as it related to domestic travel for end-of-life situations, even including requiring the use of masks or other infection controls?

Blessings,
Diane L. Godfrey

AdventHealth
Executive Director | Regulatory Administration
407-200-2929

Diane.Godfrey@AdventHealth.com

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This message (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is non-public, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute as attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication. Thank you.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 4:20 PM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com

Please review and format. I will be speaking

AHCA's top priority is the health and safety of residents and patients in the facilities we regulate

Because infection prevention and control are so foundational to the health and welfare of patients and residents, it one of the highest priorities for the Agency as we inspect facilities.

As such, AHCA has taken proactive steps to communicate with our providers regarding COVID-19.

Infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities. These are practices that hospitals and nursing homes focus staff training and conduct drills on.

My agency's role is to ensure the facilities we license and regulate are vigilant in maintaining adherence to infection control and prevention protocols and quality standards that will protect the health and welfare of our state's most vulnerable.

• Facilities across Florida are held to an extremely high standard, and AHCA is vigilant in reviewing every aspect of compliance—inspecting for even the smallest misstep or gap in infection prevention practice and protocols.

We inspect for the smallest gaps in practice in order to support comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

And infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities – and they are the responsibility of everyone in the facility – from the clinical staff, to the custodial staff, to the vendors and visitors who enter facilities.

• We understand this is a rapidly evolving situation worldwide and my Agency remains committed to doing all we can to equip facilities with the best information to protect patients and residents.

AHCA sent out alerts and hosted multiple calls with nursing homes, assisted living facilities, and hospitals to ensure they are focused on best practices for infection control and prevention.

As Secretary, I recognize the trust that Florida's nursing home residents and their families place in their facilities' nurses and administrators to ensure a safe living environment.

We know that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes or lung disease.

We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

• To that end, nursing homes and assisted living facilities, have been strongly encouraged to implement screening interventions for visitors, vendors and staff.

AMERICAN OVERSIGHT

The agency recognizes that facilities need to be overly cautious to protect their patients and residents and we appreciate the thoughtful approach to the comprehensive screening of visitors, staff and vendors. Screening for illness, international travel, travel on a cruise ship.

• This includes the need to screen those entering the facility to ensure no one has a temperature prior to entering.

• I have an important message for the public: if you are sick please do not visit a nursing home.

• And if you are sick, please only go to a hospital if you need to seek services.

• In 2019, there were 4 hospitals out of 310 and 320 nursing homes out of 695 that had some level of non-compliance related to infection prevention and control, but they did not a level of risk of harm or serious injury to patients or residents.

o 2 hospitals and 10 nursing homes with concerns of severe jeopardy

• All of those findings were thoroughly corrected and verified for compliance by our Agency.

• Let me be clear: in just a matter of weeks, a hospital or nursing home could lose their license and be shut down for failing to effectively correct the risk to patients.

• Infection control inspection criteria, as administered from the CDC and CMS, includes reviews of:
o Facility Assignment and Task Coordination
o Hand Hygiene
o Personal Protective Equipment (PPE)
o Transmission-Based Precautions
o Laundry Services
o Policies and Procedures
o Infection Surveillance
o Antibiotic Stewardship Program
o Influenza and Pneumococcal Immunizations

• Hospitals and nursing homes are executing key infection control measures, including:
o Staff members maintaining compliance with hand hygiene.
▪ Staff hand hygiene before and after contact with residents
▪ Ensuring appropriate resident hand hygiene is performed
o Appropriate use of personal protective equipment (PPE).
o Environmental cleaning

• Our Agency is engaging and communicating regularly with nursing homes across the state and engaging in stakeholder discussions to address best practices and take any questions.

• The Agency will consider immediate jeopardies for infection control issues and complaints alleging infection control concerns, including facilities with COVD-19.

• Our inspections will prioritize the facilities that currently have positive and suspected cases of COVD-19.

AMERICAN OVERSIGHT

• Per CMS, we are currently deploying staff and will visit hospitals and nursing homes that have had infection control issues in the past.

• The Department of Health is – and always has been – the lead on any infectious disease outbreak. Our Agency is there to provide resources as appropriate. If the facility does not respond or accommodate the Department of Health, then our Agency go in as the regulatory entity.

• We are here to be a partner among state agencies and to consistently provide communications and immediate assistance.

• AHCA has shared and distributed communications that equip facilities with resources for Visitor Screening.

Personal Protective Equipment

• Personal protective equipment (PPE) coordination is handled at a local level through local health departments and emergency operations centers.

• In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

• To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 12:26 PM
To: McKinstry, Molly; Strickland, Katie; Philpot, Toby; Manderfield, Patrick; Smoak, Kimberly; MacLafferty, Laura; Stewart, Kimberly
Subject: RE: 2nd hospital eblast this morning

Disregard.....I got it.

From: Mayhew, Mary
Sent: Monday, March 9, 2020 12:25 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: RE: 2nd hospital eblast this morning

I normally get whatever goes out....haven't seen this. Just want to make sure it was sent.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 11:18 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Fwd: 2nd hospital eblast this morning

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From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Monday, March 9, 2020 10:12:28 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: RE: 2nd hospital eblast this morning

The attached eblast has been sent to all hospitals.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:45 AM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: 2nd hospital eblast this morning

Please prepare to send once approval is confirmed

AMERICAN OVERSIGHT

On behalf of Florida's Surgeon General and the Florida Department of Health, the Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
    - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.
- All staff working triage desk must wear appropriate PPE (face mask, etc.)
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
    - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
    - Conservation guidelines for appropriate use of PPE are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
    - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.
- CMS announced several actions to address the spread of COVID-19, including specific guidance to hospitals. These memos from CMS were discussed on the state hospital call last week: https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 7:32 PM
To: ""Robinson"","" Courtney; CRobinson@wtsp.com
Subject: FW: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

Wanted to make sure you got this. Thank you!

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Wednesday, March 11, 2020 7:22 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes, _Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

---

RELEASE

ormation Center on COVID-19 for the State of Florida
SF14@em.myflorida.com

sion of Emergency Management Issues Emergency Order to Protect Resident Homes, Assisted Living Facilities and Other Long-Term Care Facilities

la. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Mosk emporarily restricting visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, long mes.

tion, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This orde e fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from CO n directions given by the Federal Centers for Medicare and Medicaid Services.

w be restricted from visiting nursing homes, ALFs, adult family-care homes, long-term care facilities and adult g

AMERICAN OVERSIGHT

infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negati
om visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United State
who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United Sta
who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for I
ion or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the co
spread; or
who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Dis
r a state public health agency, is prohibited from visiting a facility.

the full Emergency Order, click **HERE**.

###

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---

rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee,

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 6:29 PM
To: McKinstry, Molly; MacLafferty, Laura; Kellum, Kim; Mayhew, Mary
Subject: Fwd: DRAFT - Prohibition DUE 7:30
Attachments: DRAFT FDEM Order 20-006 (6.09 pm).docx

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:27:10 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: [External] DRAFT - Prohibition

Please see the attached draft circulating that will prohibit individuals from entering certain facilities, with certain exemptions.

If you have any edits, please get them to Collen before 7:30 pm tonight! Make sure all facilities are covered.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-006

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

WHEREAS, today, March 14, 2020, Governor DeSantis directed me, as the State Coordinating Officer, under the powers afforded by Executive Order No. 20-52, to prohibit visitation to certain facilities for thirty days from the date of this order in the State of Florida; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order. Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby suspend sections 393.13(4), 394.459(5)(c), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d),

AMERICAN OVERSIGHT

916.107(5)(7), Florida Statutes, for the particular purpose of prohibiting all individuals from visiting facilities within the State of Florida. For purposes of this order, a facility includes: Treatment Facilities under Chapter 319, Florida Statute; nursing homes as provided under Chapter 400, Florida Statute; homes for Special Services as provided under Chapter 400, Florida Statutes; Long-Term Care Hospitals, as provided under Chapter 395, Part I, Florida Statutes; Transitional Living Facilities, as provided under Chapter 400, Florida Statute; Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Florida Statutes; Assisted Living Facilities, as provided under Chapter 429, Florida Statutes; Adult Civil Facilities under Chapter 394 and Chapter 916 Florida Statutes; and Adult Family-Care Homes, as provided under Chapter 429, Florida Statutes. The order applies as follows:

1. Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

    a. Family members, friends, and visiting residents in end-of-life situations; or

    b. Hospice or palliative care workers caring for residents in end-of-life situations; or

    c. Any third-party providing necessary health care to a resident; or

    d. Facility staff; or

    e. Facility resident; or

    f. Attorney of Record; or

    g. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, Ombudsman, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elder Affairs; any law enforcement officer; and any emergency medical personnel.

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2. Individuals seeking entry to the facility under the above section 1 must comply with the screening requirements listed below:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

c. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

d. Any person who traveled through any airport within the past 14 days;

e. Any person who traveled on a cruise ship within the past 14 days;

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

3. The facility must require any individual entering the facility to wear personal protective equipment.

4. Residents must be discouraged from leaving the facility.

5. The following documentation must be kept for visitation within a facility:

a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

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Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 14th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: _____

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 8:37 PM
To: Cooksey, Samantha; Smoak, Kimberly; McKinstry, Molly; Philpot, Toby; Jared Moskowitz (jared.moskowitz@em.myflorida.com)
Subject: Re: [External] Camellia

Thank you so much!

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Sunday, March 15, 2020 8:09:21 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Jared Moskowitz (jared.moskowitz@em.myflorida.com) <jared.moskowitz@em.myflorida.com>
Subject: Re: [External] Camellia

I just spoke with Jennifer. They have plenty of PPE for tonight and through the day tmrw. We will get the additional resources to them tomorrow morning as a priority. She is going to send me their specific resource needs later this evening.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 7:45:08 PM
To: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Jared Moskowitz (jared.moskowitz@em.myflorida.com) <jared.moskowitz@em.myflorida.com>
Subject: Re: [External] Camellia

This is a major priority.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 7:35:38 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Samantha.Cooksey@flhealth.gov <Samantha.Cooksey@flhealth.gov>; Philpot, Toby

AMERICAN OVERSIGHT

<Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: [External] Camellia

Below is a email from the Regional Director with Camellia for PPE.

Samantha can you assist?

As soon as I hear from the Jacksonville field office re the outcome of today's visit I will follow up.

Thanks

Kimberly Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Office (850) 412-4516
Cell (850) 559-8273
Agency for Health Care Administration
2727 Mahan Drive MS#59
Tallahassee, FL. 32308

From: Jennifer Fuse <jfuse@gracemanagement.com>
Sent: Sunday, March 15, 2020 6:08 PM
To: Smoak, Kimberly
Subject: [External] Camellia

Hi Kim,

Just wanted to send you an update to let you know our Wellness Director Brenda Simmons, RN was previously an Infection Control nurse for a SNF and is leading the Camellia team in adhering to safe infection control measures.

Kim, can you please help us obtain PPE for this community? The Health Department directed us to the local Emergency Management. Captain Golden has not been able to locate a supply for the community.

Feel free to call if you have any questions, thanks for everything Kim!

Jennifer Fuse
Regional Director of Clinical Operations
Grace Management, Inc.
Phone: (941) 321-5694
Email jfuse@gracemanagement.com

GRACE MGMT INC.
A CPF LIVING COMPANY

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may contain confidential and/or privileged information. Information representing protected health information is subject to the sender's current policies and procedures governing its use and disclosure. Any unauthorized dissemination, distribution, or copying of this communication is strictly prohibited. If you are not the intended recipient or if you have received this message in error, please delete it from your system without copying or forwarding it and notify the sender immediately by replying to this email.

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:28 PM
To: ""Manzie"","" Mandi; Mandi.Manzie@ahca.myflorida.com
Subject: Can you Mock up a Provider Alert
Attachments: AHCA-DOH COVID19 MASK PROTOCOL Flyer 3.18.20.png

To the following facilities:
NH
ALF
ICF
HSS
TLF
Hospital
Hospice
AFCH

EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

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Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
    - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.
- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**
    - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.
- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**
    - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.
- **How I do put on (don) and take off (doff) my mask and gloves?**
    - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
    - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.
    - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

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Effective Immediately
In All Residential / Long Term Care Facilities

ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES



AND

GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT

HOWEVER

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 **should adhere to Standard, Contact, and Droplet Precautions with eye protection.**
This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

AGENCY FOR HEALTH CARE ADMINISTRATION
STATE OF FLORIDA

Florida HEALTH

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Mayhew, Mary
To: ""Manzie"","" Mandi; Mandi.Manzie@ahca.myflorida.com
Cc: Philpot, Toby; Grow, Stefan; McKinstry, Molly; MacLafferty, Laura; Smoak, Kimberly; Strickland, Katie; Clary, Shannon; Fitch, Ryan
Subject: Re: Facilities List 2:30 Update
Date: Wednesday, March 18, 2020 2:48:25 PM

Can you add totals of testing results at top

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 2:38:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: Facilities List 2:30 Update

	# Affected Facilities
ALFs	10
NHs	10
ICFDDs	1

Provider Type	Name	City	County	Lic Beds	COVID Testing Results	Pending	Positive by Patient Location	AHCA Visit	Details
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	2 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	PHI
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	NH: 1 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	3/17/2020	NH: ALF: IL:	NH: ALF: IL: Hospital: Deceased:	
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	1 positive ALF (exp) 1 pending Ind (exp) 5 pending Ind 2 staff pending	NH: ALF: IL: 5 Hospital: Deceased:	NH: ALF: 1 IL: 1 Hospital: Deceased:	3/17/2020	
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020 and 3/17/2020	
ALF	BROOKDALE DEER CREEK	DEERFIELD BEACH	BROWARD	168	16 Pending Memory Care Unit	NH: 16 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
						NH:	NH:		

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ALF	FLAMINGO ALF	PLANTATION	BROWARD	6	1 Pending	ALF: IL: Hospital: Deceased: 1	ALF: IL: Hospital: Deceased:	3/18/2020
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	2 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	GRAND VILLA OF DEERFIELD BEACH	DEERFIELD BEACH	BROWARD	240		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	1 Pending	NH: ALF: 1 IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	14 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/14/2020
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	1 Positive ALF 3 Postive Ind	NH: ALF: IL: Hospital: Deceased:	NH: ALF: 1 IL: Hospital: 3 Deceased:	3/13/2020 and 3/15/2020
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/15/2020
NH	VILLAGES REHABILITATION AND NURSING CENTER, THE	LADY LAKE	LAKE	120	1 Staff Pending	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	1 Pending	NH: ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020
NH	SOLARIS HEALTHCARE PARKWAY	STUART	MARTIN	177	3 Pending	NH: ALF: IL: Hospital: 3 Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	WATER'S EDGE ASSISTED LIVING	PALM CITY	MARTIN	20	8 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020
NH	WATER'S EDGE HEALTH AND REHABILITATION	PALM CITY	MARTIN	56		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020
						NH: 5 ALF:	NH: ALF:	

PHI

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NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	6 Pending 2 Negative	IL: Hospital: 1 Deceased:	IL: Hospital: Deceased:	3/17/2020	PHI
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	N/A	
NH	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY	WASHINGTON	180	4 Pending	NH: 3 ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020	

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:52 AM
To: ""Grow"","" Stefan; Stefan.Grow@ahca.myflorida.com
Subject: Fwd: Call this morning

FYI

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:50:08 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: Call this morning

I have been contemplating some of these issues and considering recommendations for EOG.

Please include ALFs in your 21 day plan

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>
Cc: Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; Mike Hardy <mike@fala.org>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71

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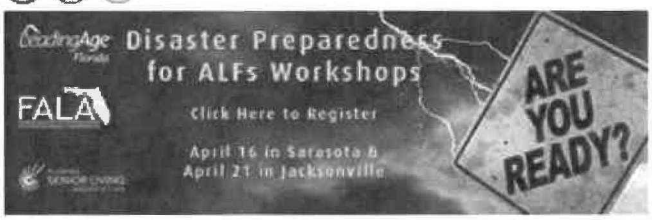
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

My best,

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



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FL-AHCA-20-0902-A-001443

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 11:56 AM
To: ""Grantham"","" Shena; Shena.Grantham@ahca.myflorida.com
Subject: Task
Attachments: qso-20-14-nh-revised.pdf; DEM ORDER NO. 20-002, In re COVID-19 Public Health Emergency, Issued March 11, 2020.pdf; Federal Infection Control Guidance .docx

Shena,

I need someone to do a concise summary of the attached three documents. The documents are: 1) federal infection control regs under 483, 2) CMS guidance on nursing home visitation, and 3) the Governor's executive order on facility regulation. In a separate document I need a comparison. We're trying to line up our guidance with federal guidance and regs.

Due COB, if possible.

Thanks,

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
Stefan.Grow@ahca.myflorida.com

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).
- *Following the Food and Drug Administration's (FDA) emergency use authorization (EUA) expanding the use of certain industrial respirators to health care personnel, CMS is clarifying that such use is appropriate in Medicare/Medicaid certified providers and suppliers.*

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of

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potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

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- ***Restricting*** *means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*
- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility.*

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Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).

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- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no***

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symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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FDA Resources:

- *Emergency Use Authorizations:* https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-002

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting facilities. For purposes of this order, a facility includes nursing homes, assisted living

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facilities, adult family-care homes, long-term care facilities, and adult group homes. The order applies as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat is prohibited from visiting a facility; or

c. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

d. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and

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Prevention or a state public health agency, is prohibited from visiting a facility.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: 3/11/20

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§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or

infections before they can spread to other persons in the facility;

(ii) When and to whom possible incidents of communicable disease or infections should be reported;

(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;

(iv)When and how isolation should be used for a resident; including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

Definitions:

"Standard Precautions": infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated

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with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices, and respiratory hygiene/cough etiquette. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient).40

"Transmission-based precautions" (a.k.a. "Isolation Precautions"): actions (precautions) implemented, in addition to standard precautions that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. **NOTE**: Although the regulatory language refers to "isolation," the nomenclature widely accepted and used in this guidance will refer to "transmission-based precautions" instead of "isolation".

FROM Guidance for **INFECTION PREVENTION AND CONTROLPROGRAM:**

For purposes of this guidance, we would expect facilities to tailor the emphasis of their IPCP for visitors. We expect facilities to work to prevent transmission of infection to the resident from the visitor using reasonable precautions and national standards. For example, passive screening through the use of signs at the entrances to alert visitors with signs and symptoms of communicable diseases not to enter the facility. If a facility has a visitor exception protocol (e.g., end-of-life care), this would need to be determined by the facility. In this case, if a symptomatic visitor/family member must enter the facility, the visitor must still follow the facility's policies for prevention of transmission (e.g., following respiratory hygiene/cough etiquette procedures).

The Infection Prevention and Control Program must include the following parts:

• A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that: Covers all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement;

o Is based on the individual facility assessment;

o Follows accepted national standards;

• Written standards, policies and procedures in accordance with §483.80(a)(2);

• A system for recording incidents identified under the IPCP and corrective actions taken by the facility; and

• An antibiotic stewardship program (ASP) (F881).

From Guidance Infection Control Policies and Procedures:

Written occupational health policies that address:

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o Reporting of staff illnesses and following work restrictions per nationally recognized standards and guidelines;48

o Prohibiting contact with residents or their food when staff have potentially communicable diseases or infected skin lesions; o Assessing risks for tuberculosis (TB) based on regional/community data and screening staff to the extent permitted under applicable federal guidelines 49 and state law;

o Monitoring and evaluating for clusters or outbreaks of illness among staff;

o Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, from dialysis, glucose monitoring or any other point of care testing; and

Education and competency assessment: facilities must ensure staff follow the IPCP's standards, policies and procedures. Therefore, staff must be informed and competent. Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff in order to follow proper infection control practices (e.g., hand hygiene and appropriate use of personal protective equipment) while other needs are specific to particular roles, responsibilities, and situations (e.g., injection safety and point of care testing).

Process Surveillance

Process surveillance is the review of practices by staff directly related to resident care.The purpose is to identify whether staff implement and comply with the facility's IPCP policies and procedures. Some areas that facilities may want to consider for process surveillance are the following:

• Hand hygiene;

• Appropriate use of personal protective equipment (e.g., gowns, gloves, facemask);

• Injection safety;

• Point-of-care testing (e.g., during assisted blood glucose monitoring);

• Implementation of infection control practices for resident care such as but not limited to urinary catheter care, wound care, injection/IV care, fecal/urinary incontinence care, skin care, respiratory care, dialysis care, and other invasive treatments;

• Managing a blood borne pathogen exposure. **NOTE**: This may not lend itself to monitoring and feedback;

• Cleaning and disinfection products and procedures for environmental surfaces and equipment;

• Appropriate use of transmission-based precautions; and

• Handling, storing, processing, and transporting linens so as to prevent the spread of infection.

Outcome Surveillance

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Another component of a system of identification is outcome surveillance. For example, this addresses the criteria that staff would use to identify and report evidence of a suspected or confirmed HAI or communicable disease.

RECOGNIZING, CONTAINING AND REPORTING COMMUNICABLE DISEASEOUTBREAKS

The facility must know how to recognize and contain infectious disease outbreaks. An outbreak is the occurrence of more cases than expected in a given area or among a specific group of people over a particular period of time. If a condition is rare or has serious health implications, an outbreak may involve only one case. While a single case of a rare infectious condition or one that has serious health implications may or may not constitute an outbreak, facilities should not wait for the definition of an outbreak to act. For example, one case of laboratory confirmed influenza in a resident should alert the facility to begin an outbreak investigation. If an outbreak is identified, the facility must:

• Take the appropriate steps to diagnose and manage cases, implement appropriate precautions, and prevent further transmission of the disease as well as documentation of follow-up activity in response; and

• Comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.

NOTE: Some states have specific regulations regarding responding to and reporting outbreaks that must be included in the IPCP.

These are a few references within the Guidance for F880

Centers for Disease Control and Prevention. (2008). Guideline for disinfection and sterilization in healthcare facilities, 2008. Accessed on June 9, 2017 from https://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

42 Centers for Disease Control and Prevention. (2002, October 25). Guideline for hand hygiene in health-care settings: Recommendations of The Healthcare Infection Control PracticesAdvisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR;51(No.RR-16). Accessed on June 9, 2017 from http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

43 Centers for Disease Control and Prevention (2009, July 20). OPRP – General information on hand hygiene. Accessed on June 9, 2017 from https://www.cdc.gov/nceh/vsp/cruiselines/hand_hygiene_general.htm

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From: Mayhew, Mary
To: ""McKinstry"","" Molly; " "Philpot"","" Toby; " "Strickland"","" Katie; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Cc: Smoak, Kimberly
Subject: Re: Facility update
Date: Monday, March 16, 2020 5:39:20 PM

Can you correct the line that says independent in the COVID column. Just want to make sure we know results of test and where they are located.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:50 PM
To: Mayhew, Mary; Philpot, Toby; Strickland, Katie
Cc: Smoak, Kimberly
Subject: Facility update

For those pending test results
4 in hospital
1 in ALF (new case at Camellia – ALF resident) - Duval
2 in NH Island Lake – Seminole County

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020		Calling now				
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020	PHI	Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Pending	1		No	yes (1)
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		2	Yes (2)	No
NH	Windsor	120	Starke	Bradford			Pending		1	?	?

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:15 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

---

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Tuesday, March 10, 2020 10:40 PM
To: Strickland, Katie
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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RELEASE

ɔrmation Center on COVID-19 for the State of Florida
ɜF14@em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

- The Florida Department of Health has announced eight new positive cases of coronavirus disease (COVID-19) in Florida. To keep F
about the status of the virus, the Department is issuing regular updates as information becomes available.

male in Nassau County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by p
-related case.
emale Georgia resident who is currently in Alachua County, Florida, has been identified as positive. This person is isolated and will c
leared by public health officials. The Georgia Department of Public Health is leading the epidemiological investigation for this indivi
nale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pu
-related case.
emale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by p
-related case.
emale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by p
-related case.

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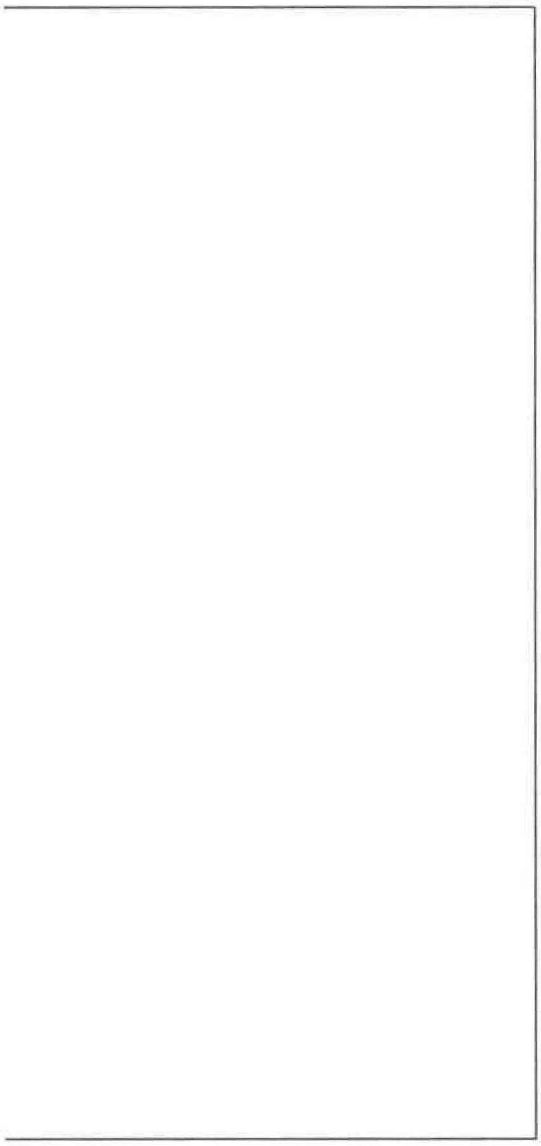
nale in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pu
related case.
nale in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pu
related case.
nale in Pasco County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pub
ed case.



posure to COVID-19 outside of the state.

Advisory

ent of Health is advising all individuals who have traveled internationally to follow the **new Centers for Disease Control a**
ummarized below:

recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avo
se personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Departme

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Cruises: Travelers should monitor their health and limit interactions with others for 14 days after returning to the United
immediately self-isolate and contact your CHD or health care provider.
rmation regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/

visory

ough an extensive epidemiological investigation, has identified three positive COVID-19 cases associated with Port Ever
ree cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

epartment of Health recommends all individuals experiencing symptoms who have recently traveled through Port Evergl
CHD or health care provider and self-isolate for 14 Days.

ent also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-is
ent is working to connect with all employees at Metro Cruise Services who may have come into contact with the three inc
e for COVID-19 to provide the employees with the appropriate guidance and monitoring.
ent is working in close consultation with the CDC on this investigation.
ends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms
ntact their CHD or health care provider.

y

ent of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-i
f return to the United States. Several passengers in the United States recently developed symptoms and have been conf
ding two positive cases in Florida.

ite and Call Center

rtment's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

ns related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 7**
24 hours a day. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

es

Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's res
Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
geon General Dr. Scott Rivkees declared a Public Health Emergency for the novel coronavirus in Florida.
ed an Incident Management Team to coordinate response operations.
a dedicated incident command post for on-site response activities.
d three public health and health care stakeholder conference calls to provide statewide updates on the current outbreak s
nd guidance for pandemic planning. Over five hundred participants joined these calls. Calls are scheduled for each Wedn
ed with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

ed a public call center for questions regarding COVID-19.
d and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
d and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain ca
ed mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
d CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic clc
l cases at their home or non-home residential settings to CHDs.
d the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enha
aredness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
ted testing at all three State Public Health Laboratories.
d updated CDC guidance for schools to CHDs and the Department of Education.

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d updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

now

d from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or m

-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days follow COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pre es are more likely to develop serious illness.

vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department rec help stop the spread of respiratory diseases, including:

e contact with people who are sick;
when you are sick and avoiding contact with persons in poor health;
hing your eyes, nose and mouth with unwashed hands;
r cough or sneeze with a tissue, then disposing of the tissue;
hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blow neezing;
ater are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soa ibly dirty; and
disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

ecommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including e used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facer d people who are taking care of someone in close settings (at home or in a health care facility).

ences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel apan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD a contact.

close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a p COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will work with the on should be tested for COVID-19.

epartment of Health

ent of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the h rated state, county and community efforts.

ok, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:55 PM
To: ""Manzie"","" Mandi; " "Mayhew"","" Mary; " "McKinstry"","" Molly; " "Strickland"","" Katie; " "Manderfield"","" Patrick; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Fitch, Ryan
Subject: RE: [External] Test Message - Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

Calling you with my minor edits so we can get it out

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:47 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: FW: [External] Test Message - Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

See draft below

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:46 PM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: [External] Test Message - Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Home | About Us | Medicaid | Licensure & Regulation | Report Fraud

Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

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- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
  - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are

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appropriate for the care of patients with suspected or confirmed COVID-19.

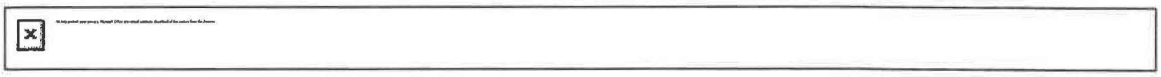
- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**
  - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**
  - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How I do put on (don) and take off (doff) my mask and gloves?**
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.
  - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.



The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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FL-AHCA-20-0902-A-001472

This message was sent to Mandi.Manzie@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

Manage Your Subscription

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:39 AM
To: ""Philpot"","" Toby; " "Strickland"","" Katie; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re: Information push request

Completely agree. Also I thought you said they weren't using the phrase person under investigation anymore? And I don't think it is all that common to use the acronym HCP regarding healthcare personnel. Finally we should consider whether or not there should be a logo from DOH along with our logo when we send this out to the hospitals are we just sending this to hospitals or is this intended to go to any other facilities?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:33 AM
To: Strickland, Katie; Mayhew, Mary; McKinstry, Molly
Subject: Re: Information push request

Can we create the TOP 5 bullets before diving into the more formal CDC Guidance

· Any individual entering the E.R. or triage of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area.

· All staff working triage desk must have and wear appropriate PPE.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:17:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Fwd: Information push request

Please see the draft below for review. Thank you.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department.

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Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Healthcare Personnel

Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.

HCP should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

From: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 5:55:18 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: Information push request

Molly –

DOH (Samantha Cooksey) just said AHCA not DOH should take the lead on drafting content for the e-blast to the hospitals. Dr. Rivkees would like the information sent out to include:

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- Direction that upon entering the E.R. door or triage of the hospital...if someone has a cough, fever, runny nose, etc., they should immediately be placed in a mask and possibly held in a separate triage area.
- Make sure they protect their staff including those working the triage desk.
- Make sure staff are trained on airborne pathogens, how to appropriately don PPE, etc.
- Include links to information like CDC guidance or guidance on how to use PPE and surface cleaning.

DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

Ryan and Team - can we have staff do another eblast today once we have info?
Thanks
Get Outlook for iOS

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly
Cc: MacLafferty, Laura; Stewart, Kimberly
Subject: Information push request

Dr. Rivkees stopped by and requested information get pushed out to the hospitals (possibly via eblast). He stated the message should be that everyone should have a mask immediately upon entering the ED with a cough (including triage) and possibly have a separate waiting area. Also, to be sure the staff is protected (including triage desk), and trained on airborne contaminations, how to appropriately don PPE, and surface cleaning.

DOH is working on the content.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 9:27 AM
To: Richard M Prudom
Subject: Re: : COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

Thank you for forwarding

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Richard M Prudom <Prudomrm@elderaffairs.org>
Sent: Friday, March 13, 2020 9:25:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] : COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

From: Michael Phillips <Phillipsm@elderaffairs.org>
Sent: Thursday, March 12, 2020 12:37 AM
To: Jo Ann Quiles <Quilesja@elderaffairs.org>; Robin Baker <Bakerr@elderaffairs.org>
Cc: Carol Carr <carrc@elderaffairs.org>; Betsy McAllister <Mcallisterb@elderaffairs.org>
Subject: FW: COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

Here is the latest emergency order regarding COVID-19 and visitations in long-term care facilities. What follows are some of my thoughts and I request yours as well.

In reading this communique, be mindful of a few things:

1. The INTENT is to limit visitation in LTC facilities in order to minimize the risk to vulnerable individuals residing in these facilities as well as the needed staff who serve these residents.
2. There is an ENCOURAGEMENT for individuals not to visit LTC facilities in order to effectuate the INTENT of #1.
3. The particular words used in this carefully drafted order are INTENTIONAL and LIMITING!
4. It is clearly not the intent of the Governor to order ALL visitations to LTC facilities to cease.
5. The suspension of Florida Statutes concerning the right of visitation is LIMITED and intended to be the least drastic necessary with regards to the circumstances presented.
6. ONLY seven types of individuals are to be banned from visitations and only for a limited time.

Therefore, facilities that are banning ALL visitations are doing so WITHOUT authorization. Having said that, let's give them the benefit of the doubt and recognize their intent is to protect their residents. Notwithstanding, we cannot abandon our mandate to advocate for resident who request our help in protecting their rights. In doing so, we are not precluded from attempting to help the resident recognize the benefit that accrues to all residents of the facility if visitation is allowed to be VOLUNTARILY limited for a short period of time. If the resident (not family members of a competent resident) insist that we secure his or her visitation rights, we should do so with fervency.

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I suspect that there may be further revisions to this executive order as the President said tonight in his speech to the nation that he was "advising the suspension of all visitations in nursing homes." So stand by ...

FLORIDA
OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

Michael Phillips
North Regional Ombudsman Manager
Long-Term Care Ombudsman Program
1101 Gulf Breeze Pkwy, Bldg 3, Ste 5, Gulf Breeze, FL 32561
(850) 916-6720

From: Florida Health Care Association <kknapp@fhca.mmsend.com> **On Behalf Of** Florida Health Care Association
Sent: Wednesday, March 11, 2020 7:19 PM
To: Michael Phillips <Phillipsm@elderaffairs.org>
Subject: COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

To view this email as a web page, go here.



Coronavirus Update #4 for Nursing Homes

Governor Issues Emergency Order Regarding Visitation in Long Term Care Facilities

March 11, 2020

Today, Governor Ron DeSantis issued an Emergency Order (20-002) regarding visitation in Florida's nursing homes and other facilities (nursing homes, assisted living facilities, adult family care homes, long term care facilities and adult group homes). Pursuant to Executive Order 20-52, the Governor issued the following prohibitions on visitors:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or
- Any person showing or presenting signs or symptoms of a respiratory infection, including fever, cough, shortness of breath, or sore throat is prohibited from visiting a facility; or

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- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
- Any person who has traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread*; or
- Any person who resides in a community with confirmed community spread of COVID-19, as, identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

**During his press conference, the Governor stated there are no instances of community spread in Florida.*

As you work to prevent and mitigate the spread of COVID-19 in your center, communication with your residents and their families is extremely important. Messaging should be swift, empathetic, reassuring and informative. It's important to emphasize how your center is preparing, why your visitation protocols are in place and what individuals can do to assist with these efforts.

Posting signs at your facility entrance is not enough - your communications should be broad based to help families understand why you've adopted these protocols. Consider the following to educate and inform about your screening protocols:

- Host a family council meeting in your center's courtyard to educate and inform on your screening protocols
- Host a resident council meeting to inform your residents
- Involve your social workers, activity directors and other frontline staff with direct access to your residents to communicate why these protocols are in place – for the health and safety of the residents
- Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.)
- Create/increasing email or listserv communication to update families on your protocols
- Assign a staff member as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date
- Set up a manned hotline or offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits
- Create an infographic or video message from facility leadership to post on your social media channels
- Educate your staff on key messages regarding your screening protocols

FHCA's Visitor Screening Toolkit includes sample letters with suggested language for building content for these various forms of communications with your families.

Facilities should be prepared for media inquiries in response to this Emergency Order. It's important to designate one spokesperson to handle inquiries to ensure your messaging remains consistent. Below is a short-version of a media statement to assist centers in their response. For additional talking points, click here.

"[Our center] takes the threat of COVID-19 very seriously and have been taking proactive measures to ensure the health and safety of our residents and staff. We are following the guidance of Florida's Governor, the Department of Health and CDC and have implemented visitor screening procedures. It is essential that anyone who potentially carries the virus does not enter any of our facilities, and we are asking that individuals restrict visitation unless absolutely necessary to help keep our residents and caregivers safe and healthy."

Stay Informed

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Please continue visiting FHCA's dedicated coronavirus web page, which includes updates from DOH, the Centers for Disease Control and Prevention (CDC), CMS and AHCA, along with links to support centers' strategies for reducing the spread of COVID-19.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org; Bob Asztalos at basztalos@fhca.org; or Melanie Motiska at mmotiska@fhca.org. Media inquiries can be directed to Kristen Knapp at kknapp@fhca.org.

Visit the FHCA website to learn more about our member services and upcoming events.

Click here to unsubscribe.



P.O. Box 1459, Tallahassee, FL 32302-1459



Please note: Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request. Emails sent to me at this email address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:42 PM
To: ""Philpot"","" Toby; " "Strickland"","" Katie; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re:

Can this get printed

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:01:29 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject:

Opening

- Governor DeSantis and the State Emergency Operations Team continue to take comprehensive steps to protect the citizens of Florida.
- This Administration is prepared to meet and respond to this public health challenge.
- Let me assure all Floridians that every flexibility we can offer to health care providers and facilities is being explored to enhance communities' ability to respond to COVID-19.
- Our charge is to equip and resource the health care workforce on the frontlines with every necessary tool to protect the most vulnerable from the threat of COVID-19.
- We are taking decisive action to help prevent the impact and spread of this disease.
- Most importantly, we cannot afford to take the risk of spread in our skilled nursing and assisted living facilities.
- We know risk is greatest for our elderly – disproportionately impacting those 65 and older and those with underlying health conditions.
- While there may not be any identified community spread at this time, we know the first line of defense is stopping spread before it gets in the door.
- For our elderly and medically frail, the risk of fatality is high.
- It's why the Governor has taken decisive action to issued stronger visitation restrictions to eliminate any possible exposure to COVID-19.

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Testing and Transfer

- For our nursing homes and assisted living facilities, We need to be able to quickly identify any individual in your facility that may be at risk for COVID-19.

- We need all of you, every facility, to work in coordination with your local county health department , the moment you anticipate someone may need to be tested or transferred to hospital.

- Florida's local county health departments are ready, and skilled to support you in determining what need to happen in terms of testing.

- They are ready to evaluate the precautions that may need to occur in your facility such as isolating other residents.

- To support and assist you to the extent hospital transfer is required.

- We understand that many of you are not going to have the level of PPE that is often more readily available in hospital.

- If you are in need of certain PPE, contact your local county emergency manager if you cannot get it through your regular supply chain or if that is going to be delayed.

- While it is not a guarantee that the state will be able to turn that supply around to you, it will at least be recorded as a mission and a need – so the state can have a statewide perspective on what supplies are needed where.

- But again your local county health department and their skilled staff can help support you the moment you suspect someone may need to be tested or transferred to the hospital.

- We have over 11 long-term care facilities that have a suspected or confirmed COVID-19 case.

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Prepare for Surge

- Hospitals across Florida must begin to plan for and develop a strategy for patient volume and complexity in the event of a surge of patients.
- CEOs, Administrators and medical team leadership must prepare now for how they will triage patients, allocate PPE resources and other critical life-saving equipment.
- Prepare contingency plans for capacity for hospitalization, ICU beds and ventilator supply.
- Develop and Refine protocols that define how patients will be triaged for admission, observation, discharge, and quarantine in a potential surge environment.
- Identifying locations and staffing plans that separate vulnerable patients from COVID-19 activities must be carefully considered.
- Hospitals systems should consider post-poneing elective surgeries, and taking additional steps to reduce non-life threatening procedure demand on doctors and nurses.
- Health systems in every community should begin planning for how they will communicate internally with their workforce, and externally to the public about hospital operations.
- A designated communications strategy will ensure patients and their families are equipped with just as much actionable information as hospital personnel.

Ventilators

- Hospitals should be taking inventory of ventilators for potential surge of critical patients.
- Ventilators assist respiratory functions – and are a vital medical support for patients in the critical stages of COVID-19.
- Hospital should be planning and preparing to acquire more ventilators, and should look at purchasing or rental markets to explore options.

Personal Protective Equipment

- All hospitals should communicate and provide training on proper donning and doffing of personal protective equipment, including fit testing of N95 masks.
- Facilities should be monitoring rates of PPE use to ensure adequate supply.

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- Inventories should be taken on PPE, to include burn rate of equipment, next anticipated delivery of PPE supplies and proper allocation to health care staff.

Exploring Financial Assistance for Medicaid Providers

- The state is cognizant of the economic hardships that may be faced by Medicaid Providers
- Our Agency will do everything possible to ensure providers can continue offering critical services in Florida
- We will do what is allowable within federal guidelines to ensure a prompt response to issues as they arise
- The Agency is exploring opportunities to make advanced payments to hospitals and providers that face financial hardships due to their COVID-19 response in order to stabilize and ensure continuity of care.
- Our Agency is currently monitoring the COVID-19 bill that is moving through Congress. This proposed FMAP increase could potentially provide additional funding to hospitals through the LIP program.
- Our Agency is also exploring relief for Medicaid providers with outstanding debt owed, by temporarily suspending terms of payment agreements for 90 days.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 6:24 AM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Cc: McKinstry, Molly
Subject: Fwd: March 09, 2020: Memo Release: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)
Attachments: qso-20-15-hospitalcahemtala.pdf; qso-20-16-hospice.pdf

Can you review and provide a summary and add to our talking points.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
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850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:19:34 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: RE: March 09, 2020: Memo Release: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)

Good evening- in addition to the NH memo released that Molly sent, please see two additional memos released, hospital/CAH/EMTALA and Hospice. Thanks

Memo Number	Memo Name
QSO-20-15 Hospital/CAH/EMTALA	Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)

Memo Number	Memo Name
QSO-20-16-Hospice	Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies

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Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 8:52 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: Re: March 09, 2020: Memo Release: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)

Great. Thank you

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 8:18:42 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>

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Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: Fwd: March 09, 2020: Memo Release: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)

Updated visitor guidance from CMS for NHs. Reviewing now and will contact FHCA about impact on their tool. Thanks.

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From: Payne, Patricia D. (CMS/CCSQ) <Patricia.Payne@cms.hhs.gov>
Sent: Monday, March 9, 2020 8:11:00 PM
To: Payne, Patricia D. (CMS/CCSQ) <Patricia.Payne@cms.hhs.gov>
Subject: [External] March 09, 2020: Memo Release: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)

Greetings,
Please see attached memo and distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting:
QSO-20-14-NH REVISED	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)	Email DNH_TriageTeam@cms.hhs.gov	https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

Patricia Payne
QSOG Internal Staff Development Program Lead
QSED Webteam Page Revisions Lead
Quality, Safety & Education Division (QSED)
Quality, Safety & Oversight Group (QSOG)
410.786.3401

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety and Oversight Group

Ref: QSO-20-15 Hospital/CAH/EMTALA

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality Safety and Oversight Group

SUBJECT: Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)

Memorandum Summary

COVID-19 *and EMTALA Requirements:* This Memorandum conveys information in response to inquiries from hospitals and critical access hospitals (CAHs) concerning implications of COVID-19 for their compliance with EMTALA. This guidance applies to both Medicare and Medicaid providers.

- ***EMTALA Screening Obligation:*** Every hospital or CAH with a dedicated emergency department (ED) is required to conduct an appropriate medical screening examination (MSE) of all individuals who come to the ED, including individuals who are suspected of having COVID-19, and regardless of whether they arrive by ambulance or are walk-ins. Every ED is expected to have the capability to apply appropriate COVID-19 screening criteria when applicable, to immediately identify and isolate individuals who meet the screening criteria to be a potential COVID-19, to contact their state or local public health officials to determine next steps.

- ***EMTALA Stabilization, Transfer & Recipient Hospital Obligations:*** In the case of individuals with suspected or confirmed COVID-19, hospitals and CAHs are expected to consider current guidance of CDC and public health officials in determining whether they have the capability to provide appropriate isolation required for stabilizing treatment and/or to accept appropriate transfers. In the event of any EMTALA complaints alleging inappropriate transfers or refusal to accept appropriate transfers, CMS will take into consideration the public health guidance in effect at the time.

Background

Due to increasing public concerns with COVID-19, CMS is receiving inquiries from the hospital industry concerning implications for their compliance with EMTALA. Concerns center around

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the ability of hospitals and CAHs to fulfill their EMTALA screening obligations while minimizing the risk of exposure from COVID-19 infected individuals to others in the ED, including healthcare workers, and the isolation requirements for COVID-19. In addition, we have also received questions about the applicability of EMTALA stabilization, transfer and recipient hospital obligations in the case of individuals who are found to have met the screening criteria for possible COVID-19 infection or who have been determined to have COVID-19.

Please note this memorandum applies to both hospital and critical access hospital (CAH) wherever "hospital" is referenced.

EMTALA requires Medicare-participating hospitals and CAHs that have a dedicated emergency department to, at a minimum:

- Provide a medical screening exam (MSE) to every individual who comes to the ED for examination or treatment for a medical condition to determine if they have an emergency medical condition (EMC). An emergency medical condition is present when there are acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in serious impairment or dysfunction.

- Provide necessary stabilizing treatment for individuals with an emergency medical condition EMC within the hospital's capability and capacity; and

- Provide for transfers of individuals with EMCs, when appropriate.

Please see *Attachment 1* for a discussion of alternate screening locations and increased surges in numbers of patients presenting to the ED.

Are hospitals required to accept transfers of patients with suspected or confirmed COVID-19 from small or rural hospitals that don't have appropriate or sufficient isolation facilities or equipment to meet current state or local public health or CDC recommendations?

Hospitals with capacity and the specialized capabilities needed for stabilizing treatment are required to accept appropriate transfers from hospitals without the necessary capabilities. Hospitals should coordinate with their State/local public health officials regarding appropriate placement of individuals who meet specified COVID-19 assessment criteria, and the most current standards of practice for treating individuals with confirmed COVID-19 infection status.

As in any case concerning a hospital's EMTALA obligations with respect to transfers of individuals, CMS would evaluate the capabilities and capacity of both the referring and recipient hospitals in order to determine whether a violation has occurred. Among other things, we would take into account the CDC's recommendations at the time of the event in question in assessing whether a hospital had the requisite capabilities and capacity. We note that the CDC's recommendations focus on factors such as the individual's recent travel or exposure history and presenting signs and symptoms in differentiating the types of capabilities hospitals should have to screen and treat that individual. The presence or absence of negative pressure rooms (Airborne Infection Isolation Room (AIIR)) would not be the sole determining factor related to transferring patients from one setting to another when in some cases all that would be required would be a private room. See the CDC website for the most current infection prevention and

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control recommendations for hospital patients with suspected or known COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

In addition, all Medicare-participating hospitals with specialized capabilities are required to accept appropriate transfers of individuals with EMCs if the hospital has the specialized capabilities an individual requires for stabilization as well as the capacity to treat these individuals. This recipient hospital obligation applies regardless of whether the hospital has a dedicated emergency department.

What are the screening sites that may be set up?

Hospitals may set up alternative screening sites on campus

- The MSE does not have to take place in the ED. A hospital may set up alternative sites on its campus to perform MSEs.
  - Individuals may be redirected to these sites after being logged in. The redirection and logging can even take place outside the entrance to the ED.
  - The person doing the directing should be qualified (e.g., an RN) to recognize individuals who are obviously in need of immediate treatment in the ED.
- The content of the MSE varies according to the individual's presenting signs and symptoms. It can be as simple or as complex, as needed, to determine if an EMC exists.
- MSEs must be conducted by qualified personnel, which may include physicians, nurse practitioners, physician's assistants, or RNs trained to perform MSEs and acting within the scope of their State Practice Act.
- The hospital must provide stabilizing treatment (or appropriate transfer) to individuals found to have an EMC, including moving them as needed from the alternative site to another on-campus department.

B. Hospitals may set up screening at off-campus, hospital-controlled sites.

- Hospitals and community officials may encourage the public to go to these sites instead of the hospital for screening for influenza-like illness (ILI). *However, a hospital may not tell individuals who have already come to its ED to go to the off-site location for the MSE.*
- Unless the off-campus site is already a dedicated ED (DED) of the hospital, as defined under EMTALA regulations, EMTALA requirements do not apply.
- The hospital should not hold the site out to the public as a place that provides care for EMCs in general on an urgent, unscheduled basis. They can hold it out as an ILI screening center.
- The off-campus site should be staffed with medical personnel trained to evaluate individuals with ILIs.
- If an individual needs additional medical attention on an emergent basis, the hospital is required, under the Medicare Conditions of Participation, to arrange

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referral/transfer. Prior coordination with local emergency medical services (EMS) is advised to develop transport arrangements.

C. Communities may set up screening clinics at sites not under the control of a hospital

- There is no EMTALA obligation at these sites.
- Hospitals and community officials may encourage the public to go to these sites instead of the hospital for screening for ILI. *However, a hospital may not tell individuals who have already come to its ED to go to the off-site location for the MSE.*
- Communities are encouraged to staff the sites with medical personnel trained to evaluate individuals with ILIs.
- In preparation for a pandemic, the community, its local hospitals and EMS are encouraged to plan for referral and transport of individuals needing additional medical attention on an emergent basis.

EMTALA Obligations when Screening Suggests Possible COVID-19

If an individual comes to an ED of a hospital, as the term "comes to the emergency department" is defined in the regulation at §489.24(b), either by ambulance or as a walk-in, the hospital must provide the individual with an appropriate MSE. We emphasize that it is a violation of EMTALA for hospitals and CAHs with EDs to use signage that presents barriers to individuals who are suspected of having COVID-19 from coming to the ED, or to otherwise refuse to provide an appropriate MSE to anyone who has come to the ED for examination or treatment of a medical condition. However, use of signage designed to help direct individuals to various locations on the hospital property, as that term is defined in the regulation at §489.24(b), for their MSE would be acceptable. If the hospital is intending to use another location to conduct the MSE, please see *Attachment 1* for additional information.

If during the MSE the hospital concludes that an individual who has come to its ED may be a possible COVID-19 case, consistent with accepted standards of practice for COVID-19 screening, the hospital is expected to isolate the patient immediately. Although levels of services provided by EDs vary greatly across the country, it is CMS' expectation that all hospitals are able to, within their capability, provide MSEs and initiate stabilizing treatment, while maintaining the isolation requirements for COVID-19 and coordinating with their State or local public health officials, who will in turn arrange coordination, as necessary, with the CDC.

Stabilizing treatment means, with respect to an "emergency medical condition", to provide such medical treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to occur. Once an individual is admitted or the emergency medical condition ends, the obligations under EMTALA end.

At the time of this memo's publication, CDC's screening guidance (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html) called for hospitals to contact their State or local public health officials when they have a case of suspected COVID-19. Officials will advise of next steps, in accordance with CDC recommendations on testing.

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Other Enforcement Considerations

Should CMS receive complaints alleging either inappropriate transfers by a sending hospital or refusal of a recipient hospital to accept an appropriate transfer, it will take into consideration CDC guidance and State or local public health direction at the time of the alleged noncompliance. It will also take into consideration any clinical considerations specific to the individual case(s).

Consistent with their obligations under the hospital and CAH Conditions of Participation (CoPs) §482.42 and §485.640, hospitals and CAHs are expected to adhere to accepted standards of infection control practice to prevent the spread of infectious disease and illness, including COVID-19. Standard, contact, and airborne precautions with eye protection should be used when caring for the patient as noted in CDC's Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for Coronavirus Disease 2019 (COVID-19). The CDC has issued extensive guidance on applicable isolation precautions and CMS strongly urges hospitals to follow this guidance. CMS recognizes the difficulties securing the recommended personal protective equipment (PPE) required for training and patient care that may be present in some circumstances at the time of this memorandum.
Hospitals and CAHs are expected under their respective CoPs at §482.11(a) and §485.608(a) to comply with Occupational Safety and Health Administration (OSHA) requirements, but CMS and state surveyors acting on its behalf do not assess compliance with requirements of other Federal agencies.

Latest CDC Guidance

The most up-to-date guidance regarding screening, testing, treatment, isolation, and other COVID-19 topics can be found on the CDC website at https://emergency.cdc.gov/han/HAN00427.asp Hospitals and CAHs are strongly urged to monitor this site as well as their State public health website and follow recommended guidelines and acceptable standards of practice. State Survey Agencies are also encouraged to monitor the CDC and their state public health websites for up-to-date information.

CMS Resources

CMS has released a memo regarding triage, assessment and discharge for hospitals which will provide additional information about responding to COVID-19 cases.
https://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf-2

CMS has additional guidance which may be beneficial related to EMTALA, and other topics surrounding health standards and quality. The document Provider Survey and Certification Frequently Asked Questions (FAQs), Declared Public Health Emergency All-Hazards are located at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/All-Hazards-FAQs.pdf. These FAQs are not limited to situations involving 1135 Waivers, but are all encompassing FAQs related to public health emergencies and survey activities and functions.

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Questions about this memo should be addressed to QSOG_EmergencyPrep@cms.hhs.gov.

FDA Resources:

- Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/Regional Office training coordinators immediately.

/s/

David Wright

cc: Survey & Certifications Group Management

Attachment (2)

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FACT SHEET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Emergency Medical Treatment and Labor Act (EMTALA) &
Surges in Demand for Emergency Department (ED) Services

I. What is EMTALA?

- EMTALA is a Federal law that requires all Medicare-participating hospitals (**including critical access hospitals (CAHs)**) with dedicated EDs to perform the following for **all** individuals who come to their EDs, regardless of their ability to pay:
  - An *appropriate* medical screening exam (MSE) to determine if the individual has an Emergency Medical Condition (EMC). If there is no EMC, the hospital's EMTALA obligations end.
  - If there is an EMC, the hospital must:
    + Treat and stabilize the EMC within its capability (including inpatient admission when necessary); ***OR***
    + Transfer the individual to a hospital that has the capability and capacity to stabilize the EMC.
- Hospitals with specialized capabilities (with or without an ED) may not refuse an appropriate transfer under EMTALA if they have the capacity to treat the transferred individual.
- EMTALA ensures access to hospital emergency services; it need not be a barrier to providing care in a disaster.

II. Options for Managing Extraordinary ED Surges Under Existing EMTALA Requirements (No Waiver Required)

A. Hospitals may set up alternative screening sites on campus

- The MSE does not have to take place in the ED. A hospital may set up alternative sites on its campus to perform MSEs.
  - Individuals may be redirected to these sites after being logged in. The redirection and logging can even take place outside the entrance to the ED.
  - The person doing the directing should be qualified (e.g., an RN) to recognize individuals who are obviously in need of immediate treatment in the ED.
- The content of the MSE varies according to the individual's presenting signs and symptoms. It can be as simple or as complex, as needed, to determine if an EMC exists.

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- MSEs must be conducted by qualified personnel, which may include physicians, nurse practitioners, physician's assistants, or RNs trained to perform MSEs and acting within the scope of their State Practice Act.
- The hospital must provide stabilizing treatment (or appropriate transfer) to individuals found to have an EMC, including moving them as needed from the alternative site to another on-campus department.

B. Hospitals may set up screening at off-campus, hospital-controlled sites.

- Hospitals and community officials may encourage the public to go to these sites instead of the hospital for screening for influenza-like illness (ILI). *However, a hospital may not tell individuals who have already come to its ED to go to the off-site location for the MSE.*
- Unless the off-campus site is already a dedicated ED (DED) of the hospital, as defined under EMTALA regulations at 42 CFR § 489.24(b), EMTALA requirements do not apply.
- The hospital should not hold the site out to the public as a place that provides care for EMCs in general on an urgent, unscheduled basis. They can hold it out as an ILI screening center.
- The off-campus site should be staffed with medical personnel trained to evaluate individuals with ILIs.
- If an individual needs additional medical attention on an emergent basis, the hospital is required, under the Medicare Conditions of Participation, to arrange referral/transfer. Prior coordination with local emergency medical services (EMS) is advised to develop transport arrangements.

C. Communities may set up screening clinics at sites not under the control of a hospital

- There is no EMTALA obligation at these sites.
- Hospitals and community officials may encourage the public to go to these sites instead of the hospital for screening for ILI. *However, a hospital may not tell individuals who have already come to its ED to go to the off-site location for the MSE.*
- Communities are encouraged to staff the sites with medical personnel trained to evaluate individuals with ILIs.
- In preparation for a pandemic, the community, its local hospitals and EMS are encouraged to plan for referral and transport of individuals needing additional medical attention on an emergent basis.

III. EMTALA Waivers

- An EMTALA waiver allows hospitals to:
  - Direct or relocate individuals who come to the ED to an alternative off-campus site, in accordance with a State emergency or pandemic preparedness plan, for the MSE.

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  - Effect transfers normally prohibited under EMTALA of individuals with unstable EMCs, so long as the transfer is necessitated by the circumstances of the declared emergency.
- By law, the EMTALA MSE and stabilization requirements can be waived for a hospital **only if:**
  - The President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act ; ***and***
  - The Secretary of HHS has declared a Public Health Emergency; ***and***
  - The Secretary invokes her/his waiver authority (which may be retroactive), including notifying Congress at least 48 hours in advance; ***and***
  - The waiver includes waiver of EMTALA requirements and the hospital is covered by the waiver.
- CMS will provide notice of an EMTALA waiver to covered hospitals through its Regional Offices and/or State Survey Agencies.
- Duration of an EMTALA waiver:
  - In the case of a public health emergency involving pandemic infectious disease, until the termination of the declaration of the public health emergency; ***otherwise***
  - In all other cases, 72 hours after the hospital has activated its disaster plan.
  - In no case does an EMTALA waiver start before the waiver's effective date, which is usually the effective date of the public health emergency declaration.

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EMTALA Obligations & 2019-Novel Coronavirus (COVID-19) Question and Answer Document

Note: *For the purpose of this document, the term "hospital" includes all types of Medicare-participating hospitals, critical access hospitals (CAHs).*

A. Patient Insurance/Payor Status

A.1. Is a Medicare-participating hospital required to provide EMTALA-mandated screening and stabilizing treatment for non-Medicare beneficiaries with likely or confirmed COVID-19?

EMTALA applies to all individuals who come to the dedicated emergency department (ED) of a Medicare-participating hospital or CAH, regardless of type or presence of insurance coverage or ability to pay. Further, Medicare-participating hospitals with specialized capabilities are required within the limits of their capability and capacity to accept appropriate transfers of individuals protected under EMTALA from other hospitals, without regard to insurance or ability to pay.

B. Specialized Capabilities

B.1. EMTALA requires that hospitals with specialized capabilities to treat COVID-19 accept appropriate transfers of individuals who require those services, if they have capacity to provide them. In the event of an EMTALA complaint related to an inappropriate transfer and/or a refusal of a recipient hospital to accept an appropriate transfer, how will CMS determine whether a hospital had the "specialized capabilities" with respect to COVID-19 required by the individual?

At the time of this FAQ document, no formally designated COVID-19 treatment centers are established. Some of the early COVID-19 cases were sent to hospitals previously designated as Ebola treatment centers however, no determination has been made that specialized centers would be developed for COVID-19 cases and therefore all hospitals are required at a minimum to screen, isolate, and begin stabilizing treatment as appropriate for any individual with suspected COVID-19 symptoms.

B.2: Are hospitals required to accept transfers of patients with suspected or confirmed COVID-19 from small or rural hospitals that don't have appropriate or sufficient isolation facilities or equipment to meet current state or local public health or CDC recommendations?

Hospitals with capacity and the specialized capabilities needed for stabilizing treatment are required to accept appropriate transfers from hospitals without the necessary capabilities. Hospitals should coordinate with their State/local public health officials regarding appropriate placement of individuals who meet specified COVID-19 assessment criteria, and the most current standards of practice for treating individuals with confirmed COVID-19 infection status.

As in any case concerning a hospital's EMTALA obligations with respect to transfers of individuals, CMS would evaluate the capabilities and capacity of both the referring and recipient hospitals in order to determine whether a violation has occurred. Among other things, we would take into account the CDC's recommendations at the time of the event in question in assessing

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whether a hospital had the requisite capabilities and capacity. We note that the CDC's recommendations focus on factors such as the individual's recent travel or exposure history and presenting signs and symptoms in differentiating the types of capabilities hospitals should have to screen and treat that individual. The presence or absence of negative pressure rooms (Airborne Infection Isolation Room (AIIR)) would not be the sole determining factor related to transferring patients from one setting to another when in some cases all that would be required would be a private room. See the CDC website for the most current infection prevention and control recommendations for hospital patients with suspected or known COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

C. Screening Examinations and Stabilizing Treatment Requirements

C.1: What are the EMTALA requirements for hospitals in regard to screening and treating individuals with possible COVID-19?

The EMTALA requirements for hospitals and CAHs are the same for individuals with possible COVID-19 symptoms as all other possible emergency medical conditions (EMCs). Hospitals and CAHs must:

- Provide an appropriate Medical Screening Exam (MSE) to every individual who comes to the Emergency Department (ED) for examination or treatment of a medical condition, to determine if they have an emergency medical condition (EMC); Provide necessary stabilizing treatment for individuals with an EMC within the hospital's capability and capacity; and
- Provide for appropriate transfers of individuals with EMCs if the hospital lacks the capability to stabilize them.

Specific to COVID-19, hospitals are encouraged to follow the CDC guidance for appropriate isolation procedures to minimize the risk of cross-contamination to other patients, visitors, and healthcare workers. For example, the CDC publishes and updates guidance related to COVID-19. Hospitals should consult the latest CDC guidance and coordinate with State/local public health authorities for guidance related to ongoing care and treatment of patients with COVID-19.

C.2: Are all hospitals expected to screen and treat individuals with possible COVID-19 symptoms?

Yes, all hospitals are expected, at a minimum to screen, isolate, and begin stabilizing treatment, as appropriate, for any individual with possible COVID-19 symptoms. Hospitals should coordinate with their State/local public health authorities regarding ongoing care and treatment.

C.3: Can hospitals ask patients to wait in their car or outside the hospital as CDC suggests in their COVID-19 guidance or is that violating EMTALA?

The MSE requirement of EMTALA requires that it be timely depending on the presenting signs and symptoms of the individual. Hospitals must perform an appropriate examination by a Qualified Medical Practitioner to determine if the patient has an emergency medical condition. If the individual, after an appropriate medical screening exam, meets the CDC criteria for potential COVID-19 and is determined to have no signs or symptoms that require immediate medical attention, then this would not present a direct EMTALA violation. In cases where a request is

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made for medical care that is unlikely to involve an EMC, the individual's statement that s/he is not seeking emergency care, together with brief questioning by the QMP would be sufficient to establish that there is no EMC and the hospital's EMTALA obligation would be satisfied. However, the hospital should have a system in place to monitor those patients that opt to wait in their own vehicle to ensure that their condition has not deteriorated while awaiting further evaluation. Failure to do so could expose the hospital to a potential MSE violation because the MSE was not done timely. In that case, it could also be a violation of the Condition of Participation: Emergency Services. As noted during previous public health emergency situations such as EBOLA and H1N1, CMS will take into consideration any clinical considerations specific to the individual case(s).

C.4: If a hospital does not have Intensive Care Unit (ICU) capabilities is it required to screen and, when appropriate, initiate stabilizing treatment for individuals with suspected or confirmed COVID-19?

Yes. The lack of ICU capabilities does not exempt a hospital from performing an MSE and initiating stabilizing treatment for individuals with known or suspected COVID-19 who come to the hospital's ED seeking examination or treatment. Qualified medical personnel in hospitals that conduct the screening examination should be aware of the criteria for initial COVID-19 screening and should apply such screening when appropriate. Note that the CDC guidance for COVID-19, indicates that they should do the following:

- Promptly identify and triage patients with relevant exposure history AND signs or symptoms compatible with COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

- Immediately isolate any patient with relevant exposure history and signs or symptoms compatible with COVID-19 and take appropriate steps to adequately protect staff caring for the patient, including appropriate use of personal protective equipment (PPE).

- Immediately notify the hospital/facility infection control program, other appropriate facility staff, and the state and local public health agencies that a patient has been identified who has relevant exposure AND signs or symptoms compatible with COVID-19.

C.5: May hospitals refuse to allow individuals with suspected cases of COVID-19 into their ED?

No. For every individual who "comes to the emergency department," as that term is defined in §489.24(b) of the EMTALA regulations, for evaluation or treatment of a medical condition, whether by ambulance or by walking-in, hospitals are required to provide an appropriate medical screening examination. Qualified medical personnel in hospitals that conduct the screening examination should be aware of the criteria for initial COVID-19 screening and should apply such screening when appropriate. Hospitals that refuse to screen an individual who comes to their emergency department would likely be found to have violated EMTALA, regardless of presenting signs, symptoms, and possible diagnoses.

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C.6: If a hospital remains open during COVID-19 or any other infectious outbreak, and is operating at or in excess of its normal operating capacity and cannot get sufficient staff, may the hospital shut down its emergency department (ED) without violating EMTALA?

Under these circumstances, EMTALA would not prohibit the hospital from closing its ED to new patients if it no longer had the capacity to screen and treat individuals (in effect, going on diversion). The hospital should follow any applicable State and local notice requirements and its own previously established plan for public notification when it goes on diversionary status. The hospital would continue to have an EMTALA obligation to individuals undergoing examination or treatment in its ED at the time it stops accepting new emergency patients. In addition, in spite of the "closure" if an individual comes to such a hospital and requests examination or treatment for an emergency medical condition, the hospital would be obligated by EMTALA to act within its capabilities to provide screening and, if necessary, stabilization.

C.7: Are all hospitals expected to have Personal Protective Equipment (PPE) and other equipment/facilities to screen and take care of suspected or confirmed COVID-19 patients?

There are no requirements established under EMTALA for hospitals to have specific PPE or equipment/facilities. Consistent with their obligations under the hospital and CAH Conditions of Participation (CoPs) at §482.42 and §485.640, hospitals and CAHs are expected to adhere to accepted standards of infection control practice to prevent the spread of COVID-19. However, the Emergency Preparedness Final Rule requires an all-hazards approach to the emergency preparedness planning and program. In February 2019, CMS updated subregulatory guidance in Appendix Z of the State Operations Manual (SOM), for facilities to plan for using an all-hazards approach, to include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. Under this guidance, CMS specifically stated that these EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.

The CDC has issued extensive guidance on applicable isolation precautions and CMS strongly urges hospitals to follow this guidance.

C.8: May hospitals decline to perform an MSE on an individual who comes to their ED with potential or suspected COVID-19 due to a lack of PPE or specialized equipment/facilities?

No. For every individual who "comes to the emergency department," as that term is defined in §489.24(b) of the EMTALA regulations, for evaluation or treatment of a medical condition, whether by ambulance or by walking-in, hospitals are required to provide an appropriate medical screening examination. Qualified medical personnel in hospitals that conduct the screening examination must be aware of the criteria for initial COVID-19 screening and apply such screening when appropriate. Hospitals that refuse to screen an individual who comes to their emergency department would likely be found to have violated EMTALA, regardless of presenting signs, symptoms, and possible diagnoses.

C.9: Will CMS issue EMTALA waivers for hospitals related to COVID-19?

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The statute governing EMTALA waivers sets a high threshold for issuing such waivers and also limits the nature and duration of an EMTALA waiver. At this time the requirements for CMS to issue EMTALA waivers have not been met (i.e., issuance of a Presidential disaster declaration and a Secretary's declaration of a public health emergency). For additional information, please visit https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.

C.10: What about ambulances operating under emergency medical services (EMS) systems – are they subject to EMTALA?

Public health officials, EMS systems and hospitals are free to develop protocols governing where EMS should transport individuals for emergency care. This includes developing protocols specific to individuals who meet criteria to be considered suspected cases of COVID-19. A hospital owned and operated ambulance operating under communitywide protocols that direct transport of individuals to a hospital other than the hospital that owns the ambulance, for example, to the closest appropriate hospital, the individual is considered to have come to the ED of the hospital to which the individual is transported, at the time the individual is brought onto hospital property and the hospital becomes subject to EMTALA.

Even in the case of ambulances that are owned and operated by a hospital, it is permissible to transport an individual to a different hospital for screening and treatment, so long as they are operating in accordance with a communitywide EMS protocol, or they are operating under the direction of a physician who is not employed or otherwise affiliated with the hospital that owns the ambulance.

C.11: May hospitals set up alternative screening sites within the hospital to screen possible COVID-19 patients, even if they don't have an EMTALA waiver?

Yes, hospitals have flexibilities to set up alternative screening sites at other parts of the hospital, both on- and off-campus. See *Attachment 1* for additional guidance regarding surges in emergency department services.

Additionally, per the Medicare Conditions of Participation, hospitals must have policies and procedures based on the facility's emergency preparedness plan and its role under a waiver declared by the HHS Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by public health and emergency management officials. While we recognize at the time of these FAQs, an 1135 Waiver cannot be invoked as only the HHS Secretary has declared a public health emergency, we do expect facilities to have policies and procedures on alternate care sites.

However, absent an EMTALA waiver issued by CMS pursuant to a declaration of a public health emergency, hospitals may not direct an individual who has already come to their on-site emergency department to any off-campus location for screening.

C.11(a): What constitutes an alternative hospital location? For instance, can this include a tarped-off area of another room, a room constructed in the ambulance bay, or the room previously used as the decontamination room?

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Hospitals have flexibilities under EMTALA to determine alternative locations outside the ED but within the hospital or on the hospital's property for screening examinations of individuals potentially exposed to or infected with COVID-19. Please see the Attachment 1: Fact Sheet for Addressing Hospital Surges

C.11(b): Do the Life Safety Code (LSC) requirements under the hospital or critical access hospital Conditions of Participation apply to alternative care sites?

Since alternative care sites are expected to be within the hospital or on the hospital's property (operating as part of the hospital/under the hospital's CMS Certification Number, they would be expected to meet LSC requirements. However, there may be situations where temporary examination areas are set up (please refer to above on alternate care sites).

Additionally, if compliance issues come up in such localized situations where no applicable section 1135 waiver [for declared public health emergencies] is available, CMS focuses on fundamentals, such as assuring medical and nursing staff have proper credentials and, in the case of medical staff, have privileges; assuring that care is safe, that patients' rights are protected and that medical records with sufficient information to promote safe care are maintained. Additionally, for facilities subject to the Life Safety Code (LSC), past experience has demonstrated that many facilities, even when functioning in a degraded status, or in the case of the establishment of alternative care sites, may continue to meet the LSC by implementing reasonable and prudent measures. For example, there were several hospitals that were damaged by Hurricane Katrina which continued to comply with the LSC by implementing reasonable and prudent measures, and therefore were able to continue operations in a degraded but safe environment for weeks or months until repairs could be completed.

Archived information on H1N1 which discussed alternate care sites can be located at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SCLetter-10-06-Influenza.pdf

We would also encourage facilities to review resources provided by the Assistant Secretary of Preparedness and Response (ASPR) Technical Resources Assistance Center and Information Exchange (TRACIE) located here: https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47

C.11(c): Can alternative sites include outbuildings on the campus or use of tents in the parking lot?

Alternative screening sites may be located in other buildings on the campus of a hospital or in tents in the parking lot, as long as they are determined to be an appropriate setting for medical screening activities and meet the clinical requirements of the individuals referred to that setting. We also defer to screening guidance provided by the CDC.

C.11(d): What would be an acceptable alternative location <u>on campus</u>? Must the location currently exist as a part of the certified facility?

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The location must be part of the certified hospital. If it is not currently part of the certified hospital, then the hospital must take steps to add the location as a new practice location of the hospital.

C.11(e): What type of approval process needs to be in place for a hospital to use an alternative location?

CMS does not require any approval process to use an alternative screening location that is already part of the certified hospital. If the hospital is adding a practice location, it must file a Form 855A with its Medicare Administrative Contractor to advise it of this action. The hospital is not required to obtain prior approval from CMS in order to bill Medicare for services at the added location. There is also no requirement for all added locations to be surveyed for compliance with the Medicare Hospital Conditions of Participation, but CMS retains the discretion to require a survey in individual cases.

States may have licensure requirements for prior approval of any additional practice locations, so hospitals are encouraged to consult with their State licensure authority on any applicable State requirements.

C.11(f): In the past when there have been disasters that resulted in ED surges alternative locations needed to be submitted and approved by State licensure authorities and also by CMS. Does this hold true for alternative locations for screening of potential COVID-19 patients?

See answer to the prior question. As stated, CMS does not require prior approval for hospitals that are adding a practice location. Hospitals should consult with their State licensure authority on any applicable State requirements.

D. Patient Rights

D.1: What action should the hospital take if an individual who meets the screening criteria for suspected COVID-19 wants to leave the hospital against medical advice?

Hospitals do not have authority to prevent the individual from leaving against medical advice. However, State or local public health authorities may have such authority under State or local law, and hospitals should coordinate with their local authorities on the appropriate way to handle an individual suspected of having COVID-19 who wants to leave the hospital environment.

Note that there is an EMTALA requirement at §489.24(d)(3) for a hospital to take all reasonable steps to secure the individual's written informed refusal (or that of the individual's representative) of further medical examination or treatment that the hospital has offered.

E. Enforcement

E.1: What will CMS do when a survey reveals that a hospital is not following nationally recognized guidelines regarding COVID-19 infection control processes?

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EMTALA does not establish requirements for infection control practices. However, consistent with their obligations under the hospital and CAH Medicare CoPs at §482.42 and §485.640, hospitals and CAHs are expected to adhere to accepted standards of infection control practice and Medicare conditions.

The CDC has issued extensive guidance on applicable isolation precautions and CMS strongly urges hospitals to follow this guidance. Hospitals may be cited for deficiencies under the CoPs related to failure to follow accepted infection prevention and control standards of practice. Hospitals should regularly check the official CDC COVID-19 website (https://www.cdc.gov/coronavirus/2019-ncov/index.html) and consider signing up for Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067.

E.2: How will CMS handle complaints about violations of EMTALA related to transfers/attempts to transfer individuals suspected or confirmed as having COVID-19?

If CMS receives complaints alleging either inappropriate transfers by a referring hospital or refusal of a recipient hospital to accept an appropriate transfer, the agency will consider the following (along with other factors) when making a determination of whether violations of EMTALA have occurred:

- The individual's clinical condition at the time of presentation to the referring hospital and at the time of the transfer request;
- The capabilities of the referring hospital,
- The screening and treatment activities performed by the referring hospital for the individual;
- Whether the request for transfer was consistent with any nationally recognized guidelines in effect at the time of the transfer request for COVID-19 screening, assessment, including guidance about transfer for further assessment or treatment of suspected or confirmed COVID-19; and,
- The capabilities of the recipient hospital and the recipient hospital's capacity at the time of the transfer request.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-16-Hospice

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies

Memorandum Summary

CMS is committed to protecting American patients by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns.

- ***Coordination with the Centers for Disease Control and Prevention (CDC) and local public health departments*** - We encourage all Hospice Agencies to monitor the CDC website for updated information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

- ***Hospice Guidance and Actions*** - CMS regulations and guidance support Hospice Agencies taking appropriate action to address potential and confirmed COVID cases and mitigate transmission including screening, treatment, and transfer to higher level care (when appropriate). This guidance applies to both Medicare and Medicaid providers.

Background

The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients and residents of healthcare facilities or homecare settings from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for Hospice Agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Guidance

Hospice Agencies should regularly monitor the CDC website (see links below) for information and contact their local health department when needed (https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html). Also, hospice agencies should be monitoring the health status of patients, residents, visitors, volunteers, and staff under their care setting for signs or symptoms of

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COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. For exposed staff, hospice agencies should consider frequent monitoring for potential symptoms of COVID-19 as needed throughout the day.

In addition to the overarching regulations and guidance, we have provided the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Addressing COVID-19 in Hospices (In-patient units, nursing facilities, assisted living, hospitals and home settings)

Which patients are at risk for severe disease from COVID-19?
Based upon CDC data, older adults, those with underlying chronic or life-limiting medical conditions such as hospice patients are presumed to be at greater risk of poor outcomes when infected with novel coronavirus.

Refer to the CDC guidance for people at higher risk: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

How should providers screen visitors and patients for COVID-19 in a Hospice that provides short-term inpatient care directly or in an inpatient unit of another facility?

Hospices should identify volunteers, visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the inpatient unit. They should be asked about the following:

1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.

For patients with respiratory symptoms, implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth) and isolate the patient in a private room with the door closed. If the patient cannot be immediately moved to an private location, ensure they are not allowed to wait among other patients who reside in the inpatient unit. Identify a separate, well-ventilated space that allows patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.

Medicare requires Hospice Agencies to provide appropriate medical supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, facemasks, and tissues at healthcare facility entrances.

Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation

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(PUI) for COVID-19. For hospice patients with symptoms, determination about whether or not to conduct diagnostic testing versus presuming a positive COVID-19 diagnosis (based on his/her symptoms and exposure) should be a decision among the patient, patient representative, hospice agency and state and local public health authority. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.

How should hospice programs monitor or restrict health care staff or hospice volunteers?
The same screening performed for patients and visitors should be performed for hospice staff and volunteers.

- Health care providers (HCP) and volunteers who have signs and symptoms of a respiratory infection should not report to work.
- Anyone that develop signs and symptoms of a respiratory infection while on-the-job, should:
  - Immediately stop work, put on a facemask, and self-isolate at home;
  - Inform the hospice's infection control manager/team to include information on individuals, equipment, and locations the person came in contact with; and
  - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel or volunteers from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

Hospices should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When a hospice patient is in an inpatient unit, what are recommended infection prevention and control practices, including considerations for patient placement, when evaluating and care for a patient with known or suspected COVID-19?
Recommendations for patient placement and other detailed infection prevention and control recommendations are available in the https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

Consider, where appropriate allowing certain types of volunteer activities to be performed via phone or other electronic devices to minimize risk of exposure in the event of a suspected or positive COVID-19 case.

Do hospice patients with known or suspected COVID-19 infection require hospitalization?
Hospice patients and/or their families should carefully discuss care options with the hospice team to ensure the goals and wishes of hospice patient are respected consistent with patient rights requirements. Patients can be managed at home if the patient is stable, the environmental exposure to COVID-19 to others in the household can be minimized, and if there are appropriate infection control precautions made and PPE available.

Patients whose symptoms are exacerbated by COVID-19 and cannot be adequately managed in the home setting, should be transferred to a hospice inpatient unit. More information is available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html.

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When is it safe to discontinue Transmission-based Precautions inpatient hospice patients with COVID-19?
The decision to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.

Currently, negative RT-PCR results from at least 2 consecutive sets of nasopharyngeal and throat swabs collected at least 24 hours apart are needed before discontinuing Transmission-Based Precautions. A total of four negative specimens are needed to meet this requirement.

More detailed information about criteria to discontinue Transmission-Based Precautions are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html.

When is it safe to discontinue in-home isolation for in home hospice patients with COVID-19?
The decision should be made on a case-by-case basis in consultation with clinicians and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens

Guidance for discontinuation of in-home isolation precautions is the same as that to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19. **For more information, see:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Considerations to discontinue in-home isolation include all of the following:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥24 hours apart (total of four negative specimens—two nasopharyngeal and two throat). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.

Can hospices restrict visitation of patients (in-patient unit provided directly by the hospice)?
Medicare regulations require a hospice to focus on preventing and controlling infections. Hospices may have policies regarding the visitation rights of patients and may wish to set clinical restrictions on visitation subject to patient's rights. If the inpatient hospice is not provided by the hospice itself (such as a hospital), that provider may have established additional visitation restrictions associated with that setting to address COVID-19 transmission concerns.

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What are the considerations when caring for a hospice patient in their home?

For hospice patients with known or suspected COVID-19 who remain in their homes, there are a number of infection prevention and control practices that should be followed. The CDC advises the patient to stay home except to get medical care, separate yourself from other people and animals in the home as much as possible (in a separate room with the door closed), call ahead before visiting your doctor, and wear a facemask in the presence of others when out of the patient room.

For everyone in the home, CDC advises covering coughs and sneezes followed by washing your hands or using an alcohol-based hand rub, not sharing personal items (dishes, eating utensils, bedding) with individuals with known or suspected COVID-19, cleaning all "high-touch" surfaces everyday, and monitoring your symptoms. Please see: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

CMS regulations also require that hospice agencies provide the types of necessary supplies and equipment required by the individualized plan of care. For a patient with COVID-19, this would include supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS). However, given supply shortages, State and Federal surveyors should not cite hospice agencies for not providing certain supplies (e.g., personal protective equipment (PPE) such as gowns, N95 respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.

What Personal Protective Equipment should hospice staff routinely use when visiting the home of a patient suspected of COVID-19 exposure or confirmed exposure?
If care provided to symptomatic patients who are confirmed or presumed to be COVID-19 positive is anticipated, then Hospice Agencies should refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control- recommendations.html

Health care professionals who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a facemask or respirator, gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella).

What are the considerations for discharge to a subsequent care location for hospice patients with COVID-19?
The decision should be made based on the clinical condition of the patient including careful consultation with the patient, patient representatives and/or their family, and understanding their individual needs and goals of care. If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility must be able to implement all recommended infection prevention and control recommendations. Be sure the transportation team is aware that the patient has confirmed COVID-19.

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Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge to home should consider the patient's ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions. More information is available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html.

If hospice care is provided in a nursing home, we have advised nursing homes that hospice workers should be allowed entry provided that hospice staff is following the appropriate CDC guidelines for Transmission-Based Precautions, and using PPE properly.

Important CDC Resources:

CDC Resources for Health Care Facilities:

- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- Strategies for Optimizing the Supply of N95 Respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html

CDC Updates:
https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) outbreak.

FDA Resources:

- Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Resources:
Hospice Infection Control and Prevention regulations and guidance: 42 CFR 418.60, Infection Control, Appendix M of the State Operations Manual, Infection Prevention and Control. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf.

Contact: Questions about this memorandum should be addressed to QSOG_EmergencyPrep@cms.hhs.gov. Questions about COVID-19 guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

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/s/
David R. Wright

cc: Survey and Operations Group Management

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 6, 2020 1:51 PM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Re: for your review

Looks good.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 6, 2020 1:38:04 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Cc: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: for your review

Talking Points
LeadingAge Florida 2 p.m. Call

- COVID-19 is thought to primarily spread mainly between people who are in close contact with one another through respiratory droplets, whenever an infected person coughs or sneezes.

- Symptoms of COVID-19 are like that of a respiratory infection:
  - Fever
  - Cough
  - Shortness of breath

- There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

- You can protect from yourself respiratory illness with everyday preventive actions:

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- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue away.
- Clean and disinfect frequently touched objects and surfaces.

- Providers and facilities should be reviewing CDC infection control procedures and how to effectively triage and isolate potentially infectious individuals to prevent unnecessary exposure among other patients, healthcare personnel and visitors at the facility.

- Additionally, you should ensure your workforce is trained and capable of implementing infection control procedures.

- Review your facility protocols including visitor screening to ensure precautions are in place to limit introduction of the virus.

- The CDC has provided guidance to facilities to screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.

- CDC guidance for long-term care facilities can be found on their website: www.cdc.gov/covid19.

- The most important message from the CDC for long-term care facilities is that of prevention:
  - Prevent the introduction of respiratory germs INTO your facility;
  - Prevent the spread of respiratory germs WITHIN your facility;
  - And prevent the spread of respiratory germs BETWEEN facilities.

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- I am continuing to advise nursing home facilities and other long-term care providers of best practices to protect residents and staff.

Prevent the introduction of respiratory germs INTO your facility

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Let me be very clear: **If you are sick, do not visit a nursing home.**
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Prevent the spread of respiratory germs WITHIN your facility

- Keep residents and employees informed.
- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of Personal Protective Equipment. There is guidance on CDC's website for this as well.

Prevent the spread of respiratory germs BETWEEN facilities

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Report any possible COVID-19 illness in residents and employees to the local health department.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 12:36 PM
To: ""Deadman"","" Jim; Web Updates; Jim.Deadman@ahca.myflorida.com
Subject: FW: 2nd hospital eblast this morning
Attachments: [External] CDC Infection Prevention and Control Guidelines (41.8 KB)

Can I please get this document posted to the website under Agency Alerts? The title can be what's listed in the eblast. Thank you .

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 11:18 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Fwd: 2nd hospital eblast this morning

Get Outlook for iOS

From: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Sent: Monday, March 9, 2020 10:12:28 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: RE: 2nd hospital eblast this morning

The attached eblast has been sent to all hospitals.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:45 AM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: 2nd hospital eblast this morning

Please prepare to send once approval is confirmed

On behalf of Florida's Surgeon General and the Florida Department of Health, the Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
    - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.

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- All staff working triage desk must wear appropriate PPE (face mask, etc.)
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
    - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
    - Conservation guidelines for appropriate use of PPE are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
    - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.
- CMS announced several actions to address the spread of COVID-19, including specific guidance to hospitals. These memos from CMS were discussed on the state hospital call last week: https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Monday, March 9, 2020 10:12 AM
To: Haddock, Taylor
Subject: [External] CDC Infection Prevention and Control Guidelines

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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CDC Infection Prevention and Control Guidelines

On behalf of Florida's Surgeon General and the Florida Department of Health, the Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

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- All staff working triage desk must wear appropriate PPE (face mask, etc.) Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
    - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
    - Conservation guidelines for appropriate use of PPE are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html

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The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

Manage Your Subscription

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:46 PM
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Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

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If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please raise this circumstance to your bureau chief.

Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it becomes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

Mary

MARY C. MAYHEW – SECRETARY
Florida Agency for Health Care Administration

(850) 412-3603

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning

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home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Friday, March 13, 2020 2:17 PM
To: ""Strickland"","" Katie; Katie.Strickland@ahca.myflorida.com
Subject: FW: COVID-19 Response and Preparation
Attachments: Consulate Health Care_COVID 19_Executive Overview.pdf; ATT00001.htm

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CONSULATE HEALTH CARE

At the Heart of Caring

COVID-19

RESPONSE AND PREPARATION- MARCH 11, 2020

FL-AHCA-20-0902-A-001534

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Executive Summary

The newest strain of Coronavirus, COVID-19, became an urgent focus for Consulate Health Care in mid-February when the Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS) and other Federal and State agencies announced that the threat had reached the United States and that our elderly population was at the highest risk. Our immediate objective became the protection of our residents, staff, and visitors through a heightened focus on our routine annual Influenza strategy that began in August of 2019. We implemented education and training that focused on the importance of patient and staff vaccination, hand washing, and respiratory symptoms and regular assessments. Additionally, we coordinated with our care center service and supply chain partners to secure necessary supplies and increase infection control practices. At this time, we have also activated employee and visitor screening and restrictions as recommended by the CDC and CMS.

A COVID-19 Task Force was quickly assembled under the direction and leadership of our Chief Nursing Officer, Andi Clark, which now meets daily (Mon – Fri) and is comprised of an inter-disciplinary team of subject-matter experts who are responsible for the 2-way transfer of information to and from our corporate offices and the teams on the ground. There are currently no reported cases of the virus within the organization. CMS and the CDC guidelines are updated frequently and require a great deal of interpretation by our clinical team to ensure that we are doing everything possible to avoid the threat of an outbreak. This information is promptly provided to all operational managers including posters, family and employee letters, checklists, and answers to frequently asked questions through company-wide advisories issued by our Corporate Communications department. Guidance is also being given on the best ways to maintain appropriate interaction between our centers and their local health department and local communities at large. Pandemic Plans and other emergency preparedness policies are in place and being re-trained as needed. We are confident that are efforts are focused, thorough and balanced across the multiple states, regions and local markets that we serve. We remain agile in our approach to new information as it becomes available, taking swift action to implement and execute new protocols.

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Response and Activity Timeline

FL-AHCA-20-0902-A-001537

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CONSULATE HEALTH CARE

COVID-19 PREPAREDNESS AND RESPONSE TIMELINE

1/29/20

Clinical Leadership reviews CDC guidance on Novel Coronavirus with update provided to Company leadership

Actively evaluating all CDC & CMS Guidance, Federal, State, and Local agency updates

1/30 & 2/27

Company-wide education on COVID-19 including signs and symptoms, CDC guidance and hand hygiene with materials sent post call

2/21

Ongoing - Division and Region teams updates with current guidance, resources and tools

2/25-2/26

Supply chain updates from vendor partners on the following:

- PAR levels of soap, hand sanitizer, cleaning supplies
- Pharmacy response to potential medication shortages
- PPE

2/26

Corporate wide communication with information to facilities including link to CDC guidance

- Additional corporate COVID-19 Advisories sent as updates become available

2/28

CNO convenes COVID-19 task force with three times a week updates. Members include:

- Operations and clinical leaders, Pharmacy, Purchasing, Corporate Communications, Vendor Partners, Medical Staff

3/02

COVID-19 Pandemic plan and tools developed with on-going review as guidance changes

Corporate Communications releases official media statement

3/03

Care center screening of all visitors

Attend Florida Health Care Association Provider update calls on March 3rd and 6th and as scheduled

3/04

Centers for Medicare and Medicaid (CMS) releases guidance memos on COVID-19

3/05

Facility tools

CNO updates Division and Region leaders on CMS memos, updated tools, and response

3/09

Centers for Medicare and Medicaid (CMS) releases updated guidance memo

3/10

Visitation restrictions activated (CMS Guidelines)

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Appendix 1

Policies, Plans, & Protocols

FL-AHCA-20-0902-A-001539

Preparedness Checklist: Begin immediately

- Post signs for Hand Hygiene, respiratory etiquette, and visitors at all entrances.
- Re-educated and perform competency checks for hand hygiene and PPE.
- Annual Hand Hygiene and PPE training in Consulate University has been re-assigned with a due date of March 31.
- Begin using staff call out question and response spreadsheet.
- Ensure Infection Preventionist/designee and Department Manager is monitoring call outs utilizing the staff absence question and responses worksheet including contract staff.
- Notify family and resident representatives that visitation may be restricted during the outbreak.
- Receptionist/designee to provide visitor/vendor self-report questionnaire to complete.
- Begin using the Respiratory Line Listing sheet provided by the CDC.
- Utilize CDC line list for any staff with respiratory symptoms.
- Utilize CDC line listing for any residents with respiratory symptoms.
- Check supply of PPE including gloves, gowns, mask, goggles/eye protection and notify RVPO of inadequate supplies. Ensure PPE supplies are stored a secure location.
- Check supply of medical supplies including germicidal wipes
- Ensure adequate supply of emergency food and water

Please note the following attachments are located on ConsulNet

- Hand Hygiene Competency – Education – Clinical
- PPE Competency- Education – Clinical
- CDC Line Listing – Clinical – COVID-19
- Staff Absence Question and Response Spreadsheet- Clinical- COVID-19
- Visitor/Vendor Self-Report Questionnaire- Clinical- COVID-19
- COVID-19 Pandemic Plan – Clinical- COVID-19

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COVID-19 – Pandemic Plan 3/2/2020 Revised 3/3/2020

Policy

COVID-19 is a respiratory illness thought to be spread mainly from person to person, between people who come in close contact to one another (about 6 feet). The virus is spread through droplets produced when an infected person coughs or sneezes. Symptoms include fever, cough and shortness of breath.

1. Staff will be trained on the facility Pandemic COVID-19 plan and related policies and procedures
2. Staff will be re-trained in Hand Hygiene and proper use of PPE including competency
3. Post signs to alert visitors to not visit if they have potentially been exposed or exhibiting signs and symptoms of COVID-19
4. Receptionist/designee to provide visitor/vendor self-report questionnaire to complete
5. Family members and resident representatives are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.
6. Post signs for hand hygiene, respiratory etiquette.
7. Prospective residents recovering from COVID-19 will be admitted after consultation with local and/or state health department and referring facility
8. Residents exhibiting signs and symptoms of COVID-19 the Infection Preventionist or designee will:
    - Isolate resident in a private room with the door closed
    - Initiate transmission based precautions based on CDC guidance (Standard, Contact, and Airborne and eye protection)
    - Contact local and/or state health department for guidance and transfer to a facility with an airborne isolation room
    - Follow CDC guidance on daily cleaning of environmental surfaces
9. The Pandemic COVID-19 Plan has been established and will be initiated when a novel virus is increasing and sustaining human-to-human transmission in the United States, and cases are occurring in the facility's state.
10. The Infection Preventionist will monitor the CDC, and state and local health departments for information and guidance on the virus
11. Infection Preventionist and Department Managers will monitor staff call outs, utilizing the call out question and response sheet. This includes contract staff

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Staff Self Report Questionnaire:

Staff Name_____ Date_____

Do you have a temperature of 100 or greater?	Yes	No
Have you had a temperature of 100 or greater in the last 14 days	Yes	No
Do you have a cough	Yes	No
Do you have a sore throat	Yes	No
Do you have Flu like symptoms	Yes	No
Have you had Flu like symptoms in the last 14 days	Yes	No
Have you or a family member recently (last 14 days) traveled from China	Yes	No
Have you or a family member recently (last 14 days) traveled from Italy	Yes	No
Have you or a family member recently (last 14 days) traveled from South Korea	Yes	No
Have you or a family member recently (last 14 days) traveled from Iran	Yes	No
Have you had contact with someone with or under investigation for COVID-19	Yes	No

Staff member with a Yes response should not be allowed to work – notify the ED and DON

Any staff member that develops signs and symptoms of a respiratory infection while on the job, should:

- Immediately stop working, put on a facemask, and self-isolate at home
- Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came into contact with
- Contact and follow the local health department recommendations for next steps(e.g. testing, locations for treatment)

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Visitor/Vendor Self Report Questionnaire:

Visitor /Vendor Name_____ Date_____

Do you have a temperature of 100 or greater?	Yes	No
Have you had a temperature of 100 or greater in the last 14 days	Yes	No
Do you have a cough	Yes	No
Are you sneezing	Yes	No
Do you have a sore throat	Yes	No
Do you have Flu like symptoms	Yes	No
Have you had Flu like symptoms in the last 14 days	Yes	No
Have you or a family member recently (last 14 days) traveled from China	Yes	No
Have you or a family member recently (last 14 days) traveled from Italy	Yes	No
Have you or a family member recently (last 14 days) traveled from South Korea	Yes	No
Have you or a family member recently (last 14 days) traveled from Iran	Yes	No
Have you had contact with someone with or under investigation for COVID-19	Yes	No

A yes response to any of the above questions, the visitor should not visit. Notify ED and DON.

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CONSULATE HEALTH CARE
At the Heart of Caring

Donning/Doffing Personal Protective Equipment

Employee Name:	Job Title:	Date:
Competency: ☐ Annual ☐ New Hire ☐ Other: _____		

INSTRUCTIONS: 1) Complete with each C.N.A.2) Complete upon HIRE/ANNUALLY/& or as indicated. 3) Complete ALL sections 4) Record any additional comments as indicated 5) Employee to sign and date 6) Facilitator to sign and date 7) DON to sign and date

Competency Criteria	Yes	No	Comments
Donning PPE			
1. Perform hand hygiene			
2. Dons gown. Opening is to the back. Ties are placed to the back and are tied in a bow not a knot			
3. Gown cuffs are pulled down to cover writs			
4. Don mask. Covers nose and mouth Respirator; Two hands used to bend/fit nose bridge Seal check performed(i.e. blow out to see if feel air around sides of respirator)			
5. Don goggles or face shield			
6. Don gloves. Gloves extend to cover wrist of gown if gown is worn.			
Doffing PPE			
7. Gloves removed in a way that prevents skin from coming in contact with exterior of glove(i.e. pinch wrist of first glove and pull off, holding dirty glove in dirty glove slide finger under edge of second glove and peel off over first glove, only touch inside of glove to discard in trash)			
8. Goggles or face shield grasp sides of goggles or face shield (i.e. least likely part to be contaminated) to remove			
9. Gown unfasten ties or break band around neck by pulling gown from the inside (at top of neck) away from body. Avoid exterior of gown coming into contact with skin and clothing. Pull arms out of gown and only touch inside of gown. Turn gown inside out to roll inward and away from your body. Discard gown.			
10. Mask or respirator. Tilt head slightly forward. Grasp bottom ties/elastic to pull over head or unhook/remove bands over ears. Pull mask away from face without touching exterior of mask. Discard Mask.			
11. Perform hand hygiene.			

Employee:

I acknowledge my competencies in the areas as documented above. I understand it is my responsibility to sustain competencies in these and any other procedures/responsibilities that may not be represented here.

_____ _____

Employee Completing Competency Date Competency Completed

Facilitator:

I acknowledge the above documented competencies have been reviewed.

_____ _____

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CONSULATE HEALTH CARE
At the Heart of Caring

Hand Hygiene

Employee name:	Job Title:	Date:
Competency: ____ Annual ____ New Hire ____ Other: _____		

INSTRUCTIONS: 1) Complete with each Staff Member 2) Complete upon HIRE/ANNUALLY/& or as indicated 3) Complete ALL sections 4) Record any additional comments as indicated 5) Employee to sign and date. 6) Facilitator to sign and date 7) Retain in employee file

Competency Criteria	Yes	No	Comments
1. Push long sleeves above wrists (if applicable)			
2. Regulate flow of water to ensure a warm temperature keeping hands and uniform away from sink surface			
3. Wet hands/wrists keeping hands and forearms lower than elbows			
4. Apply soap to palm of hand(s)			
5. Rub hands with together for a minimum of 15 seconds			
6. Cleaned under fingernails with the nails of other hand			
7. Rinse hands keeping wrists down and elbows up and away from sinks surface			
8. Dry hands with clean paper towel			
9. Discard paper towel after using to turn off water *If additional drying is required, use another clean paper towel*			

Employee:
I acknowledge my competencies in the areas as documented above. I understand it is my responsibility to sustain competencies in these and any other procedures/responsibilities that may not be represented here.

_____ _____
Employee completing Competency — Date competency review completed

Facilitator:
I acknowledge the above documented competencies have been reviewed.

_____ _____
Representative Facilitating Competency — Date competency reviewed completed

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Appendix 2

Internal Communications

FL-AHCA-20-0902-A-001546

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February 26, 2020 | COVID-19 Advisory #1
3:07 PM EST

At Consulate Health Care, the well-being of our patients, residents, staff, and visitors is our always our highest priority. For this reason, we want to let you know that we are closely following the Center for Disease Control (CDC) and all other credible resources publishing health and travel advisories for COVID-19 (Coronavirus). At this time there are no known threats to our centers, but it is important that we closely monitor new developments pertaining to this outbreak.

EMPLOYEES: It is critical that anyone who has been diagnosed with COVID-19, or anyone who has been identified by a healthcare professional as someone who has potentially been exposed and under a 14-day watch, immediately self-report your condition to your supervisor. Staff that may be experiencing any type of flu symptoms are encouraged to stay home until symptoms have subsided.

We will continue to take every precaution to ensure that the safety of our Consulate family remains everyone's top priority during this time, and we will keep you updated as more information becomes available.

To learn more about COVID-19 and to sign-up for travel alerts and health advisories, please visit: https://www.cdc.gov/

FL-AHCA-20-0902-A-001547

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COVID-19 ADVISORY #2
FEBRAURY 26, 2020

Good Evening - attached you will find important resources to assist you with your on-going efforts to protect our patients, residents, staff, and visitors from the threat of COVID-19.

- Immediate Steps
- COVID-19 Pandemic Plan
- COVID-19 Visitor/Vendor Self Report Questions
- COVID 19 Symptoms (English and Spanish)
- COVID 19 Stop the spread of germs – English and Spanish
- LTC Respiratory Outbreak Line Listing
- PPE Sequence Poster
- Staff Absence Worksheet
- Family Letter
- Employee Letter
    - **PLEASE NOTE**: this will be emailed to all employees with a company email address tomorrow morning. It should also be printed at centers and handed out to those who may not have access to company email and communicated during daily meetings.
- Hand Hygiene Competency
- PPE Competency

Many of these documents are available on ConsulNet and we will continue to update them as necessary. Should you have any questions or require further assistance, please contact your Supervisor or you may email CorpComm@consulatehc.com and we will direct your inquiry to the appropriate party.

Thank you for continuing to make these efforts and the safety of our Consulate family your highest priority!

FL-AHCA-20-0902-A-001548

COVID -19 ADVISORY #3 | New And Updated Resources
5:25 PM EST | March 5, 2020

On behalf of Andi Clark and our Clinical team, please find new and updated resources attached. It is important that you take time to read through these and put them into practice immediately. For your convenience, these will also be available on ConsulNet.

Many of the documents are now also being offered in Spanish, including the Family Letter.

- CDC Cough Poster
- CDC Transmission Based Precautions signs Contact, Droplet, Airborne (English and Spanish)
- How to HandWash Poster
- How to HandRub Poster
- COVID-19 Visitor/Vendor Self Report questions V2 (updated 3.5.2020)
- COVID-19 Employee Self Report questions (Updated 3.5.2020)
- COVID-19 Staff Self Report Questions log (Updated 3.5.2020)
- Standard and Transmission Based Precautions education sheet (Updated 3.5.2020)
- CMS Suspected Infection Investigation Tool
- Family Letter in Spanish

If you have questions about any of these resources or how to use them, please contact your Supervisor or email Maria.C.Heinlein@consulatehc.com.

Reminder: Please forward any media inquiries to Jennifer.l.trapp@consulatehc.com or direct callers to email Jenn directly. An official media statement has been posted to all Facebook pages and media may be referred to the care center's FB page as well. For assistance or questions about media activity, including media on-site, please call Jenn at 407-468-0181.

Thank you for your continued efforts to keep our residents, staff, and visitors safe!

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COVID -19 ADVISORY #4 | CMS Visitation Guidance & Updated Tools / Resources
5:30 PM EST | March 10, 2020

Last night, CMS released new guidelines which further clarifies Visitation to skilled nursing centers. Attached you will find a **copy of this memo**, as well as a **Visitation One-Sheet** that highlights the key guidelines / changes you need to be aware of and a revised **self-report questionnaire.**

Also attached:

- Media Guidelines and COVID-19 Talking Points
- New Poster - Resident Clean "Jazz" Hands (You are receiving 5 color copies tomorrow)
- New Poster - How to Rub / How to Hand Wash
- New Poster – Visitation Warning (You are receiving 5 color copies tomorrow to be hung at ALL entrances)

PLEASE take the time to review these documents and contact your supervisor with any questions that you may have. These attachments are also available for download on ConsulNet / Clinical / COVID-19.

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Appendix 3

Family, Employee & PR Communications

FL-AHCA-20-0902-A-001551

March 3, 2020

AN IMPORTANT NOTICE TO ALL EMPLOYEES

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here at **[CENTER NAME]**. Ensuring our staff and residents are in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our **[center/community]**. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect yourselves and our residents, as well as prevent the spread throughout the community.

1. **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath. Please contact your supervisor immediately; all policies still apply.
2. **Notify your Supervisor if you develop respiratory symptoms while at work.** These include cough, fever, sore throat, runny nose, and/or shortness of breath.
3. **Practice proper hand washing hygiene.** All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
4. **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the CDC's information on coughing and sneezing etiquette.
5. **Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.

Our **[center/community]** is following the recommendations of the CDC on using basic contact precautions to prevent the spread which includes wearing gowns and gloves when interacting with residents who are sick as we always do. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, our **[center/community]** is in close contact with the local and state health department and are following their guidance. We are posting signs on our entryway doors to notify visitors of the symptoms of COVID-19 and request that they not enter the building if they are experiencing these symptoms.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact **[PLEASE FILL IN APPROPRIATE CENTER CONTACT INFORMATION AND TAILOR TO MEET YOUR CENTER'S NEEDS.]**

For additional information, please visit the www.cdc.gov/coronavirus.

Sincerely,

Consulate Health Care Management Team

AMERICAN OVERSIGHT

March 3, 2020

20

Dear Family Members,

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here at **[CARE CENTER]**. Ensuring residents are cared for in a safe and healthy environment is our greatest concern. At this time, we don't have any known cases in our center. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect the residents, as well as prevent the spread throughout the community.

At this time, we request that you *do not visit* the center if:

- You have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath
- You have had a fever of 100 degrees or higher
- You have traveled internationally within the last 14 days, specifically to China, S. Korea, Italy, Iran or Japan

We understand that connecting with family members is incredibly important, and there are a variety of other ways you might consider connecting with them. These may include telephone, email, text, or through Skype or Facebook.

Our center is following the recommendations of the CDC on prevention steps, including following strict handwashing procedures, and in many circumstances, wearing gowns and gloves when interacting with residents who are sick. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, our [CARE CENTER] and our parent company, Consulate Health Care, is in close contact with the local and state health department and are following their guidance. We are posting signs on our entryway doors to notify visitors of the symptoms of COVID-19 and request that you not enter the building if you are experiencing these symptoms.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact our center at:

[YOUR CENTER CONTACT INFORMATION]

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Consulate Health Care | COVID-19 Media Statement
March 2, 2020 | 2:26 PM EST

"As trained healthcare professionals, our centers are taking the threat of Coronavirus (COVID-19) seriously, as the safety and well-being of our residents and staff is always our primary concern. We are following the guidelines of the CDC and working with our local and state partners to monitor the virus and communicate updated information to our staff, residents and family members. Our centers are focused on minimizing the potential risks by maximizing preventions using fundamental infection control protocols, standard hand hygiene procedures, contact and airborne precautions and other key safety practices in every center."

Media Contact:

Jennifer L. Trapp
Vice President, Corporate Communications
Consulate Health Care
407.215.2337 (d)
407.468.0181 (c)
[redacted]Trapp@consulatehc.com

FL-AHCA-20-0902-A-001554

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Consulate Health Care | COVID-19 Media Statement
UPDATED: March 9, 2020 | 12:15 PM EST

"As trained healthcare professionals, our centers are taking the threat of Coronavirus (COVID-19) seriously, as the safety and well-being of our residents and staff is always our primary concern. We are following the guidelines of the CDC and working with our local and state partners to monitor the virus and communicate updated information to our staff, residents and family members. Our centers are focused on minimizing the potential risks by maximizing preventions using fundamental infection control protocols, standard hand hygiene procedures, contact and airborne precautions and other key safety practices. We have activated employee and visitor screening and posted restrictions, which are being strictly enforced for the safety and protection of everyone in our centers.

Media Contact:

Jennifer L. Trapp
Vice President, Corporate Communications
Consulate Health Care
407.215.2337 (d)
407.468.0181 (c)
Jennifer.Trapp@consulatehc.com

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Appendix 4

Printed Media: Notices, Flyers, Posters

FL-AHCA-20-0902-A-001556

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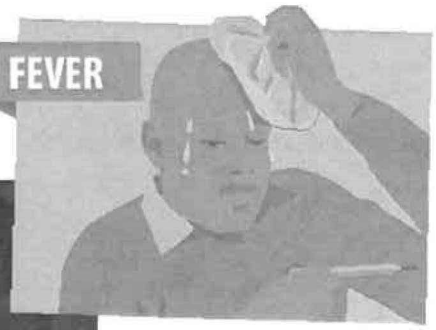
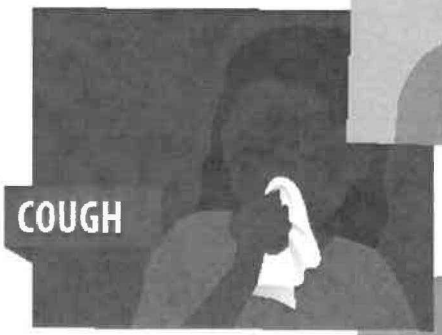
COVID 19 CORONAVIRUS DISEASE

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

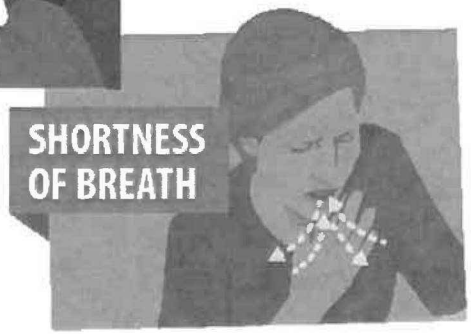
Symptoms* can include





*Symptoms may appear 2-14 days after exposure.

If you have been in China or in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, call your doctor.



For more information: www.cdc.gov/COVID19

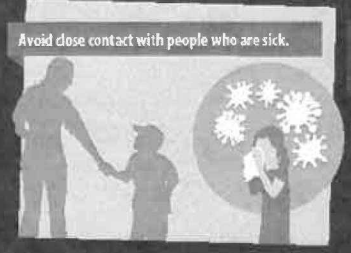
ES317253-A

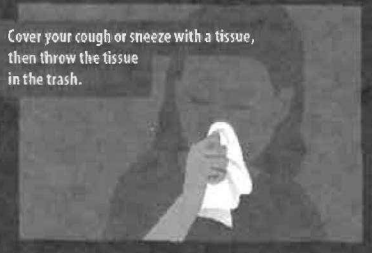
COVID 19 CORONAVIRUS DISEASE

STOP THE SPREAD OF GERMS

24

Help prevent the spread of respiratory diseases like COVID-19.









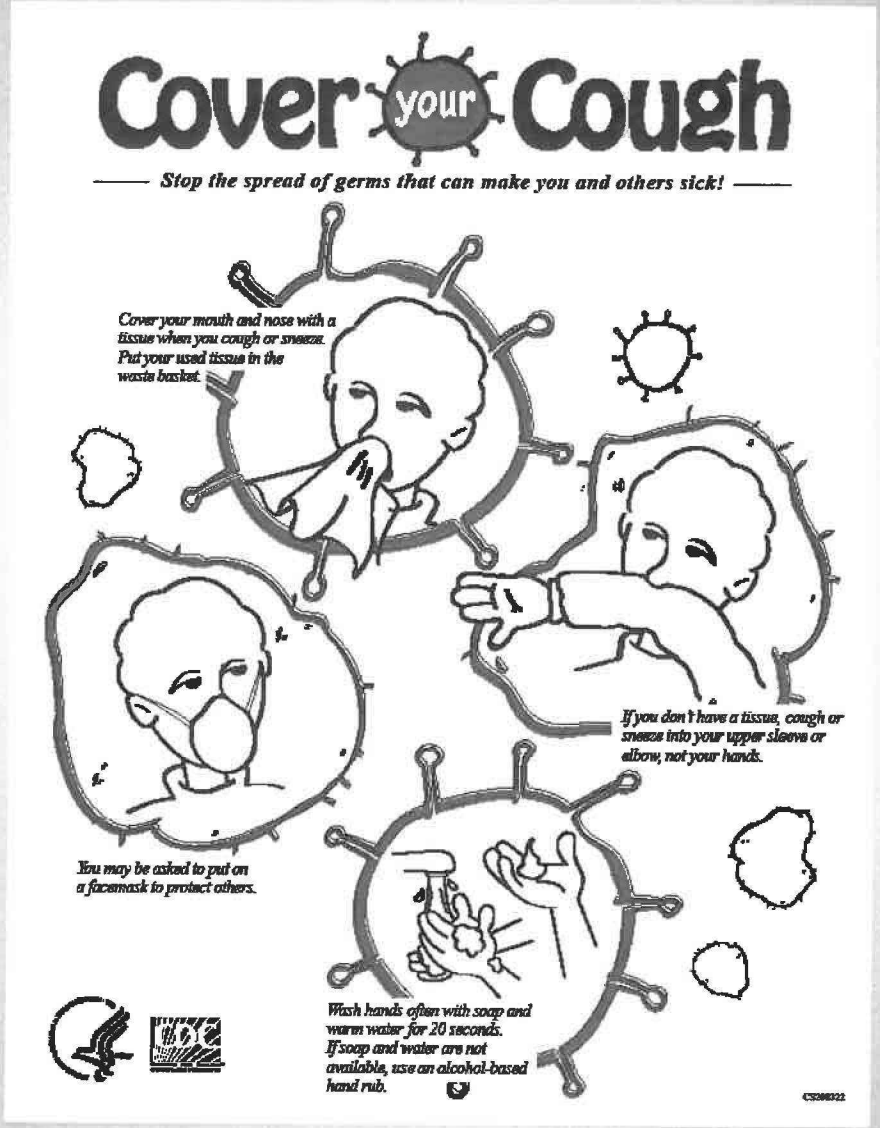




For more information: www.cdc.gov/COVID19

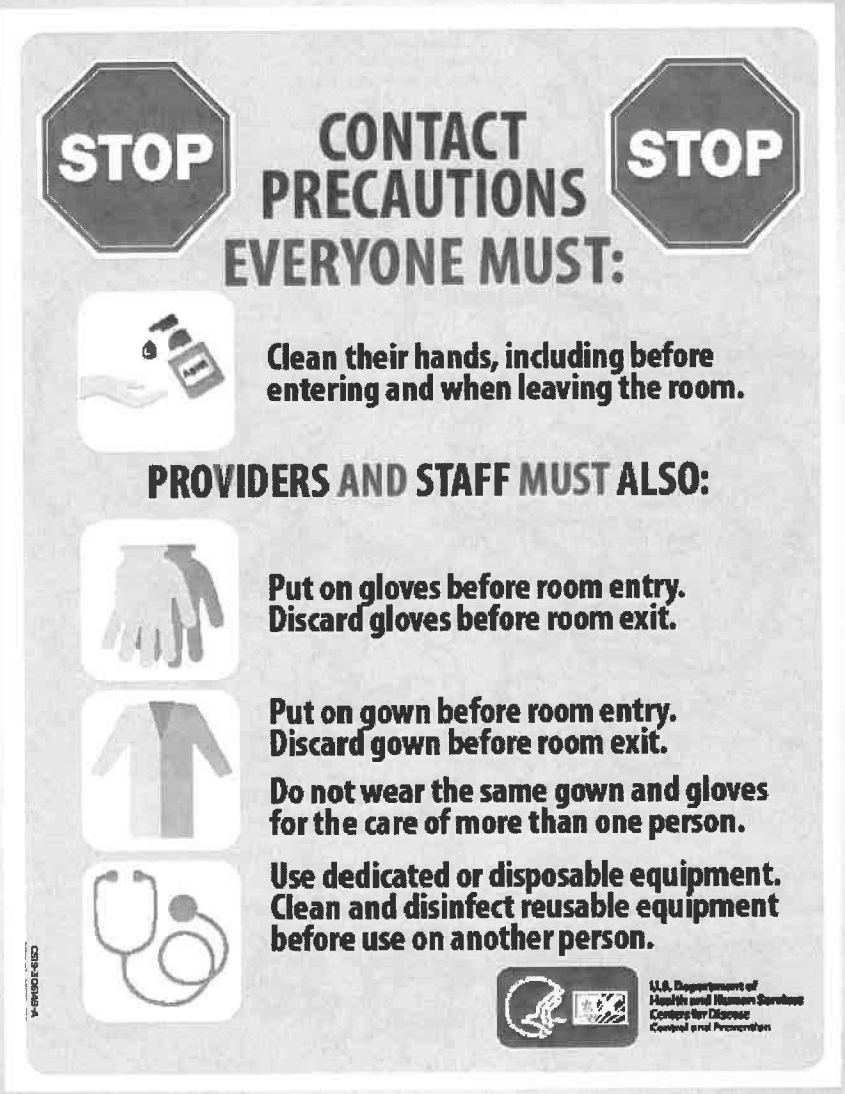
FL-AHCA-20-0902-A-001557

AMERICAN OVERSIGHT



FL-AHCA-20-0902-A-001558

AMERICAN OVERSIGHT



FL-AHCA-20-0902-A-001559

AMERICAN OVERSIGHT

How to Handrub?

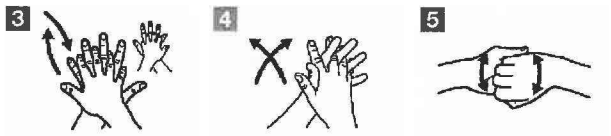
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;

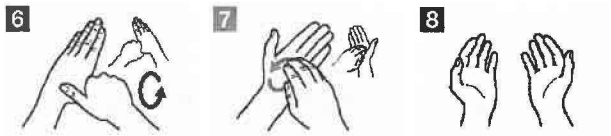
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Once dry, your hands are safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

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The World Health Organization, Geneva (WHO), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Wet hands with water;

Apply enough soap to cover all hand surfaces;

Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

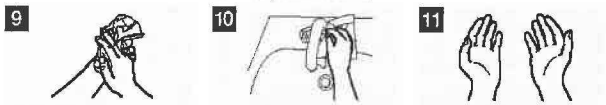
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Rinse hands with water;



Dry hands thoroughly with a single use towel;

Use towel to turn off faucet;

Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

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The World Health Organization, Geneva (WHO), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

FL-AHCA-20-0902-A-001560

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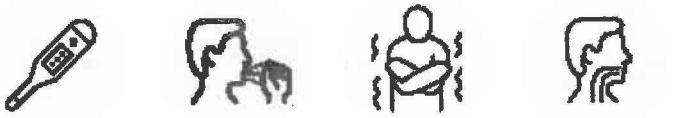
FOR THE SAFETY OF OUR RESIDENTS AND STAFF:

PLEASE DO NOT VISIT OUR CENTER(S)

if you have **signs/symptoms** of a **respiratory illness**

Please refrain from visiting our center if you exhibit the following symptoms:



FEVER **COUGHING** **CHILLS** **DIFFICULTY BREATHING**

If you have traveled to the following countries:

China • Italy • South Korea • Iran • Japan • or other affected areas

If you have come in contact with anyone that has tested positive or is under observation for COVID-19.

If you have experienced any of these symptoms in the past 21 days, please refrain from visiting.

These are the recommended guidelines established by the Centers for Disease Control (CDC).



CONSULATE HEALTH CARE

FL-AHCA-20-0902-A-001561

AMERICAN OVERSIGHT

IF YOUR HANDS ARE *CLEAN*
AND YOU KNOW IT...

SHOW IT!

RATHER THAN SHAKING HANDS,
WAVE THEM TO SHOW YOU CARE!



CONSULATE
HEALTH CARE

Infection Control is ALWAYS our Goal!

FL-AHCA-20-0902-A-001562

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:55 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 11, 2020 Update #5 ***
Attachments: WinZip Compressed Attachments.zip

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Sent: Friday, March 13, 2020 11:16:27 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 11, 2020 Update #5 ***

Stephanie Handelson | CEO Greystone Health
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
Stephanie.Handelson@greystonehealth.com | o: 813-675-2268 m: 813-690-0990

From: Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Sent: Wednesday, March 11, 2020 1:48 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>; Dakotah Nalley <Dakotah.Nalley@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 11, 2020 Update #5 ***

AMERICAN OVERSIGHT

Correspondence to Residents and Resident Representatives....

Attachment 16_Visitor Restriction Letter_Resident Representative_03-11-20
Attachment 17_Talking Points For Facility Initiated Calls to Families_03-11-20

Please make sure you and your team complete verbal correspondence by utilizing the Talking Points today with our residents, families and resident representatives. Place a brief progress note in the resident's medical record as such:

"Notified resident representative of facility's implementation of CMS guidance regarding restriction of visitors at this time. Opportunity provided for questions or concerns, and validation of facility contact information provided."

Thank you,

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Wednesday, March 11, 2020 10:58 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>; Dakotah Nalley <Dakotah.Nalley@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 11, 2020 Update #4 ***

****Please disregard prior email with incorrect subject line date....(sorry)*

Good Morning,

In this update and attached you will find the following:

- CMS Memo_IC Guidance (COVID-19) REVISED 03-09-20
- Attachment 3_Greystone Visitor Sign_Coronavirus_UPDATED_03-11-20
- Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-11-20
- Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-11-20
- Attachment 7_Admissions_Home Health Checklist_Coronavirus_UPDATED_03-11-20

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- Attachment 14_FHCA SNF to Hospital Communication Form_03-11-20 (Florida Centers)
- Attachment 15_Clinical Screening Tool for PUI_03-10-20

***Please review and print all updated attachments

Additionally, we will be implementing the following today...

- Restriction of all visitors – talking points and formal letter for resident/resident representatives will be sent out later this morning
    - Each facility will work together to notify families while using the talking points provided by our legal team
    - Exceptions to include families of those on palliative services and end of life as long as they have been cleared via screening criteria – PPE to be provided to these visitors
    - Vendors will not be allowed in patient care areas – drop off of items (i.e. pharmacy, McKesson) should be delivered near exterior doors
- Activity Restrictions
    - All outside outings for residents will be restricted at this time
    - Inside activities are to be reviewed to not include activities where contact and/or contact with items are at risk (i.e. ball toss, Bingo, etc.)
        - Hold a resident council meeting **today** to discuss these steps in order to remain proactive in the protection of our residents
- Regional Support Staff Restrictions
    - All regional support staff will be encouraged to work remotely at this time, only exception will be our regional nurse consultants
    - Care Managers and Liaisons are not to visit our centers at this time – remain mindful of which hospitals are at risk when visiting for potential admissions.
- SNF to Hospital Transfer
    - Licensed nurses (Florida centers) to be educated on ***Attachment 14_FHCA SNF to Hospital Communication Form_03-11-20***. Any residents requiring a transfer to a higher level of care regardless of diagnosis will have this form completed
    - Licensed nurses to be educated on ***Attachment 15_Clinical Screening Tool for PUI_03-10-20.***
- What to do if you identify a PUI (Person Under Investigation) - this will be a resident who exhibits the symptomatology in addition to testing negative for Influenza and has a virus of unknown origin which ultimately requires transfer to the hospital
    - Place a mask over the resident (N95 if readily available)
    - Limit caregiver access until EMS arrives
    - Provide EMS with the closest egress to the resident to minimize exposure
    - Carry out terminal cleaning of room (1:10 bleach ratio) while wearing appropriate PPE
    - Follow further direction by leadership and FDOH
- N-95 masks are on order to have a supply on hand if needed for transfers – these masks will be placed on residents in the event we identify a PUI (Person Under Investigation) which would require a transfer to a higher level of care
- Minimize risk for transmission by...
    - Avoid room changes if possible – with emphasis on avoiding unit to unit transfers
    - Continue to maintain consistent staffing assignments – please avoid having staff work on multiple assignments
    - Try to limit all new admissions to one central area or unit of the building
- Temperature Checks to be carried out for...
    - All staff prior to each shift
    - Carried for the limited visitor/vendor population as described above – this includes physician and physician extenders
    - Every shift for our resident population

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Talking points and Formal Letter to families to follow.....additionally, more updates to follow as we are given guidance from our regulatory bodies, CDC, FDOH and FHCA

Thank you,

Please refrain from "reply all"

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 9, 2020 4:55 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update #3 ***

Please find revised Visitor/Vendor ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20***. Attachment sent earlier was in error.

Thank you to all who joined the call as I hope we were able to answer any questions you may have had. Apologies to those who were unable to join due to volume of attendees.

Items addressed:

- Current FDOH status http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html
- CMS memo review
- Increasing supervision/screening of visitors and vendors
- Daily monitoring of CDC line listing of resident's and staff
- Daily PPE monitoring and reporting
- Daily Infection Control rounding (ED/DNS/HSK Dir/ICP)
- Response to Person Under Investigation (PUI) – those with s/s – immediate isolation, contact of MD and Local Health Department notification
- Continued communication with your RDCO of any residents/staff/vendors who exhibit any respiratory signs or symptoms

AMERICAN OVERSIGHT

- Continued Hand Hygiene practices and monitoring of families and staff

Thank you,

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From: Elizabeth Borer
Sent: Monday, March 9, 2020 10:26 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***

Good morning Team,

Please note ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20*** AND ***Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-09-20*** which reflects "Have you exhibited respiratory symptoms such as shortness of breath, **sore throat**, fever **OR** cough?" We will be limiting visitors or vendors with **any** symptomatology until they are asymptomatic. Additionally, please read the most recent **CMS Memo released 04-04-20** as it relates to a survey priority shift of focus related to IC practices and guidance to facilities. Please take caution in denying admissions solely based on lack of Personal Protective Equipment (PPE), as this may trigger an immediate visit from your state survey agency. We need to continue to work together to ensure we have enough PPE supplies to care for our residents. We have a limited supply at the corporate office if local resources have been exhausted.

Other things to carry out...

- Set up dedicated handwashing stations near your main entrance and direct visitors/vendors to perform hand hygiene - see Lexington's best practice pictures attached 😊 – GREAT JOB TEAM LEX
- Continue to screen all employees; any staff identified post screening will be communicated to your respective RDCO for further guidance

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- Make sure you are ordering PPE equipment weekly to remain on allocation with McKesson as new shipments arrive – many facilities received bulk orders at the end of last week – please order the minimum as previously communicated or this will hold up your order
- Daily calls being initiated at the end of each day with corporate leadership, RDCO's and RVP's to discuss CDC line listing, current status of resident's on isolation (with reason and anticipated d/c date) and current PPE status – I will be sending out a combined PPE Status/Isolation Status Template to help with this daily communication to your RDCO to report off

For those who have been receiving questionnaires from our partnering ACO's, Advent Health PAC, etc., legal has crafted a draft and you will be receiving guidance for response today to report back – thank you Jim.

Thank you for being extremely diligent during this national focus in the ongoing prevention and control of the Coronavirus. Please reach out to me directly if you have any questions and/or concerns.

Respectfully,
Liz

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4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 2, 2020 9:45 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Good evening Team,

Please distribute this communication with collaterals to your respective reports.

AMERICAN OVERSIGHT

Attached you will find additional guidance, departmental direction, preparedness, response and education overview listed within the attachment **Fleet Corporate Office Preparedness_Coronavirus.** Within this document you will find the below attachments for each respective department. Continue to frequent the *CDC* and *WHO* websites for updates and developmental changes as it relates to COVID-19 Coronavirus. As always, maintaining Infection Control Practices is the front line prevention to transmission of any pathogens.

Within the Fleet Corporate Office Preparedness_Coronavirus QRT (Quick Reference Tool) you will find the below attachments....

1. Cough Etiquette Poster (**attachment #1**)
2. Hand Hygiene Poster (**attachment #2**)
3. Greystone Visitor Sign (**attachment #3**)
4. Receptionist Q&A Screening (**attachment #4**)
5. CDC LTC Respiratory Line Listing (**attachment #5**)
6. Staff Checklist (**attachment #6**)
7. Admissions/Home Health Checklist (**attachment #7**)
8. Vista Laboratories Letter to Facilities – (**attachment #8**)
9. Stop the Spread of Germs Poster – (**attachment #9**)
10. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
11. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
12. CDC Symptoms Poster – (**attachment #12**)
13. CDC Flowchart to Identify and Assess – (**attachment #13**)

Our Communications Department will be sending a Greystone Letter Template to serve as communication to resident families and/or resident representatives discussing our proactive approach to this novel pathogen. Please reach out to your RDCO and/or myself with any questions or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
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* * * * * * * * * * *
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Greystone
Health Network

Date: _____

Re: COVID-19 (Coronavirus)

Dear _____,

[NAME OF FACILITY] is diligently monitoring the development of COVID-19 (2019 novel Coronavirus) and taking all appropriate and necessary precautions for the safety and well-being of our community. We are working closely with local and state officials. We remain vigilant and continue to follow the Centers for Disease Control (CDC) and FLORIDA or ILLINOIS or MISSOURI Department of Health guidelines.

The care and safety of our residents and staff members are our number one priority. As such, we've taken the appropriate steps to address and prevent the exposure of the virus to anyone who may visit our facility. To further protect the health of our patients, workforce, and the community and prevent the potential spread of Coronavirus, [NAME OF FACILITY] is implementing a modified visitor policy effective March 11, 2020. This policy limits the number of visitors, restricts the number of entry points into the building, and implements screening for all visitors.

Specifically, in accordance with the Centers for Medicare & Medicaid Services (CMS) revised guidance to visitation for nursing homes, in coordination with the CDC and local health departments, and in order to protect unnecessary exposure among residents for reasonable clinical and safety reasons, NAME OF FACILITY has imposed the following visitation limitation:

Individuals are limited from visiting residents unless extenuating circumstances exist such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.

In lieu of visits, we welcome alternate forms of communication to maintain the supportive relationship and to reassure your loved ones that the precautions in effect are intended for their protection and well-being. Please know that NAME OF FACILITY has increased the frequency of surveillance on our residents for symptoms in order to ensure prompt detection, triage, and isolation of potentially affected residents, while still taking into account the individual needs and goals of care.

We will continuously monitor the information disseminated from CMS, CDC, and local governing agencies for further guidance. However, the current visitor limitation will remain in place until further notice. Do not hesitate to call us at [XXX-XXX-XXXX] before visiting your loved one to better understand the current visitor policy.

Sincerely,

[Name of Administrator], NHA
Executive Director
[_____] Health & Rehabilitation Center

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03-11-20: Talking Points preface for letter to families, involved parties....

- Introduce yourself
- I'm sure you have been following the news regarding the COVID-19 ("Corona virus") and it's spread and implications... (This will open conversation)
- I wanted to let you know that we have been diligent in protecting our residents since the onset
    - We have enforced precautionary measures for visitors and staff, including increased education and signage, additional hand hygiene stations, and screening of residents, vendors, and staff regarding symptoms, relevant travel. We have updated potential exposure information in accordance with the CDC, WHO, and CMS recommendations
- Most recently, CMS has revised guidance for visitation based on the vulnerability of residents in nursing homes.
- **We have chosen to adopt the CMS guidance to restrict visitation to our center unless extenuating circumstances occur.**
    - I understand this may be concerning, but the heightened risk of transmission supports this decision as being essential to keeping your loved one, and the other residents protected.
- We are sending out a letter that with further explain this precaution and of course, we will let you know immediately if there are any changes.
- In the meantime,
    - we want to let you know that we are communicating this same message to all of our residents and updating them often regarding any developments.
    - We are continuing our vigilant surveillance and rigorous screening of staff prior to reporting to work each shift
    - We are encouraging and available to help you communicate with your loved ones by other means, such as Skype, email, facetime, phone calls. We have internet access and can assist with simple technology.
    - Non-essential appointments and LOAs will also be restricted and rescheduled at a later date
    - Care Plan meetings and IDT discussions will continue as planned; however, your participation will need to be completed via telephone/skype/facetime etc.
    - If you would like an assigned contact person so you receive consistent communication, that can also be arranged.
    - We are monitoring the CDC, WHO, and CMS guidance and live coverage and are hopeful that the restrictions can be lifted in the near future.
    - I know you will probably have questions after you digest this—here are some key people you can contact:
    - Here is my cell number
    - Do you have any questions right now?

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 4:06 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Cc: MacLafferty, Laura
Subject: RE: Nursing home infection control regs

Yes, thank you. This is helpful and I've added to the TPs.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 4:05 PM
To: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: Re: Nursing home infection control regs

Thanks Kim

Get Outlook for iOS

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 3:47:42 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: RE: Nursing home infection control regs

I added the federal NH infection control requirements, in addition to the state/federal hospital. The CMS memo does include a link to the federal NH and Hospital tools.

Nursing Home: Federal Infection Control

42 CFR; 483.80

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

-A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

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-Written standards, policies, and procedures for the program, which must include, but are not limited to:

- A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- When and to whom possible incidents of communicable disease or infections should be reported;
- Standard and transmission-based precautions to be followed to prevent spread of infections;
- When and how isolation should be used for a resident; including but not limited to;
- The type and duration of the isolation, depending upon the infectious agent or organism involved, and
- A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- The hand hygiene procedures to be followed by staff involved in direct resident contact.

A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.
Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.

Hospital: Federal Infection Control

42 CFR; 482.42

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

-The hospital's infection prevention and control program must be integrated into its hospital-wide Quality Assurance and Performance Improvement. (QAPI) program.

- A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

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- The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Hospital: State Infection Control

59A-3.250

Each hospital shall establish an infection control program involving members of the organized medical staff, the nursing staff, other professional staff as appropriate, and administration. The program shall provide for:

The surveillance, prevention, and control of infections among patients and personnel;
The establishment of a system for identifying, reporting, evaluating and maintaining records of infections;
Ongoing review and evaluation of all septic, isolation and sanitation techniques employed in the hospital; and,
Development and coordination of training programs in infection control for all hospital personnel.

Each hospital shall have written policies and procedures reflecting the scope of the infection control program outlined in subsection (1). The written policies and procedures shall be reviewed at least every two years by the infection control program members, dated at the time of each review, revised as necessary, and enforced.

The policies and procedures devised by the infection control program shall be approved by the governing board, and shall contain the following:

(a) Specific policies for the shelf life of all stored sterile items.

(b) Specific policies and procedures related to occupational exposure to blood and body fluids.

(c) Specific policies and procedures related to admixture and drug reconstitution, and to the manufacture of intravenous and irrigating fluids.

(d) Specific policies related to the handling and disposal of biomedical waste as required by chapter 64E-16, F.A.C., OSHA 29 CFR Part 1910.1030, Bloodborne Pathogens.

(e) Specific policies related to the selection, storage, handling, use and disposition of disposable items.

(f) Specific policies related to decontamination and sterilization activities performed in central services and throughout the hospital, including a requirement that steam gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.

(g) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.

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(h) A requirement that soiled linen is collected in such a manner as to minimize microbial dissemination into the environment.

(i) A requirement that all cases of communicable diseases as set forth in chapter 64D-3, F.A.C., be promptly and properly reported as required by the provisions of that rule.

The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the assigned professional staff and the governing board.

Each hospital shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include work restrictions for an employee whenever it is likely that communicable disease may be transmitted until such time as a medical practitioner certifies that the employee may return to work.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 3:05 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; MacLafferty, Laura

AMERICAN OVERSIGHT

<Laura.MacLafferty@ahca.myflorida.com>
Subject: Nursing home infection control regs

These are the state reg references for nursing homes:

59A-4.106 Facility Policies.

(4) Each facility shall maintain policies and procedures in the following areas:

(l) Infection control;

(5) Staff Education.

(c) The staff education plan must ensure that education is conducted annually for all facility employees, at a minimum, in the following areas:

1. Prevention and control of infection;

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:33 PM
To: ""McKinstry"","" Molly; " "Philpot"","" Toby; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Fwd: Windsor Health and Rehabilitation Center (Starke)

What county is this? Need to know if these residents are being transferred to the hospital.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:28 PM
To: McKinstry, Molly; MacLafferty, Laura; Stewart, Kimberly; Smoak, Kimberly; Fitch, Ryan; Manzie, Mandi
Cc: Mayhew, Mary
Subject: Windsor Health and Rehabilitation Center (Starke)

Windsor Health and Rehabilitation Center has 1 symptomatic resident currently being tested. Please have field staff contact DOH representative Trisha Clark (904) 796-0032 to coordinate an onsite visit.

Thanks,

Rebecca

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:53 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***
Attachments: WinZip Compressed Attachments.zip

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Sent: Friday, March 13, 2020 11:14:52 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***

Stephanie Handelson | CEO Greystone Health
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
Stephanie.Handelson@greystonehealth.com | o: 813-675-2268 m: 813-690-0990

From: Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Sent: Monday, March 9, 2020 10:26 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***

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Good morning Team,

Please note ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20*** AND ***Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-09-20*** which reflects "Have you exhibited respiratory symptoms such as shortness of breath, **sore throat,** fever **OR** cough?" We will be limiting visitors or vendors with **any** symptomatology until they are asymptomatic. Additionally, please read the most recent **CMS Memo released 04-04-20** as it relates to a survey priority shift of focus related to IC practices and guidance to facilities. Please take caution in denying admissions solely based on lack of Personal Protective Equipment (PPE), as this may trigger an immediate visit from your state survey agency. We need to continue to work together to ensure we have enough PPE supplies to care for our residents. We have a limited supply at the corporate office if local resources have been exhausted.

Other things to carry out...

- Set up dedicated handwashing stations near your main entrance and direct visitors/vendors to perform hand hygiene - see Lexington's best practice pictures attached ☺ – GREAT JOB TEAM LEX
- Continue to screen all employees; any staff identified post screening will be communicated to your respective RDCO for further guidance
- Make sure you are ordering PPE equipment weekly to remain on allocation with McKesson as new shipments arrive – many facilities received bulk orders at the end of last week – please order the minimum as previously communicated or this will hold up your order
- Daily calls being initiated at the end of each day with corporate leadership, RDCO's and RVP's to discuss CDC line listing, current status of resident's on isolation (with reason and anticipated d/c date) and current PPE status – I will be sending out a combined PPE Status/Isolation Status Template to help with this daily communication to your RDCO to report off

For those who have been receiving questionnaires from our partnering ACO's, Advent Health PAC, etc., legal has crafted a draft and you will be receiving guidance for response today to report back – thank you Jim.

Thank you for being extremely diligent during this national focus in the ongoing prevention and control of the Coronavirus. Please reach out to me directly if you have any questions and/or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 2, 2020 9:45 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine

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Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Good evening Team,

Please distribute this communication with collaterals to your respective reports.

Attached you will find additional guidance, departmental direction, preparedness, response and education overview listed within the attachment **Fleet Corporate Office Preparedness_Coronavirus.** Within this document you will find the below attachments for each respective department. Continue to frequent the *CDC* and *WHO* websites for updates and developmental changes as it relates to COVID-19 Coronavirus. As always, maintaining Infection Control Practices is the front line prevention to transmission of any pathogens.

Within the Fleet Corporate Office Preparedness_Coronavirus QRT (Quick Reference Tool) you will find the below attachments....

1. Cough Etiquette Poster (**attachment #1**)
2. Hand Hygiene Poster (**attachment #2**)
3. Greystone Visitor Sign (**attachment #3**)
4. Receptionist Q&A Screening (**attachment #4**)
5. CDC LTC Respiratory Line Listing (**attachment #5**)
6. Staff Checklist (**attachment #6**)
7. Admissions/Home Health Checklist (**attachment #7**)
8. Vista Laboratories Letter to Facilities – (**attachment #8**)
9. Stop the Spread of Germs Poster – (**attachment #9**)
10. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
11. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
12. CDC Symptoms Poster – (**attachment #12**)
13. CDC Flowchart to Identify and Assess – (**attachment #13**)

Our Communications Department will be sending a Greystone Letter Template to serve as communication to resident families and/or resident representatives discussing our proactive approach to this novel pathogen. Please reach out to your RDCO and/or myself with any questions or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

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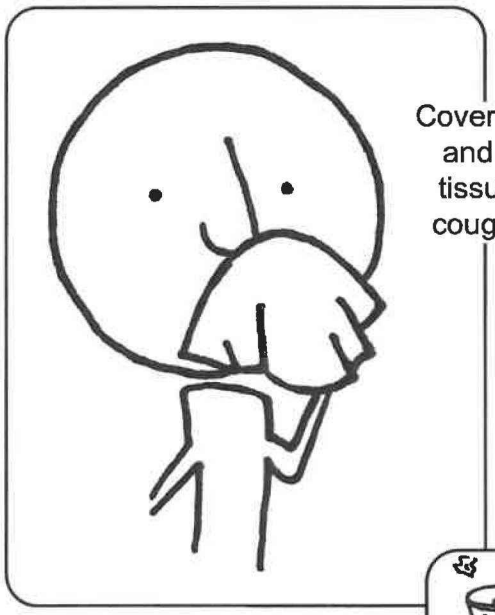
Stop the spread of germs that make you and others sick!

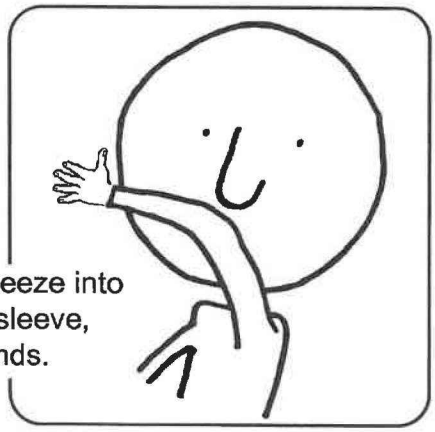
Cover your Cough

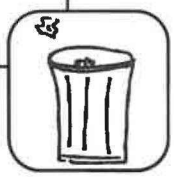


Cover your mouth and nose with a tissue when you cough or sneeze

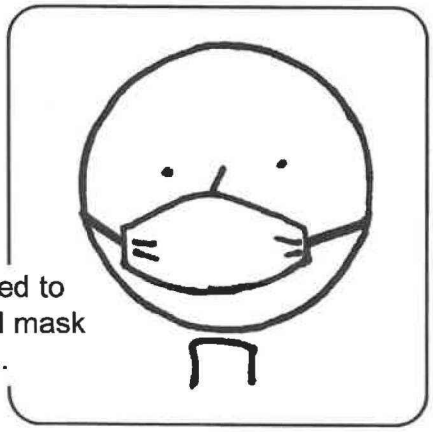
or

cough or sneeze into your upper sleeve, not your hands.





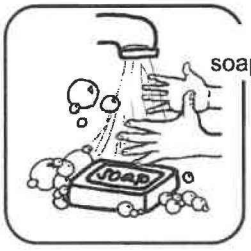
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

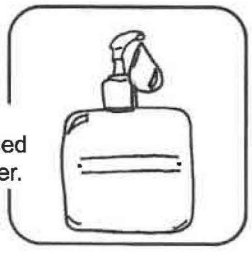
after coughing or sneezing.



Wash with soap and water

or

clean with alcohol-based hand cleaner.



MINNESOTA MDH DEPARTMENT OF HEALTH
Minnesota Department of Health
625 N Robert Street, PO Box 64975
St. Paul, MN 55164-0975
651-201-5414 TDD/TTY 651-201-5797
www.health.state.mn.us

Minnesota Antibiotic Resistance Collaborative

APIC

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FL-AHCA-20-0902-A-001588

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COVID 19 CORONAVIRUS DISEASE

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



CS 314937-A 02/21/2020

For more information: **www.cdc.gov/COVID19**

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COVID 19
ENFERMEDAD DEL CORONAVIRUS

Lo que necesita saber sobre la enfermedad del coronavirus 2019(COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

El COVID-19 se está propagando de persona a persona en China y se ha detectado propagación limitada entre contactos cercanos en algunos países fuera de China, incluso en los Estados Unidos. En la actualidad, sin embargo, este virus NO se está propagando en comunidades en los Estados Unidos. En estos momentos, el mayor riesgo de infección es para las personas en China o las personas que han viajado a China. El riesgo de infección depende de la exposición. Los contactos cercanos de las personas infectadas tienen un riesgo mayor de exposición, por ejemplo, los trabajadores del sector de la salud y los contactos cercanos de las personas infectadas por el virus que causa el COVID-19. Los CDC continúan vigilando de cerca la situación.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en https://www.cdc.gov/coronavirus/2019-ncov/ cases-in-us.html.

¿Cómo se propaga el COVID- 19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero parece que ahora se está propagando de persona a persona. Es importante notar que la propagación de persona a persona puede darse en un proceso continuo. Algunas enfermedades son altamente contagiosas (como el sarampión), mientras que otras enfermedades no lo son tanto. En estos momentos, no está claro qué tan fácil o con qué continuidad el virus que causa el COVID-19 se esté propagando entre las personas. Infórmese sobre lo que se sabe acerca de la propagación del coronavirus de reciente aparición en https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Muchos pacientes tienen neumonía en ambos pulmones.

¿Qué puedo hacer para ayudar a protegerme?

La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.
Hay medidas simples preventivas y cotidianas para ayudar a prevenir la propagación de virus respiratorios. Estas incluyen las siguientes:

- Evitar el contacto cercano con personas enfermas.
- Evitar tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lavarse frecuentemente las manos con agua y jabón por al menos 20 segundos. Usar un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.
- Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:
- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si recientemente viajé a China y me enfermé?

Si estuvo en China en los últimos 14 días, se siente enfermo y tiene fiebre, tos o dificultad para respirar, debería buscar atención médica. Llame al consultorio de su proveedor de atención médica antes de ir y dígales sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

CS 314937-A 02/24/2020

Para obtener más información: **www.cdc.gov/COVID19-es**

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FL-AHCA-20-0902-A-001592

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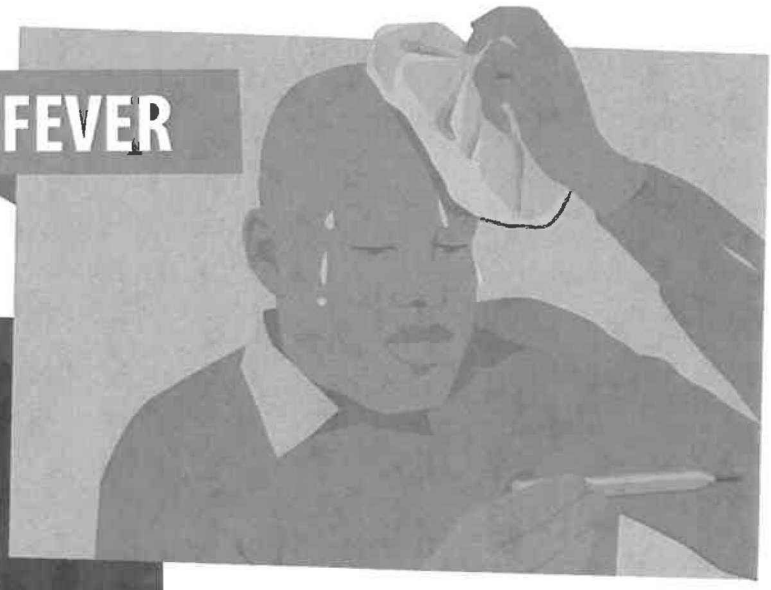
COVID 19
CORONAVIRUS DISEASE

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER

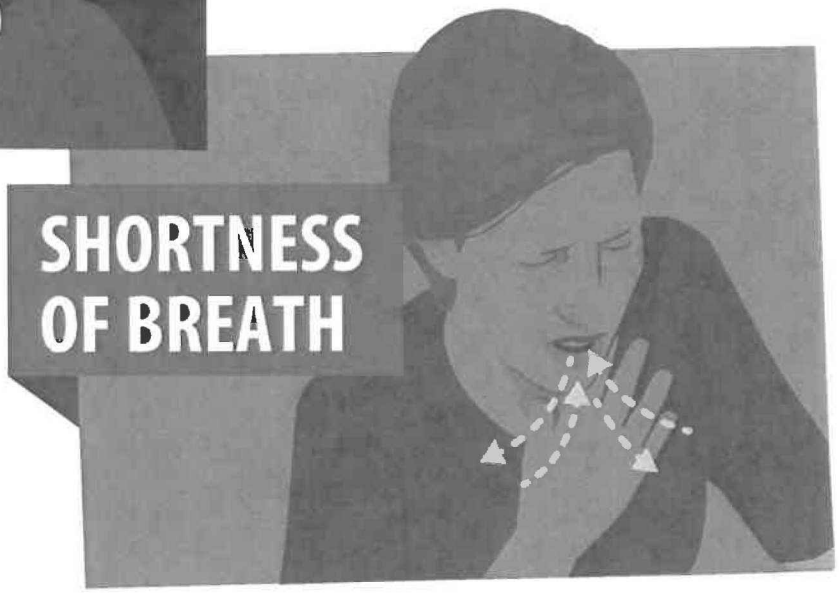


COUGH



*Symptoms may appear 2-14 days after exposure.

SHORTNESS OF BREATH



If you have been in China or in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, call your doctor.

CDC

For more information: **www.cdc.gov/COVID19**

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Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)

A. Identify

if in the ***past 14 days since first onset of symptoms*** a history of ***either***

Travel to China	← OR →	**Close contact with** a person known to have 2019-nCoV illness*

B. AND the person has

Fever or symptoms of lower respiratory illness
(e.g., cough or shortness of breath)

if both exposure and illness are present

↓

1. Isolate

- Place facemask on patient
- Isolate the patient in a private room or a separate area
- Wear appropriate personal protective equipment (PPE)

2. Assess clinical status

	Is fever present?	**Is respiratory illness present?**
EXAM	☐ Subjective? ☐ Measured? _____°C/F	☐ Cough? ☐ Shortness of breath?

3. Inform

- Contact health department to report at-risk patients and their clinical status
- Assess need to collect specimens to test for 2019-nCoV
- Decide disposition

If discharged to home

↓

Instruct patient

As needed depending on severity of illness and health department consultation

- Home care guidance
- Home isolation guidance

Advise patient

If the patient develops new or worsening fever or respiratory illness

- Call clinic to determine if reevaluation is needed
- If reevaluation is needed call ahead and wear facemask

* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

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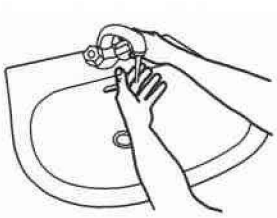
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

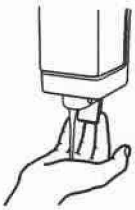
Duration of the entire procedure: 40-60 seconds

0



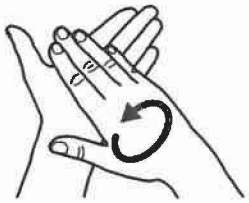
Wet hands with water;

1



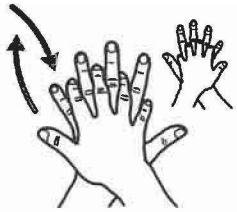
Apply enough soap to cover all hand surfaces;

2



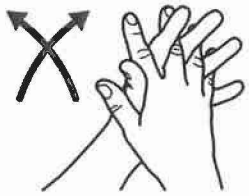
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



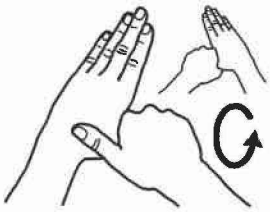
Palm to palm with fingers interlaced;

5



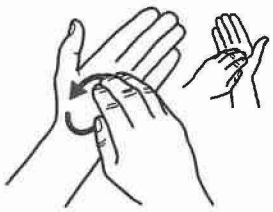
Backs of fingers to opposing palms with fingers interlocked;

6



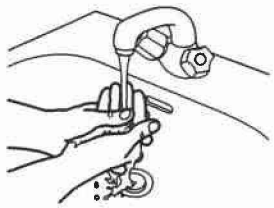
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



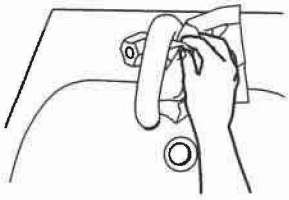
Rinse hands with water;

9



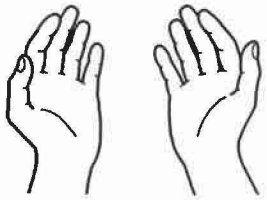
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean **Your** Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their [illegible]

May 2009

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FL-AHCA-20-0902-A-001598

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Greystone Health Network

ATTENTION VISITORS



ARE YOU FEELING SICK?

Have you or someone close to you, have symptoms of Fever, Cough or Shortness of Breath?

During this season, help us protect our residents, their families and our employees, please follow these guidelines while visiting:

- **Please do not visit until your symptoms are gone**
- **Utilize other forms of visiting (e.g. phone, facetime, skype)**
- **Cover your mouth for sneezing while visiting**
- **Wash your hands frequently**

Thank you for your Cooperation 😊

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Receptionist Q&A for Visitors/Vendors (Coronavirus)

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, sore throat, fever OR cough?

*****Visitors/Vendors who answered YES to any of the above will be allowed to return once cleared by physician answers to be reviewed by the Director of Nursing at the referring facility prior to acceptance for admission - DON to consult Medical Director for clearance. Visitors/Vendors will not be permitted to enter facility if any YES responses obtained.**

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

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Long-Term Care (LTC) Respiratory Surveillance Line List

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

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LTC Respiratory Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

For residents only: Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For resident only: Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

Additional documented s/s (*select all codes that apply*): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.
H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____

Section D: Diagnostics

Chest x-ray: Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

Type of specimen collected: (*Select all codes that apply*): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.
NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (*select all codes that apply*): In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.
0 – No test performed, 1 – Culture, 2 –Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify

Pathogen detected (*select all codes that apply*): In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.
0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*
Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. ***Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.***

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

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LTC Respiratory Surveillance Line List

Date:____/____/_____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

	A. Case Demographics					B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics						E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify_____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																							
2.																							
3.																							
4.																							
5.																							

FL-AHCA-20-8902-A-001606

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

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Section 3: Pneumococcal Vaccination Status 5

Section 4: Case Definition 5

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Section 10: Facility Outbreak Control Interventions 6

Section 11: # of New Cases Per Day 6

For HD Use Only 6

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LTC Respiratory Surveillance Outbreak Summary

Section 1: Facility Information

Health Dept. Contact Name and Phone Number: A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

Date First Notified Local Health Dept: Record the date you first contacted local or state public health during this outbreak at your facility.

Total # of residents at facility: Document the total number of residents in the facility at the time of the outbreak.

Total # of employees: Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

Summary Form Status: Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

Section 2: Influenza Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received the Flu Vaccine within the past year.

Total # of staff vaccinated: Record the total number of staff that received the Flu Vaccine within the past year.

Section 3:Pneumococcal Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.

Section 5: Outbreak Period Information

Outbreak start: (Date of symptom onset of first case): Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Average length of illness: Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

Outbreak end: (Symptom resolution date of last case): Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

Total # of Cases: Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

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LTC Respiratory Surveillance Outbreak Summary

Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

Section 7: Diagnostic and Laboratory Tests

Chest x-ray: Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae, Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

Diagnostic testing results: In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

Section 8: If Influenza Identified During Outbreak:

Antiviral Treatment: Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

Antiviral Prophylaxis Offered: Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

Section 9: Resident Outcome

Hospitalizations: During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

Deaths: During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
Facility Licensed by State: Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	**# of Licensed Beds:** Document the total number of licensed beds at the facility.
Facility Certified by CMS: Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	**# of staff employees:** Document the total number of facility employed staff working in the facility at the time of the outbreak.
Facility Type: Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	**# of contract employees:** Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

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LTC Respiratory Surveillance Outbreak Summary

1. Facility Information

Health Dept. Contact Name:_____ Health Dept. Contact Phone Number:_____
Health Dept. Fax Number:_____ Date First Notified Local Health Dept.:___/___/____
Total # of residents at facility: _____ Total # of employees (staff and contract personnel): _____
Summary Form Status: Date initiated:___/___/_____ Date completed:___/___/____

2. Influenza Vaccination Status

Total # of residents vaccinated: Total # of staff vaccinated:

3. Pneumococcal Vaccination Status

Total # of residents vaccinated:

4. Symptomatic Case Definition

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility:

5. Outbreak Period Information

Outbreak start: (Date of symptom onset of first case):___/___/_____
Average length of illness:_____ days
Outbreak end: (Symptom resolution date of last case):___/___/_____

Total # of Cases
Residents: Staff:

6. Staff Information

Were any ill staff delivering resident care at the beginning of the outbreak? ☐ Yes ☐ No If yes, how many:____
Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many:____
ED Visit: ☐ Yes ☐ No If yes, how many:____ Hospitalization: ☐ Yes ☐ No If yes, how many:____

7. Diagnostic and Laboratory Tests

Chest x-ray: ☐ Yes ☐ No # performed: # abnormal:

Which organisms were identified through laboratory testing:
Bacterial: Specify_____ **Viral**: Specify_____ **Other**: Specify_____

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 2 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 3 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____

8. If Influenza Identified During Outbreak:

Antiviral **treatment** offered: ☐ Yes ☐ No
If yes, indicate total # : Residents_____ Staff_____

Antiviral **prophylaxis** offered: ☐ Yes ☐ No
If yes, indicate total # : Residents_____ Staff_____

9. Resident Outcome

Hospitalizations: ☐ Yes ☐ No If yes, how many:_____

Deaths: ☐ Yes ☐ No If yes, how many:_____

10. Facility Outbreak Control Measures

☐ Educated on hand hygiene practices: Date:_____
☐ Implemented transmission-based precautions: Date_____
☐ Dedicate staff to care for only affected residents: Date: _____
☐ Suspend activities on affected unit: Date: _____
☐ Notified family/visitors about outbreak: If yes, Date: _____
☐ Other: _____

☐ Monitored appropriate HH and PPE use by staff: Date:_____
☐ Cohorted ill residents within unit/building: Date: _____
☐ Placed ill staff on furlough: Date: _____
☐ Restricted new admissions to affected unit: Date: _____
☐ Educated family/visitors about outbreak: If yes, Date: _____
☐ Other: _____

11. # of New Cases Per Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: _____/_____/_____ **List units/floors involved in the outbreak:**_____

For HD Use Only

Facility Licensed by State: ☐ Yes ☐ No Facility ID: _____
Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing home ☐ Assisted living ☐ Other (specify): _____
# of Licensed Beds: _____ # of staff employees: _____ # of contract employees: _____

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Staff Checklist (Coronavirus)

Newly Hired Staff and Staff who go out of the country on PTO and/or have close contact with a person(s) who have visited outside of the country.

Staff Name: _____ **Date:** _____

Reviewer: _____

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, sore throat, fever OR cough?

***YES answers will require return to work note from the physician

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

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Admissions/Home Health Checklist (Coronavirus)

Resident Name: _____ **Date:** _____

Facility Referral: _____ **Reviewer:** _____

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, fever and cough?

***YES answers to be reviewed by the Director of Nursing at the referring facility prior to acceptance for admission - DON to consult Medical Director for clearance.

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Vista CLINICAL

3/2/2020

In an effort to provide the best service to our clients and our patients, Vista Clinical is currently researching various options to initiate COVID-19 (novel Coronavirus) PCR testing in our Clermont laboratory. As of right now, widespread testing for COVID-19 is not being performed by the CDC or the local county and state health departments. Patients must meet certain criteria to be considered for testing.

If you have a patient that is exhibiting signs and symptoms of respiratory illness we suggest that they first be tested for the respiratory pathogens that cause the majority of respiratory infection.

Vista Clinical offers a respiratory pathogens panel by PCR that tests for 14 viruses and 3 bacteria that can cause respiratory illness. The specimen for this testing is: a nasopharyngeal swab in universal transport media (UTM).

The test to order is the Respiratory Pathogens Panel. Please write this test in the notes and additional tests section of the requisition.

If more testing is necessary, contact your local County Health Department and follow their specific guidelines and instructions. The following is a link to the latest information for healthcare providers regarding COVID-19 from the Florida State Health Department. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/providers/index.html

If you have any questions, please call the laboratory at 352-536-9270.

Thank you.

Robin Johnson
Director of Laboratory Operations
Vista Clinical
Robin.johnson@vista-clinical.com

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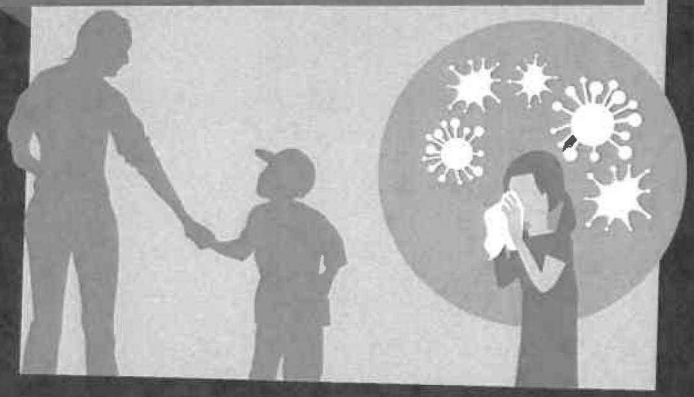
COVID 19
CORONAVIRUS DISEASE

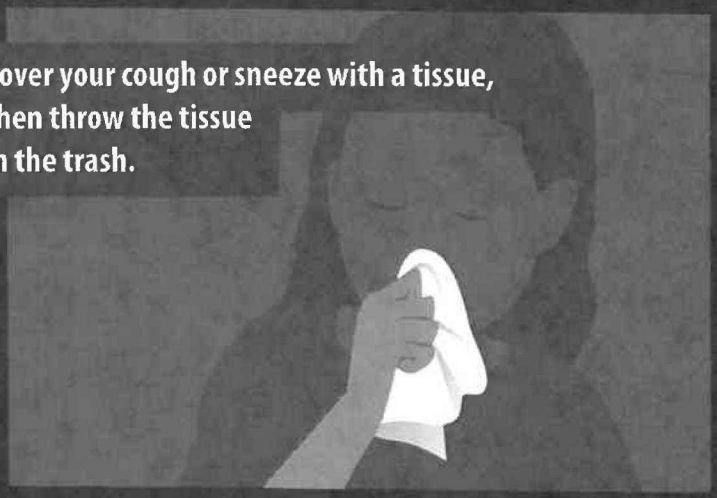
STOP THE SPREAD OF GERMS

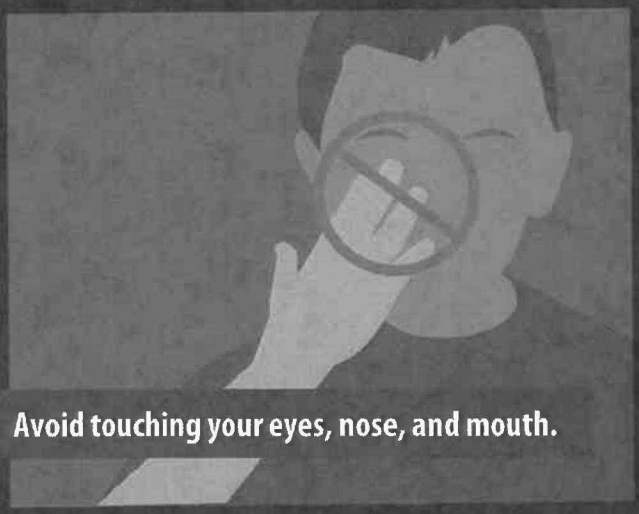
Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



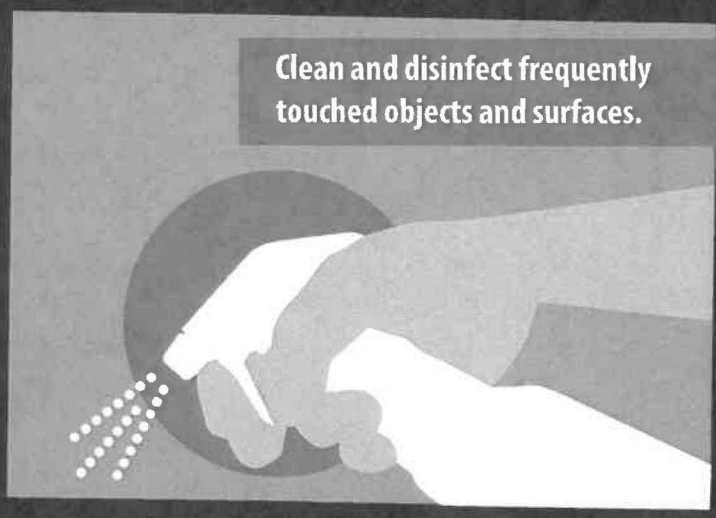
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.





Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.





Wash your hands often with soap and water for at least 20 seconds.

For more information: **www.cdc.gov/COVID19**

CDC

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 4, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

CMS is responsible for ensuring the health and safety of nursing homes by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we're providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facilities should monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and

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CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with patients, patient representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or limit visitors?
Facilities should screen visitors for the following:

1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. Has had contact with someone with or under investigation for COVID-19.

If visitors meet the above criteria, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication)."

How should facilities monitor or restrict health care facility staff?
The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above).

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

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Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms maybe mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the patient assuming: 1) the patient does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19. (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the patient does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC guidance for transmission-based precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

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- Ensure ABHS is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

What other resources are available for facilities to help improve infection control and prevention?
CMS urges providers to take advantage of several resources that are available:

CDC Resources:
- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

CMS Resources:
- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Greystone
Health Network



Coronavirus (COVID-19)

March 04, 2020

FL-AHCA-20-0902-A-001624

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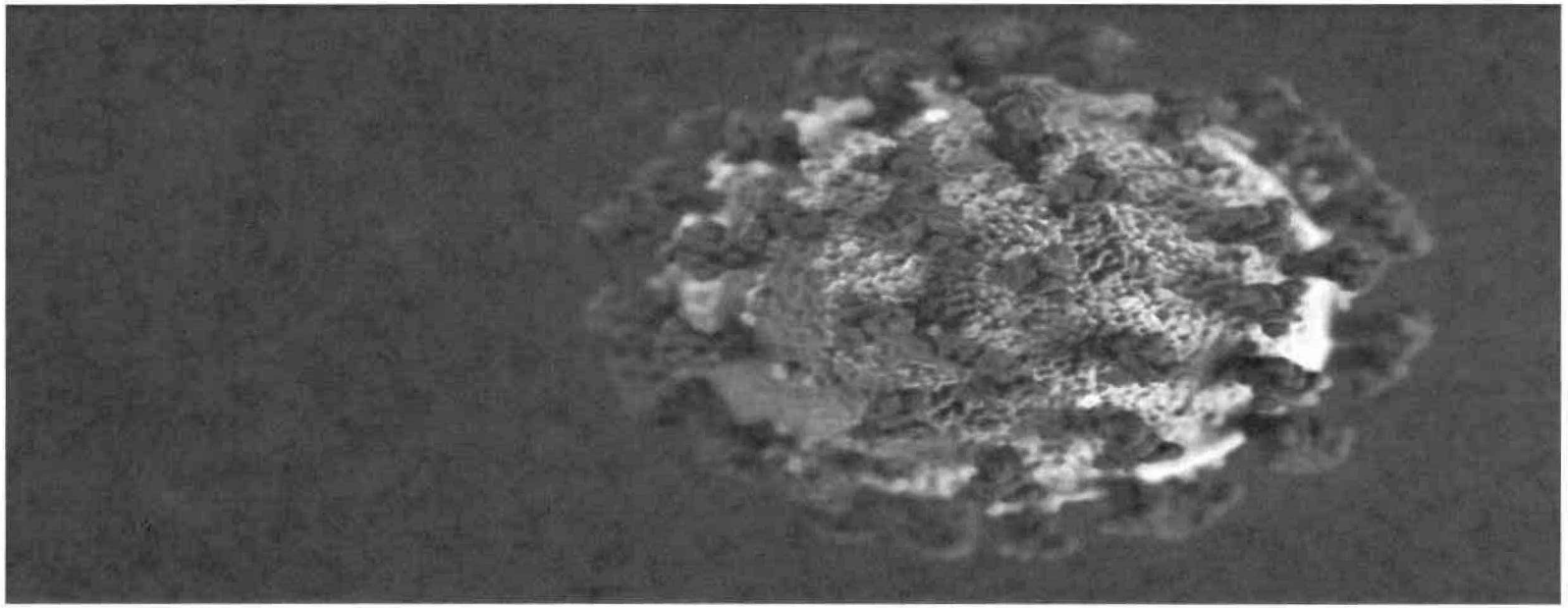
What is COVID-19



https://youtu.be/mOV1aBVYKGA

Press Play

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What is COVID-19

- Centers for Disease Control & Prevention (CDC) and the World Health Organization (WHO) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in 60 locations internationally, including in the United States

- The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19")

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What is COVID-19

- Centers for Disease Control & Prevention (CDC) and the World Health Organization (WHO) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in 60 locations internationally, including in the United States

- The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19")





World Health Organization

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How it Spreads…

- **Person-to-person spread**
  - Between people who are in close contact with one another (within about 6 feet)
  - Through respiratory droplets produced when an infected person coughs or sneezes

******These droplets can land in the mouths or noses of people who are nearby or possibly by inhaled into the lungs***

- **Spread from contact with infected surfaces or objects**
  - It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads

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Symptoms

- May appear **2-14 days after exposure***
  - Fever
  - Cough
  - Shortness of breath

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Treatment

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including.....

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Prevention (cont..)



- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth
- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe

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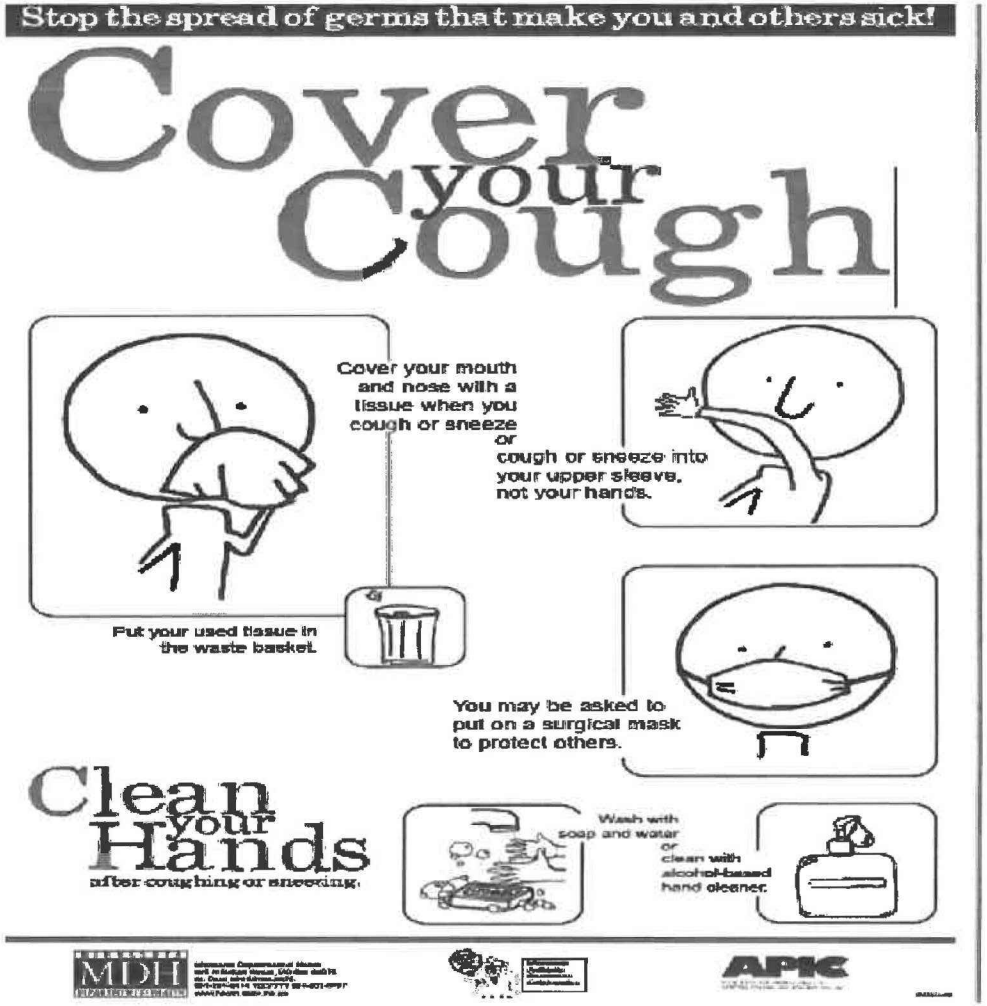
Prevention (cont…) Cough Etiquette



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Prevention (cont…)

- Follow CDC's recommendations for using a facemask
  - **CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19**
  - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings



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Prevention (cont…) - Hand Hygiene



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Prevention (cont…) – Hand Hygiene

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty

TONY WILL NOW DEMONSTRATE APPROPRATE HANDWAHING ☺



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Prevention (cont...)



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What are we doing at the office?....

- Front Desk will be screening any visitor/vendor's
  - Anyone exhibiting respiratory s/s/fever/SOB and/or has been out of the country will not be allowed to visit

- Increase in housekeeping
  - Daily deep cleaning of high-risk areas are being carried out…i.e. keyboards, desks, mouse, doorknobs, bathrooms ***(clean your own space daily)***

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What can you do?...

- Continue to practice good IC practices
- Keep your workspace clean
- Handwashing, handwashing, handwashing ☺
- Alert management if planning on going out of the country or have had close contact to anyone who has gone out of the country
- Notify your manager if you are feeling sick

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Where can you find updates...

- Florida Health Care Association Website
https://www.fhca.org/facility_operations/coronavirus

- Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/coronavirus/2019-ncov/index.html

- World Health Organization
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

- Florida Department of Health
http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html

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Thank you for assisting in keeping our staff at the corporate office safe in order to protect each other and our families!!!

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Questions?



COVID-19 (Coronavirus)

Fleet Preparedness, Response & Education Overview

To include Tampa/NY Corporate Offices

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PREPAREDNESS

Skilled Nursing Facilities

- Education to be carried out with ALL STAFF
  - Symptoms/Prevention/Surveillance
  - Cough Etiquette ***(attachment #1)***
  - Hand Hygiene ***(attachment #2)***
  - Personal Protective Equipment
- Post signage
  - Visitor/Vendor entrances
    - Notify if cough, fever and/or shortness of breath present - will not allow visitors if symptoms present - *Greystone Visitor Sign* ***(attachment #3)***
    - Front Desk/Receptionist to receive education regarding this process ***(attachment #4)***
- Surveillance
  - Infection Control Preventionist (ICP) to track and trend all respiratory infections; pneumonia dx to be reviewed by respective RDCO *(CDC Line Listing - **attachment #5**)*
  - Those exhibiting s/s of cough, fever and/or shortness of breath will notify RDCO for review
  - Ongoing communication with local health department – each respective ED/DNS to make contact
- Housekeeping
  - High focus on cleaning with EPA in high risk areas; i.e. doorknobs, railings, therapy gym, mechanical lifts, visitor bathrooms, dining tables/chairs, telephones, keyboards, mouse, etc.
  - ED/DNS/ICP/HSK Director to conduct walking rounds daily
- Kitchen Sanitation
  - Meal tray carts to be disinfected after each meal service
  - Special caution of meat/poultry handling and cooking

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

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- Family/Resident Representative Communication
  - Approved mailing from home office to be sent out to resident representatives (*Communications Department to distribute*)

- Staffing
  - Education to be carried out with each staffing coordinator to report up any staff member out of the country on PTO – facility to review each with respective RDCO if they are identified in order to receive clearance to return to work (***attachment #6***)
  - New hires to be screened if they have been out of the country over the past 30 days or have had close contact with those who have been out of the country – will review each as they are identified with RDCO to clear for onboarding (***attachment #6***)

Admissions Team:

- Education – Hand Hygiene/Cough Etiquette
- Screening Criteria
  - Will not admit if resident/patient has been out of the country or has had close contact with anyone who has been out of the country – to follow screening criteria flowsheet (***attachment #7***)
  - Notify Director of Nursing prior to accepting resident for admission – DON to consult Medical Director for clearance

Home Health:

- Education - Hand Hygiene/Cough Etiquette
- Screening Criteria
  - Will not admit if resident/patient has been out of the country or has had close contact with anyone who has been out of the country – to follow screening criteria flowsheet (*attachment #7*)
  - Notify Director of Nursing prior to accepting resident for admission – DON to consult Medical Director for clearance

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Corporate Home Office:

- Town Hall to be held Wednesday 03/04/20 to educate on;
  - Hand Hygiene/Cough Etiquette
  - Symptoms/Prevention/Surveillance
  - Alert management if planning on going out of the country or have had close contact to anyone who has gone out of the country
- Front Desk at corporate office to receive screening questions for any visitor/vendor's – anyone exhibiting respiratory s/s/fever/SOB and/or has been out of the country will not be allowed to visit (***attachment #4***)
- Increase in housekeeping focus to ensure daily deep cleaning of high-risk areas are being carried out...i.e. keyboards, desks, mouse, doorknobs, bathrooms

RESPONSE

Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients with Confirmed or Possible COVID-19

- Assessment and triage of patients with acute respiratory symptoms
- Patient placement
- Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
- Visitor management and exclusion
- Source control measures for patients (e.g., put facemask on suspect patients)
- Requirements for performing aerosol generating procedures (avoid)
- Be alert for patients who meet the persons under investigation (PUI) definition
- Report a potential COVID-19 case or exposure to facility infection control leads and public health officials – know your local health department contact and immediately report for guidance
- Know who, when, and how to seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed coronavirus disease 2019 patient
- Know how to contact and receive information from your state or local public health agency

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EDUCATION OVERVIEW

What is COVID-19 (Coronavirus)

- Centers for Disease Control & Prevention (CDC) and the World Health Organization (WHO) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in 60 locations internationally, including in the United States
- The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19")

How Does it Spread...

- Person-to-person spread
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs or sneezes

  ***These droplets can land in the mouths or noses of people who are nearby or possibly by inhaled into the lungs

- Spread from contact with infected surfaces or objects
  - It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads

Symptoms...

May appear **2-14 days after exposure***

- Fever
- Cough
- Shortness of breath

Prevention...

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth

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- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- Follow CDC's recommendations for using a facemask
    - **CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19**
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty

Additional Attachments:

1. Vista Laboratories Letter to Facilities – **(attachment #8)**
2. Stop the Spread of Germs Poster – **(attachment #9)**
3. Coronavirus CDC Fact Sheet_English – **(attachment #10)**
4. Coronavirus CDC Fact Sheet_Spanish – **(attachment #11)**
5. CDC Symptoms Poster – **(attachment #12)**
6. CDC Flowchart to Identify and Assess – **(attachment #13)**

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FL-AHCA-20-0902-A-001650

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Southerland, Ashleigh

From:	Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent:	Wednesday, March 11, 2020 8:19 AM
To:	""Deadman"","" Jim; Web Updates; Jim.Deadman@ahca.myflorida.com
Subject:	Fwd: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit
Attachments:	[External] COVID-19 Facility Visitor Screening Toolkit (38.3 KB)

Can this please be posted under Agency Alerts? It should have the same title as listed on the document.

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:11 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Facility Visitor Screening Toolkit

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

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The toolkit can be found here:
https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

Manage Your Subscription

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 7:54 AM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; " "MacLafferty"","" Laura; " "Gibson"","" Lucy; " "Fitch"","" Ryan; Molly.McKinstry@ahca.myflorida.com; Laura.MacLafferty@ahca.myflorida.com; Ryan.Fitch@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Lucy.Gibson@ahca.myflorida.com
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19 _Cases_in_Florida

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From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Tuesday, March 10, 2020 10:40:34 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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RELEASE

ɔrmation Center on COVID-19 for the State of Florida
ɜF14@em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

- The Florida Department of Health has announced eight new positive cases of coronavirus disease (COVID-19) in Florida. To keep Fl
about the status of the virus, the Department is issuing regular updates as information becomes available.

male in Nassau County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pı
-related case.
emale Georgia resident who is currently in Alachua County, Florida, has been identified as positive. This person is isolated and will c
leared by public health officials. The Georgia Department of Public Health is leading the epidemiological investigation for this indivic
nale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pul
-related case.
emale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by p
-related case.

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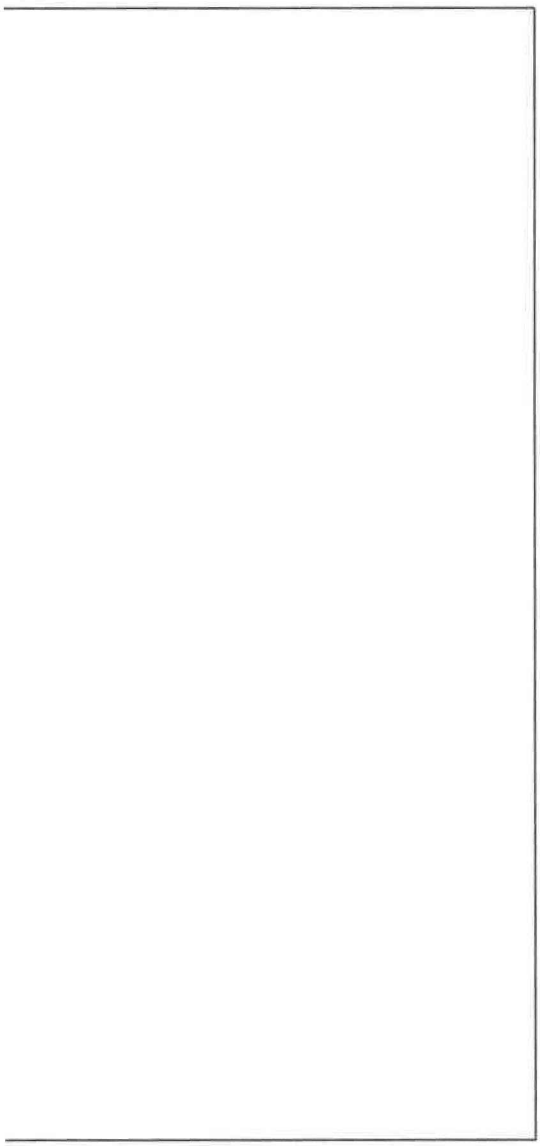
emale in Collier County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by p
-related case.
nale in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pu
-related case.
nale in Pinellas County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pu
-related case.
nale in Pasco County has been identified as positive. This person is isolated and will continue to remain isolated until cleared by pub
ted case.



posure to COVID-19 outside of the state.

Advisory

ent of Health is advising all individuals who have traveled internationally to follow the **new Centers for Disease Control a**
ummarized below:

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s recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes av
ose personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Departm

Cruises: Travelers should monitor their health and limit interactions with others for 14 days after returning to the United S
immediately self-isolate and contact your CHD or health care provider.
rmation regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/

visory

ough an extensive epidemiological investigation, has identified three positive COVID-19 cases associated with Port Ever
hree cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades.

epartment of Health recommends all individuals experiencing symptoms who have recently traveled through Port Evergl
CHD or health care provider and self-isolate for 14 Days.

ent also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-is
ent is working to connect with all employees at Metro Cruise Services who may have come into contact with the three inc
e for COVID-19 to provide the employees with the appropriate guidance and monitoring.
ent is working in close consultation with the CDC on this investigation.
ends that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms
ontact their CHD or health care provider.

y

ent of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-i
f return to the United States. Several passengers in the United States recently developed symptoms and have been conf
ding two positive cases in Florida.

ite and Call Center

rtment's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

ons related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866)**
24 hours a day. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

es

Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's res
Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
geon General Dr. Scott Rivkees declared a Public Health Emergency for the novel coronavirus in Florida.
ed an Incident Management Team to coordinate response operations.
a dedicated incident command post for on-site response activities.
d three public health and health care stakeholder conference calls to provide statewide updates on the current outbreak s
nd guidance for pandemic planning. Over five hundred participants joined these calls. Calls are scheduled for each Wedn
ed with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

ed a public call center for questions regarding COVID-19.
d and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
d and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain ca
ed mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
d CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic clo
l cases at their home or non-home residential settings to CHDs.

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d the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enha
aredness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
ted testing at all three State Public Health Laboratories.
d updated CDC guidance for schools to CHDs and the Department of Education.
d updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

now

d from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes.
surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or m

-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days follow
COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pre
es are more likely to develop serious illness.

vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department rec
help stop the spread of respiratory diseases, including:

e contact with people who are sick;
when you are sick and avoiding contact with persons in poor health;
hing your eyes, nose and mouth with unwashed hands;
r cough or sneeze with a tissue, then disposing of the tissue;
hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blow
neezing;
ater are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soa
ibly dirty; and
disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

ecommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including
e used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facer
d people who are taking care of someone in close settings (at home or in a health care facility).

ences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel
apan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD a
contact.

close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a p
COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will work with the
on should be tested for COVID-19.

epartment of Health

ent of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the h
rated state, county and community efforts.

ok, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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f.symantec.com/3UaDRCmYryBArBxmepp2AmH7Vc?u=https%3A%2F%2Fcontent.govdelivery.com%2Faccounts%2FFLDEM%2Fbulle

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l to you at no charge by the Florida Division of Emergency Management.

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rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 1:34 PM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com
Attachments: Facility Guidance on Visitor Screenings, Transfer Protocol, Facility Usage, and COVID-19 Patient Screenings - Copy.docx

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Facility Guidance on Visitor Screenings, Transfer Protocol, Facility Usage, and COVID-19 Patient Screenings

The Agency for Health Care Administration (AHCA) understands that the public health emergency regarding COVID-19 is a rapidly evolving situation. AHCA will continue to provide information and guidance to facilities from the CDC, CMS and Florida DOH.

Transfer Protocol

With recent reports of alarming potential infection rates of 55 percent or more in long-term care facilities and a potential fatality rate of nearly 20 percent, it is imperative that nursing homes and other long-term care residential providers which are unable to comply with CDC guidance for standard infection precautions for COVID-19 transmission (this includes negative pressure rooms and skilled use of N95 masks) should seek transfer individuals who fits criteria for testing or who have tested positive.

To accept a patient who is being discharged, long-term care residential providers may work to request testing of anyone that meets the criteria of being at risk of COVID-19.

Visitor Screening

Nursing homes, assisted living facilities, adult family-care homes, long-term care facilities and adult group homes: Per the recent emergency order, these facilities have specific and comprehensive screening criteria such as restricting access to individuals who have traveled internationally or on a cruise in the last 14 days, have respiratory illness symptoms or reside in community with community spread of COVID-19.

Broward County Nursing homes, ALFs, adult family-care homes, long-term care facilities and adult group homes: As of Friday, March 13, these facilities in Broward County should completely restrict visitors until further notice.

*** Residents of assisted living facilities should be screened if they return from leaving the campus. If they cannot pass the screening requirement, these residents should not be allowed back in the facility.*

Hospitals: The CDC recommends screening patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. To achieve this, facilities must dedicate staff to these screenings and may need to restrict entrances.

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PPE Supplies

If your facility is unable to source adequate supplies of PPE through your normal supply chain, please reach out to your local emergency operations center.

Facility Space Usage

During a state of emergency, facilities are permitted to utilize space as seen fit to safeguard the lives of patients, staff, and visitors.

- This includes using spaces for patient care that may not have been designed and approved for such uses where approved facilities are not available due to surge in patients.
- Each facility is responsible for using the existing spaces and systems to the best of their ability to provide the appropriate level care and safety for patients.

Patient Screening at Alternative Site

Per CMS, hospitals may set up alternative screening sites on campus or at off-campus, hospital-controlled sites. The Florida Division of Emergency Management and local EOCs will be helping to coordinate and support efforts to stand up alternative screening sites.

- Additionally, communities may set up screening clinics at sites not under the control of a hospital.
- Screenings do not have to take place in the emergency department but must always be completed by qualified personnel with appropriate personal protective equipment.
- To review the full guidance from CMS, please see this link: https://www.cms.gov/files/document/qso-20-15-hospitalcahemtala.pdf

Across the Board AHCA Licensure Extensions for 90 Days

Increased Federal Flexibility

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 2:23 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: for your review
Attachments: Facility Provider Alert 3.14.20.docx

Please take a look! Thank you.

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AMERICAN OVERSIGHT

Facility Guidance on Visitor Restrictions, Transfer Protocol, Hospital Facility Usage, and COVID-19 Patient Screenings

The Agency for Health Care Administration (AHCA) understands that the public health emergency regarding COVID-19 is a rapidly evolving situation. AHCA will continue to provide information and guidance to facilities from the CDC, CMS and Florida DOH.

Transfer Protocol

With recent reports of alarming potential infection and fatality rates, it is imperative that nursing homes and other long-term care residential providers which are unable to comply with CDC guidance for standard infection precautions for COVID-19 transmission, especially negative pressure rooms and skilled use of N95 masks, should seek transfer of individuals who fit criteria for testing or who have tested positive to facilities that can comply with these infection control requirements.

To accept any patient who is being discharged from a hospital, long-term care residential providers are encouraged to work with hospital clinicians to test through a private or hospital-certified laboratory for COVID-19 of this high-risk population.

LTC to Hospital Transfer Form: <<link>>
Hospital to LTC Transfer Form:
https://www.fhca.org/images/uploads/pdf/COVID_post_acute_transfer_FINAL_3_15_20.pdf

Visitor Restrictions and Screening

Long-term care and residential providers: Per the recent emergency order, these facilities must restrict all visitors except for narrow circumstances listed in the order: Nursing homes, assisted living facilities, group home facilities, developmental disabilities centers, homes for special services, long-term care hospitals, transitional living facilities, intermediate care facilities for the developmentally disabled, adult mental health and treatment facilities, adult forensic facilities, civil facilities, and adult family care homes

***Please note, the facility must discourage residents from leaving the facility. Residents returning to the facility will be screened for the above criteria before allowed reentry.*

Hospitals: The CDC recommends hospitals screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your health care facility. To achieve this, facilities must dedicate staff to these screenings and may need to restrict entrances.

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PPE Supplies

If your facility is unable to source adequate supplies of PPE through your normal supply chain, please coordinate with your local emergency operations center based upon any anticipated supply shortages.

Hospital Space Usage

During a state of emergency, hospitals have greater flexibility to utilize space as appropriate to care for patients.

- This includes using spaces for patient care that may not have been designed and approved for such uses.
- Each facility is responsible for using the existing spaces and systems to the best of their ability to provide the appropriate level care and safety for patients.

Patient Screening at Alternative Site

The Florida Division of Emergency Management and local EOCs will be helping to coordinate and support efforts to stand up alternative screening sites.

Across the Board AHCA Licensure Extensions for 90 Days

AHCA will be granting a 90-day extension to all licenses for health care providers and regulated facilities.

Waiver of Out of State Licenses for Health Care Professionals

A recent Emergency Order by the State Surgeon General states that health care professionals, advanced life professionals, and basic life support professionals not licensed to practice in Florida may provide care in Florida for thirty days, unless extended by the Surgeon General. Additionally, telehealth services may be rendered to patients in Florida by physicians, osteopathic physicians, physician assistants, and advanced practice registered nurses not licensed in Florida. Further, physicians, osteopathic physicians, physician assistants, and advanced practice registered nurses licensed in Florida may renew a prescription for a controlled substance for existing patients without the need to conduct a physical exam.

Increased Federal Flexibility

To take full advantage of the flexibilities provided through the declaration by President Trump of a national state of an emergency, AHCA will eliminate regulatory barriers that may delay critical health care response.

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- The Florida Medicaid Program released waiver guidance such as removing limits on services for Medicaid recipients diagnosed with COVID-19; eliminating prior authorization requirements hospital services, physician services, advanced practice registered nursing services, home health services, and durable medical equipment and supplies; and allowing for payment for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state.
- The full Florida Medicaid Health Care Alert is available here: <<insert link>>
- CMS has issued a set of blanket waivers that states may utilize in response to COVID-19.
- The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements, and we are actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

DRAFT

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:55 AM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes
Attachments: QSO-20-14-NH - REVISED 3-13-2020.pdf

This one

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases
- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19

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cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
    - Visitors will be limited to a specific room only
    - Facilities should require visitors to perform hand hygiene frequently
    - Must wear a face mask
- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.
- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

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From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting:
QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

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FL-AHCA-20-0902-A-001674

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 13, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19 -** CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation*.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments -** We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent

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monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

For ALL facilities nationwide:
Facilities should ***restrict*** *visitation of* ***all*** *visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

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transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

1. *Cancel communal dining and all group activities, such as internal and external group activities.*
2. *Implement active screening of residents and staff for fever and respiratory symptoms.*
3. *Remind residents to practice social distancing and perform frequent hand hygiene.*
4. *Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.*
5. *For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
6. *Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
7. *Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
8. *In lieu of visits, facilities should consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
9. *When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with*

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visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) *Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*

10. *Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been

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developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?
CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?
CMS urges providers to take advantage of several resources that are available:

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CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

CMS Resources:

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: https://www.cms.gov/files/document/qso-20-17-all.pdf
- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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From: Mayhew, Mary
To: ""McKinstry"","" Molly; " "Philpot"","" Toby; " "Smoak"","" Kimberly; " "Strickland"","" Katie; " "Miller"","" James; " "Grow"","" Stefan; " "Clary"","" Shannon; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com; Shannon.Clary@ahca.myflorida.com
Subject: Re: Confidential information included
Date: Monday, March 16, 2020 1:53:35 PM

This needs to include number of residents being tested.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:31:47 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: Confidential information included

Will do – in county order and added column of COVID test status. Will be in daily update. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	PHI	Calling now
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Pending

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:25 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: Re: Confidential information included

Please have someone put it in alphabetical order by county. I need this printed and included in a daily briefing binder.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:20:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly

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<Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Confidential information included

No positive cases confirmed in NH or ALF – I will turn the list over to maintenance and advice who will be managing. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	PHI
ALF	Beach House	140	Naples	Collier	3/14/2020	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	
ALF	Opal	100	Cape Coral	Lee	3/16/2020	
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 4, 2020 6:07 PM
To: ""Miller"","" James; " "Philpot"","" Toby; James.Miller@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Fwd: Response to COVID-19

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Reichmuth, Dawn <Dawn.Reichmuth@myflfamilies.com>
Sent: Wednesday, March 4, 2020 5:38:51 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; barbara.palmer@apdcares.org <barbara.palmer@apdcares.org>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Richard M Prudom <Prudomrm@elderaffairs.org>; 'Satter, Jonathan' <Jonathan.Satter@dms.myflorida.com>; SIMONE.MARSTILLER@DJJ.STATE.FL.US <SIMONE.MARSTILLER@DJJ.STATE.FL.US>; 'Burgess, Daniel (Danny)' <BurgessD@FDVA.STATE.FL.US>
Cc: Doria Moody <doria.moody@apdcares.org>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>; Linda Fullem <linda.fullem@flhealth.gov>; Melanie Ginn <ginnm@elderaffairs.org>; Nancy Cribbs <nancy.cribbs@dms.myflorida.com>; Patty Taff <patty.taff@djj.state.fl.us>; Steven Murray <murrayr@fdva.state.fl.us>; Poppell, Chad <Chad.Poppell@myflfamilies.com>
Subject: [External] FW: Response to COVID-19

From Secretary Poppell

Thanks,

Dawn Reichmuth
850-717-4522

From: Chad Poppell <Chad.Poppell@info.dcf.state.fl.us>
Sent: Tuesday, March 3, 2020 3:29 PM
To: Coleman, Aly <alyssa.coleman@myflfamilies.com>
Subject: Response to COVID-19

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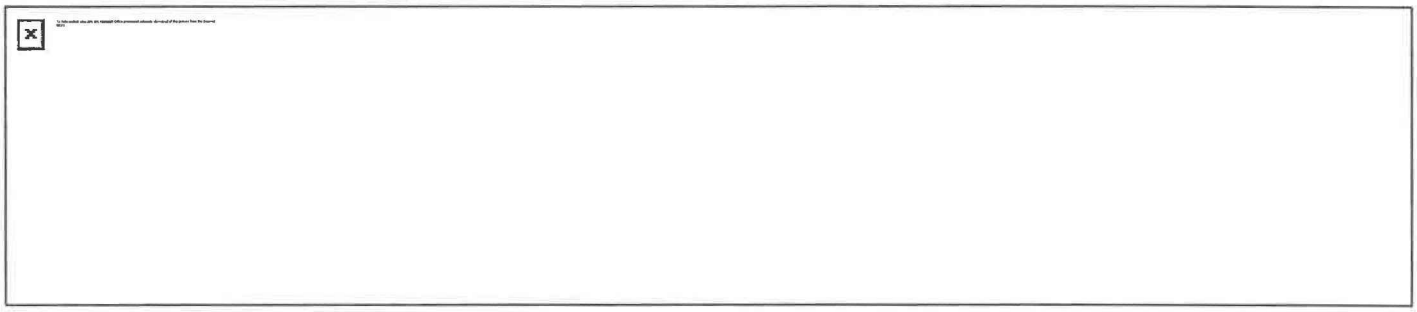
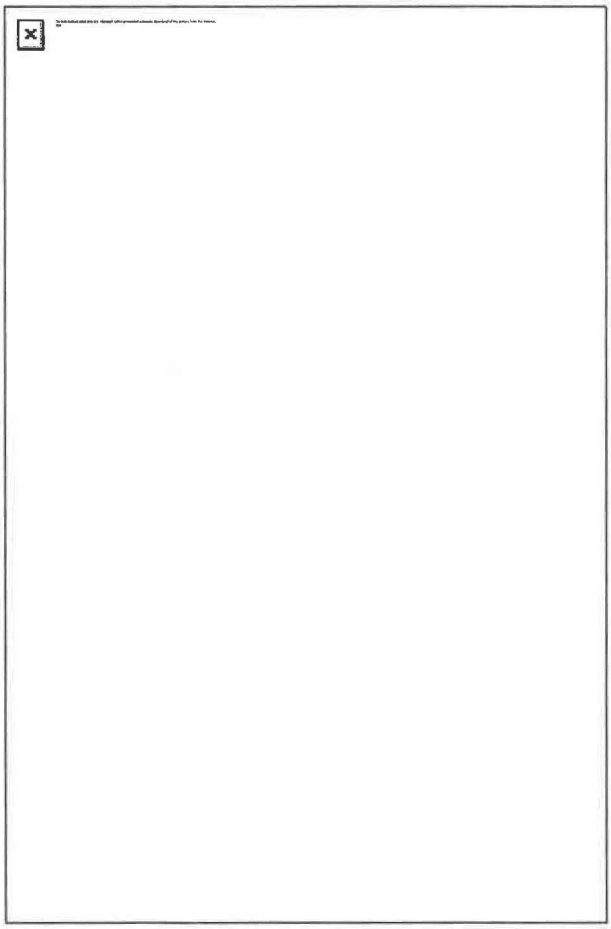


Dear Team,

As you may know, on Sunday, Governor DeSantis issued Executive Order 20-51, declaring a Public Health Emergency and establishing Florida's Response Protocol for Coronavirus Disease (COVID-19). Given that there have been two confirmed cases of COVID-19 in Florida, I urge you to be vigilant and take the necessary precautions to maintain your health and the health of those around you – including your colleagues and the vulnerable children or adults you all serve.

The Florida Department of Health (DOH) has been closely monitoring COVID-19 since November 2019, and the agency recently launched a website to share updates and helpful resources about the virus. The website also directs visitors to the Centers for Disease Control and Prevention (CDC) for more information and preventative measures, including guidelines for childcare program administrators.



Please ensure that you strictly follow these guidelines and preventative measures in the workplace and in the field, including washing your hands often and going or staying home when you feel sick.

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If you are requesting to go or stay home because you feel sick, you need to communicate with your supervisor and/or follow your standard operational chain of command for approval of personal leave (at this time, administrative leave is not authorized). If you are well enough to work, but believe you should stay home because of an undocumented concern that you might be contagious, you may be eligible to work from home for a temporary period – please discuss your eligibility with your supervisor, who will confer with management.

Supervisors, while you are not qualified to make a medical diagnosis, if you notice that a direct report is displaying symptoms of being sick – fever, sneezing, coughing, etc. – immediately consult with your management team about sending him or her home. To be clear, with the severity of COVID-19, it is unacceptable for someone who is or may be sick to be working.

It should also be noted, if a child or adult in your care has a suspected case of COVID-19, you must follow the protocol that is currently in place with all health care providers and practitioners, intended to contain and stop transmission of the virus. First, immediately contact your county health department or a local hospital – any hospital is equipped to handle COVID-19 – to review his or her symptoms and travel history. Then, the individual can be evaluated at the hospital, and tests will be sent to the CDC for further review.

While it is important to be aware of COVID-19, if you are healthy and taking good care of yourself, it should not prevent you from working to fulfill our shared mission: Protecting the vulnerable. To that end, until further notice, all frontline staff – such as child or adult protective investigators – are to ask the following questions prior to coming into direct contact with a potentially contagious individual or entering a home where COVID-19 may be present:

- Is anyone in your household sick, feverish, or experiencing ongoing coughing or sneezing?
- Has anyone in your household come into contact with someone who is sick, feverish, or experiencing ongoing coughing or sneezing?
- Has anyone in your household traveled outside the United States in the last three weeks?
    - *Currently, affected foreign countries include China, Iran, Italy, Japan, and South Korea.*

If the answer to any of these questions is "yes" and/or you have concerns regarding the prevalence of COVID-19 symptoms, you should try to limit physical contact, wear protective clothing (gloves), and be sure to wash your hands and sanitize any other exposed surfaces.

Additionally, all offices and facilities should continue with regular, thorough cleaning practices; display signage noting the importance of good hygiene; and be cognizant of current visitation policies, making necessary updates to limit the introduction of the virus.

Please be assured that Florida is doing everything in its power to prepare and respond to COVID-19 and the Department of Children and Families (DCF) will be available to assist as needed. Daily updates will be posted on the DOH website, and I will provide more information as I receive it.

In the meantime, if you or those you serve have any other questions pertaining to COVID-19 in Florida, please contact DOH's COVID-19 Call Center by calling 1-866-779-6121 or emailing COVID-19@flhealth.gov.

Thank you for your attention to this important matter.

God Bless,

Chad Poppell

Secretary

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Update your subscriptions, modify your password or email address, or stop subscriptions at any time on your Subscriber Preferences Page. You will need to use your email address to log in. *Before unsubscribing, please be aware that unsubscribing from this email will remove you from all future DCF communications.* If you have questions or problems with the subscription service, please contact subscriberhelp.govdelivery.com.

This service is provided to you at no charge by Florida Department of Children and Families.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 12:18 PM
To: ""Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com
Subject: FW: Department of Health COVID-19 Update

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Monday, March 9, 2020 11:56 AM
To: Feedback, NewsMedia <NewsMedia@flhealth.gov>
Subject: [External] Department of Health COVID-19 Update

FOR IMMEDIATE RELEASE
March 9, 2020

Department of Health COVID-19 Update

Contact:
Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

TALLAHASSEE — The Florida Department of Health is responding to COVID-19. In an effort to keep Florida residents and visitors safe and aware about the status of the virus, the Department is issuing regular updates as information becomes available. The Department will be sending this press release update every morning, seven days per week.

International Travel Advisory

The Florida Department of Health is advising all individuals who have traveled internationally to self-isolate for 14 days following their date of return to the United States.

Nile Cruise Advisory

The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two positive cases in Florida.

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COVID-19 Cases

Florida Residents Diagnosed in Florida				
	County	**Age**	**Sex**	**Known History of International Travel**
1	**Manatee**	**63**	**Male**	**No**
2	**Hillsborough**	**29**	**Female**	**Yes**
3	**Santa Rosa**	**71**	**Male**	**Yes**
4	**Broward**	**75**	**Male**	**No**
5	**Broward**	**65**	**Male**	**No**
6	**Lee**	**77**	**Female**	**Yes**
7	**Lee**	**77**	**Male**	**Yes**
8	**Charlotte**	**54**	**Female**	**Yes**
9	**Okaloosa**	**61**	**Female**	**Yes**
10	**Volusia**	**66**	**Female**	**Yes**
11	**Manatee**	**81**	**Female**	**Yes**
12	**Broward**	**67**	**Male**	**No**

COVID-19 Testing Results

- 18 Florida cases (17 Florida residents)
  - 12 diagnosed in Florida
  - 5 diagnosed and isolated in another state
  - 1 confirmed positive non-Florida resident isolated in Florida.
- 115 tests in state results pending
- 140 negatives
- 1,104 people monitored to date
- 302 of 1,104 are currently being monitored

People who have tested positive for COVID-19 will remain in isolation until they test negative.

COVID Public Website and Call Center

Please visit the Department's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 779-6121. The Call Center is available 24 hours a day**. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

Department Activities

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- Governor Ron DeSantis issued an Executive Order directing the State Surgeon General to declare a public health emergency.
- State Surgeon General Dr. Scott Rivkees declared a public health emergency for the novel coronavirus in Florida.
- Established an incident management team to coordinate response operations.
- Activated a dedicated incident command post for on-site response activities.
- Conducted three public health and healthcare stakeholders conference calls to provide statewide updates on the current outbreak situation, response actions, and guidance for pandemic planning. Over five hundred participants joined the calls. Calls are scheduled for each Wednesday at 2:00 EST.
- Participated with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted living facilities, and hospitals.
- Established a public call-center for questions regarding COVID-19.
- Developed and distributed the communications approved COVID-19 Presentation to CHDs for use at community meetings.
- Developed and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
- Established mechanisms for on-going monitoring and coordination with the Centers for Disease Control and Prevention (CDC) regarding epidemiological activities.
- Distributed CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings to County Health Departments
- Distributed the updated Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease and a healthcare provider letter regarding Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19) to associations, licensed providers, Health Care Coalitions (HCCs) and County Health Departments (CHD).
- Implemented testing at all three State Public health Laboratories.
- Distributed updated CDC guidance for schools to CHDs and the Department of Education.
- Distributed updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

What you Should Know

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department recommends everyday preventive actions to help stop the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

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- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Facebook, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 3:54 PM
To: ""Philpot"","" Toby; " "Mayhew"","" Mary; " "Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com
Subject: Fwd: COVID-19 CDC Updates
Attachments: CDC Related Info on Coronavirus-Update Log.xlsx

Get Outlook for iOS

From: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Sent: Monday, March 16, 2020 3:39:46 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Cc: Wallace, Thomas J. <Thomas.Wallace@ahca.myflorida.com>; Riddle, Abby <Abby.Riddle@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Boatwright, Lakeysha <Lakeysha.Boatwright@ahca.myflorida.com>; McClendon, Alexander <Alexander.McClendon@ahca.myflorida.com>
Subject: RE: COVID-19 CDC Updates

I have attached the CDC website COVID-19 Updates through 3/16/2020.

Please let me know if you have any questions.

Thanks.

Cliff

Cliff Schmidt, MPA
Medicaid Program Coordination
Medicaid Director's Office
(850) 412-4698
clifford.schmidt@ahca.myflorida.com

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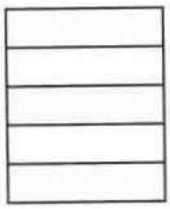

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irus CDC Update Tracking Log

URL
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html
https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html
https://www.cdc.gov/coronavirus/2019-ncov/summary.html
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/community/index.html

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https://www.cdc.gov/coronavirus/2019-ncov/protect/what-to-do-if-sick.html
https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-law-enforcement.pdf
https://www.cdc.gov/coronavirus/2019-ncov/travelers/communication-resources.html
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html
https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship
https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html?deliveryName=USCDC_2067-DM21539
https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html
https://www.cdc.gov/coronavirus/2019-ncov/summary.html
https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html
https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html
https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/lab/testing-laboratories.html
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html
https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
https://www.cdc.gov/coronavirus/2019-ncov/community/index.html

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https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.htr
https://www.cdc.gov/coronavirus/2019-ncov/index.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
https://www.cdc.gov/coronavirus/2019-ncov/summary.html
https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/white-house-tf/from-the-white-house-task-force.html
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html
https://www.cdc.gov/mmwr/volumes/69/wr/mm6911e1.htm?s_cid=mm6911e1_e&deliveryName=USCDC_921-
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html
https://www.cdc.gov/coronavirus/2019-ncov/prepare/protect-home.html
https://www.cdc.gov/coronavirus/2019-ncov/community/index.html
https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html
https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html
https://www.cdc.gov/coronavirus/2019-ncov/you-are-sick/index.html
https://www.cdc.gov/coronavirus/2019-ncov/prepare/index.html
https://www.cdc.gov/coronavirus/2019-ncov/prepare/protect-family.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html
https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/world-map.html

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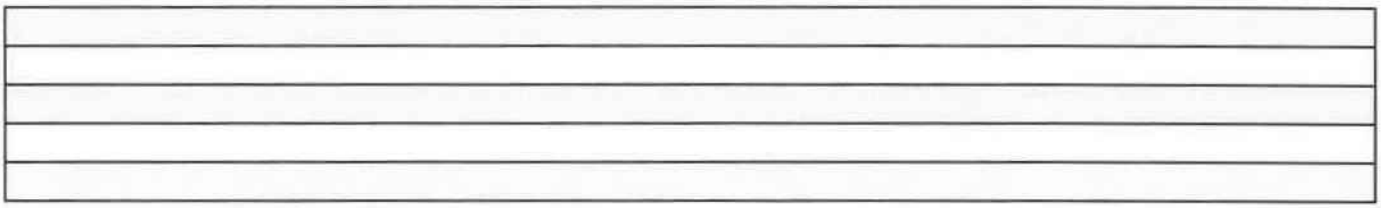

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Description
Interim US Guidance for Risk Assessment and Public Health Management
COVID-19 in the US Case Count Update
COVID-19 in the World Case Count Update
Information for Health Departments on Reporting a Person Under Investigation (PUI), or Presumptive Positive and Laboratory-Confirmed Cases of COVID-19
Updated Situation Summary
Interim US Guidance for Risk Assessment and Public Health Management
Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel
COVID-19 in the US Case Count Update
Preventing COVID-19 Spread in Communities

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What to do if you are sick
What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)
Communication Resources for Travelers
People at Risk for Serious Illness from COVID-19
Environmental Cleaning and Disinfection Recommendations
COVID-19 and Cruise Ship Travel
Resources for Institutes of Higher Education
Coronavirus Disease 2019 Information for Travel
Coronavirus Disease 2019 (COVID-19) in the U.S.
Locations with Confirmed COVID-19 Cases
Coronavirus Disease 2019 (COVID-19) Situation Summary
Travel: Frequently Asked Questions and Answers
Testing in the U.S.
Coronavirus Disease 2019 (COVID-19) in the U.S.
Locations with Confirmed COVID-19 Cases Global Map
Testing in the U.S.
Frequently Asked Questions on COVID-19 Testing at Laboratories
Interim Guidance for Outpatient Hemodialysis Facilities
Coronavirus Disease 2019 (COVID-19) in the U.S.
Locations with Confirmed COVID-19 Cases Global Map
Testing in the U.S.
Coronavirus Disease 2019 Information for Travel
Preventing COVID-19 Spread in Communities

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Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes
Coronavirus Disease 2019 (COVID-19)
Coronavirus Disease 2019 (COVID-19) in the U.S.
Coronavirus Disease 2019 Information for Travel
Coronavirus Disease 2019 (COVID-19) Situation Summary

Testing in the U.S.

From the White House Coronavirus Task Force
Schools & Childcare: Guidance for School Settings
Evaluation of the Effectiveness of Surveillance and Containment Measures for the First 100 Patients with COVID-19 in Singapore — January 2–February 29, 2020
Coronavirus Disease 2019 (COVID-19) in the U.S.
Locations with Confirmed COVID-19 Cases Global Map
Protect Your Home
Schools, Workplaces & Community Locations
How to Protect Yourself
Pregnancy & Breastfeeding
Testing for COVID-19
Symptoms & Testing
If You Are Sick
How to Prepare
Protect Your Family
Situation Summary
Get Your Mass Gatherings or Large Community Events Ready
World Map

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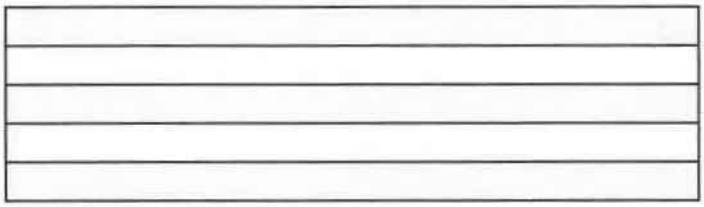

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Detail
* Clarified that in jurisdictions without sustained community transmission, decisions for public health action should be based priorities of public health authorities (e.g., surveillance, contact tracing)., In jurisdictions with sustained community transmission, travelers and other potentially exposed individuals should follow local guidance. Also provided a rationale for these changes. * Updated definitions for self-observation, self-monitoring, and self-monitoring with public health supervision * Provided exposure risk definitions and recommended management for countries other than China * Updated recommendations for Crews on Passenger or Cargo Flights * Removed Workplace section * Added links to information on discontinuation of isolation for patients with laboratory-confirmed COVID-19
* Updated US case counts and deaths
* Update world case counts and deaths
* Updated triage and reporting criteria for Health Departments
* Added clarifying language to the CDC's response * Added new information on text kits and lab testing availability
* Added definitions for "congregate settings" and "social distancing"
* Updating recommendations regarding HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations at the end of the document) * Removed requirement under "self monitoring with delegated supervision" for healthcare facilities to actively verify absence of fever and respiratory symptoms when healthcare personnel (HCP) report for work. This is now optional. * Simplified risk exposure categories based on most common scenarios with focus on presence/absence of source control measures; use of personal protective equipment (PPE) by HCP; and degree of contact with the patient (i.e., prolonged versus brief) * Added language advising HCP to inform their occupational health program if they have travel or community-associated exposures as defined in Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposure in Travel-associated or Community SettingsUpdating recommendations regarding HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations at the end of the document) * Removed requirement under "self monitoring with delegated supervision" for healthcare facilities to actively verify absence of fever and respiratory symptoms when healthcare personnel (HCP) report for work. This is now
* 164 total cases; 11 deaths; 19 States reporting cases
* Does not appear to be updated since 3/3 but link was added to "What's New" on 3/7

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* Symptoms *Caring for yourself at home *Protecting Others from Getting Sick *Caring for Someone Who is Sick
* PDF flyer for law enforcement
* PDF flyer for travelers
* Identification of higher risk for individuals and steps to take
* Interim recommended guidelines for cleaning and disenfecting * Provides definitions * Discusses timing and location of cleaning * Provideds guidance on cleaning and disinfecting surfaces, linens, clothing and other launcry items * Offers guidance on PPE and Hand Hygiene * Offers additional considerations for employers
* CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel worldwide. * Sustained community spread of respiratory illness caused by COVID-19 has been reported in many countries. * Cruise ship passengers are at increased risk of person-to-person spread of infectious diseases, including COVID-19. * Older adults and travelers with underlying health issues should avoid situations that put them at increased risk
* Specific guidance and resources for Institutes of Higher Education
* Updated resources for ship an airline travel * Updated geographic risk assessment (by country)
* 423 Total Cases, 19 Deaths, 35 States (including DC)
* Updated list of countires with COVID-19, link to WHO world case and death counts
* Minor update on testing * Update to Situation in the U.S.
* Information on: --Cancelling or Postponing Travel --Air or Cruise Travel --Returning from Travel --Business Travel
* Update to which states currently have labs testing for COVID-19
* 647 Total Cases, 25 Deaths, 36 Jurisdictions reporting cases (including DC)
* Update on countries reporting cases and link to updated WHO report
* Update to which states currently have labs testing for COVID-19
* FAQs regarding laboratory testing
* Guidance for hemodialysis facilities
* 938 Total Cases, 29 Deaths, 39 Jurisdictions reporting cases (including DC)
* Update on countries reporting cases and link to updated WHO report
* Update to which states currently have labs testing for COVID-19
* Updated guidance on travel and travel related information
* Updated organization of page linking actions for Home, Schools, Universities, and other settings in one place.

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* Updated background to provide information about the risks ill HCP and visitors pose to this vulnerable population. * Added and tiered actions facilities should take depending on whether COVID-19 has been identified in their community or facility.
* Updates from the White House Coronavirus Task Force including: --CDC's framework for Mitigation --Mitigation Strategies for 3 cities --Presentation from VP's Office on "Keeping workplaces, homes, schools, or commercial establishments safe"
* 1,215 Total Cases, 36 Deaths, 43 jurisdictions reporting (including DC)
* Increased severity of Risk Assessment Level
* Updated to note that COVID-19 is now classified as a pandemic * Added FAA-CDC link for air travel safety alert
* Updated collection data and specimen count
* Created a page for the White House Task Force items
* Updated guidance for schools including a closure decision tree
* Update on the effectiveness of measures taken in Singapore
* 1,629 Cases, 41 Deaths, 47 Jurisdictions reporting cases (including DC)
* Updated global map of countries reporting COVID-19 cases
* Updated guidance on keeping your home safe
* Added Florida community mitigation plans to the original plans posted by the WH Task Force
* Updated to add increased warning for older adults with severe underlying chronic medical conditions
* Updated guidance and information for women who are pregnant or breastfeeding
* New page on when and how to get tested
* Updated to note National Emergency declaration * Updated Risk Assessment * Updated CDC Response
* CDC issued guidance to keep large gatherings below 50 people
* Update to include 9 new countries/territories/regions with active cases

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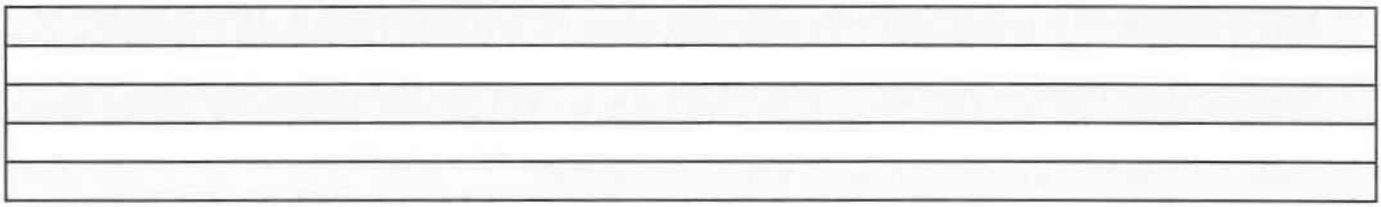

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:31 PM
To: ""Philpot"","" Toby; " "Gerrell"","" Traci; Toby.Philpot@ahca.myflorida.com; Traci.Gerrell@ahca.myflorida.com
Subject: Fwd: Windsor Health and Rehabilitation Center (Starke)

To add to list

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Monday, March 16, 2020 4:28:56 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: Windsor Health and Rehabilitation Center (Starke)

Windsor Health and Rehabilitation Center has 1 symptomatic resident currently being tested. Please have field staff contact DOH representative Trisha Clark (904) 796-0032 to coordinate an onsite visit.

Thanks,

Rebecca

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 7:46 AM
To: ""Strickland"","" Katie; Katie.Strickland@ahca.myflorida.com
Subject: FW: Release of CMS Memo's March 10, 2020
Attachments: qso-20-18-hha.pdf; qso-20-19-esrd.pdf; qso-20-17-all.pdf

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 8:11 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Release of CMS Memo's March 10, 2020

Three additional CMS memos released this evening. Thanks

Memo Number	Memo Name
QSO-20-17-All	Guidance for use of Certain Industrial Respirators by Health Care Personnel

Memo Number	Memo Name
QSO-20-18-HHA	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHA)

Memo Number	Memo Name
QSO-20-19-ESRD	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities

Kimberly R. Smoak, MSH, QIDP
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Agency for Health Care Administration
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-18-HHA

DATE: **March 10, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)

Memorandum Summary

CMS is committed to protecting American patients and residents by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns.

- ***Coordination with the Centers for Disease Control and Prevention (CDC) and local public health departments*** - We encourage all Home Health Agencies to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

- ***Home Health Guidance and Actions*** - CMS regulations and guidance support Home Health Agencies taking appropriate action to address potential and confirmed COVID cases and mitigate transmission including screening, treatment, and transfer to higher level care (when appropriate). This guidance applies to both Medicare and Medicaid providers.

Background

The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients in the home care setting from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for all Medicare and Medicaid participating Home Health Agencies (HHAs) in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

Guidance

HHAs should monitor the CDC website (see links below) for information and resources and contact their local health department when needed. Also, HHAs should be monitoring the health status of everyone (patients/residents/visitors/staff/etc.) in the homecare setting for signs or

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symptoms of COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors.

In addition to the overarching regulations and guidance, we have provided the following information (Frequently Asked Questions) about some specific areas related to COVID-19. This guidance is applicable to all Medicare and Medicaid HHA providers.

HHA Guidance for Admitting and Treating Patients with known or suspected COVID-19

Which patients are at risk for severe disease for COVID-19?
Based upon CDC data, older adults or those with underlying chronic medical conditions may be most at risk for severe outcomes.

How should HHAs screen patients for COVID-19?
When making a home visit, HHAs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask patients about the following:

1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.

For ill patients, implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done).

Inform the HHA clinical manager, local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.

CMS regulations requires that home health agencies provide the types of services, supplies and equipment required by the individualized plan of care. HHA's are normally expected to provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS). State and Federal surveyors should not cite home health agencies for not providing certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.

How should HHAs monitor or restrict home visits for health care staff?

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:

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- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the HHA clinical manager of information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

• Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

HHAs should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

Do all patients with known or suspected COVID-19 infection require hospitalization?
Patients may not require hospitalization and can be managed at home if they are able to comply with monitoring requests. More information is available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html

What are the considerations for determining when patients *confirmed* with COVID-19 are safe to be treated at home?

Although COVID-19 patients with mild symptoms may be managed at home, the decision to remain in the home should consider the patient's ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions. More information is available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html

When should patients *confirmed* with COVID-19 who are receiving HHA services be considered for transfer to a hospital?
Initially, symptoms maybe mild and not require transfer to a hospital as long as the individual with support of the HHA can follow the infection prevention and control practices recommended by CDC. (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

The patient may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving hospital should be alerted to the patient's diagnosis, and precautions to be taken including placing a facemask on the patient during transfer. If the patient does not require hospitalization they can be discharged back to home (in consultation with state or local public health authorities) if deemed medically and environmentally appropriate. Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

What are the implications of the Medicare HHA Discharge Planning Regulations for Patients with COVID-19?

Medicare's Discharge Planning Regulations (which were updated in November 2019)

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requires that HHA assess the patient's needs for post-HHA services, and the availability of such services. When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any other service provider. For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.

What are recommended infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for patients with known or suspected COVID-19?

The CDC advises the patient to stay home except to get medical care, separate yourself from other people and animals in the home as much as possible (in a separate room with the door closed), call ahead before visiting your doctor, and wear a facemask in the presence of others when out of the patient room.

For everyone in the home, CDC advises covering coughs and sneezes followed by hand washing or using an alcohol-based hand rub, not sharing personal items (dishes, eating utensils, bedding) with individuals with known or suspected COVID-19, cleaning all "high-touch" surfaces daily, and monitoring for symptoms. We would ask that HHA's share additional information with families. Please see https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html and https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html.

Detailed infection prevention and control recommendations are available in the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons under Investigation for COVID-19 in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Are there specific considerations for patients requiring therapeutic interventions?
Patients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition. Because some procedures create high risks for transmission (close patient contact during care) precautions include: 1) HCP should wear all recommended PPE, 2) the number of HCP present should be limited to essential personnel, and 3) any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines.

What Personal Protective Equipment should home care staff routinely use when visiting the home of a patient suspected of COVID-19 exposure or confirmed exposure?
If care to patients with respiratory or gastrointestinal symptoms who are confirmed or presumed to be COVID-19 positive is anticipated, then HHAs should refer to the Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings: https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html

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Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.

PPE should ideally be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.

Ask person being tested if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the home of the person being tested in public health personnel's vehicle.

If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

When is it safe to discontinue Transmission-based Precautions for home care patients with COVID-19?

The decision to discontinue Transmission-Based Precautions for home care patients with COVID-19 should be made in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. For more details, please refer to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html.

Considerations to discontinue in-home isolation include all of the following:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥24 hours apart* (total of four negative specimens—two nasopharyngeal and two throat). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.

*Initial guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab and throat swab) specimens.

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Protocols for Coordination and Investigation of Home Health Agencies with Actual or Suspected COVID-19 Cases

During a home health agency survey, when a COVID-19 confirmed case or suspected case (including PUI) is identified, the surveyors will confirm that the agency has reported the case to public health officials as required by state law and will work with the agency to review infection prevention and education practices. Confirm that the HHA has the most recent information provided by the CDC.

- The State should notify the appropriate CMS Regional Office of the HHA who has been identified as providing services to a person with confirmed or suspected COVID-19 (including persons under investigation) who do not need to be hospitalized;
- The State should notify the appropriate CMS Regional Office of the HHA who has been identified as providing services to a person with confirmed COVID-19 who were hospitalized and determined to be medically stable to go home.

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite providers/suppliers for not having certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the appropriate local authorities notifying them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for patients. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Regional Office.

Important CDC Resources:

CDC Resources for Health Care Facilities and Home and Commuity Based Settings:

- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- CDC Guidance for Preventing Spread in Home and Commuity Settings https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
- Strategies for Optimizing the Supply of N95 Respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html

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- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Resources for Households https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html

FDA Resources:
Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Resources:
Home Health Agency Infection Control and Prevention regulations and guidance: 42 CFR 484.70, Infection Prevention and Control, Appendix B of the State Operations Manual, Infection Prevention and Control. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_b_hha.pdf

CDC Updates:
https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067

Contact: Questions about this memorandum should be addressed to QSOG_EmergencyPrep@cms.hhs.gov. Questions about COVID-19 guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-19-ESRD

DATE: **March 10, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities

Memorandum Summary

- **CMS is dedicated** to the continued health and safety of patients obtaining care within dialysis facilities to ensure facilities are prepared to respond to the threat of COVID-19.
- **Dialysis Guidance and Actions** - CMS is providing additional guidance to dialysis facilities to help them focus their infection control and prevention practices to prevent the transmission of COVID-19.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all dialysis facilities to monitor the CDC website for updated information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

CMS is responsible for ensuring the health and safety within dialysis facilities by enforcing health and safety standards required to help facilities provide safe, quality care to dialysis patients. Due to the recent spread of COVID-19, we are providing additional guidance to dialysis facilities to help control and prevent the spread of the virus.

Guidance

Facilities should monitor the CDC website for information and resources (links below), and contact their local health department when needed. Also, facilities should be monitoring the health status of everyone (in-center and home dialysis patients/visitors/staff/etc.) in their facility for signs or symptoms of respiratory infection, including COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible exposed or

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infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain open lines of communication with patients, patient representatives and/or family and other care providers to respond to the individualized needs of each patient.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/visitors or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the requirements in the Conditions for Coverage (CFC) and associated guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Dialysis Facilities

What actions should dialysis facilities implement to promote early recognition and management of patients, staff and visitors?
Facilities should screen patients, staff and visitors and contact home dialysis patients for the following:

1. Signs or symptoms of a respiratory infection, such as a fever, cough, shortness of breath or sore throat.
2. Contact with someone with or under investigation for COVID-19.
3. International travel within the last 14 days to countries with widespread or ongoing community spread. For updated information on countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html
4. Residing in a community where community-based spread of COVID-19 is occurring.

Furthermore, to promptly identify and manage patients, staff or visitors with undiagnosed respiratory symptoms the following actions should be implemented:

- Facilities should identify patients with signs and symptoms of respiratory infections before they enter the treatment area.
    - Patients with symptoms of a respiratory infection should put on a facemask (i.e., surgical mask) at check-in and keep it on until they leave the facility. The facility should provide if needed.
    - Patients should inform staff of fever or respiratory symptoms immediately upon arrival at the facility (e.g., when they check in at the registration desk) (Note, the facility will likely also check patient temperature).
    - Have patients call ahead to report fever or respiratory symptoms so the facility can be prepared for their arrival or triage them to a more appropriate setting (e.g., an acute care hospital).
    - Post signs at entrances with instructions to patients with fever or symptoms of respiratory infection to alert staff so appropriate precautions can be implemented.

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- Facilities should provide patients and staff with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
    - Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene
- Facilities should have the following supplies available to ensure adherence to hand and respiratory hygiene, and cough etiquette. These include tissues and no-touch receptacles for disposal of tissues and hand hygiene supplies (e.g., alcohol-based hand sanitizer)
- Visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication).

How should facilities monitor or restrict dialysis facility staff?
The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above).

- Dialysis staff who have signs and symptoms of a respiratory infection should not report to work. Facilities should implement sick leave policies that are non-punitive, flexible and consistent with public health policies that allow ill staff members to stay home.

- Any staff member that develops signs and symptoms of a respiratory infection, should:
    - Immediately stop work (if working), put on a facemask, and self-isolate at home;
    - Inform the facility administrator, and collect information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

Where should dialysis facilities place patients with undiagnosed respiratory symptoms and/or suspected or confirmed COVID 19?

Facilities should have space in waiting areas for ill patients to sit separated from other patients by at least 6 feet. Medically-stable patients who do not have other care needs have the option to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be seen. Additional placement consideration include:

- Patients with respiratory symptoms should be brought back to a designated treatment area for evaluation as soon as possible in order to minimize time in common waiting areas.

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- Facilities should maintain at least 6 feet of separation between masked, symptomatic patients and other patients and stations during dialysis treatment. Ideally, symptomatic patients would be dialyzed in a separate room (if available) with the door closed.
    - Hepatitis B isolation rooms may be used to dialyze patients if:
        - The patient with suspected or confirmed COVID-19 is hepatitis B surface antigen positive or;
        - The facility has no hepatitis B surface antigen positive patients who would require treatment in the isolation room.
        - If a separate room is not available, the patient should be treated at a corner or end-of-row station, away from the main flow of traffic (if available). The patient should be separated by at least 6 feet from the nearest patient stations (in all directions).

When transmission in the community is identified, the local medical system's capacity to accept hemodialysis patients for treatment may be exceeded. Public health authorities and dialysis facilities should refer to pandemic and emergency preparedness plans to help determine alternatives. Alternative options may include the need to continue dialysis in the outpatient hemodialysis setting if the patient's condition does not require a higher level of care. If a hemodialysis facility is dialyzing more than one patient with suspected or confirmed COVID-19, consideration should be given to cohorting these patients and the dialysis staff caring for them together in the unit and/or on the same shift (e.g., consider the last shift of the day). Additionally, per current CDC guidance, an airborne infection isolation room (AIIR) is not required for the evaluation or care of patients with suspected or confirmed COVID-19. AIIRs should be prioritized for patients who are critically ill or receiving aerosol-generating procedures.

What type of Personal Protective Equipment (PPE) should be used when caring for patients with undiagnosed respiratory symptoms?

When providing dialysis care, facilities should continue to follow the infection control requirements at 42 CFR §494.30 including requirements for hand hygiene, PPE, isolation and routine cleaning and disinfection procedures.

- In general, dialysis staff caring for patients with undiagnosed respiratory infections should follow Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes the use of:
    - Isolation gowns
        - The isolation gown should be worn over or instead of the cover gown (i.e., laboratory coat, gown, or apron with incorporate sleeves) that is normally worn by hemodialysis personnel. This is particularly important when initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station.
        - Remove and discard the gown in a dedicated container for waste or linen before leaving the dialysis station. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
    - Gloves
    - Facemask

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- Eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face). Personal glasses and contact lenses are NOT considered adequate eye protection.

Please see discussion below of Expanded Respirator Guidance below for additional information.

How should facilities ensure appropriate cleaning and disinfection of environmental surfaces, medical devices and equipment?

- Facilities should continue to follow the infection control requirements related to cleaning and disinfection at 42 CFR §494.30 which include:
  - Ensuring items taken into the dialysis station either be disposed of, dedicated for use only on a single patient, or
  - Cleaned and disinfected per manufacturer's directions for use before being taken to a common clean area or used on another patient.
- Facilities should implement routine cleaning and disinfection procedures which are appropriate for COVID-19 in healthcare settings which include:
  - Using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label.
  - Using products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.
- Facilities should provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

When should the dialysis facility consider transferring a patient to an alternative site for treatment?

- If the facility cannot fully implement the recommended precautions or if the patient's condition requires care that the dialysis facility is unable to provide, the patient should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
- While awaiting transfer, patients should wear a facemask and be separated from other patients. If stable, patients can be asked to wait in their vehicles or return home. If that is not possible, then they should be placed in a separate room with the door closed. Contact with patient should be minimized. Appropriate PPE should be used by healthcare personnel when coming within 6 feet of patients with known or suspected COVID-19.

Are there special considerations for Home Dialysis Patients?

Dialysis facilities should continue to follow the guidelines as required regarding monthly monitoring of home dialysis patients onsite at the facility. While we want to limit exposure for the home dialysis patients, COVID-19 is particularly aggressive in individuals who are elderly and those with chronic conditions including end-stage renal disease (ESRD). It is important that the home dialysis patients do not miss their onsite appointments to ensure that all dialysis procedures are followed to ensure a safe environment for the patient. Facilities should be vigilant in monitoring any changes in guidelines as new information is available.

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Will dialysis facilities be cited for not having the appropriate supplies?
CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact their CMS Location.

CDC Resources:

- Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- CDC guidance for dialysis safety including infection prevention tools: https://www.cdc.gov/dialysis/index.html
- *Strategies for Optimizing the Supply of N95 Respirators:* https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html
- Weekly e-mails regarding COVID-19: https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067

FDA Resources:

- Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Resources:

- Appendix H of the State Operations Manual- Guidance to Surveyors: End-Stage Renal Disease Facilities at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_h_esrd.pdf

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- Appendix Z of the State Operations Manual - Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance at:https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf
- Dialysis resources on the CMS website including interpretative guidance at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis

Contact: Questions about this memorandum should be addressed to QSOG_EmergencyPrep@cms.hhs.gov. Questions about COVID-19 guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-17-ALL

DATE: **March 10, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for use of Certain Industrial Respirators by Health Care Personnel

Memorandum Summary

- The Centers for Medicare & Medicaid Services (CMS) CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the Coronavirus Disease 2019 (COVID-19) and other respiratory illnesses.
- The memo clarifies the application of CMS policies in light of recent Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections.

Background

CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the COVID-19 and other respiratory illness. With this announcement, health care workers in providers and suppliers certified by CMS will have a more expansive range of options to protect themselves and those receiving their care. CMS will continue to explore flexibilities and innovative approaches within our regulations to allow health care entities to meet the critical health needs of the country.

Guidance

The Centers for Disease Control and Prevention (CDC) have updated their Personal Protective Equipment (PPE) recommendations for health care workers involved in the care of patients with known or suspected COVID-19. At this time, these recommendations will be considered by CMS surveyors to determine if Medicare and Medicaid providers and suppliers are complying with infection control protocols:

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable temporary alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that

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are likely to generate respiratory aerosols, which would pose the highest exposure risk to Health Care Providers (HCP).
    - Facemasks protect the wearer from splashes and sprays.
    - Respirators, which filter inspired air, offer respiratory protection.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- Eye protection, medical gown, and gloves continue to be recommended.
    - If there are shortages of medical gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- Updated recommendations regarding the need for an airborne infection isolation room (AIIR).
    - Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. AIIRs should be reserved for patients undergoing aerosol-generating procedures.
- Updated information based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in HCP, and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Additional information on CDC's recommendations above can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Further, the FDA approved the CDC request for an emergency use authorization (EUA) to allow health care personnel to use certain industrial respirators during the COVID-19 outbreak in health care settings. The FDA concluded that respirators approved by the National Institute for Occupational Safety and Health (NIOSH), but not currently meeting the FDA's requirements, may be effective in preventing health care personnel from airborne exposure, including COVID-19, which can cause serious or life-threatening disease, including severe respiratory illness.

This action allows the NIOSH-approved respirators not currently regulated by the FDA to be used in a health care setting by health care personnel during the COVID-19 outbreak, thereby maximizing the number of respirators available to meet the needs of the U.S. health care system.

PLEASE NOTE: Due to the updated CDC guidance and current supply demands of these devices (and the discards associated with testing), CMS is directing surveyors not to validate the date of the last FIT test for health care workers in Medicare and Medicaid certified facilities, until further notice.

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The press release announcing FDA and CDC action to increase access to respirators, including N95s, for health care personnel, can be found at: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-and-cdc-take-action-increase-access-respirators-including-n95s

The EUA letter can be found at https://www.fda.gov/media/135763/download.

- Appendix A: A list of approved Filtering Facepiece Respirators (FFRs) eligible for coverage under this EUA are posted on the FDA's website:
  https://www.fda.gov/media/135764/download

- Appendix B: A list of NIOSH-approved FFRs authorized under this EUA can be found here:
  https://www.fda.gov/media/135921/download

Therefore, any CMS guidance that explicitly, or by reference, indicates N-95 or PPE usage will automatically incorporate any FFRs authorized under this EUA and any guidance issued by the CDC. This memo is effective for all Medicare and Medicaid provider and certified supplier types:

1. Hospitals
2. Religious Nonmedical Health Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. Program of All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs)
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities- ICF/IID
10. Home Health Agencies (HHAs)
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. Critical Access Hospitals (CAHs)
13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. Community Mental Health Centers (CMHCs)
15. Organ Procurement Organizations (OPOs)
16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
17. End-Stage Renal Disease (ESRD) Facilities

In addition, we're providing the following information about some specific areas related to COVID-19 and this EUA:

CDC Resources:

- Strategies for Optimizing the Supply of N95 Respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

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- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

FDA Resources:

- Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

Contact: Questions about this document should be addressed to QSOG_EmergencyPrep@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 6:48 PM
To: McKinstry, Molly; MacLafferty, Laura; Smoak, Kimberly
Subject: Fwd: DRAFT - Prohibition
Attachments: DRAFT FDEM Order 20-006 (6.44 pm).docx

Get Outlook for iOS

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:45:35 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: [External] RE: DRAFT - Prohibition

Updated.

Please ensure referenced statutes and chapters are correct.

When you complete review, send a note to let me know.

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:27 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; StLaurent, Louise <louise.stlaurent@flhealth.gov>
Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: DRAFT - Prohibition

Please see the attached draft circulating that will prohibit individuals from entering certain facilities, with certain exemptions.

If you have any edits, please get them to Collen before 7:30 pm tonight! Make sure all facilities are covered.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is

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subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-006

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency, which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

WHEREAS, today, March 14, 2020, Governor DeSantis directed me, as the State Coordinating Officer, under the powers afforded by Executive Order No. 20-52, to prohibit visitation to certain facilities for thirty days from the date of this order in the State of Florida.

NOW, THEREFORE, I, JARED MOSKOWITZ hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order. Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby suspend sections 393.13(4), 394.459(5)(c), 400.022(1)(b), 429.28(1)(d),

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429.85(1)(d), 916.107(5)(7), Florida Statutes, for the particular purpose of prohibiting all individuals from visiting facilities within the State of Florida. For purposes of this order, a facility includes: Treatment Facilities under Chapter 319, Florida Statute; nursing homes as provided under Chapter 400, Florida Statute; homes for Special Services as provided under Chapter 400, Florida Statutes; Long-Term Care Hospitals, as provided under Chapter 395, Part I, Florida Statutes; Transitional Living Facilities, as provided under Chapter 400, Florida Statute; Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Florida Statutes; Assisted Living Facilities, as provided under Chapter 429, Florida Statutes; Adult Civil Facilities under Chapter 394 and Chapter 916 Florida Statutes; and Adult Family-Care Homes, as provided under Chapter 429, Florida Statutes. The order applies as follows:

1. Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

a. Family members, friends, and visiting residents in end-of-life situations; or

b. Hospice or palliative care workers caring for residents in end-of-life situations; or

c. Any third party providing necessary health care to a resident; or

d. Facility staff; or

e. Facility residents; or

f. Attorneys of Record; or

g. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, Ombudsman, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elder Affairs; any law enforcement officer; and any emergency medical personnel.

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2. Individuals seeking entry to the facility under the above section 1 will not be allowed to enter if they are screened based on the criteria listed below:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

c. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

d. Any person who traveled through any airport within the past 14 days;

e. Any person who traveled on a cruise ship within the past 14 days;

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

3. The facility must require any individual entering the facility to wear personal protective equipment.

4. Residents must be discouraged from leaving the facility.

5. The following documentation must be kept for visitation within a facility:

a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

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Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 14th day of March, 2020, in Tallahassee, Leon County, Florida.

_____

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

_____
Division Clerk

Date: _____

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:54 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 12, 2020 Update #6 ***
Attachments: Attachment 18_Handwashing Competency Audit_03-12-20.zip

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Sent: Friday, March 13, 2020 11:16:43 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 12, 2020 Update #6 ***

Stephanie Handelson | CEO Greystone Health
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
Stephanie.Handelson@greystonehealth.com | o: 813-675-2268 m: 813-690-0990

From: Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Sent: Thursday, March 12, 2020 8:37 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>; Dakotah Nalley <Dakotah.Nalley@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 12, 2020 Update #6 ***

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Good morning,

As we continue to carry out recommendations by our regulatory partners, the CDC, WHO, CMS, FDOH and IDPH, some great questions have come up post our recent decision to restrict visitors and vendors. Additional direction as follows....

- New admission tours will be suspended at this time
- Non-essential resident external appointments are to be postponed and/or rescheduled – those requiring a medically necessary external provider follow up will be carried out while maintaining infection control practices
- New admission sign-in's will be restricted to the lobby; appropriate screening to be carried out with these new residents at the time of entry
- Outside paid-entertainment vendors will be suspended at this time
- We are avoiding all LOA practices unless medically necessary – if a family member is insistent on taking their loved one out of the facility, call me so we can walk through the next steps
- All deliveries will continue to be restricted to non-patient care areas; large bulk drop offs to dedicated O2 rooms will need to ensure transport is screened, temped and PPE provided
- The following situations will be allowed **pending** a negative screening has been completed, negative temp **(*below 100.4 – range we are monitoring*),** have demonstrated appropriate hand hygiene (documented via handwashing competency - attached) and are wearing appropriate PPE when in patient care areas:
    - Caregivers hired by families
    - Hospice and Psych Providers
    - Podiatry and Wound Care providers
    - Dental and Optometry providers
    - Physicians and physician extenders
    - Lab and X-Ray providers – please monitor these providers to ensure proper IC and PPE donning and doffing is to be carried out **in between** each resident
- Outside food – we do not recommend at this time
- We have family members who prefer to wash their loved one's laundry. Please make sure to complete an updated *personal inventory sheet* and ensure each item is labeled as we will need to launder their items at this time. Please notify this sample of resident families and communicate our plan with them
- Student clinical rotations and volunteers will be suspended at this time
- Staff who have recently gone on a cruise or return from a cruise will need to self-quarantine for 14 days upon return – a physician's note will be required prior to returning to the schedule
- Staff Temperatures – the best way to monitor staff temperatures is to record on our daily Smartlinx schedules. These schedules are kept for tracking purposes by our dedicating staffing coordinators. Review for compliance to be carried out by the DNS/ED of each center. If you have the ability to purchase Thermal Thermometers, go ahead and do so at this time. Our thermometers require probe covers which may result in exhaustion by our supplier eventually as well
- Please make sure all agency staff is screened and the same process is carried out as we do for our own employees – this includes handwashing competency (attached)
- Any/all correspondence requested from the Union, ACO's, Veterans Affairs (VA), etc. is to be forwarded to our Legal Team for review. They will assist with a response to these inquiries
- All media requests to be forwarded to Teri Marinko, SVP Customer Experience

We know this has and will continue to be a heavy lift for all of us. We are so proud of your continued efforts to ensure safety and protection to our most vulnerable...THANK YOU 🖤

With Sincere Gratitude,

The Clinical Team

AMERICAN OVERSIGHT

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Wednesday, March 11, 2020 1:48 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>; Dakotah Nalley <Dakotah.Nalley@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 11, 2020 Update #5 ***

Correspondence to Residents and Resident Representatives....

Attachment 16_Visitor Restriction Letter_Resident Representative_03-11-20
Attachment 17_Talking Points For Facility Initiated Calls to Families_03-11-20

Please make sure you and your team complete verbal correspondence by utilizing the Talking Points today with our residents, families and resident representatives. Place a brief progress note in the resident's medical record as such:

"Notified resident representative of facility's implementation of CMS guidance regarding restriction of visitors at this time. Opportunity provided for questions or concerns, and validation of facility contact information provided."

Thank you,

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

AMERICAN OVERSIGHT

From: Elizabeth Borer
Sent: Wednesday, March 11, 2020 10:58 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>; Dakotah Nalley <Dakotah.Nalley@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 11, 2020 Update #4 ***

*****Please disregard prior email with incorrect subject line date....(sorry)***

Good Morning,

In this update and attached you will find the following:

- CMS Memo_IC Guidance (COVID-19) REVISED 03-09-20
- Attachment 3_Greystone Visitor Sign_Coronavirus_UPDATED_03-11-20
- Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-11-20
- Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-11-20
- Attachment 7_Admissions_Home Health Checklist_Coronavirus_UPDATED_03-11-20
- Attachment 14_FHCA SNF to Hospital Communication Form_03-11-20 (Florida Centers)
- Attachment 15_Clinical Screening Tool for PUI_03-10-20

***Please review and print all updated attachments

Additionally, we will be implementing the following today...

- Restriction of all visitors – talking points and formal letter for resident/resident representatives will be sent out later this morning
    - Each facility will work together to notify families while using the talking points provided by our legal team
    - Exceptions to include families of those on palliative services and end of life as long as they have been cleared via screening criteria – PPE to be provided to these visitors
    - Vendors will not be allowed in patient care areas – drop off of items (i.e. pharmacy, McKesson) should be delivered near exterior doors
- Activity Restrictions
    - All outside outings for residents will be restricted at this time
    - Inside activities are to be reviewed to not include activities where contact and/or contact with items are at risk (i.e. ball toss, Bingo, etc.)
        - Hold a resident council meeting **today** to discuss these steps in order to remain proactive in the protection of our residents
- Regional Support Staff Restrictions

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- All regional support staff will be encouraged to work remotely at this time, only exception will be our regional nurse consultants
- Care Managers and Liaisons are not to visit our centers at this time – remain mindful of which hospitals are at risk when visiting for potential admissions.

- SNF to Hospital Transfer
  - Licensed nurses (Florida centers) to be educated on ***Attachment 14_FHCA SNF to Hospital Communication Form_03-11-20***. Any residents requiring a transfer to a higher level of care regardless of diagnosis will have this form completed
  - Licensed nurses to be educated on ***Attachment 15_Clinical Screening Tool for PUI_03-10-20.***
- What to do if you identify a PUI (Person Under Investigation) - this will be a resident who exhibits the symptomatology in addition to testing negative for Influenza and has a virus of unknown origin which ultimately requires transfer to the hospital
  - Place a mask over the resident (N95 if readily available)
  - Limit caregiver access until EMS arrives
  - Provide EMS with the closest egress to the resident to minimize exposure
  - Carry out terminal cleaning of room (1:10 bleach ratio) while wearing appropriate PPE
  - Follow further direction by leadership and FDOH
- N-95 masks are on order to have a supply on hand if needed for transfers – these masks will be placed on residents in the event we identify a PUI (Person Under Investigation) which would require a transfer to a higher level of care
- Minimize risk for transmission by...
  - Avoid room changes if possible – with emphasis on avoiding unit to unit transfers
  - Continue to maintain consistent staffing assignments – please avoid having staff work on multiple assignments
  - Try to limit all new admissions to one central area or unit of the building
- Temperature Checks to be carried out for...
  - All staff prior to each shift
  - Carried for the limited visitor/vendor population as described above – this includes physician and physician extenders
  - Every shift for our resident population

Talking points and Formal Letter to families to follow.....additionally, more updates to follow as we are given guidance from our regulatory bodies, CDC, FDOH and FHCA

Thank you,

Please refrain from "reply all"

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 9, 2020 4:55 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine

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FL-AHCA-20-0902-A-001744

Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update #3 ***

Please find revised Visitor/Vendor ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20***. Attachment sent earlier was in error.

Thank you to all who joined the call as I hope we were able to answer any questions you may have had. Apologies to those who were unable to join due to volume of attendees.

Items addressed:

- Current FDOH status http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html
- CMS memo review
- Increasing supervision/screening of visitors and vendors
- Daily monitoring of CDC line listing of resident's and staff
- Daily PPE monitoring and reporting
- Daily Infection Control rounding (ED/DNS/HSK Dir/ICP)
- Response to Person Under Investigation (PUI) – those with s/s – immediate isolation, contact of MD and Local Health Department notification
- Continued communication with your RDCO of any residents/staff/vendors who exhibit any respiratory signs or symptoms
- Continued Hand Hygiene practices and monitoring of families and staff

Thank you,

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 9, 2020 10:26 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince

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FL-AHCA-20-0902-A-001745

McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***

Good morning Team,

Please note ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20*** AND ***Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-09-20*** which reflects "Have you exhibited respiratory symptoms such as shortness of breath, **sore throat**, fever **OR** cough?" We will be limiting visitors or vendors with **any** symptomatology until they are asymptomatic. Additionally, please read the most recent **CMS Memo released 04-04-20** as it relates to a survey priority shift of focus related to IC practices and guidance to facilities. Please take caution in denying admissions solely based on lack of Personal Protective Equipment (PPE), as this may trigger an immediate visit from your state survey agency. We need to continue to work together to ensure we have enough PPE supplies to care for our residents. We have a limited supply at the corporate office if local resources have been exhausted.

Other things to carry out…

- Set up dedicated handwashing stations near your main entrance and direct visitors/vendors to perform hand hygiene - see Lexington's best practice pictures attached 😊 – GREAT JOB TEAM LEX
- Continue to screen all employees; any staff identified post screening will be communicated to your respective RDCO for further guidance
- Make sure you are ordering PPE equipment weekly to remain on allocation with McKesson as new shipments arrive – many facilities received bulk orders at the end of last week – please order the minimum as previously communicated or this will hold up your order
- Daily calls being initiated at the end of each day with corporate leadership, RDCO's and RVP's to discuss CDC line listing, current status of resident's on isolation (with reason and anticipated d/c date) and current PPE status – I will be sending out a combined PPE Status/Isolation Status Template to help with this daily communication to your RDCO to report off

For those who have been receiving questionnaires from our partnering ACO's, Advent Health PAC, etc., legal has crafted a draft and you will be receiving guidance for response today to report back – thank you Jim.

Thank you for being extremely diligent during this national focus in the ongoing prevention and control of the Coronavirus. Please reach out to me directly if you have any questions and/or concerns.

Respectfully,
Liz

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Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

AMERICAN OVERSIGHT

From: Elizabeth Borer
Sent: Monday, March 2, 2020 9:45 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Good evening Team,

Please distribute this communication with collaterals to your respective reports.

Attached you will find additional guidance, departmental direction, preparedness, response and education overview listed within the attachment **Fleet Corporate Office Preparedness_Coronavirus.** Within this document you will find the below attachments for each respective department. Continue to frequent the *CDC* and *WHO* websites for updates and developmental changes as it relates to COVID-19 Coronavirus. As always, maintaining Infection Control Practices is the front line prevention to transmission of any pathogens.

Within the Fleet Corporate Office Preparedness_Coronavirus QRT (Quick Reference Tool) you will find the below attachments....

1. Cough Etiquette Poster (**attachment #1**)
2. Hand Hygiene Poster (**attachment #2**)
3. Greystone Visitor Sign (**attachment #3**)
4. Receptionist Q&A Screening (**attachment #4**)
5. CDC LTC Respiratory Line Listing (**attachment #5**)
6. Staff Checklist (**attachment #6**)
7. Admissions/Home Health Checklist (**attachment #7**)
8. Vista Laboratories Letter to Facilities – (**attachment #8**)
9. Stop the Spread of Germs Poster – (**attachment #9**)
10. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
11. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
12. CDC Symptoms Poster – (**attachment #12**)
13. CDC Flowchart to Identify and Assess – (**attachment #13**)

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Our Communications Department will be sending a Greystone Letter Template to serve as communication to resident families and/or resident representatives discussing our proactive approach to this novel pathogen. Please reach out to your RDCO and/or myself with any questions or concerns.

Respectfully,
Liz

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* * * * * * * * * * *
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Greystone Health Network

Handwashing

Employee Name:			Date :
			Hire Date :
	MET	NOT MET	COMMENTS
Stood so that clothing did not touch the sink.	☐	☐	
Turned on the water and adjusted temperature to warm; left the water running.	☐	☐	
Wet wrists and hands.	☐	☐	
At all times kept the level of the hands lower than that of the elbow.	☐	☐	
Applied soap or cleaning agent to hands using available products.	☐	☐	
Washed both hands and wrists using friction for at least 20 seconds.	☐	☐	
Rinsed both hands and wrists properly under running water with fingertips pointing down.	☐	☐	
Dried hands properly with paper towel(s) from fingertips to wrists.	☐	☐	
Properly disposed of used paper towels.	☐	☐	
Used dry paper towel between hand and faucet to turn off the water.	☐	☐	
Disposed of used paper towel.	☐	☐	
Alcohol handrubs			
Applied appropriate amount of alcohol handrub to palm of one hand.	☐	☐	
Rubbed hands together covering all surfaces.	☐	☐	
Let hands dry.	☐	☐	

Auditor: _____ Date: _____

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:46 PM
To: ""Ward"","" Scott; Scott.Ward@ahca.myflorida.com
Subject: Re: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Scott - Please note as this changes guidance from this morning!
I appreciate all your help today.

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:36:12 PM
To: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Ward, Scott <Scott.Ward@ahca.myflorida.com>
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

See below

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:01 PM
To: Miller, James
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

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Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-001753

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:51 AM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes
Attachments: QSO-20-14-NH - REVISED 3-13-2020.pdf

Should this be in roll up

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases
- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19

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FL-AHCA-20-0902-A-001756

cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
    - Visitors will be limited to a specific room only
    - Facilities should require visitors to perform hand hygiene frequently
    - Must wear a face mask
- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.
- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

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From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting:
QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 13, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19 -** CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments -** We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent

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monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

For ALL facilities nationwide:
Facilities should ***restrict*** *visitation of* ***all*** *visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

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transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

1. *Cancel communal dining and all group activities, such as internal and external group activities.*
2. *Implement active screening of residents and staff for fever and respiratory symptoms.*
3. *Remind residents to practice social distancing and perform frequent hand hygiene.*
4. *Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.*
5. *For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
6. *Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
7. *Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
8. *In lieu of visits, facilities should consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
9. *When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with*

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visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) *Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*

10. *Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been

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developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?
CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?
CMS urges providers to take advantage of several resources that are available:

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CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

CMS Resources:

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: https://www.cms.gov/files/document/qso-20-17-all.pdf
- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:18 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Fwd: Information push request

Please see the draft below for review. Thank you.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department.

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Healthcare Personnel

Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.

HCP should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

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Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

From: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 5:55:18 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: Information push request

Molly –

DOH (Samantha Cooksey) just said AHCA not DOH should take the lead on drafting content for the e-blast to the hospitals. Dr. Rivkees would like the information sent out to include:

- Direction that upon entering the E.R. door or triage of the hospital...if someone has a cough, fever, runny nose, etc., they should immediately be placed in a mask and possibly held in a separate triage area.
- Make sure they protect their staff including those working the triage desk.
- Make sure staff are trained on airborne pathogens, how to appropriately don PPE, etc.
- Include links to information like CDC guidance or guidance on how to use PPE and surface cleaning.

DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
Kimberly.Stewart@ahca.myflorida.com

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

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Ryan and Team - can we have staff do another eblast today once we have info?
Thanks
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From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly
Cc: MacLafferty, Laura; Stewart, Kimberly
Subject: Information push request

Dr. Rivkees stopped by and requested information get pushed out to the hospitals (possibly via eblast). He stated the message should be that everyone should have a mask immediately upon entering the ED with a cough (including triage) and possibly have a separate waiting area. Also, to be sure the staff is protected (including triage desk), and trained on airborne contaminations, how to appropriately don PPE, and surface cleaning.

DOH is working on the content.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 6:54 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Fwd: Visitation Order
Attachments: DRAFT Emergency Order (ALF Visitation) (6.38 pm NAP).docx

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 6:39:47 PM
To: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Moskowitz, Jared <jared.moskowitz@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>
Subject: [External] Visitation Order

Most recent draft

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20- _____

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting

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nursing homes, assisted living facilities, adult family-care homes, long-term care facilities, and adult group homes for certain period of time as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or

c. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

d. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

f. Any person who resides in a community where community-spread of COVID-19 is occurring.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

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The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

DRAFT

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By Order of the State Coordinating Officer executed this 10th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: _____

DRAFT

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:41 PM
To: ""Ernst"","" Colleen; Colleen.Ernst@eog.myflorida.com
Subject: RE: DRAFT - Prohibition
Attachments: DRAFT FDEM Order 20-006 (7.38 pm) edits.docx

916, FS is not our jurisdiction, but (5) only appears to address resident rights.
I took out both community spread provisions due to the concerns about prohibiting local staff from being able to staff the facility. (Nick and the DEM GC asked me about this before).

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Saturday, March 14, 2020 7:21 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: [External] Re: DRAFT - Prohibition

Stefan-

Please send to me

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:07:00 PM
To: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: RE: DRAFT - Prohibition

Got revisions, re-writes and questions coming your way in a few.

From: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:46 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: [External] RE: DRAFT - Prohibition

Updated.

Please ensure referenced statutes and chapters are correct.

When you complete review, send a note to let me know.

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Saturday, March 14, 2020 6:27 PM
To: Grow, Stefan <stefan.grow@ahca.myflorida.com>; Carbone, Francis <Francis.carbone@apdcares.org>; Tritschler, Richard <tritschlerr@elderaffairs.org>; Enriquez, Javier <javier.enriquez@myflfamilies.com>; StLaurent, Louise <louise.stlaurent@flhealth.gov>

AMERICAN OVERSIGHT

Cc: Ernst, Colleen <Colleen.Ernst@eog.myflorida.com>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: DRAFT - Prohibition

Please see the attached draft circulating that will prohibit individuals from entering certain facilities, with certain exemptions.

If you have any edits, please get them to Collen before 7:30 pm tonight! Make sure all facilities are covered.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY	DEM ORDER NO. 20-006

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency, which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

WHEREAS, today, March 14, 2020, Governor DeSantis directed me, as the State Coordinating Officer, under the powers afforded by Executive Order No. 20-52, to prohibit visitation to certain facilities for thirty days from the date of this order in the State of Florida.

NOW, THEREFORE, I, JARED MOSKOWITZ hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order. Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby suspend sections 393.13(4), 394.459(5)(c), 400.022(1)(b), 429.28(1)(d),

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429.85(1)(d), 916.107(5), Florida Statutes, for the particular purpose of prohibiting all individuals from visiting facilities within the State of Florida. For purposes of this order, a facility includes: Treatment Facilities under Chapter 319, Florida Statute; nursing homes as provided under Chapter 400, Florida Statute; homes for Special Services as provided under Chapter 400, Florida Statutes; Long-Term Care Hospitals, as provided under Chapter 395, Part I, Florida Statutes; Transitional Living Facilities, as provided under Chapter 400, Florida Statute; Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Florida Statutes; Assisted Living Facilities, as provided under Chapter 429, Florida Statutes; Adult Civil Facilities under Chapter 394 and Chapter 916 Florida Statutes; and Adult Family-Care Homes, as provided under Chapter 429, Florida Statutes. The order applies as follows:

1. Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

    a. Family members, friends, and visiting residents in end-of-life situations;

    b. Hospice or palliative care workers caring for residents in end-of-life situations;

    c. Any third party providing necessary health care to a resident;

    d. Facility staff;

    e. Facility residents;

    f. Attorneys of Record for a resident; or

    g. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elder Affairs; any law enforcement officer; and any emergency medical personnel.

Commented [MM1]: Should this be 916.107(5)-(7)?

Commented [MM2]: Statute 319 is Title Certificates – should this phrase be "group homes under 393…"?

Commented [MM3]: Suggest either capitalize each word or none. If all are capitalized, should Nursing Home be capitalized too on above line?

Commented [GS4]: Attorney of Record for who? The resident? Facility? Do we want to hold attorneys above their family members who are prohibited from visiting?

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2. Individuals seeking entry to the facility under the above section 1 will not be allowed to enter if they meet any of the screening criteria listed below:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

c. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

d. Any person who traveled through any airport within the past 14 days; and

e. Any person who traveled on a cruise ship within the past 14 days.

3. The facility must require any individual entering the facility to wear personal protective equipment.

4. Residents must be discouraged from leaving the facility.

5. The following documentation must be kept for visitation within a facility:

a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

Commented [MM5]: Can we add taking temperatures?

Commented [GS6R5]: If the facility takes the temperature, then we suggest adding that to the documentation requirements.

b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

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The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 14th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: _____

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 6, 2020 5:18 PM
To: ""Roberts"","" William; " "Sheeran"","" Andrew; William.Roberts@ahca.myflorida.com; Andrew.Sheeran@ahca.myflorida.com
Subject: Re: taking temperatures

I think the CFR provision should be sufficient. There's also some guidance on restricting visitors in one of the CMS memos

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From: Roberts, William <William.Roberts@ahca.myflorida.com>
Sent: Friday, March 6, 2020 5:13:32 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Sheeran, Andrew <Andrew.Sheeran@ahca.myflorida.com>
Subject: FW: taking temperatures

Clarification- I did not find anything that addressed visitation. Our regs do require NH to have an infection control program, but do not say what the program has to include. It's possible the NHs include something on visitation in their individual programs.

From: Roberts, William
Sent: Friday, March 6, 2020 4:57 PM
To: Sheeran, Andrew <Andrew.Sheeran@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: taking temperatures

I searched FAC and case law and did not find anything.

From: Sheeran, Andrew <Andrew.Sheeran@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:48 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Roberts, William <William.Roberts@ahca.myflorida.com>
Subject: RE: taking temperatures

AHCA has leverage in its survey and certification capacity on behalf of CMS.

42 C.F.R. **§483.80 Infection control.**

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

(a) *Infection prevention and control program.* The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

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(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv) When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:42 PM
To: Sheeran, Andrew <Andrew.Sheeran@ahca.myflorida.com>; Roberts, William <William.Roberts@ahca.myflorida.com>
Subject: RE: taking temperatures

Even more so:
400.022:
(1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:
(a) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.
(b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, **visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies**

From: Sheeran, Andrew <Andrew.Sheeran@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:41 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Roberts, William <William.Roberts@ahca.myflorida.com>
Subject: RE: taking temperatures

At first blush, I am concerned about how this would conform with section 400.022(c)(2., Florida Statutes, which provides that

> ". . . Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:
>
> . . .
>
> 2. Subject to the resident's right to deny or withdraw consent, immediate family or other relatives of the resident."

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:24 PM
To: Roberts, William <William.Roberts@ahca.myflorida.com>; Sheeran, Andrew <Andrew.Sheeran@ahca.myflorida.com>
Subject: FW: taking temperatures

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:13 PM
To: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Cc: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Re: taking temperatures

The secretary would also like Stefan to review. The questions are:

Can a NH take temps or visitor?
Can a NH require a visitor submit to having temps taken
Same two questions for staff.

Thanks

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From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Friday, March 6, 2020 2:29:25 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re:

Checking.

Kimberly Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Office (850) 412-4516
Cell (850) 559-8273
Agency for Health Care Administration
2727 Mahan Drive MS#59
Tallahassee, FL. 32308

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 6, 2020 2:26:29 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject:

Can facilities take temperature of visitors and/or employees without any regulatory consequences.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:43 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Re:

Lauren is bringing a printed copy now

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:42:21 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: Re:

Can this get printed

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:01:29 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject:

Opening

- Governor DeSantis and the State Emergency Operations Team continue to take comprehensive steps to protect the citizens of Florida.
- This Administration is prepared to meet and respond to this public health challenge.
- Let me assure all Floridians that every flexibility we can offer to health care providers and facilities is being explored to enhance communities' ability to respond to COVID-19.
- Our charge is to equip and resource the health care workforce on the frontlines with every necessary tool to protect the most vulnerable from the threat of COVID-19.
- We are taking decisive action to help prevent the impact and spread of this disease.
- Most importantly, we cannot afford to take the risk of spread in our skilled nursing and assisted living facilities.

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- We know risk is greatest for our elderly – disproportionately impacting those 65 and older and those with underlying health conditions.

- While there may not be any identified community spread at this time, we know the first line of defense is stopping spread before it gets in the door.

- For our elderly and medically frail, the risk of fatality is high.

- It's why the Governor has taken decisive action to issued stronger visitation restrictions to eliminate any possible exposure to COVID-19.

Testing and Transfer

- For our nursing homes and assisted living facilities, We need to be able to quickly identify any individual in your facility that may be at risk for COVID-19.

- We need all of you, every facility, to work in coordination with your local county health department , the moment you anticipate someone may need to be tested or transferred to hospital.

- Florida's local county health departments are ready, and skilled to support you in determining what need to happen in terms of testing.

- They are ready to evaluate the precautions that may need to occur in your facility such as isolating other residents.

- To support and assist you to the extent hospital transfer is required.

- We understand that many of you are not going to have the level of PPE that is often more readily available in hospital.

- If you are in need of certain PPE, contact your local county emergency manager if you cannot get it through your regular supply chain or if that is going to be delayed.

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- While it is not a guarantee that the state will be able to turn that supply around to you, it will at least be recorded as a mission and a need – so the state can have a statewide perspective on what supplies are needed where.

- But again your local county health department and their skilled staff can help support you the moment you suspect someone may need to be tested or transferred to the hospital.

- We have over 11 long-term care facilities that have a suspected or confirmed COVID-19 case.

Prepare for Surge

- Hospitals across Florida must begin to plan for and develop a strategy for patient volume and complexity in the event of a surge of patients.
- CEOs, Administrators and medical team leadership must prepare now for how they will triage patients, allocate PPE resources and other critical life-saving equipment.
- Prepare contingency plans for capacity for hospitalization, ICU beds and ventilator supply.
- Develop and Refine protocols that define how patients will be triaged for admission, observation, discharge, and quarantine in a potential surge environment.
- Identifying locations and staffing plans that separate vulnerable patients from COVID-19 activities must be carefully considered.

- Hospitals systems should consider post-poneing elective surgeries, and taking additional steps to reduce non-life threatening procedure demand on doctors and nurses.

- Health systems in every community should begin planning for how they will communicate internally with their workforce, and externally to the public about hospital operations.

- A designated communications strategy will ensure patients and their families are equipped with just as much actionable information as hospital personnel.

Ventilators

- Hospitals should be taking inventory of ventilators for potential surge of critical patients.

- Ventilators assist respiratory functions – and are a vital medical support for patients in the critical stages of COVID-19.

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- Hospital should be planning and preparing to acquire more ventilators, and should look at purchasing or rental markets to explore options.

Personal Protective Equipment

- All hospitals should communicate and provide training on proper donning and doffing of personal protective equipment, including fit testing of N95 masks.
- Facilities should be monitoring rates of PPE use to ensure adequate supply.
- Inventories should be taken on PPE, to include burn rate of equipment, next anticipated delivery of PPE supplies and proper allocation to health care staff.

Exploring Financial Assistance for Medicaid Providers

- The state is cognizant of the economic hardships that may be faced by Medicaid Providers
- Our Agency will do everything possible to ensure providers can continue offering critical services in Florida
- We will do what is allowable within federal guidelines to ensure a prompt response to issues as they arise
- The Agency is exploring opportunities to make advanced payments to hospitals and providers that face financial hardships due to their COVID-19 response in order to stabilize and ensure continuity of care.
- Our Agency is currently monitoring the COVID-19 bill that is moving through Congress. This proposed FMAP increase could potentially provide additional funding to hospitals through the LIP program.
- Our Agency is also exploring relief for Medicaid providers with outstanding debt owed, by temporarily suspending terms of payment agreements for 90 days.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:33 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Strickland, Katie; Smoak, Kimberly
Subject: Fwd: Call this morning

Are you working on follow up to this?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mike Hardy <mike@fala.org>
Sent: Tuesday, March 10, 2020 3:46:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>; Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Veronica Catoe <Veronica@fala.org>
Subject: [External] RE: Call this morning

Thank you very much for the information shared on the call today. During the call, it seemed as though assisted living facilities are presently directed, superseding any provision of law to the contrary, to screen visitors in accordance with the criteria available at http://ww11.doh.state.fl.us/comm/_partners/action/covid19_screening_facilities.pdf and to deny entry to any visitor meeting these criteria. Additionally, it seemed that any resident of an assisted living facility who meets these criteria or has had contact with anyone who meets the criteria (Example discussed was a resident leaving the Assisted Living Facility to visit a relative who had recently travelled internationally) are not to be permitted to return to the assisted living facility for 14 days. To help ensure our communities are fully compliant, can you confirm that the above is accurate and whether/when there will be an official directive memorializing such? We would be glad to assist in disseminating this information to our member communities. Thank you all for your work to protect those most vulnerable during this trying time.

Thanks,
Mike

FALA

Michael J. Hardy
General Counsel and Director of Government Affairs
T: (850) 383-1159
E: mike@fala.org | fala.org
1618 Mahan Center Blvd., Suite 103
Tallahassee, FL 32308

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-001790

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:51 AM
To: Veronica Catoe <Veronica@fala.org>; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; Mike Hardy <mike@fala.org>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Call this morning

Thank you Veronica. We will be prepared to discuss.

Mary

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35 AM
To: Mayhew, Mary; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha; Mike Hardy; McKinstry, Molly
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

My best,

AMERICAN OVERSIGHT

Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 6:08 PM
To: ""Mahon"","" Jason; Jason.Mahon@em.myflorida.com
Subject: FW: [External] COVID-19 Facility Visitor Screening Toolkit

Jason,

Here's a link to the toolkit developed:
https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

This toolkit was developed by the Florida Health Care Association collaboratively with the Department of Health and the Agency of Health Care Administration. It was distributed by AHCA to hospitals, nursing homes, assisted living facilities and other residential providers. We recognize that facilities need to be overly cautious at this time to protect their patients and residents.

Thanks,

Katie

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:11 PM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Subject: [External] COVID-19 Facility Visitor Screening Toolkit

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to

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prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

The toolkit can be found here: https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:46 PM
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Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

AMERICAN OVERSIGHT

If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please raise this circumstance to your bureau chief.

Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it becomes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

Mary

MARY C. MAYHEW – SECRETARY
Florida Agency for Health Care Administration

(850) 412-3603

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning

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home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 9:04 AM
To: ""Smoak"","" Kimberly; " "McKinstry"","" Molly; " "Strickland"","" Katie; Molly.McKinstry@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Cc: Philpot, Toby
Subject: Fwd: Top Clips for Friday, March 13

I need you all to pay close attention to the media coverage especially where specific facilities are identified. We need to consider follow up where concerns are raised in the media. I also need you to be evaluating any broader concerns that may be conveyed through the media coverage

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Sent: Friday, March 13, 2020 8:32:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kotas, James <James.Kotas@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; Keenan, Lauren <lauren.keenan@ahca.myflorida.com>; Meenan, Clay <Clay.Meenan@ahca.myflorida.com>; Brewer, Hannah <Hannah.Brewer@ahca.myflorida.com>; Gibson, Lucy <Lucy.Gibson@ahca.myflorida.com>; Andrade, Liliana <Liliana.Andrade@ahca.myflorida.com>; Eugene, Bianca <Bianca.Eugene@ahca.myflorida.com>
Subject: Top Clips for Friday, March 13

1. Here's why the state of Florida won't say how many COVID-19 tests take place in a county – Florida Today
2. Gov. DeSantis recommends all mass gatherings be postponed, official state travel suspended – WINK News
3. As coronavirus fears mount, some South Florida elders stay home or suspend daily care – Bradenton Herald

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Here's why the state of Florida won't say how many COVID-19 tests take place in a county

Alessandro Marazzi Sassoon, Florida Today

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As the novel coronavirus spreads across the country, the response by states has been subjected to constant scrutiny. Florida health authorities have been particularly tight-lipped about the information they have chosen to release.

While Florida health officials are identifying the counties where positive cases of COVID-19 have been identified, including the age, gender of individuals and whether an individual engaged in foreign travel, the state so far is refusing to provide localized county-level data on how many were being tested and monitored for the virus.

Initially even that data was not released. Gov. Ron DeSantis cited health privacy laws as the reason for keeping a lid on the information during televised press conferences. But officials ended up releasing the limited data it does after public pressure.

States such as New York, on the other hand, have released much more detail about the scope of testing, monitoring and surveillance, identifying public buildings such as schools or places of worship as possible contagion points.

"We cannot confirm where patients are being monitored," the state's COVID-19 joint information center said in a statement to FLORIDA TODAY.

While the state said they "appreciate the desire" to know how the data breaks down by county, "balancing the privacy of the individuals being tested and monitored and the confidentiality of the epidemiological investigations with the responsibility to Floridians to disclose information to protect the public is a vital role of the Florida Department of Health."

"The DOH strives to protect the identity of individuals tested or affected by COVID-19, while also ensuring information necessary for the public health is available," they said. As such the DOH said it was "unable" to break down the data by community.

Under federal law, states are required to share the "minimum necessary to protect the public," said MarilynUzdavines, a health privacy law expert at Nova Southeastern University's Shepard Broad College of Law. And while she notes that providing a county-by-county breakdown of the data seems like it wouldn't identify individuals, it's at the state's discretion to decide what information it wants to make public.

"They are limited in what they can disclose under Florida Law, unless it is "necessary to public health." So someone, somewhere is making the judgement call that as of now, they can't release more info because the privacy interests outweigh public health," said Jennifer Bard, a professor at the University of Florida's Levin College of Law.

That judgement call leaves the public with little choice but to trust that they are being told what they need to know.

"We do have to just trust that the people that we've elected and put in those positions are acting for the public good," said NSU's Uzdavines.

Jay Wolfson, a public health professor and associate dean at the University of South Florida's Morsani College of Medicine, said the state, like the federal government was slow to react, and now they are doing the best they can with what they have.

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"We are just getting started with this, and even though it's later than it should be, the state is just organizing it's resources and trying to do a good job figuring our how it can do what it needs to do with limited resources and limited experience," he said.

"Before it begins thinking about reporting everything it has got, it needs to know that all of their data are valid and reliable and complete and have use."

For now, Wolfson notes that the relatively low number of reported cases, compared to Washington or New York states, mean the state can simply say there isn't a compelling reason to release detailed data about cases.

He suspects the state is presently able to isolate, quarantine, mitigate or otherwise manage cases such that their present focus is still broadcasting general public education telling people when to come in for testing, what to look for and "to take personal responsibility."

An outline of the process when the Department of Health is notified of a positive case was detailed to FLORIDA TODAY by the state's joint information center:

According to an email: "The Department conducts an extensive epidemiological investigation in conjunction with the CDC to identify individuals who may have had close contact with the virus. Those individuals are then notified by their county health department and instructed to self-isolate for 14 days after their exposure to the virus, and to contact their county health department and health care provider immediately if they develop symptoms."

Testing kits

Across the state, like across the nation, a shortage of testing kits continues to be an underlying problem, Wolfson notes.

On Thursday Gov. DeSantis said the state had ordered 2,500 kits, enough to perform 625,000 tests. As of Thursday afternoon, 301 tests have been negative, 30 cases have been positive, and 147 test results are pending.

Even so, Wolfson describes that additional testing capacity as a "drop of sand on the beach."

Wolfson also points out that the Department of Health is also struggling with the fact that its budget and staff have been cut over the last eight years, particularly under Gov. Rick Scott's administration.

"I think this is a wake up call for the state recognize how valuable the Department of Health is and public health function is," Wolfson said.

"I'm not gonna make apologies for the state of Florida. It's truly been a bit of a national disgrace that we've gotten started this late," he said, but added that we have to have some level of faith that the government is trying to work in our best interest.

Wolfson added that preaching preventive measures like hand-washing is far more important than knowing where testing is taking place.

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"The way that we have to treat this disease now from a public health perspective is not to create fear and panic, it's to say: you, individual, must take responsibility for your life and your health and your family, because no one else is going to do it," he said.

At the same time, he said, it wasn't going to be easy.

"These next few months are gonna create discomfort, confusion, anxiety, changes of habits. And we're learning more about what this may mean every day."

Gov. DeSantis recommends all mass gatherings be postponed, official state travel suspended

Governor Ron DeSantis held a news conference Thursday at 11:30 a.m. from Jackson Memorial Hospital in Miami.

DeSantis announced all official travel for state employees has been suspended for 30 days.

The governor also strongly recommended all mass gatherings be postponed, saying he did not have the authority to require them to be canceled. Health officials say they currently consider mass gatherings to be more than 250 people.

He was joined by Lieutenant Governor Jeanette Nuñez, Agency for Health Care Administration Secretary Mary Mayhew, Jackson Health System President and CEO Carlos Migoya, Miami-Dade County Mayor Carlos Giménez, Miami-Dade County Commission Chairwoman Audrey Edmonson.

Watch the full press conference below.

As coronavirus fears mount, some South Florida elders stay home or suspend daily care

BY BAILEY LEFEVER, MIAMI HERALD
MARCH 12, 2020 02:11 PM

Maria Castellano canceled her mother's physical therapy appointment Tuesday at a Westchester care center. While the therapy is important, Castellano said, protecting the 88-year-old from the coronavirus, which causes a respiratory illness that preys on elders, is more critical.

Castellano's mother, Aurelia Castellano, does physical therapy a couple of days each week with plastic balls and a stationary bike. But her mother has told her they don't sanitize the equipment between use.

"I do not feel comfortable at all that she is going there," Maria Castellano said. "They don't do that much of a cleaning for the older people."

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So she canceled her mother's Thursday and Friday appointments too.

Public health administrators have expressed their greatest concern for nursing home residents: In Washington, 23 of the state's 30 coronavirus deaths have been linked to a single nursing home. On Wednesday, Gov. Ron DeSantis signed an executive order restricting visitation at Florida nursing homes and assisted living facilities.

But the global pandemic is exacting other changes, both subtle and severe, among South Florida elders, many of whom depend upon health and service programs for daily care and socialization.

Across South Florida, frail and compromised elders gather for such things as physical and occupational therapy, exercise and cooking classes, computer workshops and other forms of entertainment. For some, the programs are a lifeline, their only opportunity to interact with others, exercise their minds and bodies — or even just leave the house.

Maria Castellano, 70, has lived with her mother since the older woman fell while using her walker last year. She says she sanitizes her mother's belongings regularly with alcohol and wipes. But she worries about those who don't have a caregiver — and about conditions outside the women's home.

"If we don't protect them, it's hard for a lot of these people [to protect themselves]," she said.

To date, health regulators have identified only one nursing home or ALF where the COVID-19 virus has spread. Health administrators have linked the deaths of 23 people to the Life Care Center nursing home in Kirkland, Wash. Another 64 people at LIfe Care, employees of the home, have shown symptoms of the disease, which was declared a pandemic this week by the World Health Organization.

Florida health administrators have identified 27 Florida residents known to have contracted the coronavirus, including seven from Broward County, and one from Miami-Dade — a new case was announced midday Thursday from Altamonte Springs. Two Florida residents have died from the disease, the health department said. As health administrators work to contain the virus' spread, senior centers are a particular source of concern.

Miami-Dade County holds 34 licensed rehabilitation centers. But with one of the highest concentrations of elders in the country, the region also supports 165 licensed adult day care centers and 830 assisted living facilities, according to the Florida Agency for Health Care Administration.

Resident health and safety should be the top priorities of any senior facility, said Nick Van Der Linden, a spokesman for Leading Age Florida, an industry group that represents more than 500 senior nursing homes, rehabilitation centers and assisted living facilities in Florida — with more than 80,000 clients.

Van Der Linden said the organization is making sure its member facilities follow the U.S. Centers for Disease Control and Prevention and state guidelines for screening visitors who have traveled overseas or show symptoms. The protocols include taking the temperature of all residents and staff daily, and then sending home those employees who have been exposed to the virus or show symptoms.

Some of Leading Age's facilities have been "extremely proactive," and began following these protocols as early as two weeks ago, he said.

"The number one goal is preventing the virus from entering the community and ensuring the health of our residents," he said.

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Letty Hidalgo-Gato lives in South Miami and goes to a therapy center to treat the pain in her right leg, which cannot be alleviated with surgery due to her age.

"I went on Monday, and I said 'Oh my God, they aren't doing anything,' " to ensure patients are protected from the spread of infection, she said.

Hidalgo-Gato said she had planned to stay away from the facility — at least for the time being — unless she could feel more confident that patients are safe from possible contagion. The 83-year-old is disappointed that she may have to stay home: She loves the treatment. And it helps ease the pain she feels from the bones in her leg grinding together.

"If I don't go, it will negatively impact me," she said.

Hidalgo-Gato decided to go back again Thursday, and found that the center now had disinfectant available and used it to wipe down her equipment when she asked — though she remarked, "I think that if you do not ask, they will not do it."

Hidalgo-Gato is also concerned about conditions at her condo at Metro South Senior Apartments in South Miami. While managers have posted signs at the condo's entrance warning residents to wash their hands, and distributed informational packets, they haven't provided hand sanitizer or disinfectant.

"People are so afraid of having the coronavirus," said Susan Soto, another of the building's residents.

The building's management said it is responding to concerns as they arise.

"While maintenance requests are still available, we will first confirm if anyone is sick in the apartment before completing the request," a notice in the lobby reads. "Specific resident requests can be accommodated on a case-by-case basis."

Residents can also fill out a form with any issues they're having, said Kristin Nalsan, regional property manager for Pinnacle, the company that runs Metro South Senior Apartments.

Soto, who is 76, has had complications since a heart attack years ago. So when she first heard the disease was spreading, she paid extra attention to it.

"The cleanliness of the building leaves a lot to be desired," Soto said.

Now, when Soto ventures downstairs in the elevator, she pulls her sleeve up over her hand to not make contact.

"Here in this building I don't want to touch anything," Castellano said.

The building on Sunset Drive has a community kitchen, foyer, patio, community room and a gym. Occasionally a maintenance worker is brought in to clean the carpets, but other than that, Castellano said, the residents do all the cleaning themselves.

"Inside of this building, there's no care for coronavirus at all, and this building is composed of people 65 or older, so they should have somebody here cleaning," Maria Castellano said.

As fears of COVID-19 have spread, Maria Castellano has discouraged her mother from leaving the apartment, and Aurelia Castellano has not been outside for more than a week.

"I'm not moving her from here at all," Maria Castellano said.

Aurelia Castellano normally paces the halls of her building every day, passing through a community kitchen and onto an outdoor patio. She loves to spend time with her neighbors, or to sit outside and get some sun.

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"I had to stop that, too, because, you know, this building's so dirty," her daughter said. "I don't want her to do anything outside the house."

"She told me yesterday that walking makes her feel so good," Castellano said. For now, Aurelia Castellano is stuck pacing her apartment throughout the day, Maria Castellano said. She walks in between the two rooms over and over.

It might be a while until Aurelia Castellano laces her sneakers again. And she's very upset about it, her daughter said.

She told her daughter, "Oh wow, this is the last thing we need right now."

Patrick Manderfield
Deputy Communications Director
Florida Agency for Health Care Administration
Patrick.manderfield@ahca.myflorida.com
Office: 850.412.3604

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 10:47 AM
To: ""Smoak"","" Kimberly; " "McKinstry"","" Molly; " "Philpot"","" Toby; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Re: Visit Today Camellia at Deerwood

Fantastic. Thank you.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 10:38:18 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Visit Today Camellia at Deerwood

I have two staff meeting DOH onsite 1PM today at Camellia at Deerwood.

Molly, I am going to have the surveyors complete the new form-- Agency Assistance in Response to Notification of Suspected or Confirmed COVID-19 Cases

Any concerns let me know. I am going to call Samantha and let her know the plan.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:45 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Re: Information push request

Converted into a bulleted format for review:

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
  - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.
- All staff working triage desk must wear appropriate PPE (face mask, etc.)
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
  - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
  - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:07:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Information push request

Made updates below. The CDC still uses PUI but I don't see where DOH does anymore. Edited to use the DOH terminology.

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The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Any individual entering the emergency room or triage area of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area if not already.
- All staff working triage desk must wear appropriate PPE.
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under public health monitoring for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the possible COVID-19 patient in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Staff who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Staff

Provide staff with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

Healthcare staff must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html

Staff should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:38:59 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Information push request

Completely agree. Also I thought you said they weren't using the phrase person under investigation anymore? And I don't think it is all that common to use the acronym HCP regarding healthcare personnel. Finally we should consider whether or not there should be a logo from DOH along with our logo when we send this out to the hospitals are we just sending this to hospitals or is this intended to go to any other facilities?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:33 AM
To: Strickland, Katie; Mayhew, Mary; McKinstry, Molly
Subject: Re: Information push request

Can we create the TOP 5 bullets before diving into the more formal CDC Guidance

· Any individual entering the E.R. or triage of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area.

· All staff working triage desk must have and wear appropriate PPE.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:17:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Fwd: Information push request

Please see the draft below for review. Thank you.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department.

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time

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of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Healthcare Personnel

Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.

HCP should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

From: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 5:55:18 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: Information push request

Molly –

DOH (Samantha Cooksey) just said AHCA not DOH should take the lead on drafting content for the e-blast to the hospitals. Dr. Rivkees would like the information sent out to include:

- Direction that upon entering the E.R. door or triage of the hospital...if someone has a cough, fever, runny nose, etc., they should immediately be placed in a mask and possibly held in a separate triage area.
- Make sure they protect their staff including those working the triage desk.
- Make sure staff are trained on airborne pathogens, how to appropriately don PPE, etc.
- Include links to information like CDC guidance or guidance on how to use PPE and surface cleaning.

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DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
Kimberly.Stewart@ahca.myflorida.com

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

Privacy Statement: This e-mail may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this in error, please reply to the sender and delete it immediately.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

Ryan and Team - can we have staff do another eblast today once we have info?
Thanks
Get Outlook for iOS

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly
Cc: MacLafferty, Laura; Stewart, Kimberly
Subject: Information push request

Dr. Rivkees stopped by and requested information get pushed out to the hospitals (possibly via eblast). He stated the message should be that everyone should have a mask immediately upon entering the ED with a cough (including triage) and possibly have a separate waiting area. Also, to be sure the staff is protected (including triage desk), and trained on airborne contaminations, how to appropriately don PPE, and surface cleaning.

DOH is working on the content.

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From: Mayhew, Mary
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Cc: amelia.keaton@eog.myflorida.com
Subject: Fwd: Facilities List 2:30 Update
Date: Wednesday, March 18, 2020 2:50:15 PM
Attachments: Facilities Monitored COVID19 List 03.18.2020 1430.xlsx

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 2:38:44 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: Facilities List 2:30 Update

	# Affected Facilities
ALFs	10
NHs	10
ICFDDs	1

Provider Type	Name	City	County	Lic Beds	COVID Testing Results	Pending	Positive by Patient Location	AHCA Visit	Details
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	2 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	NH: 1 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	3/17/2020	NH: ALF: IL:	NH: ALF: IL: Hospital: Deceased:	PHI
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	1 positive ALF (exp) 1 pending Ind (exp) 5 pending Ind 2 staff pending	NH: ALF: IL: 5 Hospital: Deceased:	NH: ALF: 1 IL: 1 Hospital: Deceased:	3/17/2020	
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020 and 3/17/2020	
ALF	BROOKDALE DEER CREEK	DEERFIELD BEACH	BROWARD	168	16 Pending Memory Care Unit	NH: 16 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	

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ALF	FLAMINGO ALF	PLANTATION	BROWARD	6	1 Pending	NH: ALF: IL: Hospital: Deceased: 1	NH: ALF: IL: Hospital: Deceased:	3/18/2020
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	2 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	GRAND VILLA OF DEERFIELD BEACH	DEERFIELD BEACH	BROWARD	240		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	1 Pending	NH: ALF: 1 IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	14 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/14/2020
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	1 Positive ALF 3 Postive Ind	NH: ALF: IL: Hospital: Deceased:	NH: ALF: 1 IL: Hospital: 3 Deceased:	3/13/2020 and 3/15/2020
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/15/2020
NH	VILLAGES REHABILITATION AND NURSING CENTER, THE	LADY LAKE	LAKE	120	1 Staff Pending	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	1 Pending	NH: ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020
NH	SOLARIS HEALTHCARE PARKWAY	STUART	MARTIN	177	3 Pending	NH: ALF: IL: Hospital: 3 Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	WATER'S EDGE ASSISTED LIVING	PALM CITY	MARTIN	20	8 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020
NH	WATER'S EDGE HEALTH AND REHABILITATION	PALM CITY	MARTIN	56		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020
						NH: 5	NH:	

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NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	6 Pending 2 Negative	ALF: IL: Hospital: 1 Deceased:	ALF: IL: Hospital: Deceased:	3/17/2020	PHI
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	N/A	
NH	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY	WASHINGTON	180	4 Pending	NH: 3 ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020	

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Provider Type	Name	City	County	Lic Beds	COVID Testing Results	Pending	Positive by Patient Location	AHCA Visit	Details
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	2 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	PHI
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	NH: 1 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	3/17/2020	NH: ALF: IL:	NH: ALF: IL: Hospital: Deceased:	
ALF	ATRIA WILLOW WOOD	FORT LAUDERDA	BROWARD	180	1 positive ALF (exp) 1 pending Ind (exp) 5 pending Ind 2 staff pending	NH: ALF: IL: 5 Hospital: Deceased:	NH: ALF: 1 IL: 1 Hospital: Deceased:	3/17/2020	
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020 and 3/17/2020	
ALF	BROOKDALE DEER CREEK	DEERFIELD BEAC	BROWARD	168	16 Pending Memory Car	NH: 16 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
ALF	FLAMINGO ALF	PLANTATION	BROWARD	6	1 Pending	NH: ALF: IL: Hospital: Deceased: 1	NH: ALF: IL: Hospital: Deceased:	3/18/2020	
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDA	BROWARD	169	2 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:		
ALF	GRAND VILLA OF DEERFIELD BEACH	DEERFIELD BEAC	BROWARD	240		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	1 Pending	NH: ALF: 1 IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:		
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	14 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/14/2020	
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	1 Positive ALF 3 Postive Ind	NH: ALF: IL: Hospital: Deceased:	NH: ALF: 1 IL: Hospital: 3 Deceased:	3/13/2020 and 3/15/2020	
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/15/2020	
NH	VILLAGES REHABILITATION AND NURSING CENTER, THE	LADY LAKE	LAKE	120	1 Staff Pending	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:		

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Provider Type	Name	City	County	Lic Beds	COVID Testing Results	Pending	Positive by Patient Location	AHCA Visit	Details
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	1 Pending	NH: ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020	PHI
NH	SOLARIS HEALTHCARE PARKWAY	STUART	MARTIN	177	3 Pending	NH: ALF: IL: Hospital: 3 Deceased:	NH: ALF: IL: Hospital: Deceased:		
ALF	WATER'S EDGE ASSISTED LIVING	PALM CITY	MARTIN	20	8 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020	
NH	WATER'S EDGE HEALTH AND REHABILITATION	PALM CITY	MARTIN	56		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020	
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	6 Pending 2 Negative	NH: 5 ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	N/A	
NH	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY	WASHINGTO	180	4 Pending	NH: 3 ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020	

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 2:13 PM
To: ""Strickland"","" Katie; Katie.Strickland@ahca.myflorida.com
Subject: FW: EO Talking Points
Attachments: EO Talking Points.docx

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 1:42 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: EO Talking Points

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In order to protect Florida's most vulnerable populations, the Florida Division of Emergency Management issued an Emergency Order temporarily restricting visitation to:

- nursing homes,
- assisted living facilities (ALF),
- adult family care facilities,
- intermediate care facilities (ICF), and
- Agency for Persons with Disabilities (APD) group homes.

The following conditions will be placed on anyone seeking to visit these facilities:

- Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or
- Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or
- Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
- Any person who resides in a community where community-spread of COVID-19 is occurring.

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 3:57 PM
To: ""Asztalos"","" Bob; Bob.Asztalos@ahca.myflorida.com
Subject: Please check links
Attachments: AHCA memo on gloves and mask - DRAFT FINAL 3.18.20.docx; AHCA-DOH COVID19 MASK PROTOCOL Flyer 3.18.20.png

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EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

For more information on conserving PPEs supplies the facility should refer to the information on the CDC website.

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
    - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.

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- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**

    - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**

    - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How I do put on (don) and take off (doff) my mask and gloves?**

    - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

    - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.

    - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

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Effective Immediately
In All Residential / Long Term Care Facilities

ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES



AND

GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT

HOWEVER

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 **should adhere to Standard, Contact, and Droplet Precautions with eye protection.**
This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

AGENCY FOR HEALTH CARE ADMINISTRATION
STATE OF FLORIDA

Florida HEALTH

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 5, 2020 2:54 PM
To: Chad Poppell (chad.poppell@myflfamilies.com); Barbara Palmer (barbara.palmer@apdcares.org); Simone Martstiller (simone.marstiller@djj.state.fl.us); Richard Prudom (prudomrm@elderaffairs.org)
Cc: McKinstry, Molly; Strickland, Katie; Manderfield, Patrick
Subject: FW: Nursing Home Visitor Screening Toolkit
Attachments: FHCA Visitor Screening Toolkit 2020FNL.pdf

Great sample templates in the attached for communications to employees, visitors and vendors regarding screenings, etc.

From: Bob Asztalos <basztalos@fhca.org>
Sent: Thursday, March 5, 2020 2:48 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Kristen Knapp <kknapp@fhca.org>
Subject: [External] Nursing Home Visitor Screening Toolkit

Secretary – Attached is a toolkit developed by FHCA staff and members to provide best practice protocols for visitor and employee screening in response to the COVID-19 virus. Please feel free to use the information and incorporate it in any document as seen useful by AHCA or DOH. Call me with any questions. - Bob

Bob Asztalos
Florida Health Care Association
307 West Park Ave
Tallahassee FL 32301
C: 850-284-1166



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Coronavirus 2019 (COVID-19) Visitor Screening Toolkit

A Resource for Long Term Care Centers

March 2020

Florida Health Care Association

PO Box 1459, Tallahassee, FL 32302
www.fhca.org

AMERICAN OVERSIGHT

Coronavirus 2019 (COVID-19) Visitor Screening Toolkit
A Resource for Long Term Care Centers
March 2020

The most effective way to protect your residents from coronavirus disease (COVID-19) is to prevent the disease from entering your nursing center. Thorough screening of staff, vendors and visitors can help prevent potential virus transmission to your residents and is essential. The following are best practices for Florida nursing centers in establishing effective screening protocols. This includes a COVID-19 Respiratory Checklist (Attachment 1) for an effective COVID-19 control and prevention process.

For additional resources and ongoing updates on COVID-19, visit the FHCA dedicated coronavirus web page at www.fhca.org/facility_operations/coronavirus.

Visitor Screening and Criteria

According to the March 4, 2020, Centers for Medicare and Medicaid Services (CMS) Memo *QSO-20-14-NH, Guidance for Infection Control and Prevention of COVID-19*, nursing homes should monitor and/or limit visitors. Nursing homes should screen visitors for the following:

- International travel within the last 14 days to CDC identified countries with travel restrictions (for updated information on travel-restricted countries visit https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html)
- Has had contact with someone who tested positive or is under investigation for COVID-19
- Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat

Each nursing home should designate staff members, trained in screening protocols, monitor the entrance to the facility and actively screen all persons entering it. All visitors should sign in and out on a visitor's log.

Tools to Develop Visitor Screening Protocols:

- Template letter for residents, family members and visitors, educating them about COVID-19 and policies of the nursing home to prevent its spread (Attachment 2);
- Template communication to vendors requested they not enter the nursing home if they are potentially at risk of carrying the COVID-19 virus (Attachment 3);
- COVID-19 Screener Competency tool for documenting training for staff assigned to screen all visitors and vendors entering the nursing home (Attachment 4);
- Two template Visitor Screening Tools that may be used to screen all persons entering the nursing home (Attachment 5 and 6); and
- Screener Sign-In Log to document staff members was conducted screenings (Attachment 7).

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Regulations About Limiting Access to the Nursing Home

According to the March 4, 2020 CMS Memo *QSO-20-14-NH*, if visitors meet the above criteria, nursing homes may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at CMS' State Operations Manual Appendix PP, Tag F-563. Specifically, a nursing home may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident.

A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication)."

Employee Screening

According to the March 4, 2020, CMS Memo *QSO-20-14-NH*, the same screening performed for visitors should also be performed for facility staff. Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work. Any staff who develop signs and symptoms of a respiratory infection while on the job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

Refer to the CDC guidance for exposures that might warrant restricting at risk, yet asymptomatic healthcare personnel from reporting to work.

Tools to Develop Staff Screening Protocols:

- Sample letter to educate staff on steps implemented to help reduce the potential for the virus to enter the nursing home (Attachment 8); and
    - Employee screening tool (Attachment 9).

Posting Information

It is important to post educational information that reminds employees and visitors to follow precautions to protect residents from the COVID-19. Attached are sample signage/infographics for facility use:

- Methods to Stop the Spread of Germs (Attachment 10);
- Hand Washing How-To (Attachment 11); and
- Coronavirus (COVID-19) Precautions to displayed at all entrances to your nursing home (Attachment 12).

**The information and materials provided in this toolkit are designed to serve as a best practice to support facilities' COVID-19 prevention activities. Facilities should consult their legal and clinical teams when developing and implementing any company-specific procedures and protocols.*

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Covid-19 (Respiratory) Checklist

	Assigned Person(s)
1) Infection Control and Prevention - Review of Guidelines (All Staff)	
• Review of current guidelines pertaining to respiratory illnesses	
• Education of guidelines and appropriate ICP procedures (including those from CDC on COVID-19)	
• Hand hygiene, cough etiquette/respiratory hygiene, including return demonstration of hand hygiene (hand washing and use of hand sanitizer	
2) Evaluate Supplies	
• Inventory of supplies (gown, gloves, masks, face shields, cleaning supplies)	
• Soap in bathroom for hand washing	
• Hand gel supplies for front desk and hallways; also for personal/individual use	
• Temp scanners for visitor/employee screening	
3) Front-Desk/Receptionist	
• Station(s) at entrances manned by nurse(s) – from 8a to 8p	
• Signage with printed education materials for visitors	
• Use of **Visitor Screening Tool**, including visitor temp, questionnaire	
4) Monitoring of Employee and Staff	
• Listing of employees working in another facility/setting	
• Listing of employees coming back from vacation and reach out to Health Department for guidance (i.e., if coming from South Korea, off for 14 days)	
• Process for residents temp daily x 14 days, including review of PCC Dashboard for temperature	
• Process for resident's skilled respiratory evaluation daily x 14 days	
• Line listing of residents with symptoms (fever, respiratory symptoms)	
• Line listing of employees with symptoms (fever, respiratory symptoms); use **Employee Screening Tool**. ***Note:*** Any employee with fever, not allowed to work for 48 hours or until fever subsides	
5) Housekeeping	
• Regular and routine cleaning of hand-rails, door knobs, any surfaces (at least daily, more if appropriate)	
• Terminal cleaning of rooms on droplet precautions	
6) Others	
• Referral process for new admission	
• Coordinate with local hospitals	
• Coordinate with local Health Department	
• Utensils in kitchen cleaned per code	

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Visitor Screening Resources

The following tools are provided to assist with developing visitor screening protocols:

- Template letter for residents, family members and visitors educating them about COVID-19 and policies of the nursing center to prevent its spread (Attachment 2)
- Template communication to vendors requested they not enter the nursing center if they potentially carry the COVID-19 virus (Attachment 3)
- COVID-19 Screener Competency tool to document training for staff assigned to screen all visitors and vendors entering the nursing center (Attachment 4)
- Template Visitor Screening Tools that may be used to screen all persons entering the nursing center (Attachment 5 and 6)
- Screener Sign-In Log to document who was conducting screenings (Attachment 7)

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****Template Letter to Residents, Families, Visitors on Center Letterhead****

*****Please Tailor as Needed*****

To Our Residents, Family Members and Visitors:

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here [Insert Center Name]. Ensuring residents are cared for in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our facility. The Centers for Disease Control and Prevention (CDC) and the Florida Surgeon General have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect the residents, as well as prevent the spread throughout the community.

At this time, we request that you do not visit the center if you have or have had within the last 48 hours any symptoms of respiratory illness, or if you have recently spent time with anyone exhibiting any of these symptoms. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath. We understand that connecting with family members is incredibly important, and there are a variety of other ways you might consider connecting with them. These may include telephone, email, text, or through Skype or Facebook.

The Florida Surgeon General has requested that all long-term care providers immediately implement health screening measures upon entry to the facility for all visitors, family, vendors and staff. Upon arrival at the facility, please check in with the health care professional stationed at the therapy entrance who will take your temperature, ask you to answer a brief questionnaire and provide you with handwashing and Coronavirus education. This health station will be open at the Therapy Entrance from 8:00 AM to 8:00 PM, 7 days a week. We would appreciate your limiting your arrival at the facility to that time window and that entrance. If you wish to arrive during a time outside this 12 hour window, please call the facility administrator to advise and we will schedule a screening upon your arrival. We also request that pet visits be suspended for the time being.

Our center is following the recommendations of the CDC on prevention steps, including following strict handwashing procedures, and in many circumstances, wearing gowns and gloves when interacting with residents who are sick. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, here [Insert Center Name]. is in close contact with the local and state health department, as well as the Agency for Health Care Administration and are following their guidance.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact our center at: here [Insert Center Phone Number] or one of the managers listed below.

Thank you for your cooperation as we all work together to keep our residents safe,

[Insert Center Key Contact Information].

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***** Sample Communication to Vendors/Business Partners******

Good afternoon valued vendor/business partner.

In an effort to protect [insert center name] residents and staff from COVID-19, we are asking that visitors and vendors not enter/visit the center for the following reasons:

- Fever greater than 100 degrees
- Cough, sneezing, or flu-like symptoms
- Recent travel to Italy, S. Korea, China, Japan and/or Iran in the past 14 days.

If this is going to inhibit any of the providers rendering services [insert center name], please contact [insert center point of contact].

We appreciate your understanding as we ensure the health and well-being of our residents and staff.

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Attachment 4

COVID-19 Screener Competency

Employee Name:	Job Title:	Date:
Competency: ☐ Annual ☐ New Hire ☐ Other		

Skills/Competency Checklist	Yes	No	Comments
1. Understands the need to screen individuals visiting the facility for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
2. Demonstrates ability to explain to individuals visiting the facility the need to screen for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
3. Understands/demonstrates use of infection control requirements for cleaning the temp scanner before and after its use. Able to verbalize to individuals visiting the facility the importance of infection control practices (i.e., hand hygiene, cough etiquette, etc.).			
4. Demonstrates use of temp scanner to obtain temperature of individuals visiting the facility. Understands that fever is a temp reading above 99.6°F.			
5. Demonstrates knowledge of documentation requirements when utilizing the Visitor Screening Tool for individuals visiting the facility.			
6. Demonstrates ability to politely not allow visitors entry into the facility if screening criteria not met, and explains why the visitor is not allowed entry into the facility.			
7. Able to find assistance and resources if concerns/issues arise pertaining to individuals visiting the facility.			

Employee:

I acknowledge my competencies in the areas as documented above. I understand it is my responsibility to sustain competencies in these and any other procedures/responsibilities that may not be represented here.

Employee Name: _____ Date: _____

Facilitator:

I acknowledge the above documented competencies have been reviewed.

Facilitator Name: _____ Date: _____

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Visitor Screening Tool

Visitor's Name:_____

Resident being visited:_____

Please let us know if you have had any of the following:

	YES	NO
Fever >100F	☐	☐
Cough/SOB	☐	☐
Pneumonia/flu - recent	☐	☐
Have you traveled out of the country in the last 14 days to China, Japan, Italy, Iran or S. Korea	☐	☐
Have you had contact with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?	☐	☐

If you have any of the above symptoms or exposures, we ask that you do not visit at this time. Please feel free to call your loved one or call our staff to check on them until your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our residents, staff and community safe.

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Visitor Screening Tool

Name of Visitor: _____

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

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Attachment 7

Screener Sign-In Form

Print Name	Date	Time In	Time Out	Signature

FL-AHCA-20-0902-A-001848

Employee Screening Resources

The following tools are provided to assist with developing employee screening protocols:

- Sample letter to educate staff on steps implemented to help reduce the potential for the virus to enter the nursing center (Attachment 8)

- Employee screening tool (Attachment 9)

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Template Letter to Employees on Center Letterhead

Please Tailor as Needed

To Our Employees:

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here at **[Enter Facility Name]**. Ensuring our staff and residents are in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our **[center/community]**. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect yourselves and our residents, as well as prevent the spread throughout the community.

1. **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath.
2. **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat, runny nose, and/or shortness of breath.
3. **Practice proper hand washing hygiene.** All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
4. **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the CDC's information on coughing and sneezing etiquette.
5. **Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.

Our **[center/community]** is following the recommendations of the CDC on using basic contact precautions to prevent the spread which includes wearing gowns and gloves when interacting with residents who are sick as we always do. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, our **[center/community]** is in close contact with the local and state health department and are following their guidance. We are posting signs on our entryway doors to notify visitors of the symptoms of COVID-19 and request that they not enter the building if they are experiencing these symptoms.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact **[PLEASE FILL IN APPROPRIATE CENTER CONTACT INFORMATION AND TAILOR TO MEET YOUR CENTER'S NEEDS.]**

For additional information, please visit the CDC's coronavirus disease information page.

Sincerely,

[FILL IN YOUR CENTER INFORMATION]

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Employee Screening Tool

Name of Employee: _____

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat Cough Runny nose Shortness of breath Diarrhea	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	☐ Printed materials ☐ Hand hygiene, including return demonstration

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Signage/Infographics

It is important to post information educating and reminding employees and visitors on precautions to protect residents from COVID-19. This section includes sample signage, including:

- Methods to Stop the Spread of Germs (Attachment 10)
- Hand Washing How-To (Attachment 11)
- Coronavirus (COVID-19) Precautions [for display at facility entrance (Attachment 12)]

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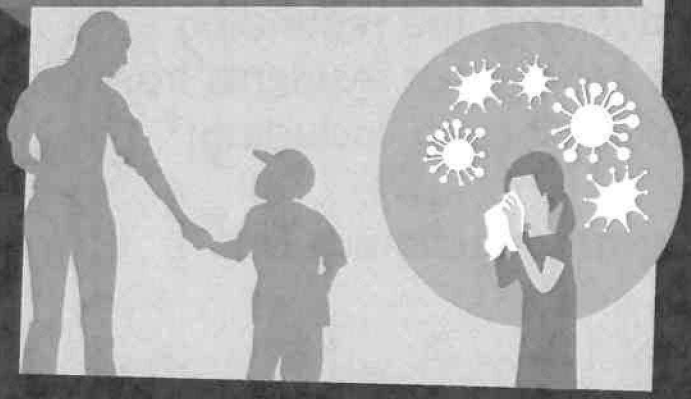
COVID 19
CORONAVIRUS DISEASE

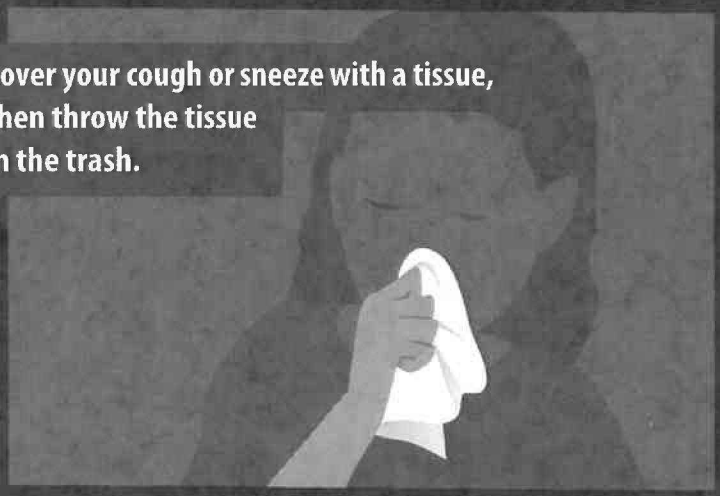
STOP THE SPREAD OF GERMS

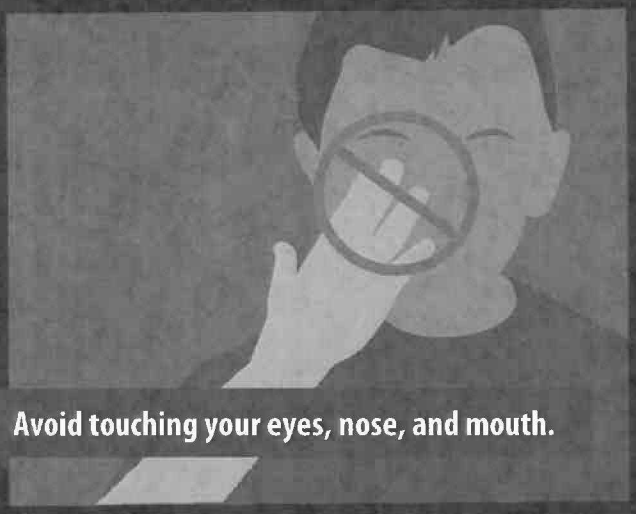
Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



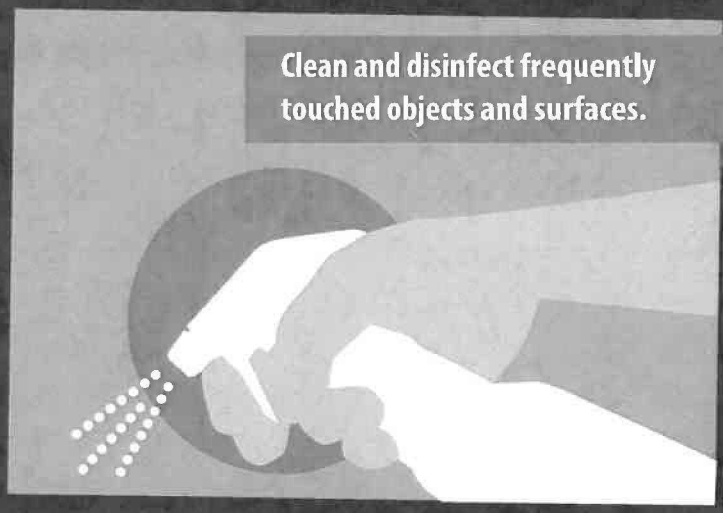
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.





Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.





Wash your hands often with soap and water for at least 20 seconds.

For more information: **www.cdc.gov/COVID19**

CDC

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FL-AHCA-20-0902-A-001853

CS314915-A

What to do if you are sick with coronavirus disease 2019 (COVID-19)

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

CS 314937-D 02/24/2020

For more information: **www.cdc.gov/COVID19**

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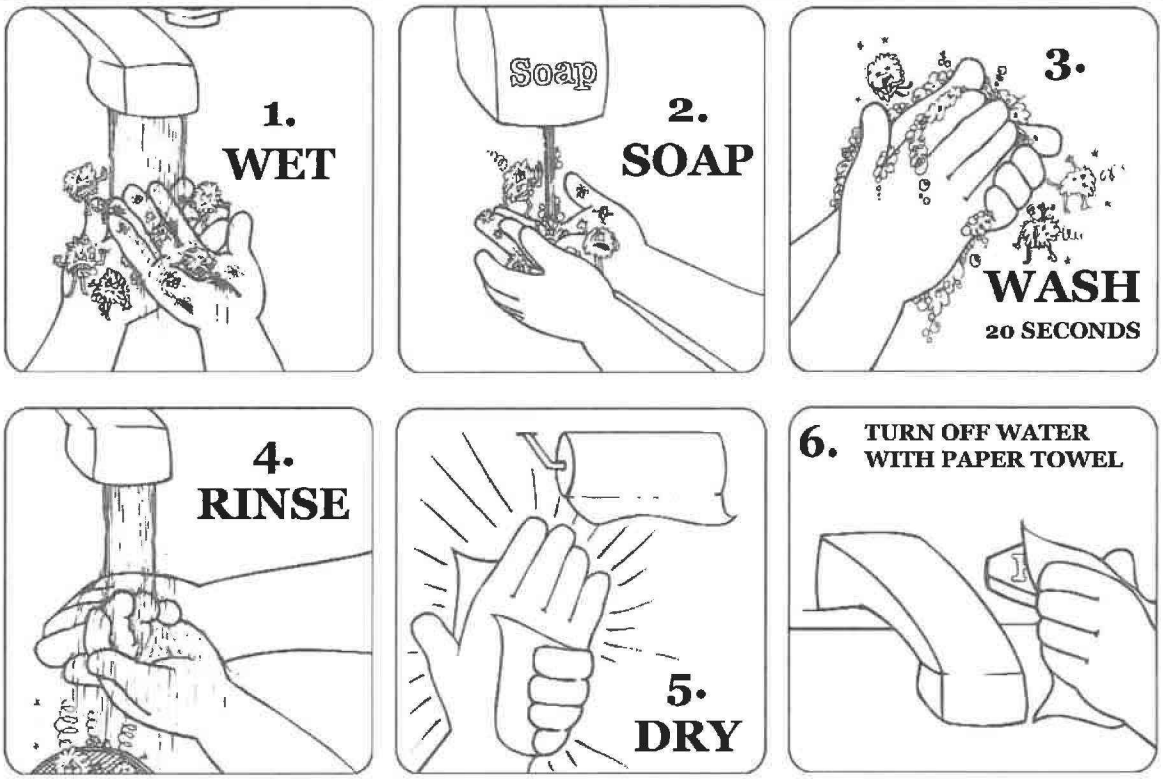
Hand Washing How-To

Does it matter how I wash my hands?

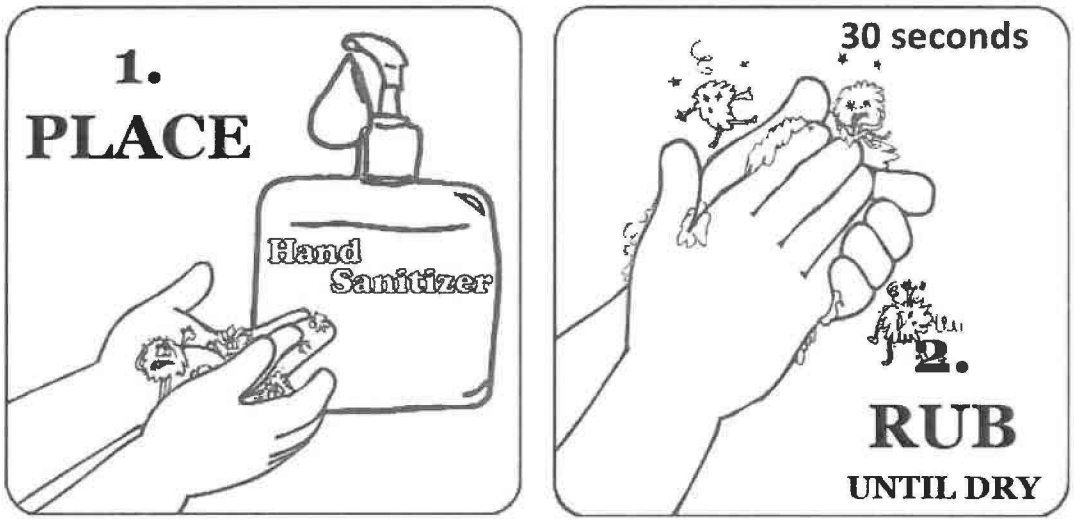
You have to rub your hands for at least 20 seconds to get rid of harmful microorganisms. Follow these instructions:



Hand Sanitizer How-To

How do I clean my hands with alcohol-based hand sanitizer?

Use enough to cover all the surfaces of your hands. Air dry for 30 seconds. Follow these instructions:



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Coronavirus (COVID-19) Precautions

In order to protect our residents, we ask that you DO NOT visit the facility during this time if you have the following active symptoms:



- ***Fever***
- ***Cough/Sneezing Cold Symptoms***
- ***Difficulty Breathing***

In order to keep our facility free of COVID-19 we will begin screening ALL visitors prior to visiting. Any visitors that show "active" signs will not be allowed to enter.

We appreciate your understanding during this time. If you have any questions/concerns, please don't hesitate to call the facility.

Thank you for your understanding and cooperation.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 6, 2020 10:42 PM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Re: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

Can you get my email on DOH or EOG distribution lists for these updates.

Thank you for forwarding.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 6, 2020 10:37:40 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Kotas, James <James.Kotas@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Ward, Scott <Scott.Ward@ahca.myflorida.com>
Cc: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Fwd: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Sent: Friday, March 6, 2020 10:19 PM
Cc: Ferre, Helen; McCloud, Cody; Ash, Ryan; Marquez, Jonas
Subject: [External] FW: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

Good evening:

Our office wanted to ensure your agencies have received the below update regarding COVID-19 issued by the Florida Department of Health.

Best,

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Meredith Beatrice
Deputy Director of Communications
Executive Office of the Governor
Email: Meredith.m.beatrice@eog.myflorida.com
Cell: (850) 688-5405
Press Office: (850) 717-9282
Website: https://www.flgov.com/
Address: 400 S Monroe St, Tallahassee, FL 32399

From: Moscoso, Alberto <Alberto.Moscoso@flhealth.gov>
Sent: Friday, March 6, 2020 10:12 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Subject: FW: DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19



FOR IMMEDIATE RELEASE
March 6, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ANNOUNCES IMPORTANT UPDATES REGARDING COVID-19 IN FLORIDA -TWO CONFIRMED DEATHS REGARDING COVID-19

TALLAHASSEE— The Florida Department of Health has announced updates regarding the 2019 coronavirus disease (COVID-19) in Florida. Two individuals have died and two new presumptive positive cases have been identified in Broward County.

Deceased Individuals

- A previously announced COVID-19 patient in Santa Rosa County has died, following an international trip.
- A new case of a COVID-19 patient in her seventies in Lee County has died, following an international trip.

New Presumptive Positive Cases

- A 75-year old male in Broward County has been identified as a presumptive positive. This person is isolated and will continue to remain isolated until cleared by public health officials.
- A new individual in their seventies that tested presumptive positive for COVID-19 in Lee County has died, following an international trip.

The Florida Department of Health is working closely with the patients, potential close contacts of each case and health care providers to isolate and monitor persons who may have been exposed to COVID-19 and implement testing of anyone who may develop COVID-19 symptoms, including fever, cough or shortness of breath.

COVID-19 can spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The

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elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department (CHD) and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local CHD.

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

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Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 8:46 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com); " "Kopelousos"","" Stephanie; Stephanie.Kopelousos@eog.myflorida.com
Subject: Fwd: facility

Not completely up to date with DOH data but this is what I'm trying to track

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:36:12 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: facility

Provider Type	Name	City	County	Lic Beds	COVID Testing Results	AHCA Visit
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	Negative (2 res)	3/17/2020
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	Pending (1 res)	3/17/2020
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	1 positive (exp) 1 pending (exp) 5 pending 2 staff pending	3/17/2020
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48	Visting to clarify	3/16/2020
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	Pending (2)	
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	Pending (1)	
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	Negative (14)	3/14/2020

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ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	Positive ALF 1 Postive Ind 3	3/13/2020 and 3/15/2020	
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	Negative (1)	3/15/2020	
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	Pending (1)	3/16/2020	
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	Pending (2)		
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	Negative (1)	N/A	

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 2, 2020 9:38 AM
To: ""Ferre"","" Helen; " "Beatrice"","" Meredith M.; Alberto.Moscoso@flhealth.gov
Cc: Manderfield, Patrick; DaMonica.Smith@myflfamilies.com
Subject: FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

FYI – we received the same request. Thank you.

From: Alexandra Glorioso <aglorioso@politico.com>
Sent: Monday, March 2, 2020 9:33 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smith, DaMonica <DaMonica.Smith@myflfamilies.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Sorry, guys, meant to include you on this request/email. Thanks

---

From: Alexandra Glorioso <aglorioso@politico.com>
Date: Monday, March 2, 2020 at 9:31 AM
To: "Moscoso, Alberto" <Alberto.Moscoso@flhealth.gov>, "Beatrice, Meredith M." <Meredith.M.Beatrice@eog.myflorida.com>, "Ferre, Helen" <Helen.Ferre@eog.myflorida.com>
Subject: FW: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

Hi Everyone,

Good morning. I hope you all slept well last night because we are all working non-stop and will only work harder for the next two weeks!

To that end, Please send me the documents and details of the 8 a.m. meeting Gov. Ron DeSantis had with health agency heads.

Thanks,

Alex

From: Governor's Press Office <Governor'sPressOffice@eog.myflorida.com>
Date: Monday, March 2, 2020 at 9:14 AM
Subject: DeSantis/Nuñez Administrative Schedule for Monday, March 2, 2020

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GOVERNOR RON DESANTIS SCHEDULE
FOR
MONDAY, MARCH 2, 2020

7:45am **MEETING WITH CHIEF OF STAFF SHANE STRUM**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

8:00am **MEETING WITH AGENCY HEADS FROM DEPARTMENT OF HEALTH, DEPARTMENT OF ELDER AFFAIRS, AGENCY FOR HEALTH CARE ADMINISTRATION, DEPARTMENT OF EDUCATION, DEPARTMENT OF CHILDREN AND FAMILIES, DIVISION OF EMERGENCY MANAGEMENT AND DEPARTMENT OF CORRECTIONS**
Location: Florida State Capitol
Address: 400 South Monroe Street
Tallahassee, FL 32399

10:30am **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard
Tampa, FL 33612

12:00pm **CONFERENCE CALL WITH VICE PRESIDENT MIKE PENCE AND OTHER GOVERNORS REGARDING COVID-19**

2:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street
Miami, FL 33125

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LT. GOVERNOR JEANETTE NUÑEZ SCHEDULE
FOR
MONDAY, MARCH 2, 2020

10:30am **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health Tampa Branch Laboratory
Address: 3602 Spectrum Boulevard
Tampa, FL 33612

2:00pm **PRESS CONFERENCE REGARDING COVID-19**
Location: Florida Department of Health in Miami Dade County
Address: 1350 Northwest 14th Street
Miami, FL 33125

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 1:36 PM
To: ""Meyer"","" Brian; " "Cooper"","" Matthew; " "Fitch"","" Ryan; Matthew.Cooper@ahca.myflorida.com; Brian.Meyer@ahca.myflorida.com; Ryan.Fitch@ahca.myflorida.com
Subject: FW: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Sunday, March 15, 2020 1:33 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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ASE

on Center on COVID-19 for the State of Florida
em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

lorida Department of Health has announced 39 new positive cases of coronavirus disease (COVID-19). Earlier firmed the death of a 77-year old male in Lee County who had previously tested positive for COVID-19. Yesterd lealth and Human Services requesting the release of 61 Florida residents from Georgia, many of whom are elde s voyage outside of California.

and visitors safe and aware about the status of the virus, the Department is issuing regular updates as informat

le in Clay County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

le from Connecticut has tested positive for COVID-19 in Baker County. This individual is isolated and will contin ealth officials. The epidemiological investigation is ongoing.

AMERICAN OVERSIGHT

le in Lee County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

le in Citrus County has tested positive for COVID-10. This individual is isolated and will continue to remain isola

unty has tested positive for COVID-19. This individual is isolated and will continue to remain isolated until clear
tails to follow.
le in St. Johns County has tested positive for COVID-19. This individual is isolated and will continue to remain is
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in Volusia County has tested positive for COVID-19. This is a travel related case. This individual is isolated and
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le in Orange County has tested positive for COVID-19. This individual is isolated and will continue to remain iso
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AMERICAN OVERSIGHT

le from New York has tested positive for COVID-19 in Alachua County. This individual is isolated and will contin
ealth officials. The epidemiological investigation is ongoing.
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in Collier County has tested positive for COVID-19. This is a travel related case. This individual is isolated and
d by public health officials.

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d: A known history of exposure to COVID-19 associated with travel outside of Florida.

– *Global Level 3 Health Advisory*

tate advises U.S. citizens to reconsider travel abroad due to the global impact of COVID-19. Many areas throug utbreaks and taking action that may limit traveler mobility, including quarantines and border restrictions. Even c ıot been reported may restrict travel without notice.

f Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized belc

visory: CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social di in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact your lth care provider.
visory and Cruises: Travelers should monitor their health and limit interactions with others for 14 days after ret ne symptomatic, immediately self-isolate and they should call ahead to a health care professional or their count tment.
CDC, a cruise ship is defined as a passenger vessel involving the movement of large numbers of people in clo

ɔn regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-nc

a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after t and any other destination under CDC travel advisory should call ahead to their health care provider or local Cou ecent travel or close contact, unless they are experiencing an emergency.

contact with someone showing these symptoms who has recently traveled from areas or been in contact with a / should call ahead to a health care professional and the County Health Department. The health care professior if the person should be tested for COVID-19.

f Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or Mar e of return to the United States, and if ill, immediately contact their CHD or health care provider. Several passer ɔms and have been confirmed to be infected with COVID-19, including over 10 positive cases in Florida.

y

an extensive epidemiological investigation, has identified multiple, positive COVID-19 cases that are connectec ɔunty, Florida.

commends all individuals experiencing symptoms who have recently traveled through Port Everglades to imme ider and self-isolate for 14 Days.

so recommends employees of Metro Cruise Services at Port Everglades with any association to these cases se working to connect with all employees at Metro Cruise Services who may have come into contact with the three COVID-19 to provide the employees with the appropriate guidance and monitoring.
working in close consultation with the CDC on this investigation.

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that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop sympt
their CHD or health care provider.

e and Call Center

nt's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

lated to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(8**
urs a day. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

ida has taken on COVID-19:

antis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
antis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's re
antis issued Executive Order 20-51directing the State Surgeon General to declare a Public Health Emergency.
eral Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
dent Management Team to coordinate response operations.
ed incident command post for on-site response activities.
ealth and health care stakeholder conference calls to provide statewide updates on the current outbreak situati
mic planning. Over five hundred participants joined these calls.
e Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted li

c call center for questions regarding COVID-19.
ributed an updated COVID-19 presentation to CHDs for use at community meetings.
ols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
nisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
terim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic cl
or non-home residential settings to CHDs.
ated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enh
OVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
g at all three State Public Health Laboratories.
l CDC guidance for schools to CHDs and the Department of Education.
l Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
ment of Education in partnership with FLVS is training an additional 10,000 teachers statewide on the Virtual Te
tendents who are interested in offering their teachers the Virtual Teacher Training for COVID-19 should work w
e a list of teachers to FLVS through: https://www.flvs.net/FLVSTeacherTraining.
directed the Florida Division of Emergency Management and the Agency for Health Care Administration to tak
ations for those who may have been exposed to COVID-19. The Governor also directed the Florida Departmen
t state prisons for 30 days.
requested that Health and Human Services send home the 61 Floridians that were previously aboard the Gran
from Dobbins Air Reserve Base, Georgia.
has directed the Department of Health to hire additional epidemiologists from university health programs to hel
has directed the Agency for Health Care Administration (AHCA) to extend all existing nursing home and ALF li
from patient care.
directed Director Moskowitz to expand his emergency order and prohibit all visitation to nursing homes, assiste
long-term care facilities and adult group homes to all visitors for the next 30 days.
directed the Department of Highway Safety and Motor Vehicles to suspend drivers' license renewal requireme
directed all agencies to suspend for 30 days licensing and registration renewal requirements for existing proce

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has recommended that local authorities strongly consider canceling mass gatherings and follow Centers for Di
guidance. CDC has issued recommendations for implementation of mitigation strategies in Florida, including rec
more than 250 people and smaller gatherings that may bring persons together from multiple parts of the countr
: of Education Commissioner Richard Corcoran has provided strong recommendations for extending spring brea
d Prevention (CDC) issuing guidance specific to COVID-19 in Florida. In addition, the Department of Education
be delayed by a minimum of two weeks.

n person to person through small droplets from the nose or mouth, including when an individual coughs or snee
:es. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose

.re fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days f
ID-19 without needing special treatment. The elderly and those with underlying medical problems like high bloo
e more likely to develop serious illness.

ine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Departmer
stop the spread of respiratory diseases, including:

tact with people who are sick;
ı you are sick and avoiding contact with persons in poor health;
/our eyes, nose and mouth with unwashed hands;
gh or sneeze with a tissue, then disposing of the tissue;
ls often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after
ng;
re not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with
d
ecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

mend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, incl
ed by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of
ople who are taking care of someone in close settings (at home or in a health care facility).

; a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after t
and any other destination under CDC travel advisory should call ahead to their health care provider and local C
act.

contact with someone showing these symptoms who has recently traveled from this area or been in contact with
'ID-19, they should call ahead to a health care professional and the CHD. The health care provider will work wit
ould be tested for COVID-19.

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 8:05 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Smoak, Kimberly
Subject: Fwd: Ruleme Place and Ruleme Center

Where are we on her proposal.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:31 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: Ruleme Place and Ruleme Center

Exactly what we need to see.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Zimmerman, Tara <Tara.Zimmerman@opismr.com>
Sent: Friday, March 13, 2020 1:03 PM
To: Mayhew, Mary
Cc: Wood, Marilyn; McKinstry, Molly
Subject: [External] Ruleme Place and Ruleme Center

Dear Secretary Mayhew,

First of all, we want to thank you for your visit to Opis' Tierra Pines Center, as well as everything you are doing to assist our centers to keep our customers and team members safe in light of the COVID-19 pandemic. And in an effort to assist as well, Opis would like to propose an option for our customers who may become infected with COVID-19. As we know, it is not clear if hospitals will accept all patients diagnosed with COVID-19, particularly if they are not in acute distress. That puts the customers in our centers at risk for spreading the virus. We would like to do what we can to help reduce that risk.

Opis has an ALF in Eustis, Ruleme Place. It is on the same campus as our SNF, Ruleme Center. At this time, we only have 13 customers in our ALF. We would like to move those 13 ALF customers to a wing in our SNF where they would all be together. Then our ALF would be empty. We would thoroughly clean the ALF and use it as a place to transfer and quarantine our willing customers with COVID-19 via EMS from all of our Opis Centers, if they are not being admitted to

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the hospitals. Our ALF is equipped with all private rooms and individual PTAC systems. We wanted AHCA's approval before we move forward with this plan.

In addition to approval for the plan, we would also need:

(1) A waiver of the 30 day discharge/transfer notice to move our customers from the ALF to the SNF, as we would like to start this process immediately.
(2) A waiver on the minimum staffing requirements. As you know, staffing is becoming an issue in all centers throughout the state. We will recruit team members to staff our ALF housing the affected customers, but we would need a waiver on the minimum staffing requirements.

We are hopeful that this plan can be approved as we work to keep our customers safe. We look forward to your response.

Tara A. Zimmerman
Associate General Counsel

10150 Highland Manor Drive, Suite 300
Tampa, FL 33610-9712
Tel: 813-558-6621
Fax: 813-397-4127
Asset # A37505
Tara.Zimmerman@opismr.com
www.opismr.com

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Florida's Leading Senior Care Provider
PROUD MEMBERS OF THE Opis SENIOR SERVICES GROUP
Opis Post-Acute, Rehab, Nursing and Assisted Living Centers
SigmaLink REHAB Your Connection Between Hospital & Home
Alpha Clinicians • Home Health Transportation • Health Care Consulting

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Mission Word for March is "Highest Standards"
Each day Meranda, Senior Health Information Coordinator and Linda, Unit Manager take a walking break around the immediate vicinity of the center. While on their break someone approached them and asked if they worked for Opis Tierra Pines Center. They explained that their mom is at another center and that they have heard of the care that Opis provides and might want to move her to our center. They indicated that their Mom really needs a memory care unit. Miranda and Linda were able to describe the CaringWay Memory Care Unit and also set a time for them to come to for a tour. Because of our highest standards of care, the word is out and people are asking to move into our Opis centers.
Submitted by Linda Rounds, LPN, Unit Coordinator at Opis Tierra Pines Center

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 5:09 PM
To: Gabe Warren
Subject: FW: [External] CMS_Approves_First_State_Request_for_1135 _Medicaid_Waiver_in_Florida

From: Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>
Sent: Tuesday, March 17, 2020 8:40 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] CMS_Approves_First_State_Request_for_1135_Medicaid_Waiver_in_Florida

View in browser | Distributed by Center for Medicaid and CHIP Services (CMCS)

CMS Approves First State Request for 1135 Medicaid Waiver in Florida

Action gives state greater flexibility for its COVID-19 response efforts

On March 13, 2020, President Trump declared the rapidly evolving COVID-19 situation a national emergency. This bold action enables the Centers for Medicare and Medicaid Services (CMS) to waive certain requirements in Medicare, Medicaid, and CHIP under Section 1135 authority. This includes the ability to grant state and territorial Medicaid agencies a wider range of flexibilities, and states may now submit Section 1135 waiver requests for CMS approval that will remove administrative burdens and expand access to needed services.

Shortly after the President's declaration, Florida became the first state to submit a Section 1135 waiver request in response to the COVID-19 national emergency. In keeping with CMS's commitment to ensure our state partners have the tools they need to combat COVID-19, the agency acted within days to approve a wide variety of appropriate Medicaid flexibilities.

"I want to thank Governor DeSantis for his leadership in Medicaid and for taking full advantage of federal flexibilities," said CMS Administrator Seema Verma. "CMS is committed to removing

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all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests."

The state's approval letter can be found here, and includes flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests. These flexibilities will enable the state to focus its resources on combatting this outbreak and provide the best possible care to Medicaid beneficiaries in their state.

"Florida is acutely focused on eliminating unnecessary barriers on our health care providers who are on the front lines serving our communities most impacted by COVID-19," said Florida Governor Ron DeSantis. "President Trump recognizes this need and Administrator Seema Verma is providing Florida the critical flexibility for our state's Medicaid program by waiving prior authorization requirements for essential health care services and expedited provider enrollment."

CMS provides guidance to states on how to apply for Section 1135 waivers through the Medicaid Disaster Response Tool Kit, which can be found here. CMS will continue to expeditiously review and approve as appropriate all Section 1135 waivers and other requests that the agency receives to ensure that we are providing our state partners with the maximum flexibility they need to care for their Medicaid beneficiaries during the public health emergency. To support these efforts, CMS is developing checklists and tools to expedite requests and approvals for waivers and other commonly requested flexibilities.

While Florida is the first state to apply for this waiver authority, CMS expects more states will also submit similar requests. Additional Section 1135 approval letters will be posted here as they are issued.

This action, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.

Here is a summary of CMS Public Health Action on COVID-19 to date:

March 13, 2020: CMS announced a series of blanket waivers and action taken across the agency's programs following the President's declaration of a national emergency.
https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency

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March 13: CMS announced new measures to protect nursing home residents by significantly restricting visitors and nonessential personnel. https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19

March 13, 2020: CMS issued Frequently Asked Questions (FAQs) on Essential Health Benefits (EHB) Coverage in response to the 2019 Novel Coronavirus (COVID-19) outbreak. The FAQs detail existing federal rules governing health coverage provided through the individual and small group insurance markets that apply to the diagnosis and treatment of COVID-19. https://www.cms.gov/newsroom/press-releases/cms-publishes-faqs-ensure-individuals-issuers-and-states-have-clear-information-coverage-benefits

March 12, 2020: CMS issued Frequently Asked Questions (FAQs) to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak. https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health

March 12, 2020: CMS posted the payment amounts determined by Local Medicare Administrative Contractors (MACs) for claims they receive for COVID-19 Test Pricing in their respective jurisdictions until Medicare establishes national payment rates. https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf

March 10, 2020: CMS issued guidance to home health agencies and dialysis facilities with actionable information for healthcare workers on screening, treatment and transfer procedures to follow when interacting with patients in response to the 2019 Novel Coronavirus (COVID-19) outbreak. https://www.cms.gov/newsroom/press-releases/cms-sends-more-detailed-guidance-providers-about-covid-19

March 10, 2020: CMS issued a frequently asked questions to ensure State Survey Agencies and accrediting organizations charged with inspecting nursing homes and other health care facilities, understand that non-emergency survey inspections are suspended. https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-guidance-state-survey-agencies

March 10, 2020: CMS issued guidance on Medicare Advantage (MA) and Part D health and prescription drug plans informing them of the flexibilities they have to provide healthcare coverage for testing, treatments, and prevention of 2019 Novel Coronavirus Disease (COVID-19). https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19

March 10, 2020: CMS issued guidance on the range of facemasks that can be temporarily used based on recent changes to CDC and FDA facemask and respirator guidance in light of COVID-19 and supply demands. https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers

On March 9, 2020: CMS delivered detailed guidance on the screening, treatment and transfer procedures healthcare workers must follow when interacting with patients to prevent the spread of COVID-19 in a hospice setting. CMS also issued additional guidance specific to nursing homes to

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help control and prevent the spread of the virus. https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus

On March 9, 2020: CMS issued a fact sheet with additional guidance for healthcare providers and patients about the telehealth benefits in the agency's Medicare program. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus. https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak

On March 9, 2020: CMS published guidance to hospitals with emergency departments (EDs) on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. Medicare-participating hospitals are to follow both CDC guidance for infection control and Emergency Medical Treatment and Labor Act (EMTALA) requirements. https://www.cms.gov/newsroom/press-releases/cms-issues-call-action-hospital-emergency-departments-screen-patients-coronavirus

March 6, 2020: CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19). https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers

March 5, 2020: CMS issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs. https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests

March 4, 2020: CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare. https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

February 13, 2020: CMS issued a new HCPCS code for providers and laboratories to test patients for COVID-19. https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test

February 6, 2020: CMS gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt

February 6, 2020: CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 1:55 PM
To: Sokoloski, Kristin; Philpot, Toby; Kidder, Beth; Harris, Shevaun
Cc: Strickland, Katie
Subject: RE: COVID-19 Response: CMS Issues FAQs to Assist Medicare Providers

Please send it out.

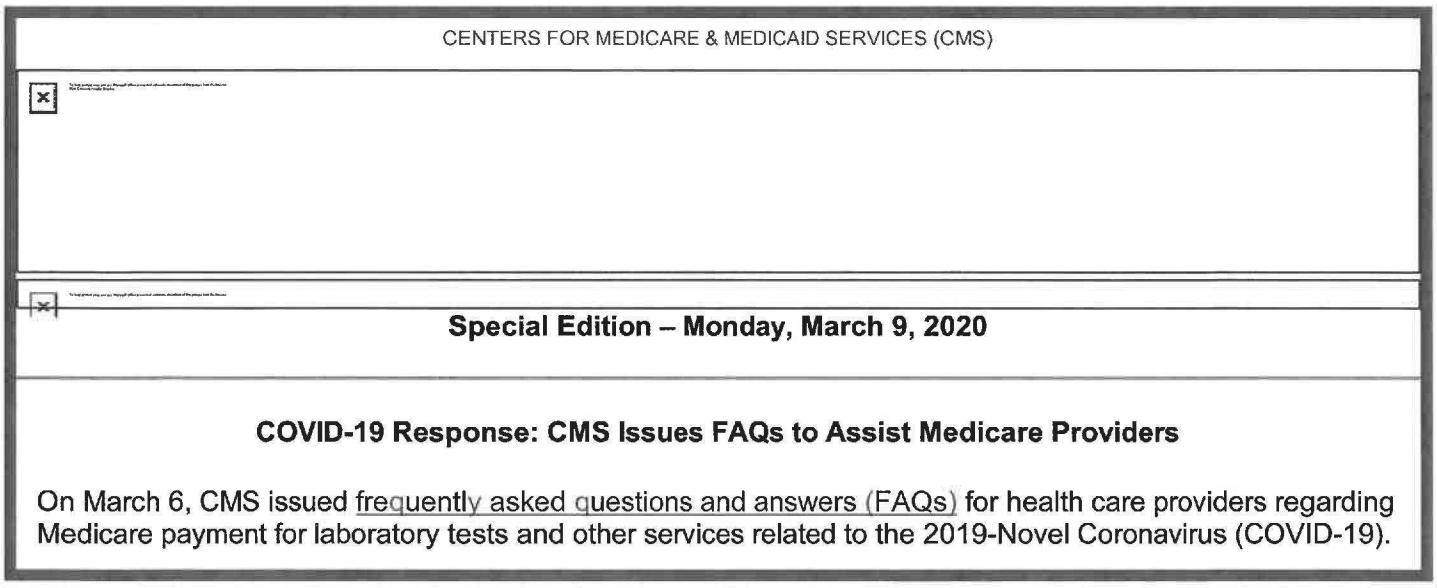
From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Monday, March 9, 2020 1:53 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: RE: COVID-19 Response: CMS Issues FAQs to Assist Medicare Providers

No- the alert has not yet gone out.

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 9, 2020 1:52 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: COVID-19 Response: CMS Issues FAQs to Assist Medicare Providers

Beth and Shevaun,

Please see below. Have we sent out our Medicaid Coding provider alert?



CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Special Edition – Monday, March 9, 2020

COVID-19 Response: CMS Issues FAQs to Assist Medicare Providers

On March 6, CMS issued frequently asked questions and answers (FAQs) for health care providers regarding Medicare payment for laboratory tests and other services related to the 2019-Novel Coronavirus (COVID-19).

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The agency is receiving questions from providers and created this document to be transparent and share answers to some of the most common questions.

Included in the FAQs is:

- Guidance on how to bill and receive payment for testing patients at risk of COVID-19.
- Details of Medicare's payment policies for laboratory and diagnostic services, drugs, and vaccines under Medicare Part B, ambulance services, and other medical services delivered by physicians, hospitals, and facilities accepting government resources.
- Information on billing for telehealth or in-home provider services. Since 2019, the Trump Administration has expanded flexibilities for CMS to pay providers for virtual check-ins and other digital communications with patients, which will make it easier for sick patients to stay home and lower the risk of spreading the infection.

This FAQ, and earlier CMS actions in response to the COVID-19 virus are part of the ongoing White House Task Force efforts. To keep up with the important work CMS is doing in response to COVID-19, visit the Current Emergencies website.

Below is an updated list of CMS' actions to date:

- March 5: Issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs
- March 4: Issued a call to action to health care providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare
- February 13: Issued a new HCPCS code for providers and laboratories to test patients for COVID-19
- February 6: Gave CLIA-certified laboratories information about how they can test for SARS-CoV-2
- February 6: Issued a memo to help the nation's health care facilities take critical steps to prepare for COVID-19

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FL-AHCA-20-0902-A-001883

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:51 AM
To: Veronica Catoe; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha; Mike Hardy; McKinstry, Molly
Subject: Re: Call this morning

Thank you Veronica. We will be prepared to discuss.

Mary

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35 AM
To: Mayhew, Mary; jared.moskowitz@em.myflorida.com
Cc: Woods, Keisha; Mike Hardy; McKinstry, Molly
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

My best,

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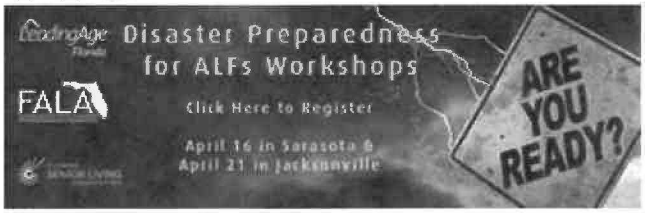
Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 11:30 AM
To: ""Fitch"","" Ryan; " "Meyer"","" Brian; Ryan.Fitch@ahca.myflorida.com; Brian.Meyer@ahca.myflorida.com
Cc: Mayhew, Mary; McKinstry, Molly; Kidder, Beth
Subject: FW: COVID-19 Isolation Facility Plan
Attachments: FL COVID-19 Contingency Plan.xlsx

Brian and Ryan,

I'll be setting up the noon call to discuss the concept below and our ability to leverage business intelligence and ESS data to create comprehensive mapping identifying hospitals, nursing homes and other locations for emergency contingency planning.

Please review the below email and the attached spreadsheet for the noon call.

From: Doug Burr
Sent: Friday, March 13, 2020 9:16 PM
To: 'mary.mayhew@ahca.myflorida.com'
Cc: Harris Schwartzberg
Subject: COVID-19 Isolation Facility Plan

Secretary Mayhew –

Attached - per our discussion – is the file that breaks down the multi-facility SNF companies in Florida by AHCA Planning Districts in which each company has clusters of facilities. Each company was then "selected" as "Primary" (shaded in light red) or "Secondary" (shaded in light orange) for one or more Planning Districts in an effort to (as best as possible) spread out the "Isolation Centers" across companies so that none were burdened with an excessive number of facilities relative to the total number of facilities they had in the State of Florida. Most companies were selected to "participate" in this COVID-19 Emergency Isolation Center Program in 1, 2 or 3 Districts with the exception being Consulate that had 5 Primary and 1 Secondary Directs due to the large volume of SNFs (76 in total) they operate in clusters across Florida. Individual facilities from each company were not chosen because there are likely operational considerations that would be known only to the companies themselves that would make certain facilities better or worse choices for use as a COVID Isolation Center.

I have spoken to Staff from FHCA since our call earlier this evening because this needs to be viewed as a public-private partnership with general industry "buy-in". I may have helped to develop the analysis because I felt from my position as FHCA Reimbursement Committee Chair that it would eventually be necessary, but FHCA staff had been in the loop and kept apprised all along the way.

The first tab in the attached file provides grids that summarize the information. You will notice that there are a couple Districts in which Consulate was not either Primary or Secondary despite Consulate having 10+ SNFs. This was because they may have been the ONLY District in which another company had a large enough cluster of SNFs to be included OR there were other Districts in which there would not have been at least 2 Companies without Consulate being included (and clearly it would be patently unfair to ask Consulate to bear a disproportionate burden should it even become necessary to implement this type of program state-wide). The second tab actually lists the individual facilities (sorted by Planning District and multi-facility organization) for each of the multi-facility organizations that are either "Primary" or "Secondary" in the various District on the first tab.

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I will send the conceptual draft Memorandum of Understanding materials once I have received authorization to do so. My commitment is to get this authorization over the weekend.

I truly hope and pray that the need to implement dedicated "Isolation Centers" does not arise, but given what you already know about the lack of negative pressure environments in most SNFs I do fear that it may be better to plan for safety as opposed to being sorry.

Sincerely,
HEALTH CARE NAVIGATOR, LLC

Douglas G. Burr

Doug Burr

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Roswell, GA 30075

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PROV NUM	PROVNAME	CITY
105445	UNIVERSITY HILLS HEALTH AND REHABILITATION	PENSACOLA
105935	CONSULATE HEALTH CARE OF PENSACOLA	PENSACOLA
106028	SHOAL CREEK REHABILITATION CENTER	CRESTVIEW
105862	DESTIN HEALTHCARE AND REHABILITATION CENTER	DESTIN
105267	BAYSIDE HEALTH AND REHABILITATION CENTER	PENSACOLA
105532	ARCADIA HEALTH & REHABILITATION CENTER	PENSACOLA
NEW CON	DELUNA HEALTH & REHABILITATION CENTER	PENSACOLA
105747	ROSEWOOD HEALTHCARE AND REHABILITATION CENTER	PENSACOLA
105751	SPECIALTY HEALTH AND REHABILITATION CENTER	PENSACOLA
106117	OLIVE BRANCH HEALTH AND REHAB CENTER	PENSACOLA
105487	BAY BREEZE SENIOR LIVING AND REHABILITATION CENTER	GULF BREEZE
105612	SILVERCREST HEALTH AND REHABILITATION CENTER	CRESTVIEW
105601	GRAND BOULEVARD HEALTH AND REHABILITATION CENTER	MIRAMAR BEACH
105860	CENTURY HEALTH AND REHABILITATION CENTER	CENTURY
105328	SANTA ROSA HEALTH & REHABILITATION CENTER	MILTON
105552	SANDY RIDGE HEALTH AND REHABILITATION	MILTON
105148	EMERALD SHORES HEALTH AND REHABILITATION	CALLAWAY
105391	SEA BREEZE HEALTH CARE	PANAMA CITY
105433	HERITAGE HEALTHCARE CENTER AT TALLAHASSEE	TALLAHASSEE
105764	CONSULATE HEALTH CARE OF TALLAHASSEE	TALLAHASSEE
105631	MARSHALL HEALTH AND REHABILITATION CENTER	PERRY
106043	RIVERCHASE HEALTH AND REHABILITATION CENTER	QUINCY
105729	CHIPOLA HEALTH AND REHABILITATION CENTER	MARIANNA
105152	PANAMA CITY HEALTH AND REHABILITATION CENTER	PANAMA CITY
105775	GLENCOVE HEALTH AND REHABILITATION CENTER	PANAMA CITY
106045	BRYNWOOD HEALTH AND REHABILITATION CENTER	MONTICELLO
105662	SIGNATURE HEALTHCARE OF NORTH FLORIDA	GRACEVILLE
105970	SIGNATURE HEALTHCARE AT THE COURTYARD	MARIANNA
105727	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY
106084	AVANTE AT OCALA, INC	OCALA
105308	AVANTE AT INVERNESS INC	INVERNESS
105304	AVANTE AT LEESBURG, INC	LEESBURG
105333	AVANTE AT MT DORA, INC	MOUNT DORA
105846	BAYA POINTE NURSING AND REHABILITATION CENTER	LAKE CITY

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105460	NORTH FLORIDA REHABILITATION AND SPECIALTY CARE	GAINESVILLE
105461	HEALTH CENTER AT BRENTWOOD	LECANTO
105413	HERON POINTE HEALTH AND REHABILITATION	BROOKSVILLE
105996	SPRING HILL HEALTH AND REHABILITATION CENTER	BROOKSVILLE
106008	OSPREY POINT NURSING CENTER	BUSHNELL
105193	PARK MEADOWS HEALTH AND REHABILITATION CENTER	GAINESVILLE
106046	TERRACE HEALTH & REHABILITATION CENTER	GAINESVILLE
106095	CLUB HEALTH AND REHABILITATION CENTER AT THE VILLA	THE VILLAGES
105488	RIVERWOOD HEALTH & REHABILITATION CENTER	STARKE
105196	THE LODGE HEALTH AND REHABILITATION CENTER	OCALA
106036	GROVE HEALTH & REHABILITATION CENTER, THE	HERNANDO
106003	LADY LAKE SPECIALTY CARE CENTER	LADY LAKE
105401	AYERS HEALTH AND REHABILITATION CENTER	TRENTON
105437	CYPRESS COVE CARE CENTER	CRYSTAL RIVER
105297	BROOKSVILLE HEALTHCARE CENTER	BROOKSVILLE
106058	WOODLAND GROVE HEALTH & REHABILITATION CENTER	JACKSONVILLE
106065	ISLE HEALTH & REHABILITATION CENTER	ORANGE PARK
105580	CARLTON SHORES HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105822	GARDENS HEALTH & REHABILITATION CENTER, THE	DAYTONA BEACH
105930	VILLA HEALTH & REHABILITATION CENTER	DELAND
106061	RIDGECREST NURSING AND REHABILITATION CENTER	DELAND
106064	LIFE CARE CENTER OF JACKSONVILLE	JACKSONVILLE
105756	LIFE CARE CENTER OF HILLIARD	HILLIARD
105928	LIFE CARE CENTER OF ORANGE PARK	ORANGE PARK
105962	LIFE CARE CENTER AT WELLS CROSSING	ORANGE PARK
105666	LANIER REHABILITATION CENTER	JACKSONVILLE
105710	JACKSONVILLE NURSING AND REHAB CENTER	JACKSONVILLE
105548	MOULTRIE CREEK NURSING AND REHAB CENTER	SAINT AUGUSTINE
105735	ORANGE CITY NURSING AND REHAB CENTER	DEBARY
105776	PORT ORANGE NURSING AND REHAB CENTER	PORT ORANGE
105547	FLAGLER HEALTH AND REHABILITATION CENTER	BUNNELL
105052	SEASIDE HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105565	COASTAL HEALTH AND REHABILITATION CENTER	DAYTONA BEACH
105514	DEBARY HEALTH AND REHABILITATION CENTER	DEBARY
105145	PARKSIDE HEALTH AND REHABILITATION CENTER	DELAND
105274	CLEARWATER CENTER	CLEARWATER
105690	HIGHLAND PINES REHABILITATION CENTER	CLEARWATER
105271	BOCA CIEGA CENTER	GULFPORT
105117	SOUTH HERITAGE HEALTH & REHABILITATION CENTER	SAINT PETERSBURG
105713	ALPINE HEALTH AND REHABILITATION CENTER	SAINT PETERSBURG
105714	CONCORDIA MANOR	SAINT PETERSBURG
105749	ABBEY REHABILITATION AND NURSING CENTER	SAINT PETERSBURG
106041	HARBOURWOOD CARE CENTER	CLEARWATER
105486	GATEWAY CARE CENTER	PINELLAS PARK
105228	LAURELLWOOD CARE CENTER	SAINT PETERSBURG
105890	BAYWOOD CARE CENTER	SAINT PETERSBURG
105275	SOUTHERN PINES HEALTHCARE CENTER	NEW PORT RICHEY
106103	GULFPORT REHABILITATION CENTER	PASADENA
105409	GOLFVIEW HEALTHCARE CENTER	SAINT PETERSBURG
105451	PENINSULA CARE AND REHABILITATION CENTER	TARPON SPRINGS
105744	SYLVAN HEALTH CENTER	CLEARWATER
105412	SEMINOLE PAVILION REHABILITATION & NURSING SERVICE	SEMINOLE
106042	FREEDOM SQUARE REHABILITATION & NURSING SERVICES	SEMINOLE

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105234	REHABILITATION AND HEALTHCARE CENTER OF TAMPA	TAMPA
105299	WHISPERING OAKS	TAMPA
105553	CARROLLWOOD CARE CENTER	TAMPA
105327	CASA MORA REHABILITATION AND EXTENDED CARE	BRADENTON
105780	OAKS AT AVON	AVON PARK
105286	BARTOW CENTER	BARTOW
105176	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN
105520	CONSULATE HEALTH CARE OF BRANDON	BRANDON
105718	CENTRAL PARK HEALTHCARE AND REHABILITATION CENTER	BRANDON
105951	BRANDON HEALTH AND REHABILITATION CENTER	BRANDON
105417	HABANA HEALTH CARE CENTER	TAMPA
105644	FLETCHER HEALTH AND REHABILITATION CENTER	TAMPA
106017	BRADENTON HEALTH CARE	BRADENTON
105482	CONSULATE HEALTH CARE OF LAKELAND	LAKELAND
105693	CONSULATE HEALTH CARE OF LAKE PARKER	LAKELAND
106002	WEDGEWOOD HEALTHCARE CENTER	LAKELAND
105998	CONSULATE HEALTH CARE OF WINTER HAVEN	WINTER HAVEN
106120	SCOTT LAKE HEALTH AND REHABILITATION CENTER	LAKELAND
105891	YBOR CITY HEALTHCARE AND REHABILITATION CENTER	TAMPA
105629	SURREY PLACE HEALTHCARE AND REHABILITATION	BRADENTON
105301	VALENCIA HILLS HEALTH AND REHABILITATION CENTER	LAKELAND
105736	PALM GARDEN OF SUN CITY	SUN CITY CENTER
105591	PALM GARDEN OF TAMPA	TAMPA
105566	PALM GARDEN OF WINTER HAVEN	WINTER HAVEN
105701	SOLARIS HEALTHCARE MERRITT ISLAND	MERRITT ISLAND
105967	SOLARIS HEALTHCARE LAKE BENNET	OCOEE
105960	SOLARIS HEALTHCARE WINDERMERE	ORLANDO
105734	SOLARIS HEALTHCARE OSCEOLA	SAINT CLOUD
105904	ATLANTIC SHORES NURSING AND REHAB CENTER	MELBOURNE
105793	ROYAL OAKS NURSING AND REHAB CENTER	TITUSVILLE
105868	METRO WEST NURSING AND REHAB CENTER	ORLANDO
105987	HUNTERS CREEK NURSING AND REHAB CENTER	ORLANDO
105307	PARKVIEW REHABILITATION CENTER AT WINTER PARK	WINTER PARK
105872	TUSKAWILLA NURSING AND REHAB CENTER	WINTER SPRINGS
105782	ADVENTHEALTH CARE CENTER APOPKA NORTH	APOPKA
105783	ADVENTHEALTH CARE CENTER ORLANDO EAST	ORLANDO
106024	ADVENTHEALTH CARE CENTER ORLANDO NORTH	ORLANDO
105353	ADVENTHEALTH CARE CENTER APOPKA SOUTH	APOPKA
105861	CONSULATE HEALTH CARE OF MELBOURNE	MELBOURNE
105325	ISLAND HEALTH AND REHABILITATION CENTER	MERRITT ISLAND
105985	PALMS REHABILITATION AND HEALTHCARE CENTER, THE	PALM BAY
105530	VISTA MANOR	TITUSVILLE
105471	PARKS HEALTHCARE AND REHABILITATION CENTER	ORLANDO
105480	ROSEWOOD HEALTH AND REHABILITATION CENTER	ORLANDO
105564	RIO PINAR HEALTH CARE	ORLANDO
105440	COLONIAL LAKES HEALTH CARE	WINTER GARDEN
106011	CONSULATE HEALTH CARE OF KISSIMMEE	KISSIMMEE
106074	KEYSTONE REHABILITATION AND HEALTH CENTER	KISSIMMEE
105888	PLANTATION BAY REHABILITATION CENTER	SAINT CLOUD
105843	CONSULATE HEALTH CARE AT WEST ALTAMONTE	ALTAMONTE SPRINGS
106029	LAKE MARY HEALTH AND REHABILITATION CENTER	LAKE MARY
105982	CONSULATE HEALTH CARE OF PORT CHARLOTTE	PORT CHARLOTTE
105588	CORAL TRACE HEALTH CARE	CAPE CORAL
105238	HERITAGE PARK REHABILITATION AND HEALTHCARE	FORT MYERS
105507	CONSULATE HEALTH CARE OF NORTH FORT MYERS	FORT MYERS

AMERICAN OVERSIGHT

106000	EVANS HEALTH CARE	FORT MYERS
105452	ENGLEWOOD HEALTHCARE AND REHAB	ENGLEWOOD
105416	BENEVA LAKES HEALTHCARE AND REHABILITATION CENTER	SARASOTA
105983	CONSULATE HEALTH CARE OF SARASOTA	SARASOTA
106032	MAGNOLIA HEALTH AND REHABILITATION CENTER	SARASOTA
105443	BAY BREEZE HEALTH AND REHABILITATION CENTER	VENICE
105421	MANORCARE NURSING AND REHABILITATION CENTER	NAPLES
105499	MANORCARE AT LELY PALMS	NAPLES
105723	HEARTLAND HEALTH CARE CENTER FORT MYERS	FORT MYERS
106020	MANORCARE HEALTH SERVICES	FORT MYERS
105389	HEARTLAND HEALTH CARE CENTER - NORTH SARASOTA	SARASOTA
105454	MANORCARE HEALTH SERVICES SARASOTA	SARASOTA
105842	HEARTLAND HEALTH CARE & REHABILITATION CENTER	SARASOTA
105965	MANORCARE HEALTH SERVICES	VENICE
105779	HEALTHPARK CARE CENTER	FORT MYERS
106113	LEE MEMORIAL HOSPITAL SKILLED NURSING UNIT	FORT MYERS
106122	GULF COAST MEDICAL CENTER SKILLED NURSING UNIT	FORT MYERS
106019	LODGE AT CYPRESS COVE, THE	FORT MYERS
105342	REHAB & HEALTHCARE CENTER OF CAPE CORAL	CAPE CORAL
105882	WINKLER COURT	FORT MYERS
105155	SARASOTA HEALTH AND REHABILITATION CENTER	SARASOTA
105481	MANORCARE HEALTH SERVICES	BOCA RATON
105852	HEARTLAND HEALTH CARE AND REHABILITATION CENTER OF	BOCA RATON
105496	MANORCARE HEALTH SERVICES BOYNTON BEACH	BOYNTON BEACH
105755	HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	BOYNTON BEACH
106005	MANORCARE HEALTH SERVICES	DELRAY BEACH
105762	HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS	PALM BEACH GARDENS
105911	MANORCARE HEALTH SERVICES WEST PALM BEACH	WEST PALM BEACH
105921	GARDENS COURT	PALM BEACH GARDENS
105268	LAKESIDE HEALTH CENTER	WEST PALM BEACH
105516	DARCY HALL OF LIFE CARE	WEST PALM BEACH
106012	LIFE CARE CENTER OF PORT SAINT LUCIE	PORT SAINT LUCIE
106111	HEALTH CENTER AT SINAI RESIDENCES	BOCA RATON
105083	BROWARD NURSING & REHABILITATION CENTER	FORT LAUDERDALE
105175	PLANTATION NURSING & REHABILITATION CENTER	PLANTATION
105686	SPRINGTREE REHABILITATION & HEALTH CARE CENTER	SUNRISE
105680	NSPIRE HEALTHCARE LAUDERHILL	LAUDERHILL
105519	NSPIRE HEALTHCARE PLANTATION	PLANTATION
105609	NSPIRE HEALTHCARE TAMARAC	TAMARAC
105503	PARK SUMMIT AT CORAL SPRINGS	CORAL SPRINGS
105691	FORUM AT DEER CREEK	DEERFIELD BEACH
105627	COURT AT PALM AIRE, THE	POMPANO BEACH
105469	GOLDEN GLADES NURSING AND REHABILITATION CENTER	MIAMI
105500	SOUTH DADE NURSING AND REHABILITATION CENTER	MIAMI
105502	NORTH DADE NURSING AND REHABILITATION CENTER	NORTH MIAMI
106021	PONCE PLAZA NURSING & REHABILITATION CENTER	MIAMI
106034	JACKSON PLAZA NURSING AND REHABILITATION CENTER	MIAMI
106100	UNIVERSITY PLAZA REHABILITATION AND NURSING CENTER	MIAMI
105008	ARCH PLAZA NURSING & REHABILITATION CENTER	NORTH MIAMI
105331	AVENTURA REHAB AND NURSING CENTER	NORTH MIAMI BEACH
192	TOTAL	

AMERICAN OVERSIGHT

Count of NFs	
4	1-PRIMARY-CONSULATE (CMC II LLC)
9	1-PRIMARY-GULF COAST HEALTH CARE LLC
3	1-SECONDARY-SUMMITT CARE II INC
5	2-PRIMARY-CONSULATE (CMC II LLC)
5	2-PRIMARY-GULF COAST HEALTH CARE LLC
3	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
4	3-PRIMARY-AVANTE GROUP, INC.
6	3-PRIMARY-CONSULATE (CMC II LLC)
7	3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3	3-SECONDARY-Health Services Mgt., Inc.
6	4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4	4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
5	4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
5	4-SECONDARY-GULF COAST HEALTH CARE LLC
7	5-PRIMARY-AIRAMID
4	5-PRIMARY-Senior Care Group, Inc.
4	5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
3	5-SECONDARY-AMERICAN RETIREMENT CORPORATION
7	6-PRIMARY-AIRAMID
10	6-PRIMARY-CONSULATE (CMC II LLC)
1	6-PRIMARY-SUMMIT CARE II INC
3	6-PRIMARY-SUMMITT CARE II INC
3	6-SECONDARY-PALM HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Solaris Foundation, Inc.
6	7-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4	7-PRIMARY-Sunbelt Health Care Centers,Inc.
13	7-SECONDARY-CONSULATE (CMC II LLC)
10	8-PRIMARY-CONSULATE (CMC II LLC)
8	8-PRIMARY-HCR MANOR CARE SERVICES LLC
3	8-PRIMARY-LEE MEMORIAL HEALTH SYSTEM
1	8-PRIMARY-LEE MEMORIAL HOSPITAL INC
3	8-SECONDARY-AIRAMID
7	9-PRIMARY-HCR MANOR CARE SERVICES LLC
4	9-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
1	9-PRIMARY-LIFE CARE SERVICES LLC
3	10-PRIMARY-HBA HEALTH SYSTEM LLC
3	10-PRIMARY-NSPRMC, LLC
3	10-SECONDARY-FiveStar Quality Care Inc
3	11-PRIMARY-Adirhu Associates, LLC
5	11-PRIMARY-HEBREW HOMES HEALTH NETWORK INC

AMERICAN OVERSIGHT

County name	LEVEL	DISTRICT	Planning Direct & Subdistrict	Management Company	Landlord	BED CERT
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Escambia	PRIMARY	1	1.1	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		120
Okaloosa	PRIMARY	1	1.2	CONSULATE (CMC II LLC)		119
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC		150
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	155
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Escambia	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	90
Santa Rosa	PRIMARY	1	1.1	GULF COAST HEALTH CARE LLC	Omega	120
Okaloosa	PRIMARY	1	1.2	GULF COAST HEALTH CARE LLC	Omega	60
Walton	PRIMARY	1	1.3	GULF COAST HEALTH CARE LLC	Omega	97
Escambia	SECONDARY	1	1.1	SUMMITT CARE II INC		88
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		110
Santa Rosa	SECONDARY	1	1.1	SUMMITT CARE II INC		60
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		77
Bay	PRIMARY	2	2.2	CONSULATE (CMC II LLC)		120
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		180
Leon	PRIMARY	2	2.4	CONSULATE (CMC II LLC)		120
Taylor	PRIMARY	2	2.5	CONSULATE (CMC II LLC)		120
Gadsden	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Argent	120
Jackson	PRIMARY	2	2.1	GULF COAST HEALTH CARE LLC	Omega	60
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Omega	120
Bay	PRIMARY	2	2.2	GULF COAST HEALTH CARE LLC	Argent	115
Jefferson	PRIMARY	2	2.5	GULF COAST HEALTH CARE LLC	Argent	97
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Jackson	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Washington	PRIMARY	2	2.1	SIGNATURE HEALTHCARE MANAGEMENT		180
Alachua	PRIMARY	3	3.2	AVANTE GROUP, INC.		133
Citrus	PRIMARY	3	3.5	AVANTE GROUP, INC.		104
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Lake	PRIMARY	3	3.7	AVANTE GROUP, INC.		116
Columbia	PRIMARY	3	3.1	CONSULATE (CMC II LLC)		90

AMERICAN OVERSIGHT

Alachua	PRIMARY	3	3.2	CONSULATE (CMC II LLC)		120
Citrus	PRIMARY	3	3.5	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Hernando	PRIMARY	3	3.6	CONSULATE (CMC II LLC)		120
Sumter	PRIMARY	3	3.7	CONSULATE (CMC II LLC)		60
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		154
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		132
Alachua	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		68
Bradford	PRIMARY	3	3.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Marion	PRIMARY	3	3.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		99
Citrus	PRIMARY	3	3.5	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Lake	PRIMARY	3	3.7	GREYSTONE HEALTHCARE MANAGEMENT CORP		145
Gilchrist	SECONDARY	3	3.2	Health Services Mgt., Inc.		120
Citrus	SECONDARY	3	3.5	Health Services Mgt., Inc.		120
Hernando	SECONDARY	3	3.6	Health Services Mgt., Inc.		180
Duval	PRIMARY	4	4.1	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Clay	PRIMARY	4	4.2	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		118
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		108
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		120
Volusia	PRIMARY	4	4.4	GREYSTONE HEALTHCARE MANAGEMENT CORP		150
Duval	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Nassau	PRIMARY	4	4.1	LIFE CARE CENTERS OF AMERICA, INC.		120
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		180
Clay	PRIMARY	4	4.2	LIFE CARE CENTERS OF AMERICA, INC.		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Duval	PRIMARY	4	4.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC		163
St. Johns	PRIMARY	4	4.3	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Volusia	PRIMARY	4	4.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC		120
Flagler	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	118
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	192
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	120
Volusia	SECONDARY	4	4.4	GULF COAST HEALTH CARE LLC	Argent	122
Pinellas	PRIMARY	5	5.2	AIRAMID		109
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		120
Pinellas	PRIMARY	5	5.2	AIRAMID		69
Pinellas	PRIMARY	5	5.2	AIRAMID		57
Pinellas	PRIMARY	5	5.2	AIRAMID		39
Pinellas	PRIMARY	5	5.2	AIRAMID		132
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		120
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		60
Pinellas	PRIMARY	5	5.2	Senior Care Group, Inc.		59
Pasco	PRIMARY	5	5.1	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		126
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		56
Pinellas	PRIMARY	5	5.2	SIGNATURE HEALTHCARE MANAGEMENT		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		60
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		120
Pinellas	SECONDARY	5	5.2	AMERICAN RETIREMENT CORPORATION		116

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Hillsborough	PRIMARY	6	6.1	AIRAMID	174
Hillsborough	PRIMARY	6	6.1	AIRAMID	236
Hillsborough	PRIMARY	6	6.1	AIRAMID	120
Manatee	PRIMARY	6	6.2	AIRAMID	240
Highlands	PRIMARY	6	6.4	AIRAMID	104
Polk	PRIMARY	6	6.5	AIRAMID	120
Polk	PRIMARY	6	6.5	AIRAMID	140
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	110
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	150
Hillsborough	PRIMARY	6	6.1	CONSULATE (CMC II LLC)	120
Manatee	PRIMARY	6	6.2	CONSULATE (CMC II LLC)	105
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	CONSULATE (CMC II LLC)	120
Polk	PRIMARY	6	6.5	SUMMIT CARE II INC	120
Hillsborough	PRIMARY	6	6.1	SUMMITT CARE II INC	80
Manatee	PRIMARY	6	6.2	SUMMITT CARE II INC	74
Polk	PRIMARY	6	6.5	SUMMITT CARE II INC	249
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Hillsborough	SECONDARY	6	6.1	PALM HEALTHCARE MANAGEMENT, LLC	120
Polk	SECONDARY	6	6.5	PALM HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	Solaris Foundation, Inc.	180
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Orange	PRIMARY	7	7.2	Solaris Foundation, Inc.	120
Osceola	PRIMARY	7	7.3	Solaris Foundation, Inc.	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Brevard	PRIMARY	7	7.1	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	120
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	116
Orange	PRIMARY	7	7.2	SOUTHERN HEALTHCARE MANAGEMENT, LLC	138
Seminole	PRIMARY	7	7.4	SOUTHERN HEALTHCARE MANAGEMENT, LLC	98
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Orange	PRIMARY	7	7.2	Sunbelt Health Care Centers,Inc.	120
Seminole	PRIMARY	7	7.4	Sunbelt Health Care Centers,Inc.	222
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	167
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Brevard	SECONDARY	7	7.1	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	120
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Orange	SECONDARY	7	7.2	CONSULATE (CMC II LLC)	180
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Osceola	SECONDARY	7	7.3	CONSULATE (CMC II LLC)	120
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	116
Seminole	SECONDARY	7	7.4	CONSULATE (CMC II LLC)	120
Charlotte	PRIMARY	8	8.1	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120

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Lee	PRIMARY	8	8.5	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	81
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Sarasota	PRIMARY	8	8.6	CONSULATE (CMC II LLC)	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	120
Collier	PRIMARY	8	8.2	HCR MANOR CARE SERVICES LLC	117
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Lee	PRIMARY	8	8.5	HCR MANOR CARE SERVICES LLC	120
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	87
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	178
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	140
Sarasota	PRIMARY	8	8.6	HCR MANOR CARE SERVICES LLC	129
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	112
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	18
Lee	PRIMARY	8	8.5	LEE MEMORIAL HEALTH SYSTEM	75
Lee	PRIMARY	8	8.5	LEE MEMORIAL HOSPITAL INC	64
Lee	SECONDARY	8	8.5	AIRAMID	120
Lee	SECONDARY	8	8.5	AIRAMID	120
Sarasota	SECONDARY	8	8.6	AIRAMID	144
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	180
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	HCR MANOR CARE SERVICES LLC	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	120
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	107
Palm Beach	PRIMARY	9	9.4	LIFE CARE CENTERS OF AMERICA, INC.	220
St. Lucie	PRIMARY	9	9.5	LIFE CARE CENTERS OF AMERICA, INC.	123
Palm Beach	PRIMARY	9	9.4	LIFE CARE SERVICES LLC	60
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	198
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	152
Broward	PRIMARY	10	10	HBA HEALTH SYSTEM LLC	110
Broward	PRIMARY	10	10	NSPRMC, LLC	109
Broward	PRIMARY	10	10	NSPRMC, LLC	120
Broward	PRIMARY	10	10	NSPRMC, LLC	151
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	35
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Broward	SECONDARY	10	10	FiveStar Quality Care Inc	60
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	180
Miami-Dade	PRIMARY	11	11.1	Adirhu Associates, LLC	245
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	147
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	120
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	148
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	98
Miami-Dade	PRIMARY	11	11.1	HEBREW HOMES HEALTH NETWORK INC	86
					23,400

Beds

AMERICAN OVERSIGHT

District	Beds per SNF	Empty Beds		BED CERT
1	119.75	39		479
1	111.33	148		1,002
1	86.00	23		258
2	123.40	168		617
2	102.40	255	Panama City & GlenCove = 235 beds	512
2	160.00	47		480
3	117.25	58		469
3	105.00	33		630
3	119.71	42		838
3	140.00	53		420
4	120.67	45		724
4	135.00	31		540
4	128.60	59		643
4	134.40	91		672
5	92.29	74		646
5	89.75	79		359
5	105.50	101		422
5	98.67	38		296
6	162.00	90		1,134
6	120.50	88		1,205
6	120.00	49		120
6	134.33	41		403
6	120.00	26		360
7	135.00	26		540
7	118.67	121		712
7	145.50	70		582
7	132.54	141		1,723
8	116.10	98		1,161
8	126.38	230		1,011
8	68.33	49		205
8	64.00	8		64
8	128.00	33		384
9	137.14	124		960
9	142.50	70		570
9	60.00	2		60
10	153.33	97		460
10	126.67	47		380
10	51.67	28		155
11	201.67	35		605
11	119.80	23		599

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	CERTIFICATION	INHOSP	PARTICIPATION DATE	FAC AGE (YEARS)	CCRC FACIL	SFF Status
110.0	91.7%	Medicare & Medicaid	N	01/03/1984	36.5	N	
111.7	93.1%	Medicare & Medicaid	N	01/08/1997	23.5	N	
111.6	93.0%	Medicare & Medicaid	N	04/27/2000	20.2	N	
106.7	89.7%	Medicare & Medicaid	N	08/11/1994	25.9	N	
115.6	96.3%	Medicare & Medicaid	N	01/01/1981	39.6	N	
140.5	93.7%	Medicare & Medicaid	N	12/21/1985	34.6	N	
2.0	2.2%	Medicare & Medicaid	N	NEW CON	-	N	
139.4	89.9%	Medicare & Medicaid	N	04/01/1991	29.3	N	
113.8	94.8%	Medicare & Medicaid	N	12/16/1991	28.6	N	
85.6	95.1%	Medicare & Medicaid	N	03/07/2018	2.4	N	
113.0	94.2%	Medicare & Medicaid	N	09/01/1984	35.9	N	
55.7	92.8%	Medicare & Medicaid	N	08/04/1988	32.0	N	
88.9	91.6%	Medicare & Medicaid	N	02/24/1988	32.4	N	
84.0	95.5%	Medicare & Medicaid	N	08/12/1994	25.9	N	
95.9	87.2%	Medicare & Medicaid	N	05/01/1978	42.2	N	
55.1	91.8%	Medicare & Medicaid	N	04/24/1987	33.2	N	
70.9	92.1%	Medicare & Medicaid	N	08/21/1967	52.9	N	
-	0.0%	Medicare & Medicaid	N	08/01/1981	39.0	N	
159.7	88.7%	Medicare & Medicaid	N	07/06/1983	37.0	N	
106.3	88.6%	Medicare & Medicaid	N	04/01/1992	28.3	N	SFF Candidate
111.8	93.2%	Medicare & Medicaid	N	12/21/1988	31.6	N	
109.9	91.6%	Medicare & Medicaid	N	05/07/2002	18.2	N	
57.4	95.7%	Medicare & Medicaid	N	05/07/1991	29.2	N	
-	0.0%	Medicare & Medicaid	N	10/05/1967	52.8	N	
-	0.0%	Medicare & Medicaid	N	09/16/1992	27.8	N	
90.1	92.9%	Medicare & Medicaid	N	05/28/2002	18.2	N	
159.8	88.8%	Medicare & Medicaid	N	09/01/1989	30.9	N	
116.4	97.0%	Medicare & Medicaid	N	08/27/1997	22.9	N	
156.8	87.1%	Medicare & Medicaid	N	06/01/1991	29.1	N	
117.5	88.3%	Medicare & Medicaid	N	01/05/2010	10.5	N	
95.1	91.4%	Medicare & Medicaid	N	10/01/1980	39.8	N	
97.6	84.1%	Medicare & Medicaid	N	10/01/1980	39.8	N	
100.6	86.7%	Medicare & Medicaid	N	10/01/1980	39.8	N	
85.4	94.9%	Medicare & Medicaid	N	01/25/1994	26.5	N	

AMERICAN OVERSIGHT

114.6	95.5%	Medicare & Medicaid	N	03/13/1984	36.4	N
110.2	91.8%	Medicare & Medicaid	N	04/13/1984	36.3	N
113.8	94.8%	Medicare & Medicaid	N	08/17/1982	37.9	N
117.0	97.5%	Medicare & Medicaid	N	10/07/1998	21.8	N
56.1	93.5%	Medicare & Medicaid	N	07/02/1999	21.1	N
147.0	95.5%	Medicare & Medicaid	N	11/20/1968	51.7	N
128.5	97.3%	Medicare & Medicaid	N	06/27/2002	18.1	N
61.7	90.7%	Medicare & Medicaid	N	10/18/2012	7.8	N
112.5	93.8%	Medicare & Medicaid	N	11/01/1984	35.7	N
94.9	95.9%	Medicare & Medicaid	N	06/01/1982	38.1	N
112.8	94.0%	Medicare & Medicaid	N	07/12/2001	19.0	N
138.8	95.7%	Medicare & Medicaid	N	03/30/1999	21.3	N
106.7	88.9%	Medicare & Medicaid	N	03/05/1982	38.4	N
111.5	92.9%	Medicare & Medicaid	N	06/14/1983	37.1	N
149.3	82.9%	Medicare & Medicaid	N	10/20/1976	43.8	N
111.7	93.1%	Medicare & Medicaid	N	02/20/2004	16.4	N
103.8	96.1%	Medicare & Medicaid	N	03/11/2005	15.4	N
106.6	90.3%	Medicare & Medicaid	N	10/19/1987	32.8	N
104.6	96.9%	Medicare & Medicaid	N	07/14/1993	27.0	N
116.5	97.1%	Medicare & Medicaid	N	09/27/1996	23.8	N
136.1	90.7%	Medicare & Medicaid	N	11/03/2004	15.7	N
117.2	97.7%	Medicare & Medicaid	N	01/04/2005	15.5	N
113.3	94.4%	Medicare & Medicaid	N	02/01/1992	28.5	N
163.8	91.0%	Medicare & Medicaid	N	09/19/1996	23.8	N
114.6	95.5%	Medicare & Medicaid	N	07/31/1997	23.0	N
110.4	92.0%	Medicare & Medicaid	N	10/01/1989	30.8	N
150.9	92.6%	Medicare & Medicaid	N	10/31/1990	29.7	N
106.1	88.4%	Medicare & Medicaid	N	12/09/1986	33.6	N
108.4	90.3%	Medicare & Medicaid	N	06/26/1991	29.1	N
107.9	89.9%	Medicare & Medicaid	N	10/09/1992	27.8	N
102.4	86.8%	Medicare & Medicaid	N	05/01/1986	34.2	N
139.6	72.7%	Medicare & Medicaid	N	01/01/1967	53.6	N
108.3	90.3%	Medicare & Medicaid	N	02/06/1987	33.5	N
115.0	95.8%	Medicare & Medicaid	N	07/01/1985	35.1	N
115.7	94.8%	Medicare & Medicaid	N	06/02/1967	53.1	N
97.6	89.5%	Medicare & Medicaid	N	08/22/1973	46.9	N
105.5	87.9%	Medicare & Medicaid	N	02/01/1990	30.5	N
97.1	80.9%	Medicare & Medicaid	N	11/01/1973	46.7	N
61.4	89.0%	Medicare & Medicaid	N	06/01/1982	38.1	N
54.8	96.1%	Medicare & Medicaid	N	03/01/1991	29.4	N
35.6	91.3%	Medicare & Medicaid	N	03/01/1991	29.4	N
120.3	91.1%	Medicare & Medicaid	N	01/01/1992	28.6	N
114.3	95.3%	Medicare & Medicaid	N	10/17/2001	18.8	N
111.9	93.3%	Medicare & Medicaid	N	12/21/1984	35.6	N
52.5	87.5%	Medicare & Medicaid	N	03/01/1979	41.4	N
1.0	1.7%	Medicare & Medicaid	N	08/01/1995	25.0	N
89.2	74.3%	Medicare & Medicaid	N	10/27/1978	41.7	N
68.2	54.1%	Medicare & Medicaid	N	11/24/2013	6.7	N
48.0	85.7%	Medicare & Medicaid	N	06/01/1982	38.1	N
115.8	96.5%	Medicare & Medicaid	N	01/27/1984	36.5	N
52.6	87.7%	Medicare & Medicaid	N	10/07/1991	28.8	Y
103.8	86.5%	Medicare & Medicaid	N	07/16/1982	38.0	Y
101.8	87.8%	Medicare & Medicaid	N	02/19/2002	18.4	Y

AMERICAN OVERSIGHT

160.2	92.1%	Medicare & Medicaid	N	06/23/1970	50.1	N
227.4	96.4%	Medicare & Medicaid	N	06/01/1980	40.1	N
114.9	95.8%	Medicare & Medicaid	N	01/09/1987	33.5	N
202.7	84.5%	Medicare & Medicaid	N	06/05/1978	42.1	N
91.6	88.1%	Medicare & Medicaid	N	01/06/1993	27.5	N
113.5	94.6%	Medicare & Medicaid	N	08/01/1975	45.0	N
133.7	95.5%	Medicare & Medicaid	N	06/01/1982	38.1	N
108.9	90.8%	Medicare & Medicaid	N	09/24/1985	34.8	N
112.9	100.0%	Medicare & Medicaid	N	02/25/1991	29.4	N
111.9	93.3%	Medicare & Medicaid	N	05/07/1997	23.2	N
138.4	92.3%	Medicare & Medicaid	N	10/01/1982	37.8	N
111.9	93.3%	Medicare & Medicaid	N	03/01/1989	31.4	N
98.3	93.6%	Medicare & Medicaid	N	12/09/1999	20.6	N
111.3	92.8%	Medicare & Medicaid	N	12/28/1984	35.6	N
105.2	87.7%	Medicare & Medicaid	N	05/14/1990	30.2	N
113.2	94.3%	Medicare & Medicaid	N	03/26/1999	21.3	N
105.2	87.7%	Medicare & Medicaid	N	10/02/1998	21.8	N
70.6	58.8%	Medicare & Medicaid	N	10/16/2018	1.8	N
73.4	91.8%	Medicare & Medicaid	N	08/28/1995	24.9	N
62.1	83.9%	Medicare & Medicaid	N	02/08/1989	31.4	N
226.6	91.0%	Medicare & Medicaid	N	02/16/1977	43.4	N
111.5	92.9%	Medicare & Medicaid	N	06/28/1991	29.1	N
110.6	92.2%	Medicare & Medicaid	N	11/19/1987	32.7	N
111.5	92.9%	Medicare & Medicaid	N	07/09/1987	33.0	N
166.5	92.5%	Medicare & Medicaid	N	08/01/1990	30.0	N
115.6	96.3%	Medicare & Medicaid	N	09/12/1997	22.9	N
116.9	97.4%	Medicare & Medicaid	N	06/18/1997	23.1	N
114.8	95.7%	Medicare & Medicaid	N	06/26/1991	29.1	N
92.4	77.0%	Medicare & Medicaid	N	01/31/1996	24.5	N
109.5	91.3%	Medicare & Medicaid	N	04/09/1993	27.3	N
108.3	90.3%	Medicare & Medicaid	N	10/21/1994	25.8	N
110.5	95.3%	Medicare & Medicaid	N	05/29/1998	22.1	N
98.7	71.5%	Medicare & Medicaid	N	01/01/1978	42.6	N
72.0	73.5%	Medicare & Medicaid	N	11/07/1994	25.7	N
115.1	95.9%	Medicare & Medicaid	N	02/09/1993	27.4	N
115.1	95.9%	Medicare & Medicaid	N	02/08/1993	27.4	N
114.6	95.5%	Medicare & Medicaid	N	07/27/2000	20.0	N
167.2	75.3%	Medicare & Medicaid	N	10/01/1979	40.8	N
143.8	86.1%	Medicare & Medicaid	N	08/19/1994	25.9	N
95.5	79.6%	Medicare & Medicaid	N	07/01/1978	42.1	N
114.0	95.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
104.0	86.7%	Medicare & Medicaid	N	09/16/1985	34.8	N
112.7	93.9%	Medicare & Medicaid	N	09/20/1984	35.8	N
109.8	91.5%	Medicare & Medicaid	N	11/06/1984	35.7	N
174.3	96.8%	Medicare & Medicaid	N	02/19/1987	33.4	N
167.6	93.1%	Medicare & Medicaid	N	09/12/1983	36.9	N
112.5	93.8%	Medicare & Medicaid	N	08/25/1999	20.9	N
110.3	91.9%	Medicare & Medicaid	N	10/19/2006	13.8	N
116.9	97.4%	Medicare & Medicaid	N	07/20/1995	25.0	N
103.8	89.5%	Medicare & Medicaid	N	02/17/1994	26.4	N
116.7	97.3%	Medicare & Medicaid	N	11/08/2000	19.7	N
111.6	93.0%	Medicare & Medicaid	N	03/12/1998	22.4	N
107.7	89.8%	Medicare & Medicaid	N	11/03/1987	32.7	N
115.7	96.4%	Medicare & Medicaid	N	08/31/1970	49.9	N
113.4	94.5%	Medicare & Medicaid	N	06/13/1985	35.1	N

SFF Candidate

AMERICAN OVERSIGHT

106.9	89.1%	Medicare & Medicaid	N	12/14/1998	21.6	N	
104.7	87.3%	Medicare & Medicaid	N	09/02/1983	36.9	N	
111.5	92.9%	Medicare & Medicaid	N	09/10/1982	37.9	N	
74.2	91.6%	Medicare & Medicaid	N	02/18/1998	22.4	N	
106.3	88.6%	Medicare & Medicaid	N	02/01/2001	19.5	N	
111.1	92.6%	Medicare & Medicaid	N	12/29/1983	36.6	N	
88.2	73.5%	Medicare & Medicaid	N	10/22/1982	37.7	N	
107.0	91.5%	Medicare & Medicaid	N	05/22/1984	36.2	N	
101.9	84.9%	Medicare & Medicaid	N	04/25/1991	29.2	N	
86.1	71.8%	Medicare & Medicaid	N	04/07/2000	20.3	N	
72.0	82.8%	Medicare & Medicaid	N	08/01/1981	39.0	N	
144.5	81.2%	Medicare & Medicaid	N	01/05/1984	36.5	N	
85.8	61.3%	Medicare & Medicaid	N	11/23/1993	26.7	N	
95.3	73.9%	Medicare & Medicaid	N	06/05/1997	23.1	N	
103.3	92.2%	Medicare & Medicaid	N	12/30/1992	27.6	N	
16.6	92.2%	Medicare	Y	06/20/2017	3.1	N	
36.6	48.8%	Medicare	Y	02/07/2019	1.5	N	
56.2	87.8%	Medicare	N	04/26/2000	20.2	Y	
116.0	96.7%	Medicare & Medicaid	N	03/16/1979	41.4	N	
116.5	97.1%	Medicare & Medicaid	N	04/12/1995	25.3	N	
118.5	82.3%	Medicare & Medicaid	N	10/01/1971	48.8	N	
169.0	93.9%	Medicare & Medicaid	N	09/18/1984	35.8	N	
80.6	67.2%	Medicare & Medicaid	N	01/12/1995	25.5	N	
151.1	83.9%	Medicare & Medicaid	N	03/05/1985	35.4	N	
116.5	97.1%	Medicare & Medicaid	N	01/16/1992	28.5	N	
107.9	89.9%	Medicare & Medicaid	N	02/19/1999	21.4	N	
106.1	88.4%	Medicare & Medicaid	N	03/27/1992	28.3	N	
104.8	87.3%	Medicare & Medicaid	N	04/02/1996	24.3	N	
107.1	89.3%	Medicare & Medicaid	N	08/13/1996	23.9	N	
102.5	95.8%	Medicare & Medicaid	N	07/01/1979	41.1	N	
178.1	81.0%	Medicare & Medicaid	N	11/01/1985	34.7	N	
112.1	91.1%	Medicare & Medicaid	N	09/09/1999	20.9	N	
58.3	97.2%	Medicare	N	12/20/2016	3.6	Y	
157.8	79.7%	Medicare & Medicaid	N	09/01/1976	43.9	N	
101.9	67.0%	Medicare & Medicaid	N	03/01/1974	46.4	N	
103.5	94.1%	Medicare & Medicaid	N	03/06/1990	30.4	N	
106.2	97.4%	Medicare & Medicaid	N	12/27/1989	30.6	N	
104.9	87.4%	Medicare & Medicaid	N	09/23/1985	34.8	N	
121.6	80.5%	Medicare & Medicaid	N	07/07/1988	32.0	N	
32.1	91.7%	Medicare & Medicaid	N	06/13/1985	35.1	Y	
47.7	79.5%	Medicare & Medicaid	N	06/04/1990	30.1	N	
47.6	79.3%	Medicare & Medicaid	N	11/30/1988	31.6	Y	
177.2	98.4%	Medicare & Medicaid	N	09/06/1984	35.9	N	
173.5	96.4%	Medicare & Medicaid	N	05/15/1985	35.2	N	
218.9	89.3%	Medicare & Medicaid	N	04/01/1985	35.3	N	
140.6	95.6%	Medicare & Medicaid	N	04/21/2000	20.3	N	
116.5	97.1%	Medicare & Medicaid	N	01/26/2001	19.5	N	
142.6	96.4%	Medicare & Medicaid	N	08/22/2013	6.9	N	
96.3	98.3%	Medicare & Medicaid	N	04/01/1971	49.3	N	SFF Candidate
80.1	93.1%	Medicare & Medicaid	N	07/01/1978	42.1	N	
20,521.8	87.7%				30.1		

AMERICAN OVERSIGHT

RESIDENT TOTAL	OCCUPANT PERCENT	
440	91.9%	26.6
855	85.3%	26.1
235	91.1%	33.8
449	**72.7%**	37.8
257	**50.3%**	29.2
433	90.2%	27.6
411	87.6%	32.5
597	94.8%	30.0
796	95.0%	27.4
368	87.5%	39.7
679	93.8%	21.8
509	94.2%	22.7
584	90.8%	30.2
581	86.5%	41.9
572	88.6%	35.7
280	77.9%	30.2
321	76.1%	30.8
258	87.2%	28.4
1,044	92.1%	39.5
1,117	92.7%	28.6
71	58.8%	1.8
362	89.9%	33.3
334	92.7%	31.6
514	95.1%	26.2
591	83.1%	28.0
512	88.0%	28.9
1,582	91.8%	28.7
1,063	91.6%	31.5
781	77.2%	31.1
157	76.3%	10.7
56	87.8%	20.2
351	91.4%	38.5
836	87.1%	28.5
500	87.7%	30.1
58	97.2%	3.6
363	79.0%	40.2
333	87.6%	32.5
127	82.2%	32.3
570	94.1%	35.5
576	96.2%	27.6

AMERICAN OVERSIGHT

ABUSE ICON	Old Survey	CHOW LAST 12 MOS	RES FAM COUNCIL	SPRINKLER STATUS	Overall Rating	SURVEY RATING	Quality Rating	LS Quality Rating	SS Quality Rating
N	N	N	Both	Yes	1	1	4	3	5
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	2	1	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	4
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	NEW	NEW	NEW	NEW	NEW
N	N	N	Both	Yes	4	4	4	5	4
N	N	N	Resident	Yes	5	4	5	4	5
N	N	N	None	Yes	5	4	5		5
N	N	N	Resident	Yes	3	2	3	3	3
N	N	N	Both	Yes	4	4	3	1	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	2	2	2
N	N	N	Resident	Yes	4	4	3	4	3
N	N	N	Both	Yes	4	4	3	4	1
N	N	N	Both	Yes	2	2	4	3	5
N	Y	N	Both	Yes	2	2	3	4	1
N	N	N	Both	Yes	1	1	3	4	1
N	N	N	Resident	Yes	1	1	2	2	2
N	N	N	Resident	Yes	1	1	3	2	4
N	N	N	Both	Yes	5	5	5	5	5
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Resident	Yes	5	5	5	5	
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	5	4	5
N	N	N	Resident	Yes	3	3	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	2	2	2	2
N	N	N	Both	Yes	3	2	4	4	4
N	N	N	Both	Yes	3	2	2	3	1
N	N	N	Resident	Yes	4	2	5	5	5
N	N	N	Both	Yes	2	2	4	4	4

AMERICAN OVERSIGHT

N	N	N	Both	Yes	1	1	3	3	4
N	N	N	Both	Yes	4	3	5	5	3
N	N	N	Both	Yes	5	4	5	4	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	3	3	4	5	4
Y	N	N	Both	Yes	2	1	3	3	3
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	5	4	5		5
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	5	3	5	5	5
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	5	4	4	5
N	N	N	Both	Yes	5	5	4	4	5
N	N	N	Both	Yes	2	2	4	5	4
N	N	N	Resident	Yes	5	5	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	3	3	4	4	5
N	N	N	Both	Yes	3	2	4	2	5
N	N	N	Resident	Yes	3	3	3	2	4
N	N	N	Resident	Yes	3	3	3	3	4
N	N	N	Both	Yes	3	2	5	5	5
N	N	N	Resident	Yes	4	4	4	3	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	5	3	5	5	4
N	N	N	Resident	Yes	4	3	4	2	5
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	4	4	3	5
N	N	N	Resident	Yes	3	3	2	4	1
N	N	N	Resident	Yes	2	3	1	1	1
N	N	N	Both	Yes	3	3	3	5	1
N	N	N	Both	Yes	4	4	2	2	2
N	N	N	Both	Yes	5	5	4	5	2
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	4	4	3	3	2
N	N	N	Resident	Yes	2	2	2	2	2
N	N	N	Both	Yes	2	2	1	2	1
N	N	N	Resident	Yes	1	1	1	1	1
N	N	N	Resident	Yes	1	1	4	4	
N	N	N	Both	Yes	3	2	4	5	2
N	N	N	Resident	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	3	2	2	2
N	N	N	Both	Yes	1	1	4	4	3
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	3	2	4	5	3
N	N	N	Resident	Yes	2	1	5	4	5

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	2	2	4	4	3
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Resident	Yes	5	4	5	5	4
N	N	N	Both	Yes	2	2	3	4	3
N	N	N	Resident	Yes	3	4	4	5	3
N	N	N	Both	Yes	2	2	4	4	3
N	N	N	Both	Yes	2	2	3	3	2
N	N	N	Both	Yes	1	1	3	4	2
N	N	N	Resident	Yes	3	2	4	5	4
N	N	N	Resident	Yes	1	1	4	5	3
N	N	N	Both	Yes	2	1	4	5	3
N	N	N	Both	Yes	2	1	5	4	5
N	N	N	Both	Yes	5	4	5	5	4
N	N	N	Resident	Yes	2	2	4	4	5
N	N	N	Resident	Yes	2	1	5	5	3
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Both	Yes	1	1	2	1	3
N	N	N	None	Yes					
N	N	N	Resident	Yes	4	4	4	5	3
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Resident	Yes	2	1	4	5	3
N	N	N	Resident	Yes	3	3	4	3	5
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Both	Yes	4	4	4	4	4
N	N	N	Resident	Yes	5	5	4	3	5
N	N	N	Resident	Yes	2	2	2	2	1
N	N	N	Resident	Yes	2	2	4	5	2
N	N	N	Both	Yes	5	4	5	5	5
Y	N	N	Both	Yes	3	2	5	5	4
N	N	N	Resident	Yes	3	2	5	5	5
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	4	4	3	2	3
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Both	Yes	2	1	3	2	4
N	N	N	Both	Yes	2	2	4	5	3
N	N	N	Both	Yes	2	1	3	3	3
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	5	3	5	5	3
N	N	N	Resident	Yes	2	2	3	5	1
N	N	N	Both	Yes	3	3	3	3	3
N	N	N	Both	Yes	2	1	3	3	2
N	N	N	Both	Yes	3	3	4	5	2
N	N	N	Both	Yes	5	3	5	5	4
Y	N	N	Resident	Yes	2	1	2	1	4
N	N	N	Resident	Yes	2	2	4	4	4
N	N	N	Both	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Both	Yes	4	3	5	5	5
N	N	N	Both	Yes	4	2	5	4	5
N	N	N	Resident	Yes	2	2	4	3	4
N	N	N	Resident	Yes	2	1	4	5	2

AMERICAN OVERSIGHT

N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	1	1	4	4	4
N	N	N	Resident	Yes	3	3	3	5	1
N	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Both	Yes	1	1	4	5	3
N	N	N	Resident	Yes	1	1	3	4	3
N	N	N	Resident	Yes	4	3	4	5	4
N	N	N	Resident	Yes	3	2	4	3	5
N	N	N	Resident	Yes	2	2	4	5	3
N	N	N	Resident	Yes	2	1	4	4	4
N	N	N	Resident	Yes	4	2	5	5	5
Y	N	N	Resident	Yes	2	1	5	5	5
Y	N	N	Both	Yes	2	1	5	5	5
N	N	N	Resident	Yes	4	3	5	5	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	None	Yes	5	5	5		5
N	N	N	None	ata Not Available					
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	4	3	5	5	5
N	N	N	Both	Yes	5	4	5	5	5
N	N	N	Both	Yes	3	3	3	4	2
N	N	N	Resident	Yes	5	3	5	5	4
N	N	N	Resident	Yes	5	5	4	5	4
N	N	N	Both	Yes	2	1	3	4	3
N	N	N	None	Yes	4	4	2	4	1
N	N	N	Resident	Yes	3	2	3	4	3
N	N	N	Resident	Yes	5	5	2	4	1
N	N	N	Resident	Yes	4	3	2	3	2
N	N	N	Resident	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	2	2
Y	N	N	Resident	Yes	2	1	3	4	2
N	N	N	Resident	Yes	3	2	4	4	5
N	N	N	None	Yes	5	4	4	2	5
N	N	N	Resident	Yes	4	3	4	4	3
N	N	N	Both	Yes	4	4	3	5	2
N	N	N	Both	Yes	4	3	4	4	4
N	N	N	Resident	Yes	2	1	2	4	1
N	N	N	Resident	Yes	1	1	3	4	2
N	N	N	Resident	Yes	2	1	4	4	3
N	N	N	Resident	Yes	4	4	4	4	4
N	N	N	Resident	Yes	3	2	4	4	4
N	N	N	Resident	Yes	5	4	5	5	5
N	N	N	Resident	Yes	2	2	3	4	2
N	N	N	Both	Yes	5	5	4	4	4
N	N	N	None	Yes	5	4	5	5	
N	N	N	Both	Yes	4	4	4	3	4
N	N	N	Resident	Yes	2	2	1	2	1
N	N	N	Resident	Yes	3	2	4	5	3
Y	N	N	Resident	Yes	2	1	4	5	2
N	N	N	Both	Yes	3	2	4	5	2
					3.20	2.64	3.84	3.92	3.49

AMERICAN OVERSIGHT

2.50	2.00	4.00	3.75	4.25
3.56	2.78	3.89	3.11	3.89
4.00	3.67	2.67	3.33	2.00
1.40	1.40	3.00	3.00	2.60
4.60	4.20	4.80	4.80	3.80
4.00	3.67	4.33	4.67	4.00
3.25	2.00	3.25	3.50	3.00
3.17	2.67	4.33	4.33	4.17
3.43	2.57	4.14	3.43	4.29
5.00	4.00	5.00	5.00	4.67
4.00	4.00	4.00	4.17	4.33
3.00	2.50	3.75	3.00	4.50
4.20	3.80	4.40	4.40	4.20
4.40	3.40	4.60	4.00	4.80
3.57	3.71	2.57	3.14	1.71
1.50	1.50	2.00	2.25	1.00
2.25	2.00	3.25	3.75	2.50
3.33	2.33	4.67	4.67	4.33
3.00	2.86	4.00	4.29	3.29
2.20	1.60	4.10	4.30	3.70
-	-	-	-	-
3.67	3.00	4.33	5.00	3.67
4.00	3.33	4.67	4.33	4.67
4.00	3.75	3.75	3.50	3.75
3.00	2.17	4.67	4.67	4.33
3.25	2.75	3.50	3.00	3.75
2.77	2.00	3.85	4.08	3.23
2.10	1.60	3.90	4.30	3.30
2.88	1.88	4.50	4.63	4.38
3.33	3.00	3.33	1.67	3.33
5.00	4.00	5.00	5.00	5.00
4.00	3.33	4.33	4.67	4.00
4.00	3.29	3.00	4.14	2.57
2.75	1.75	3.25	3.50	3.25
5.00	4.00	4.00	2.00	5.00
4.00	3.33	3.67	4.33	3.00
1.67	1.00	3.00	4.00	2.00
4.00	3.33	4.33	4.33	4.33
4.00	3.67	4.00	4.33	2.00
2.80	2.20	3.40	4.00	2.40

AMERICAN OVERSIGHT

Staffing Rating	RN staffing rating	AIDHRD	VOCHRD	RNHRD	TOTLICHRD	TOTHRD	PTHRD	CM AIDE
3	2	2.660	0.923	0.415	1.338	3.998	0.049	1.8515
3	3	2.595	0.777	0.557	1.335	3.930	0.050	1.9278
3	2	2.613	0.915	0.449	1.364	3.977	0.049	2.0477
4	4	2.195	0.709	0.600	1.309	3.504	0.046	1.8945
4	4	2.847	0.546	0.801	1.348	4.195	0.031	1.9651
4	4	2.634	0.842	0.771	1.613	4.247	0.071	2.0831
NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW	NEW
4	4	2.555	0.905	0.589	1.494	4.049	0.037	1.9956
4	4	2.598	0.789	0.707	1.496	4.094	0.049	2.1364
4	4	2.766	1.179	1.359	2.538	5.303	0.277	2.2559
4	4	2.762	0.854	0.691	1.545	4.307	0.037	1.9919
3	2	2.638	1.294	0.393	1.687	4.325	0.031	1.9472
3	3	2.630	0.958	0.649	1.607	4.237	0.082	2.1193
4	4	2.561	0.907	0.708	1.615	4.176	0.026	1.8531
4	4	2.678	0.950	0.633	1.584	4.262	0.054	1.8434
4	4	2.657	0.951	0.586	1.537	4.193	0.110	1.9640
3	3	2.619	0.960	0.581	1.541	4.160	0.077	2.0271
3	2	2.680	0.808	0.410	1.218	3.898	0.067	1.9981
2	1	2.565	1.291	0.206	1.497	4.062	0.062	2.0211
3	2	2.553	1.015	0.341	1.355	3.909	0.051	1.8993
4	4	2.692	0.898	0.573	1.471	4.163	0.051	1.9824
4	4	2.498	1.013	0.672	1.685	4.184	0.057	2.0940
3	3	2.601	0.804	0.473	1.277	3.878	0.074	2.0121
3	2	2.563	0.953	0.391	1.344	3.907	0.040	1.9965
3	3	2.633	0.874	0.478	1.353	3.986	0.042	2.0205
3	2	2.551	1.002	0.395	1.397	3.948	0.047	1.9552
4	4	2.688	0.919	0.819	1.738	4.426	-	2.0200
4	4	2.511	0.936	0.643	1.579	4.090	-	2.1378
4	4	2.624	0.643	0.750	1.393	4.016	-	2.0976
4	4	2.783	0.638	0.856	1.494	4.277	-	2.0777
3	2	2.589	1.193	0.486	1.679	4.268	0.112	2.1150

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2	1	2.550	1.196	0.285	1.481	4.031	0.049	1.9024
2	2	2.578	1.061	0.432	1.493	4.071	0.108	2.1904
3	3	2.630	0.856	0.450	1.306	3.936	0.044	2.0338
3	3	2.511	0.618	0.741	1.359	3.870	0.105	2.3569
3	3	2.589	0.935	0.520	1.456	4.044	0.096	2.1107
4	3	2.534	1.007	0.520	1.527	4.061	0.116	1.9000
2	2	2.568	0.977	0.453	1.429	3.997	0.249	2.2204
3	3	2.477	1.072	0.934	2.006	4.483	0.571	2.2389
2	2	2.590	0.904	0.349	1.253	3.843	0.136	2.0694
4	4	2.554	0.804	0.711	1.515	4.069	0.281	1.9719
4	4	2.530	0.975	0.693	1.668	4.198	0.195	2.2221
2	2	2.472	0.913	0.387	1.300	3.772	0.146	2.1711
3	2	2.666	1.008	0.456	1.464	4.130	0.083	2.0278
3	3	2.725	0.764	0.499	1.262	3.988	0.044	2.1025
2	2	2.609	1.044	0.391	1.435	4.044	0.041	2.2180
3	3	2.472	0.842	0.427	1.269	3.741	0.039	2.0353
3	3	2.429	0.640	0.675	1.315	3.744	0.204	2.1538
3	3	2.584	0.850	0.624	1.474	4.058	0.218	1.9461
3	2	2.674	0.991	0.465	1.456	4.130	0.245	2.0705
3	3	2.582	0.837	0.507	1.344	3.926	0.085	2.2350
3	3	2.488	0.948	0.526	1.475	3.963	0.139	1.9349
4	4	2.507	0.681	0.857	1.537	4.045	0.163	2.2110
3	3	2.541	0.770	0.553	1.324	3.865	0.111	1.9770
3	3	2.572	1.030	0.555	1.585	4.157	0.213	2.0901
3	3	2.508	0.962	0.748	1.710	4.218	0.188	2.0940
2	1	2.678	1.152	0.216	1.368	4.045	0.147	1.9641
3	3	2.705	0.859	0.523	1.382	4.086	0.145	2.0986
3	2	2.752	1.095	0.460	1.555	4.307	0.177	2.2053
3	3	2.718	0.839	0.736	1.575	4.293	0.193	2.1597
3	3	2.758	0.867	0.674	1.541	4.299	0.170	1.9854
2	2	2.541	0.821	0.517	1.338	3.878	0.060	2.1620
4	3	2.629	0.884	0.464	1.348	3.977	0.001	1.7737
4	4	2.655	0.840	0.756	1.596	4.251	0.095	1.8731
3	3	2.629	0.865	0.673	1.538	4.167	0.058	2.1473
4	3	2.592	0.901	0.488	1.389	3.982	0.049	1.8446
2	2	2.493	0.952	0.323	1.274	3.768	0.088	1.9365
2	2	2.538	0.717	0.462	1.179	3.717	0.050	2.0069
3	3	2.557	0.608	0.636	1.244	3.801	0.082	1.9314
3	3	2.557	0.723	0.565	1.287	3.845	0.060	2.0967
3	2	2.514	0.879	0.437	1.316	3.831	0.069	1.8938
4	4	2.383	0.742	0.705	1.448	3.830	0.047	2.0971
3	3	2.477	0.748	0.537	1.284	3.761	0.099	1.9457
2	2	2.529	0.931	0.399	1.330	3.859	0.107	2.0889
4	3	2.573	0.730	0.556	1.286	3.859	0.098	1.7732
4	4	2.603	0.780	0.596	1.375	3.978	0.154	1.7629
4	4	2.558	0.844	0.663	1.507	4.064	0.056	1.9815
3	2	2.631	1.229	0.344	1.572	4.203	0.100	2.0726
3	3	2.572	0.747	0.707	1.455	4.026	0.178	1.9412
3	3	2.598	0.829	0.518	1.347	3.945	0.090	2.0660
5	5	2.711	0.617	1.223	1.840	4.550	0.198	2.2172
4	4	2.732	0.905	0.887	1.792	4.524	0.143	2.1020
3	3	2.700	1.042	0.746	1.789	4.489	0.138	2.1499

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3	3	2.568	0.634	0.738	1.372	3.940	0.091	2.2850
4	5	2.544	0.276	1.017	1.294	3.838	0.046	2.0390
3	4	2.502	0.277	0.978	1.255	3.758	0.089	2.3751
2	2	2.509	0.784	0.428	1.212	3.721	0.070	2.0145
1	1							
2	2	2.540	0.953	0.311	1.263	3.803	0.065	2.2001
2	2	2.522	0.850	0.385	1.235	3.757	0.057	2.1397
3	3	2.411	0.726	0.685	1.411	3.822	0.104	2.1595
4	5	2.564	0.583	0.988	1.571	4.135	0.089	2.1841
3	3	2.566	0.902	0.759	1.661	4.227	0.106	2.2415
5	5	2.650	0.413	1.193	1.606	4.257	0.039	2.0458
4	4	2.552	0.630	0.760	1.389	3.942	0.049	2.1188
3	3	2.548	0.666	0.806	1.472	4.020	0.077	2.1698
2	1	2.488	0.998	0.205	1.203	3.692	0.081	2.1633
3	2	2.627	1.048	0.421	1.468	4.095	0.050	1.9563
3	3	2.546	0.880	0.522	1.402	3.948	0.085	2.0959
3	3	2.655	0.927	0.489	1.416	4.071	0.068	2.1779
		2.920	1.011	0.754	1.765	4.685	0.162	2.0726
4	3	2.624	1.079	0.522	1.602	4.226	0.039	1.9606
3	2	2.820	1.523	0.568	2.090	4.910	0.168	2.2779
4	3	2.657	0.999	0.626	1.624	4.281	0.069	2.0301
3	3	2.577	1.022	0.547	1.568	4.145	0.056	2.0867
3	3	2.651	1.105	0.531	1.636	4.287	0.067	2.0780
3	3	2.537	0.764	0.674	1.438	3.976	0.090	2.1566
4	4	2.664	1.113	0.755	1.868	4.532	0.110	2.0899
4	4	2.696	0.885	0.769	1.654	4.350	0.141	2.0294
3	3	2.662	1.148	0.634	1.782	4.444	0.147	2.0986
3	2	2.705	1.088	0.346	1.434	4.139	0.090	2.0682
3	3	2.768	1.051	0.548	1.599	4.367	0.170	2.2341
3	3	2.964	1.008	0.581	1.589	4.553	0.183	2.2099
3	3	2.770	0.867	0.619	1.486	4.257	0.116	2.2012
3	3	2.860	0.986	0.682	1.668	4.528	0.189	2.3022
4	4	2.624	0.562	0.887	1.449	4.074	0.134	2.1364
4	3	3.111	1.518	0.573	2.091	5.202	0.281	2.2735
3	3	2.720	1.154	0.661	1.815	4.536	0.087	2.1731
3	2	2.722	1.458	0.689	2.147	4.869	0.134	2.3698
4	3	2.657	1.139	0.569	1.708	4.365	0.076	2.0466
4	3	3.048	1.199	0.807	2.006	5.053	0.061	2.1303
3	3	2.465	0.997	0.467	1.464	3.929	0.043	1.9759
4	3	2.596	0.853	0.620	1.472	4.068	0.086	1.8787
2	2	2.569	0.979	0.500	1.480	4.049	0.081	2.1816
4	4	2.089	0.731	0.598	1.329	3.418	0.041	1.8456
2	2	2.345	0.844	0.368	1.213	3.557	0.055	2.0107
2	2	2.552	0.891	0.366	1.257	3.808	0.055	2.0832
4	4	2.627	0.634	0.698	1.332	3.959	0.049	2.0988
3	2	2.545	0.918	0.371	1.289	3.834	0.064	1.9636
4	4	2.534	0.439	0.932	1.371	3.905	0.126	2.1398
5	5	2.769	0.400	0.992	1.392	4.161	0.108	2.0528
3	3	2.515	0.705	0.652	1.357	3.872	0.102	2.0015
4	3	2.652	1.037	0.447	1.484	4.136	0.047	1.9976
3	3	2.562	0.878	0.647	1.525	4.087	0.113	2.0911
2	2	2.603	1.013	0.419	1.432	4.034	0.059	2.1740
4	4	2.547	0.526	0.815	1.341	3.888	0.056	2.1293
2	2	2.570	0.863	0.357	1.219	3.789	0.050	2.0853
4	4	2.507	0.521	0.733	1.254	3.761	0.053	1.9493

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2	2	2.597	0.851	0.430	1.281	3.878	0.055	2.0841
3	3	2.633	0.897	0.574	1.472	4.105	0.038	2.0071
3	3	2.510	0.867	0.496	1.363	3.873	0.045	1.8110
4	3	2.557	0.909	0.582	1.491	4.048	0.030	1.9537
3	2	2.573	0.994	0.394	1.388	3.961	0.053	1.8543
3	2	2.682	0.925	0.320	1.245	3.926	0.048	1.9824
4	4	2.715	0.716	0.758	1.473	4.189	0.101	2.1799
4	4	2.612	0.498	1.017	1.516	4.127	0.181	2.3775
3	3	2.513	0.731	0.754	1.485	3.998	0.153	2.1402
5	5	2.602	0.574	1.069	1.642	4.244	0.187	2.2114
4	4	2.483	0.858	0.684	1.542	4.025	0.079	2.0694
3	3	2.542	0.899	0.513	1.412	3.954	0.082	2.1470
4	4	2.412	0.713	0.971	1.683	4.095	0.210	2.1856
2	2	2.556	0.997	0.480	1.476	4.032	0.118	2.3007
5	5	2.966	1.493	1.295	2.788	5.754	0.431	2.1415
5	5	2.916	-	3.665	3.665	6.581	1.019	2.1690
		2.753	-	4.601	4.601	7.353	1.011	2.2519
4	4	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2	2	2.501	0.825	0.510	1.335	3.836	0.102	2.2290
2	2	2.528	0.718	0.413	1.131	3.659	0.071	2.1905
3	3	2.498	0.619	0.654	1.273	3.771	0.076	1.9111
4	5	2.540	0.464	0.891	1.355	3.895	0.073	2.1000
4	3	2.724	1.334	0.753	2.088	4.812	0.267	2.1918
4	5	2.486	0.267	1.164	1.431	3.917	0.125	2.1761
4	4	2.556	0.417	0.827	1.244	3.800	0.038	2.2512
4	5	2.470	0.137	1.340	1.477	3.947	0.137	2.2945
4	4	2.491	0.800	0.784	1.584	4.075	0.137	2.1263
4	4	2.595	0.687	0.799	1.485	4.081	0.073	2.2224
5	5	2.506	0.321	1.361	1.682	4.188	0.197	2.1851
4	5	2.578	0.273	1.094	1.367	3.945	0.083	2.1623
5	5	2.631	0.389	1.067	1.456	4.087	0.119	2.1437
4	4	2.367	0.438	1.123	1.561	3.928	0.218	2.2618
5	5	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
4	4	2.915	1.318	0.822	2.140	5.055	0.049	2.0652
3	3	2.554	1.196	1.373	2.569	5.123	0.145	2.3341
4	3	2.749	1.040	0.666	1.706	4.455	0.104	2.0005
4	4	2.445	0.379	0.792	1.171	3.615	0.052	2.1432
3	3	2.554	0.735	0.620	1.355	3.909	0.050	2.1877
4	4	2.487	0.752	0.775	1.527	4.014	0.041	2.1924
4	3	2.944	1.235	0.591	1.826	4.770	0.159	2.1368
5	5	2.674	0.363	1.689	2.051	4.725	0.161	2.1350
4	4	2.738	0.879	0.856	1.734	4.472	0.115	2.3026
3	3	2.727	0.878	0.452	1.331	4.058	0.054	1.9988
4	4	2.529	0.449	0.740	1.189	3.718	0.034	2.1103
4	4	2.472	0.698	0.744	1.442	3.914	0.008	1.8768
4	4	2.707	0.659	0.990	1.649	4.357	0.094	2.2578
5	5	2.612	0.677	1.177	1.854	4.466	0.068	2.1814
5	5	2.879	0.195	1.645	1.840	4.718	0.070	2.1491
4	4	2.890	0.724	0.911	1.635	4.525	0.088	2.0576
4	4	3.148	1.182	0.851	2.032	5.181	0.067	2.2596
3.25	3.08	2.597	0.832	0.668	1.501	4.098	0.097	2.0744

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3.25	2.75	2.519	0.832	0.505	1.337	3.856	0.048	1.9310
3.33	3.22	2.669	0.880	0.746	1.626	4.295	0.072	2.0553
4.00	4.00	2.631	0.935	0.649	1.584	4.215	0.057	1.8751
2.20	1.60	2.611	0.998	0.371	1.369	3.981	0.063	1.9835
2.20	2.20	2.617	0.891	0.560	1.451	4.068	0.060	2.0177
3.00	2.33	2.577	0.950	0.416	1.366	3.943	0.043	1.9880
4.00	4.00	2.655	0.789	0.771	1.559	4.214	-	2.0798
2.67	2.33	2.572	0.968	0.484	1.452	4.024	0.083	2.1196
3.00	2.86	2.534	0.947	0.541	1.489	4.023	0.212	2.1034
2.67	2.33	2.661	0.948	0.443	1.391	4.052	0.054	2.1277
3.00	2.83	2.536	0.856	0.535	1.391	3.927	0.152	2.0590
3.25	3.25	2.536	0.876	0.668	1.544	4.080	0.173	2.0936
2.80	2.40	2.721	0.955	0.521	1.476	4.196	0.165	2.0830
3.40	3.00	2.611	0.864	0.574	1.438	4.049	0.050	1.9487
2.86	2.71	2.511	0.763	0.507	1.270	3.781	0.075	1.9736
2.50	2.25	2.551	0.819	0.497	1.316	3.867	0.112	1.8939
3.25	3.00	2.590	0.906	0.549	1.455	4.045	0.096	2.0253
4.00	4.00	2.715	0.900	0.900	1.800	4.515	0.152	2.1444
2.43	2.71	2.310	0.553	0.609	1.161	3.471	0.062	1.9605
3.30	3.20	2.563	0.767	0.696	1.464	4.026	0.074	2.1295
-	-	2.920	1.011	0.754	1.765	4.685	0.162	2.0726
3.67	2.67	2.678	1.105	0.595	1.700	4.378	0.079	2.0585
3.00	3.00	2.588	0.963	0.584	1.547	4.135	0.071	2.1072
3.50	3.25	2.680	1.064	0.639	1.703	4.384	0.121	2.0734
3.33	3.17	2.840	0.972	0.652	1.624	4.464	0.174	2.2248
3.50	2.75	2.813	1.234	0.695	1.928	4.741	0.087	2.1750
3.31	3.08	2.529	0.794	0.584	1.377	3.906	0.073	2.0273
3.00	2.70	2.578	0.833	0.509	1.342	3.920	0.049	2.0049
3.63	3.63	2.556	0.753	0.765	1.518	4.074	0.137	2.2044
3.33	3.33	2.911	0.985	2.320	3.305	6.215	0.629	2.1702
4.00	4.00	2.980	1.272	0.998	2.270	5.250	0.162	2.2816
2.33	2.33	2.509	0.720	0.526	1.246	3.755	0.083	2.1089
4.00	4.29	2.542	0.534	0.951	1.485	4.027	0.113	2.1875
4.50	4.75	2.534	0.362	1.148	1.510	4.044	0.151	2.1828
5.00	5.00	3.070	1.123	1.609	2.732	5.802	0.148	2.3204
3.67	3.33	2.767	1.204	0.932	2.137	4.903	0.091	2.1222
3.67	3.67	2.494	0.627	0.732	1.359	3.853	0.047	2.1752
4.33	4.00	2.766	0.775	1.101	1.876	4.642	0.143	2.1981
3.67	3.67	2.569	0.678	0.652	1.330	3.899	0.030	1.9859
4.40	4.40	2.822	0.631	1.157	1.789	4.611	0.078	2.1822

AMERICAN OVERSIGHT

CM LPN	CM RN	CM TOTAL	ADJ AIDE	ADJ LPN	ADJ RN	ADJ TOTAL	CYCLE 1 SURVEY DATE	cycle 1 defs
0.6780	0.3223	2.8518	2.9859	1.0238	0.4848	4.4957	04/19/2019	22
0.6967	0.3338	2.9582	2.7982	0.8390	0.6284	4.2601	10/25/2019	7
0.7343	0.3379	3.1199	2.6519	0.9370	0.5002	4.0874	05/31/2019	3
0.6495	0.2961	2.8401	2.4077	0.8203	0.7633	3.9559	10/10/2019	8
0.6704	0.3118	2.9473	3.0116	0.6126	0.9672	4.5641	08/22/2019	8
0.7227	0.3388	3.1446	2.6284	0.8757	0.8570	4.3312	07/18/2019	3
NEW	NEW	NEW	NEW	NEW	NEW	NEW		
0.6781	0.2955	2.9692	2.6606	1.0033	0.7505	4.3725	06/27/2019	5
0.7299	0.3403	3.2066	2.5270	0.8132	0.7817	4.0937	03/28/2019	3
1.0543	0.5894	3.8997	2.5478	0.8410	0.8676	4.3610	02/08/2019	3
0.6857	0.2978	2.9754	2.8819	0.9362	0.8736	4.6417	01/10/2019	4
0.7229	0.3197	2.9898	2.8156	1.3458	0.4629	4.6387	01/25/2019	7
0.7208	0.3375	3.1776	2.5793	0.9996	0.7237	4.2761	11/07/2019	3
0.6477	0.2849	2.7856	2.8726	1.0526	0.9355	4.8071	09/19/2019	6
0.6541	0.3086	2.8061	3.0196	1.0927	0.7721	4.8702	05/09/2019	2
0.6310	0.2942	2.8892	2.8112	1.1334	0.7490	4.6538	04/05/2019	4
0.7737	0.3793	3.1801	2.6850	0.9325	0.5767	4.1943	02/21/2019	3
							09/28/2017	7
0.7061	0.3436	3.0478	2.7870	0.8606	0.4491	4.1007	02/08/2019	13
0.7268	0.3489	3.0968	2.6378	1.3362	0.2217	4.2063	10/17/2019	24
0.6697	0.3037	2.8727	2.7939	1.1395	0.4220	4.3630	10/03/2019	7
0.6524	0.2805	2.9153	2.8225	1.0349	0.7687	4.5790	10/31/2019	2
0.7317	0.3453	3.1709	2.4796	1.0415	0.7324	4.2308	03/08/2019	1
							04/12/2018	-
							01/10/2018	4
0.6401	0.2938	2.9459	2.6871	0.9445	0.6059	4.2216	08/09/2019	16
0.6742	0.2977	2.9684	2.6678	1.0631	0.4941	4.2204	08/15/2019	9
0.6995	0.3159	3.0358	2.7085	0.9401	0.5698	4.2101	02/28/2019	-
0.7201	0.3395	3.0148	2.7112	1.0463	0.4379	4.1988	02/14/2019	4
0.7463	0.3501	3.1163	2.7659	0.9261	0.8804	4.5545	02/28/2019	8
0.7130	0.3226	3.1734	2.4414	0.9870	0.7498	4.1327	10/17/2019	10
0.7089	0.3077	3.1143	2.5996	0.6815	0.9175	4.1354	07/25/2019	13
0.7269	0.3620	3.1666	2.7837	0.6603	0.8898	4.3311	12/20/2018	11
0.8011	0.4268	3.3428	2.5444	1.1196	0.4290	4.0946	11/22/2019	5

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0.7211	0.3705	2.9939	2.7859	1.2477	0.2895	4.3179	05/16/2019	8
0.7961	0.3975	3.3839	2.4461	1.0023	0.4091	3.8578	03/14/2019	5
0.7100	0.3137	3.0576	2.6872	0.9063	0.5401	4.1276	07/25/2019	2
0.8353	0.4311	3.6232	2.2142	0.5565	0.6472	3.4253	09/19/2019	3
0.7613	0.3524	3.2244	2.5493	0.9238	0.5556	4.0222	11/26/2019	3
0.6934	0.3340	2.9273	2.7719	1.0922	0.5860	4.4487	03/21/2019	10
0.8417	0.4297	3.4918	2.4036	0.8725	0.3964	3.6708	02/21/2019	6
1.0174	0.6064	3.8627	2.2992	0.7923	0.5797	3.7215	06/20/2019	3
0.7109	0.3396	3.1199	2.6011	0.9565	0.3870	3.9503	12/20/2018	2
0.7185	0.3320	3.0223	2.6918	0.8411	0.8067	4.3173	06/14/2019	3
0.6997	0.3396	3.2614	2.3661	1.0474	0.7687	4.1274	10/17/2019	5
0.7370	0.3461	3.2543	2.3665	0.9317	0.4204	3.7168	01/30/2019	7
0.7213	0.3578	3.1070	2.7329	1.0507	0.4794	4.2627	06/14/2019	3
0.7454	0.3470	3.1949	2.6938	0.7704	0.5408	4.0021	05/09/2019	4
0.7455	0.3601	3.3236	2.4447	1.0527	0.4091	3.9017	05/02/2019	2
0.6736	0.2879	2.9968	2.5246	0.9404	0.5576	4.0032	08/01/2019	3
0.7681	0.3697	3.2915	2.3437	0.6270	0.6868	3.6473	10/31/2019	4
0.7291	0.3534	3.0286	2.7595	0.8771	0.6642	4.2965	11/30/2018	10
0.7586	0.3523	3.1815	2.6840	0.9826	0.4964	4.1626	10/25/2018	1
0.6915	0.3407	3.2671	2.4012	0.9099	0.5605	3.8536	08/16/2018	-
0.6927	0.3267	2.9543	2.6725	1.0293	0.6064	4.3012	11/01/2018	3
0.7509	0.3410	3.3029	2.3567	0.6816	0.9456	3.9266	03/14/2019	9
0.6757	0.3098	2.9625	2.6716	0.8573	0.6725	4.1837	02/21/2019	6
0.7414	0.3368	3.1683	2.5576	1.0444	0.6202	4.2072	08/15/2019	5
0.7789	0.3962	3.2691	2.4892	0.9286	0.7106	4.1373	08/30/2018	3
0.7047	0.3357	3.0045	2.8337	1.2292	0.2417	4.3176	08/22/2019	-
0.6871	0.3274	3.1130	2.6786	0.9401	0.6009	4.2092	10/17/2019	3
0.7731	0.3766	3.3549	2.5932	1.0653	0.4601	4.1167	03/28/2019	5
0.7715	0.4007	3.3319	2.6156	0.8179	0.6910	4.1315	09/26/2019	4
0.7783	0.3957	3.1595	2.8873	0.8375	0.6408	4.3630	12/20/2018	5
0.7791	0.3883	3.3294	2.4424	0.7919	0.5012	3.7353	09/27/2018	2
0.6222	0.2722	2.6681	3.0806	1.0681	0.6422	4.7802	02/07/2019	10
0.7050	0.3378	2.9159	2.9464	0.8964	0.8418	4.6753	09/19/2019	7
0.7438	0.3497	3.2408	2.5445	0.8745	0.7248	4.1235	10/18/2018	10
0.6811	0.3107	2.8364	2.9209	0.9951	0.5910	4.5013	04/25/2019	7
0.7129	0.3623	3.0117	2.6761	1.0037	0.3355	4.0119	01/25/2019	4
0.7494	0.3572	3.1135	2.6286	0.7196	0.4865	3.8283	07/26/2019	6
0.7375	0.3568	3.0256	2.7512	0.6198	0.6713	4.0283	03/08/2019	7
0.7153	0.3338	3.1459	2.5349	0.7599	0.6366	3.9191	08/14/2019	2
0.7215	0.3366	2.9518	2.7593	0.9166	0.4886	4.1613	11/01/2018	1
0.6709	0.3328	3.1008	2.3612	0.8322	0.7979	3.9612	06/12/2019	4
0.6964	0.3178	2.9599	2.6457	0.8073	0.6355	4.0747	09/14/2018	2
0.7290	0.3266	3.1444	2.5159	0.9603	0.4602	3.9353	04/26/2019	8
0.6509	0.2988	2.7228	3.0155	0.8432	0.7005	4.5443	01/11/2019	12
0.6721	0.3056	2.7406	3.0686	0.8724	0.7336	4.6549	09/14/2018	24
							06/29/2018	14
0.6698	0.3088	2.9601	2.6826	0.9474	0.8078	4.4028	09/20/2018	5
0.7315	0.3638	3.1678	2.6380	1.2629	0.3556	4.2545	10/04/2019	9
0.7519	0.3758	3.0689	2.7535	0.7474	0.7084	4.2072	09/07/2018	6
0.7389	0.3506	3.1555	2.6130	0.8441	0.5559	4.0087	04/18/2019	10
0.7788	0.3870	3.3830	2.5411	0.5956	1.1892	4.3133	09/06/2019	1
0.7107	0.3549	3.1676	2.7012	0.9577	0.9402	4.5794	03/15/2019	9
0.7718	0.3976	3.3193	2.6101	1.0155	0.7064	4.3362	10/05/2018	15

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0.8150	0.3926	3.4925	2.3357	0.5853	0.7076	3.6178	07/11/2019	11
0.6962	0.3199	3.0551	2.5936	0.2985	1.1970	4.0287	10/10/2019	4
0.8820	0.4393	3.6963	2.1897	0.2362	0.8382	3.2598	04/18/2019	4
0.7285	0.3574	3.1005	2.5887	0.8094	0.4503	3.8485	03/14/2019	10
							03/07/2019	4
0.7461	0.3677	3.3139	2.3998	0.9600	0.3178	3.6803	10/04/2019	7
0.7100	0.3362	3.1859	2.4495	0.9001	0.4309	3.7812	10/18/2018	10
0.7687	0.3754	3.3036	2.3205	0.7098	0.6870	3.7098	08/22/2019	8
0.7574	0.3530	3.2944	2.4395	0.5789	1.0534	4.0244	01/31/2019	5
0.8594	0.4539	3.5548	2.3793	0.7896	0.6291	3.8131	11/22/2019	10
0.6782	0.3128	3.0368	2.6926	0.4582	1.4358	4.4950	02/28/2019	8
0.7210	0.3379	3.1777	2.5036	0.6566	0.8462	3.9775	03/22/2019	6
0.8024	0.4219	3.3941	2.4406	0.6243	0.7190	3.7981	08/23/2019	5
0.7315	0.3422	3.2370	2.3906	1.0260	0.2257	3.6570	08/09/2019	3
0.7013	0.3216	2.9792	2.7908	1.1235	0.4923	4.4081	10/11/2019	5
0.7395	0.3694	3.2047	2.5246	0.8949	0.5324	3.9508	05/30/2019	10
0.7609	0.3521	3.2909	2.5337	0.9162	0.5229	3.9671	09/27/2019	25
0.7899	0.4146	3.2771					10/16/2018	.
0.6714	0.2991	2.9311	2.7818	1.2090	0.6570	4.6231	05/31/2019	2
0.8310	0.4226	3.5315	2.5733	1.3777	0.5055	4.4588	11/08/2019	2
0.6962	0.3401	3.0665	2.7201	1.0785	0.6925	4.4771	04/05/2019	11
0.7652	0.3535	3.2054	2.5663	1.0039	0.5818	4.1463	07/03/2019	5
0.7747	0.3601	3.2128	2.6517	1.0726	0.5546	4.2788	09/28/2018	6
0.7561	0.3771	3.2898	2.4452	0.7602	0.6727	3.8752	02/14/2019	9
0.7573	0.3698	3.2171	2.6497	1.1049	0.7686	4.5178	03/07/2019	-
0.7174	0.3472	3.0940	2.7609	0.9280	0.8337	4.5086	01/10/2019	3
0.7835	0.3885	3.2707	2.6365	1.1019	0.6139	4.3572	10/24/2019	2
0.7300	0.3338	3.1320	2.7186	1.1213	0.3896	4.2380	08/22/2019	1
0.7754	0.3869	3.3963	2.5750	1.0193	0.5329	4.1229	06/07/2019	11
0.8278	0.4175	3.4552	2.7873	0.9158	0.5235	4.2252	08/15/2019	4
0.7857	0.3882	3.3751	2.6157	0.8299	0.6003	4.0441	04/05/2019	6
0.8126	0.4254	3.5403	2.5820	0.9124	0.6032	4.1012	11/08/2018	7
0.7283	0.3456	3.2103	2.5531	0.5800	0.9664	4.0690	10/04/2018	5
0.7934	0.3765	3.4434	2.8441	1.4385	0.5728	4.8443	06/14/2019	11
0.7710	0.3822	3.3262	2.6017	1.1254	0.6513	4.3725	10/17/2019	1
0.9060	0.5719	3.8477	2.3870	1.2099	0.4538	4.0578	10/18/2018	3
0.6959	0.3207	3.0632	2.6979	1.2311	0.6675	4.5692	12/20/2018	14
0.7666	0.4862	3.3830	2.9733	1.1757	0.6250	4.7900	07/26/2019	9
0.7092	0.3255	3.0106	2.5930	1.0569	0.5397	4.1846	01/10/2019	8
0.7161	0.3512	2.9460	2.8715	0.8953	0.6640	4.4277	08/16/2018	7
0.8165	0.4173	3.4154	2.4477	0.9020	0.4514	3.8017	05/16/2019	12
0.6692	0.3003	2.8151	2.3524	0.8212	0.7494	3.8931	06/27/2019	9
0.6775	0.3235	3.0117	2.4237	0.9374	0.4283	3.7877	02/07/2019	12
0.7278	0.3696	3.1805	2.5456	0.9202	0.3731	3.8397	06/20/2019	9
0.7029	0.3262	3.1279	2.6017	0.6778	0.8060	4.0591	09/19/2019	6
0.6984	0.3306	2.9926	2.6940	0.9883	0.4220	4.1081	06/20/2019	9
0.7938	0.3931	3.3268	2.4614	0.4160	0.8919	3.7640	10/12/2018	4
0.7312	0.3375	3.1215	2.8035	0.4115	1.1061	4.2745	11/02/2018	22
0.7730	0.3782	3.1526	2.6119	0.6854	0.6489	3.9382	11/08/2018	6
0.6869	0.3209	3.0054	2.7596	1.1349	0.5242	4.4130	09/12/2019	6
0.7875	0.3923	3.2709	2.5465	0.8383	0.6207	4.0067	05/23/2019	3
0.6982	0.3363	3.2085	2.4882	1.0906	0.4688	4.0319	03/27/2019	5
0.6915	0.3190	3.1398	2.4858	0.5722	0.9618	3.9708	02/07/2019	10
0.7049	0.3255	3.1156	2.5611	0.9202	0.4124	3.8995	04/11/2019	10
0.7116	0.3537	3.0146	2.6726	0.5506	0.7800	4.0003	05/16/2019	12

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0.7318	0.3449	3.1608	2.5902	0.8742	0.4695	3.9347	07/25/2019	13
0.7248	0.3326	3.0645	2.7267	0.9310	0.6497	4.2952	08/08/2019	16
0.7012	0.3484	2.8606	2.8802	0.9297	0.5359	4.3412	04/03/2019	6
0.6737	0.3080	2.9354	2.7199	1.0144	0.7115	4.4220	05/16/2019	12
0.7000	0.3385	2.8928	2.8844	1.0676	0.4382	4.3913	11/07/2019	13
0.6561	0.3011	2.9396	2.8113	1.0596	0.4004	4.2831	01/10/2019	12
0.7611	0.3669	3.3078	2.5889	0.7071	0.7775	4.0607	01/17/2019	6
0.8050	0.3955	3.5779	2.2832	0.4655	0.9682	3.6991	08/08/2019	6
0.7985	0.4074	3.3461	2.4400	0.6884	0.6968	3.8313	09/26/2019	14
0.7796	0.3758	3.3669	2.4455	0.5533	1.0701	4.0424	03/28/2019	8
0.7054	0.2996	3.0743	2.4935	0.9149	0.8594	4.1983	12/13/2018	3
0.7031	0.3268	3.1769	2.4605	0.9613	0.5914	3.9912	06/28/2019	9
0.8663	0.4624	3.5143	2.2934	0.6185	0.7903	3.7368	08/15/2019	10
0.7769	0.3755	3.4531	2.3087	0.9649	0.4806	3.7443	06/13/2019	8
0.8667	0.4405	3.4487	2.8782	1.2950	1.1067	5.3497	01/17/2019	3
1.0300	0.5609	3.7599	2.7946	-	2.4592	5.6128	04/17/2019	2
1.0751	0.5777	3.9047					02/07/2019	
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	02/21/2019	2
0.8301	0.4248	3.4838	2.3323	0.7473	0.4520	3.5312	10/10/2019	6
0.8210	0.3959	3.4075	2.3986	0.6577	0.3925	3.4434	08/15/2019	8
0.7117	0.3421	2.9649	2.7165	0.6539	0.7199	4.0785	08/01/2019	5
0.6944	0.3160	3.1104	2.5136	0.5022	1.0612	4.0150	04/04/2019	4
0.8550	0.4434	3.4901	2.5832	1.1736	0.6394	4.4209	08/29/2019	3
0.7459	0.3609	3.2829	2.3743	0.2691	1.2144	3.8263	04/25/2019	10
0.6702	0.3010	3.2224	2.3593	0.4679	1.0343	3.7810	10/03/2019	3
0.7901	0.3853	3.4699	2.2372	0.1308	1.3086	3.6474	10/25/2019	4
0.7519	0.3400	3.2181	2.4349	0.7997	0.8678	4.0600	02/07/2019	1
0.7415	0.3475	3.3114	2.4272	0.6962	0.8653	3.9517	01/10/2019	8
0.7586	0.3569	3.3006	2.3832	0.3186	1.4348	4.0686	04/11/2019	7
0.7042	0.3296	3.1960	2.4780	0.2917	1.2488	3.9579	03/27/2019	14
0.6711	0.2946	3.1093	2.5508	0.4361	1.3632	4.2150	09/12/2019	13
0.8268	0.4216	3.5102	2.1751	0.3986	1.0022	3.5883	05/09/2019	13
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	12/05/2019	3
0.7032	0.3374	3.1058	2.9340	1.4091	0.9172	5.2196	09/26/2019	5
0.9365	1.0157	4.2863	2.2741	0.9601	0.5088	3.8324	12/06/2018	4
0.7248	0.3470	3.0722	2.8560	1.0794	0.7222	4.6501	05/23/2019	5
0.7075	0.3231	3.1738	2.3705	0.4026	0.9225	3.6526	04/18/2019	11
0.7518	0.3473	3.2867	2.4259	0.7351	0.6725	3.8137	03/07/2019	18
0.7596	0.3562	3.3082	2.3575	0.7441	0.8191	3.8906	02/21/2019	18
0.7236	0.3430	3.2033	2.8635	1.2830	0.6486	4.7745	08/22/2019	3
0.7668	0.3929	3.2947	2.6029	0.3557	1.6176	4.5989	11/07/2019	4
0.7420	0.3606	3.4051	2.4711	0.8904	0.8932	4.2114	11/15/2019	3
0.7340	0.3297	3.0625	2.8359	0.8997	0.5164	4.2489	03/06/2019	9
0.7195	0.2865	3.1163	2.4904	0.4693	0.9720	3.8254	09/27/2018	3
0.6388	0.2816	2.7972	2.7372	0.8216	0.9947	4.4869	07/19/2018	1
0.7744	0.3609	3.3932	2.4922	0.6403	1.0320	4.1170	02/07/2019	2
0.6872	0.2971	3.1657	2.4890	0.7408	1.4911	4.5242	08/23/2018	16
0.8268	0.4293	3.4051	2.7841	0.1770	1.4423	4.4434	04/04/2019	14
0.7461	0.3977	3.2013	2.9192	0.7295	0.8621	4.5322	10/25/2018	13
0.7541	0.3575	3.3712	2.8960	1.1782	0.8957	4.9279	09/20/2018	13
0.7348	0.3562	3.1653	2.5832	0.8482	0.6965	4.1138		6.83

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0.6901	0.3228	2.9440	2.7133	0.9055	0.5927	4.2015	10.00
0.7358	0.3458	3.1368	2.6984	0.8986	0.8062	4.3860	4.00
0.6464	0.2968	2.8183	2.9182	1.0879	0.8251	4.7969	4.00
0.7126	0.3406	3.0367	2.7373	1.0541	0.4086	4.2059	10.80
0.6658	0.2996	2.9830	2.6986	1.0047	0.7036	4.3762	4.60
0.6976	0.3177	3.0033	2.6945	1.0240	0.4941	4.2098	4.33
0.7250	0.3366	3.1414	2.6556	0.8170	0.8613	4.3026	10.50
0.7704	0.3829	3.2729	2.5356	0.9532	0.4744	3.9621	4.33
0.7564	0.3740	3.2338	2.5140	0.9501	0.5501	4.0076	5.14
0.7385	0.3555	3.2216	2.6039	0.9665	0.4695	4.0370	3.00
0.7167	0.3374	3.1131	2.5668	0.9017	0.5949	4.0534	3.50
0.7374	0.3451	3.1762	2.5213	0.8931	0.7271	4.1216	5.75
0.7386	0.3641	3.1857	2.7193	0.9759	0.5315	4.2269	3.40
0.7011	0.3279	2.9777	2.8052	0.9346	0.6607	4.3909	7.20
0.7188	0.3437	3.0361	2.6469	0.7997	0.5591	3.9952	3.71
0.6844	0.3104	2.8887	2.8105	0.8935	0.6060	4.2999	14.50
0.7201	0.3455	3.0909	2.6586	0.9472	0.6061	4.2000	7.50
0.7486	0.3783	3.2713	2.6327	0.9067	0.8987	4.4293	8.33
0.6872	0.3307	2.9784	2.2415	0.5576	0.6387	3.4230	7.14
0.7499	0.3624	3.2417	2.5054	0.7692	0.7343	3.9929	8.50
0.7899	0.4146	3.2771	-	-	-	-	-
0.7143	0.3460	3.1188	2.7074	1.1563	0.6532	4.5036	5.00
0.7653	0.3636	3.2361	2.5541	0.9452	0.6032	4.0996	6.67
0.7482	0.3609	3.1826	2.6871	1.0681	0.6634	4.4167	1.50
0.7883	0.3918	3.4049	2.6522	0.9232	0.6338	4.2022	7.33
0.7831	0.4450	3.4031	2.6963	1.1845	0.6019	4.4821	6.75
0.7285	0.3497	3.1055	2.5940	0.8244	0.6296	4.0384	8.69
0.7001	0.3316	3.0365	2.6800	0.8967	0.5775	4.1459	10.90
0.7716	0.3750	3.3510	2.4126	0.7425	0.7636	3.9048	8.00
0.9327	0.4854	3.5884	2.1962	0.8548	0.9913	4.1265	1.67
0.8299	0.4555	3.5669	2.7148	1.1525	0.8245	4.7197	2.00
0.7871	0.3873	3.2833	2.4840	0.6860	0.5227	3.6868	6.33
0.7414	0.3502	3.2791	2.4171	0.5341	1.0273	3.9378	4.71
0.7315	0.3436	3.2580	2.4157	0.3729	1.2741	3.9903	11.75
0.9504	0.5257	3.7965	2.7496	0.8882	1.1523	4.9005	3.00
0.7748	0.5304	3.4274	2.7266	1.1891	0.7471	4.6681	4.67
0.7405	0.3428	3.2585	2.3832	0.6322	0.8059	3.7904	15.67
0.7466	0.3682	3.3129	2.6193	0.7891	1.1028	4.4984	3.33
0.6930	0.2981	2.9769	2.6927	0.7386	0.8390	4.2113	4.33
0.7622	0.3706	3.3150	2.6913	0.6356	1.1790	4.4623	11.60

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cycle 1 N from Defs	cycle 1 N from Comp	cycle 1 defs score	cycle 1 NumRevis	cycle 1 Revisit Score	cycle 1 Total Score	CYCLE 2 SURVEY DATE
10	12	200	2	100	300	04/27/2018
6	1	28	1	-	28	10/05/2018
2	1	24	1	-	24	06/14/2018
3	5	96	1	-	96	11/30/2018
3	5	312	1	-	312	08/23/2018
3	-	58	1	-	58	07/27/2018
5	-	20	1	-	20	06/21/2018
2	1	16	1	-	16	02/01/2018
3	-	24	1	-	24	03/07/2018
1	3	48	1	-	48	10/26/2017
7	-	40	1	-	40	02/15/2018
3	-	12	1	-	12	12/20/2018
5	1	40	1	-	40	09/14/2018
1	1	8	1	-	8	05/11/2018
4	-	16	1	-	16	04/19/2018
3	-	12	1	-	12	12/21/2017
7	-	28	1	-	28	11/04/2016
12	1	56	1	-	56	11/17/2017
6	18	393	1	-	393	10/04/2018
2	5	174	1	-	174	04/12/2019
2	-	4	-	-	4	12/20/2018
1	-	4	1	-	4	01/18/2018
-	-	-	-	-	-	03/29/2017
4	-	16	1	-	16	03/10/2017
14	2	64	1	-	64	09/13/2018
7	2	44	1	-	44	07/19/2018
-	-	-	-	-	-	12/14/2017
4	-	12	1	-	12	11/09/2017
6	2	52	1	-	52	12/21/2017
7	3	56	1	-	56	01/10/2019
10	4	72	1	-	72	05/10/2018
11	-	56	1	-	56	12/15/2017
5	-	24	-	-	24	09/13/2018

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6	2	32	1	-	32	03/16/2018
5	-	24	1	-	24	05/03/2018
2	-	8	1	-	8	04/26/2018
3	1	28	1	-	28	01/10/2019
3	-	24	-	-	24	11/21/2018
5	5	232	1	-	232	01/11/2018
6	-	36	1	-	36	11/16/2017
3	-	16	1	-	16	04/19/2018
2	-	20	1	-	20	09/21/2017
3	-	20	1	-	20	03/15/2018
5	-	40	1	-	40	11/29/2018
7	-	44	1	-	44	10/26/2017
3	-	16	1	-	16	03/22/2018
4	-	28	1	-	28	03/29/2018
2	-	8	1	-	8	02/15/2018
2	1	12	1	-	12	04/12/2018
4	-	16	1	-	16	07/12/2018
10	3	48	1	-	48	10/12/2017
1	-	4	1	-	4	09/21/2017
-	-	-	-	-	-	07/27/2017
1	2	12	1	-	12	09/28/2017
9	1	40	1	-	40	01/11/2018
6	-	24	1	-	24	12/29/2017
4	1	20	1	-	20	04/19/2018
3	-	28	1	-	28	07/20/2017
-	-	-	-	-	-	04/26/2018
2	1	28	1	-	28	06/28/2018
5	-	20	1	-	20	02/22/2018
3	1	16	1	-	16	06/01/2018
5	-	32	1	-	32	12/07/2017
2	-	8	1	-	8	08/24/2017
7	3	44	1	-	44	12/14/2017
1	6	28	1	-	28	05/24/2018
9	1	44	1	-	44	08/10/2017
7	-	28	1	-	28	02/01/2018
3	1	16	1	-	16	10/26/2017
3	3	24	1	-	24	04/13/2018
4	3	32	1	-	32	02/23/2018
2	-	8	1	-	8	04/26/2018
1	-	4	1	-	4	09/28/2017
3	1	16	1	-	16	03/22/2018
2	-	8	1	-	8	07/28/2017
7	1	52	1	-	52	02/02/2018
6	6	52	1	-	52	07/11/2018
12	12	144	1	-	144	07/28/2017
12	2	72	1	-	72	07/07/2017
3	2	24	1	-	24	08/11/2017
8	2	44	1	-	44	07/27/2018
4	2	24	1	-	24	08/23/2017
6	4	169	1	-	169	03/22/2018
1	-	4	1	-	4	05/24/2018
7	2	52	1	-	52	02/09/2018
15	2	80	2	40	120	09/29/2017

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9	2	52	1	-	52	04/06/2018
4	-	24	-	-	24	08/10/2018
3	1	16	1	-	16	01/26/2018
7	3	48	1	-	48	01/12/2018
3	1	16	1	-	16	01/19/2018
5	2	48	1	-	48	06/14/2018
4	6	48	1	-	48	07/28/2017
7	1	32	1	-	32	04/27/2018
5	-	24	1	-	24	11/03/2017
7	3	52	-	-	52	08/10/2018
8	-	32	1	-	32	11/16/2017
3	3	24	1	-	24	08/03/2018
4	1	24	1	-	24	11/08/2018
1	2	12	1	-	12	04/19/2018
3	2	20	1	-	20	04/11/2019
8	2	60	1	-	60	01/26/2018
9	16	168	1	-	168	01/11/2019
.	.	.	.	.	.	
2	1	8	1	-	8	03/30/2018
2	-	8	-	-	8	08/03/2018
6	5	189	1	-	189	01/05/2018
5	-	24	1	-	24	05/04/2018
5	1	24	1	-	24	08/17/2017
8	1	36	1	-	36	11/03/2017
-	-	-	-	-	-	03/22/2018
3	-	12	1	-	12	09/28/2017
2	-	12	1	-	12	07/12/2018
1	-	4	1	-	4	01/31/2019
11	-	56	1	-	56	03/29/2018
2	2	16	1	-	16	06/14/2018
1	5	48	1	-	48	12/21/2017
7	-	28	1	-	28	07/29/2017
4	1	44	1	-	44	06/15/2017
7	4	165	1	-	165	02/23/2018
1	-	4	1	-	4	08/23/2018
3	-	12	1	-	12	06/29/2017
11	3	80	1	-	80	09/22/2017
3	6	231	1	-	231	06/20/2018
4	4	40	1	-	40	07/19/2018
2	5	28	1	-	28	05/25/2017
8	4	236	1	-	236	02/15/2018
6	3	40	1	-	40	04/12/2018
6	6	84	1	-	84	11/02/2017
5	4	40	1	-	40	04/05/2018
2	5	28	1	-	28	03/01/2019
8	1	36	1	-	36	03/22/2018
4	4	24	1	-	24	06/22/2017
10	12	414	1	-	414	07/20/2017
4	2	28	1	-	28	07/21/2017
-	6	316	-	-	316	05/24/2018
3	-	12	1	-	12	02/22/2018
5	-	20	1	-	20	03/22/2018
9	1	64	1	-	64	08/16/2018
9	2	44	1	-	44	02/09/2018
9	3	72	1	-	72	04/26/2018

AMERICAN OVERSIGHT

9	5	68	1	-	68	08/09/2018
11	7	88	2	44	132	06/28/2018
6	-	28	1	-	28	10/04/2018
12	-	88	1	-	88	04/05/2018
11	2	80	-	-	80	09/20/2018
12	3	92	1	-	92	01/11/2018
5	1	24	1	-	24	03/08/2018
6	-	60	1	-	60	07/19/2018
8	6	64	1	-	64	07/26/2018
3	8	52	1	-	52	09/27/2018
3	-	12	1	-	12	01/08/2018
8	1	278	1	-	278	05/10/2018
7	3	88	1	-	88	07/26/2018
8	-	40	1	-	40	05/03/2018
3	-	16	1	-	16	01/11/2018
2	-	8	1	-	8	05/17/2018
2	-	8	1	-	8	03/15/2018
6	-	36	1	-	36	08/23/2018
3	5	32	1	-	32	08/02/2018
5	-	40	1	-	40	08/30/2018
4	-	16	1	-	16	02/01/2018
3	-	12	1	-	12	07/19/2018
9	1	56	1	-	56	03/15/2018
3	-	16	1	-	16	07/12/2018
4	-	16	1	-	16	08/09/2018
1	-	8	1	-	8	12/21/2017
6	2	36	1	-	36	11/02/2017
7	-	24	1	-	24	02/15/2018
14	-	76	1	-	76	03/22/2018
9	5	272	1	-	272	06/28/2018
13	-	60	1	-	60	04/26/2018
3	-	16	-	-	16	09/27/2018
5	-	20	1	-	20	08/16/2018
3	1	16	1	-	16	10/19/2017
5	-	20	1	-	20	04/05/2018
7	4	52	1	-	52	02/23/2018
14	4	80	1	-	80	01/11/2018
11	7	88	1	-	88	01/05/2018
3	-	16	1	-	16	06/14/2018
4	-	44	-	-	44	09/07/2018
3	-	12	-	-	12	09/13/2018
5	4	52	1	-	52	01/26/2018
2	1	12	1	-	12	08/25/2017
1	-	4	1	-	4	06/23/2017
2	-	8	-	-	8	04/19/2018
9	7	64	1	-	64	08/10/2017
14	-	56	1	-	56	02/22/2018
7	6	390	1	-	390	09/21/2017
10	3	52	1	-	52	08/18/2017
5.09	1.88	51.48	0.91	0.96	52.44	

AMERICAN OVERSIGHT

5.25	4.75	87.00	1.25	25.00	112.00
3.00	1.00	58.89	0.89	-	58.89
3.33	0.67	21.33	1.00	-	21.33
6.00	4.80	132.60	1.00	-	132.60
4.20	0.40	17.60	0.60	-	17.60
3.67	0.67	18.67	0.67	-	18.67
8.50	2.25	59.00	1.00	-	59.00
4.00	0.50	23.33	0.67	-	23.33
4.43	0.71	58.29	1.00	-	58.29
3.00	-	17.33	1.00	-	17.33
3.00	1.00	15.33	0.83	-	15.33
5.50	0.50	28.00	1.00	-	28.00
3.00	0.40	19.20	0.80	-	19.20
5.20	2.00	30.40	1.00	-	30.40
2.57	1.14	15.43	1.00	-	15.43
9.25	5.25	80.00	1.00	-	80.00
5.25	2.50	65.25	1.00	-	65.25
7.67	1.33	45.33	1.33	13.33	58.67
5.00	2.14	36.00	0.86	-	36.00
5.50	3.00	44.80	0.90	-	44.80
-	-	-	-	-	-
3.33	2.00	68.33	0.67	-	68.33
6.00	0.67	28.00	1.00	-	28.00
1.50	-	7.00	0.75	-	7.00
5.33	2.00	59.50	1.00	-	59.50
4.50	2.25	81.75	1.00	-	81.75
4.77	4.31	102.00	0.92	-	102.00
9.30	2.30	64.40	1.00	4.40	68.80
6.00	2.38	77.25	1.00	-	77.25
1.67	-	8.00	0.67	-	8.00
2.00	-	8.00	1.00	-	8.00
4.67	1.67	36.00	1.00	-	36.00
4.29	0.43	22.86	1.00	-	22.86
10.75	1.25	108.00	1.00	-	108.00
3.00	-	16.00	-	-	16.00
4.33	0.33	18.67	1.00	-	18.67
10.67	5.00	73.33	1.00	-	73.33
3.33	-	24.00	0.33	-	24.00
2.67	1.67	22.67	1.00	-	22.67
8.40	3.20	114.00	0.80	-	114.00

AMERICAN OVERSIGHT

cycle 2 defs	cycle 2 N from Defs	cycle 2 N from Comp	cycle 2 defs score	cycle 2 Num Revis	cycle 2 Revisit Score	cycle 2 Total Score	CYCLE 3 SURVEY DATE
8	8	-	32	1	-	32	05/11/2017
13	11	2	68	1	-	68	07/21/2017
3	3	-	12	1	-	12	04/27/2017
3	3	-	12	1	-	12	08/24/2017
2	2	-	8	1	-	8	06/02/2017
3	3	-	12	1	-	12	06/08/2017
4	4	-	16	1	-	16	08/03/2017
5	5	-	20	1	-	20	03/09/2017
1	-	1	4	-	-	4	
8	8	-	44	1	-	44	11/17/2016
1	1	-	4	1	-	4	03/01/2017
3	2	1	24	1	-	24	01/25/2018
3	2	1	12	1	-	12	08/18/2017
7	5	2	28	1	-	28	03/23/2017
4	4	-	16	1	-	16	05/04/2017
11	8	3	60	2	30	90	10/28/2016
15	8	7	68	1	-	68	08/20/2015
11	9	2	80	1	-	80	01/13/2017
10	7	3	60	1	-	60	07/28/2017
14	12	5	68	1	-	68	04/27/2018
-	-	-	-	-	-	-	10/25/2017
-	-	-	-	-	-	-	03/15/2017
4	2	2	16	1	-	16	04/14/2016
3	2	1	8	1	-	8	12/04/2015
1	-	1	4	-	-	4	12/08/2017
5	1	4	20	1	-	20	05/25/2017
8	5	3	40	1	-	40	12/15/2016
4	4	-	24	1	-	24	10/13/2016
7	7	-	32	1	-	32	12/22/2016
5	5	-	36	1	-	36	09/28/2017
5	5	-	16	1	-	16	06/23/2017
11	11	-	44	1	-	44	03/09/2017
8	7	1	44	1	-	44	08/10/2017

AMERICAN OVERSIGHT

21	9	12	108	1	-	108	04/27/2017
6	5	1	24	1	-	24	06/15/2017
5	5	-	28	1	-	28	05/18/2017
3	3	-	8	1	-	8	09/28/2017
5	5	-	32	1	-	32	08/17/2017
9	9	-	48	1	-	48	02/09/2017
7	6	1	52	1	-	52	11/10/2016
2	2	-	20	1	-	20	05/25/2017
5	4	1	20	1	-	20	08/04/2016
9	9	-	40	1	-	40	04/20/2017
3	3	-	24	1	-	24	08/24/2017
9	9	-	60	1	-	60	08/18/2016
2	2	-	8	1	-	8	05/04/2017
1	1	-	4	1	-	4	05/04/2017
4	4	-	16	1	-	16	03/23/2017
1	1	-	4	1	-	4	02/16/2017
1	-	1	4	-	-	4	05/18/2017
5	3	2	24	1	-	24	09/15/2016
4	4	-	16	1	-	16	11/10/2016
7	7	-	32	1	-	32	09/09/2016
15	12	3	64	1	-	64	12/08/2016
13	13	-	60	1	-	60	11/10/2016
4	4	-	44	1	-	44	10/14/2016
7	7	-	36	1	-	36	03/16/2017
9	9	-	56	1	-	56	06/09/2016
8	5	3	32	1	-	32	03/23/2017
2	2	-	8	1	-	8	04/27/2017
-	-	-	-	-	-	-	03/30/2017
9	9	-	36	1	-	36	04/07/2017
3	2	1	12	1	-	12	10/12/2016
9	9	-	36	1	-	36	09/15/2016
2	1	1	8	1	-	8	10/20/2016
7	7	-	28	1	-	28	07/20/2017
5	5	-	20	1	-	20	06/30/2016
3	3	-	12	1	-	12	01/06/2017
11	10	1	44	1	-	44	08/31/2016
10	2	8	48	1	-	48	07/07/2017
6	5	1	24	1	-	24	05/12/2017
6	3	3	44	1	-	44	05/26/2017
-	-	-	-	-	-	-	02/09/2017
1	1	-	4	1	-	4	03/16/2017
4	4	-	24	1	-	24	04/14/2016
7	7	-	32	1	-	32	04/07/2017
4	4	-	20	1	-	20	01/12/2018
10	8	2	52	2	26	78	08/12/2016
6	2	4	32	1	-	32	04/01/2016
14	13	1	84	1	-	84	05/27/2016
10	10	-	48	1	-	48	06/09/2017
6	2	4	32	1	-	32	02/03/2017
6	5	1	48	1	-	48	04/07/2017
8	6	2	40	1	-	40	07/28/2017
10	10	-	48	1	-	48	02/16/2017
12	8	4	48	1	-	48	01/06/2017

AMERICAN OVERSIGHT

8	7	1	44	1	-	44	03/31/2017
3	3	-	12	1	-	12	08/04/2017
2	2	-	12	1	-	12	01/20/2017
7	5	2	28	1	-	28	04/05/2017
4	2	2	12	1	-	12	12/15/2016
12	8	4	60	1	-	60	05/18/2017
8	8	-	36	1	-	36	04/27/2016
8	6	2	32	1	-	32	05/05/2017
10	7	3	56	1	-	56	06/15/2017
18	11	7	80	1	-	80	08/17/2017
10	8	2	40	2	20	60	10/21/2016
8	7	1	36	1	-	36	01/26/2018
1	-	1	4	-	-	4	08/04/2017
14	7	7	68	2	34	102	03/31/2017
22	10	12	271	1	-	271	06/22/2018
11	4	7	52	1	-	52	12/09/2016
13	10	3	60	1	-	60	09/22/2017
.	.	.	.	.	.	.	
3	3	-	12	1	-	12	04/28/2017
2	2	-	8	1	-	8	06/15/2017
13	11	2	88	2	44	132	12/15/2016
6	6	-	24	1	-	24	05/05/2017
2	2	-	12	1	-	12	05/27/2016
5	2	3	24	1	-	24	05/18/2017
11	11	-	48	1	-	48	09/28/2017
8	5	3	28	1	-	28	12/15/2016
-	-	-	-	-	-	-	04/20/2017
3	3	-	12	1	-	12	06/28/2018
10	8	2	52	1	-	52	02/02/2017
4	4	-	16	1	-	16	03/09/2017
4	4	-	20	1	-	20	09/15/2016
4	4	-	28	1	-	28	08/11/2016
8	8	-	44	1	-	44	04/07/2016
3	2	1	12	1	-	12	11/04/2016
6	6	-	24	1	-	24	05/11/2017
4	4	-	16	1	-	16	04/28/2016
4	4	-	20	1	-	20	01/12/2017
8	8	-	48	1	-	48	04/13/2017
3	3	-	16	1	-	16	02/02/2018
16	11	5	68	2	34	102	03/04/2016
4	4	-	28	1	-	28	01/26/2017
3	3	-	24	1	-	24	02/11/2017
4	4	-	20	1	-	20	09/22/2016
4	4	-	40	1	-	40	10/19/2017
10	7	3	100	1	-	100	08/16/2018
1	-	1	4	-	-	4	10/05/2017
10	7	3	44	1	-	44	04/14/2016
14	10	4	140	1	-	140	06/11/2016
4	4	-	68	1	-	68	05/26/2016
7	5	2	28	1	-	28	03/03/2017
14	10	4	68	1	-	68	12/08/2016
4	4	-	32	1	-	32	02/23/2017
9	8	1	36	1	-	36	03/29/2018
5	2	3	32	1	-	32	01/12/2017
7	6	1	64	1	-	64	04/27/2017

AMERICAN OVERSIGHT

7	6	1	52	2	26	78	10/26/2017
3	1	2	24	2	12	36	05/25/2017
8	7	1	40	1	-	40	05/24/2018
8	8	-	68	1	-	68	03/30/2017
18	14	4	92	1	-	92	10/12/2017
10	7	3	108	1	-	108	03/02/2017
2	-	2	8	-	-	8	02/23/2017
3	3	-	24	1	-	24	06/15/2017
6	6	-	24	1	-	24	08/24/2017
7	3	4	191	1	-	191	08/17/2017
8	8	-	72	1	-	72	12/15/2016
2	1	1	8	1	-	8	04/27/2017
4	4	-	16	1	-	16	06/29/2017
3	3	-	24	1	-	24	04/13/2017
2	2	-	20	1	-	20	12/08/2016
-	-	-	-	-	-	-	04/13/2017
6	6	-	28	2	14	42	04/13/2017
1	-	1	4	-	-	4	07/13/2017
2	1	2	8	1	-	8	08/03/2017
3	3	-	28	1	-	28	03/01/2018
5	4	1	36	1	-	36	11/17/2016
1	1	-	4	1	-	4	06/08/2017
10	10	-	80	1	-	80	01/12/2017
1	1	-	8	1	-	8	05/18/2017
8	7	1	44	1	-	44	06/29/2017
3	1	2	12	1	-	12	11/03/2016
6	3	3	24	1	-	24	09/29/2016
7	7	-	32	1	-	32	12/15/2016
9	8	1	48	1	-	48	01/20/2017
5	5	-	20	1	-	20	05/19/2017
9	6	3	44	1	-	44	03/23/2017
3	3	-	24	1	-	24	10/12/2017
9	9	-	40	1	-	40	06/23/2017
3	2	1	16	1	-	16	08/11/2016
3	3	-	24	1	-	24	03/02/2017
11	11	-	80	1	-	80	01/26/2017
13	10	3	72	1	-	72	10/20/2016
12	12	-	92	1	-	92	10/11/2016
2	2	-	12	1	-	12	06/15/2017
6	3	3	24	1	-	24	07/27/2017
5	5	-	36	1	-	36	08/17/2017
11	10	1	52	1	-	52	06/16/2017
1	1	-	8	1	-	8	06/09/2016
4	4	-	20	1	-	20	03/17/2016
5	5	-	24	1	-	24	04/20/2017
13	13	-	52	1	-	52	08/18/2016
9	8	1	48	1	-	48	01/26/2017
8	8	-	32	1	-	32	06/16/2016
12	12	-	48	1	-	48	05/26/2016
6.30	5.13	1.19	35.28	0.96	1.25	36.53	

AMERICAN OVERSIGHT

6.75	6.25	0.50	31.00	1.00	-	31.00
3.00	2.78	0.22	14.67	0.78	-	14.67
4.67	3.67	1.00	18.67	1.00	-	18.67
12.20	8.80	4.00	67.20	1.20	6.00	73.20
1.60	0.80	0.80	5.60	0.40	-	5.60
5.67	3.33	2.33	28.00	1.00	-	28.00
7.00	7.00	-	32.00	1.00	-	32.00
8.00	5.67	2.33	40.67	1.00	-	40.67
6.29	6.00	0.29	37.71	1.00	-	37.71
2.33	2.33	-	9.33	1.00	-	9.33
5.50	4.50	1.00	24.00	0.83	-	24.00
8.25	8.25	-	49.00	1.00	-	49.00
4.40	3.60	0.80	17.60	0.80	-	17.60
5.20	5.00	0.20	20.80	1.00	-	20.80
5.43	3.57	1.86	26.86	0.86	-	26.86
6.75	5.25	1.50	34.00	1.25	6.50	40.50
9.00	7.50	1.50	53.00	1.00	-	53.00
10.00	8.00	2.00	45.33	1.00	-	45.33
6.29	5.00	1.29	29.14	1.00	-	29.14
11.50	7.00	4.50	69.90	1.10	5.40	75.30
-	-	-	-	-	-	-
6.00	5.33	0.67	36.00	1.33	14.67	50.67
4.33	3.33	1.00	20.00	1.00	-	20.00
5.50	4.75	0.75	22.00	0.75	-	22.00
5.50	5.00	0.50	28.67	1.00	-	28.67
5.50	5.50	-	27.00	1.00	-	27.00
7.23	5.54	1.69	49.85	1.00	2.62	52.46
7.90	6.30	1.60	54.80	1.20	3.80	58.60
4.38	3.50	0.88	45.88	0.88	-	45.88
0.67	0.67	-	6.67	0.33	-	6.67
6.00	6.00	-	28.00	2.00	14.00	42.00
2.00	1.33	1.00	13.33	0.67	-	13.33
4.86	3.86	1.00	29.71	1.00	-	29.71
7.50	6.50	1.00	36.00	1.00	-	36.00
3.00	3.00	-	24.00	1.00	-	24.00
5.00	4.67	0.33	26.67	1.00	-	26.67
12.00	11.00	1.00	81.33	1.00	-	81.33
4.33	3.33	1.00	24.00	1.00	-	24.00
5.33	5.00	0.33	26.67	1.00	-	26.67
9.40	9.20	0.20	40.80	1.00	-	40.80

AMERICAN OVERSIGHT

cycle 3 defs	cycle 3 N from Defs	cycle 3 N from Comp	cycle 3 defs score	cycle 3 Num Revis	cycle 3 Revisit Score	cycle 3 Total Score	WEIGHTED ALL CYCLES SCORE	INCIDENT CNT	CMPLNT CNT
14	4	10	140	1	-	140	184	1	19
7	4	3	40	3	28	68	48	2	5
2	2	-	8	1	-	8	17	-	1
3	3	-	16	1	-	16	55	-	1
4	3	1	16	1	-	16	161	1	1
4	4	-	16	1	-	16	36	-	-
5	5	-	20	1	-	20	19	-	-
-	-	-	-	-	-	-	15	-	3
.	.	.	.	.	.	.	16	-	1
2	2	-	8	1	-	8	40	-	1
2	2	-	8	1	-	8	23	-	-
1	-	1	4	-	-	4	15	-	2
5	5	-	20	1	-	20	27	-	2
4	4	-	16	1	-	16	16	2	4
2	2	-	8	1	-	8	15	-	-
3	3	-	12	1	-	12	38	-	1
6	3	3	24	1	-	24	41	-	6
16	5	11	136	1	-	136	77	2	10
11	6	5	60	1	-	60	227	-	31
15	6	9	68	1	-	68	121	-	18
1	1	-	4	1	-	4	3	-	-
1	1	-	4	1	-	4	3	-	-
2	2	-	8	1	-	8	7	-	1
2	2	-	8	1	-	8	12	-	1
7	7	-	28	1	-	28	38	-	1
-	-	-	-	-	-	-	29	1	3
3	3	-	12	1	-	12	15	-	1
2	2	-	8	1	-	8	15	-	-
7	7	-	36	1	-	36	43	1	1
9	9	-	40	2	20	60	50	1	3
12	11	1	72	1	-	72	53	-	5
5	5	-	44	1	-	44	50	-	-
12	12	-	60	1	-	60	37	-	-

AMERICAN OVERSIGHT

15	10	5	68	1	-	68	63	-	6
7	5	2	68	1	-	68	31	-	1
6	6	-	36	1	-	36	19	-	-
9	8	1	60	1	-	60	27	-	1
9	9	-	52	1	-	52	31	-	-
11	8	3	60	1	-	60	142	1	3
7	6	1	32	1	-	32	41	-	1
3	3	-	24	1	-	24	19	-	-
8	8	-	56	1	-	56	26	-	3
2	1	1	8	1	-	8	25	-	1
7	7	-	32	1	-	32	33	-	-
4	3	1	28	1	-	28	47	-	1
3	3	-	12	1	-	12	13	-	-
3	3	-	24	1	-	24	19	-	-
6	6	-	36	1	-	36	15	-	-
5	5	-	24	1	-	24	11	-	1
-	-	-	-	-	-	-	9	-	1
20	16	4	88	1	-	88	47	-	5
5	5	-	20	1	-	20	11	-	-
2	2	-	8	1	-	8	12	-	-
12	10	2	48	1	-	48	35	-	5
2	2	-	12	1	-	12	42	-	1
-	-	-	-	-	-	-	27	-	-
3	1	2	12	1	-	12	24	-	2
5	5	-	20	1	-	20	36	-	-
4	2	2	24	1	-	24	15	-	3
4	2	2	16	1	-	16	19	1	1
4	4	-	20	1	-	20	13	-	-
3	3	-	12	1	-	12	22	-	-
6	3	3	36	1	-	36	26	-	1
1	1	-	4	1	-	4	17	-	-
1	1	-	4	1	-	4	25	1	4
1	1	-	4	1	-	4	24	-	4
5	5	-	24	1	-	24	33	1	-
1	1	-	4	1	-	4	19	-	-
4	2	2	16	1	-	16	25	-	4
4	1	3	24	1	-	24	32	-	13
4	3	1	16	1	-	16	27	1	3
5	3	2	20	1	-	20	22	-	3
3	3	-	12	1	-	12	4	-	-
4	3	1	24	1	-	24	13	-	2
8	8	-	32	1	-	32	17	-	-
8	7	1	36	1	-	36	43	4	4
8	7	1	36	1	-	36	39	2	6
14	13	1	96	1	-	96	114	-	14
14	13	1	88	2	44	132	69	-	4
4	4	-	24	1	-	24	44	-	1
5	3	2	20	1	-	20	41	-	5
1	1	-	16	1	-	16	25	-	4
5	5	-	24	1	-	24	105	1	2
-	-	-	-	-	-	-	15	-	3
9	4	5	44	1	-	44	49	1	6
7	7	-	32	1	-	32	81	-	3

AMERICAN OVERSIGHT

17	8	9	76	1	-	76	53	-	15
4	2	2	24	1	-	24	20	-	1
6	4	2	36	1	-	36	18	-	7
5	4	1	28	1	-	28	38	-	6
8	4	4	40	1	-	40	19	-	5
2	1	1	8	1	-	8	45	-	11
6	5	1	28	1	-	28	41	-	4
12	8	4	201	1	-	201	60	-	4
12	7	5	48	1	-	48	39	-	4
11	4	7	52	1	-	52	61	-	21
18	8	10	92	2	46	138	59	-	11
13	5	8	328	1	-	328	79	-	11
7	-	7	28	-	-	28	18	-	11
7	5	2	28	1	-	28	45	-	12
19	13	6	88	1	-	88	115	-	9
5	3	2	20	1	-	20	51	-	12
17	7	10	84	2	42	126	125	1	20
.	.	.	.	.	.	.	.	-	-
8	6	2	36	1	-	36	14	-	1
8	8	-	36	1	-	36	13	-	-
7	6	1	44	1	-	44	146	4	3
10	6	4	40	1	-	40	27	-	4
4	3	1	16	1	-	16	19	-	4
10	6	4	40	1	-	40	33	-	9
1	1	-	16	1	-	16	19	-	-
3	3	-	16	1	-	16	18	-	2
4	4	-	20	1	-	20	9	-	-
9	5	4	249	1	-	249	48	2	-
1	1	-	8	1	-	8	47	-	1
2	2	-	8	1	-	8	15	-	1
3	2	1	12	1	-	12	33	1	4
10	5	5	120	1	-	120	43	-	2
2	2	-	20	1	-	20	40	1	-
1	1	-	4	1	-	4	87	2	5
4	4	-	24	1	-	24	14	-	-
1	1	-	4	1	-	4	12	-	-
5	4	1	24	1	-	24	51	2	1
8	4	4	32	1	-	32	137	1	2
15	10	5	168	1	-	168	53	-	7
22	14	8	120	1	-	120	68	1	6
4	4	-	16	1	-	16	130	1	2
5	5	-	32	1	-	32	33	-	3
3	3	-	12	1	-	12	51	-	3
-	-	-	-	-	-	-	33	-	1
11	6	5	104	1	-	104	65	1	3
8	8	-	36	1	-	36	25	-	2
7	7	-	28	2	14	42	34	-	1
19	18	1	88	1	-	88	268	-	10
6	6	-	36	1	-	36	43	-	3
8	8	-	36	1	-	36	173	1	1
5	4	1	36	1	-	36	35	-	2
8	8	-	44	1	-	44	28	-	-
2	2	-	8	1	-	8	45	-	1
14	8	6	96	1	-	96	49	-	12
12	6	6	80	2	40	120	77	-	9

AMERICAN OVERSIGHT

2	2	-	12	1	-	12	62	-	7
6	6	-	56	1	-	56	87	1	4
6	3	3	44	1	-	44	35	-	4
6	5	1	28	1	-	28	71	-	2
5	3	2	32	1	-	32	76	-	10
7	7	-	32	2	16	48	90	-	4
8	7	1	56	1	-	56	24	-	2
1	1	-	16	1	-	16	41	-	-
-	-	-	-	-	-	-	40	1	5
9	6	3	44	1	-	44	97	-	11
8	6	2	40	1	-	40	37	-	2
5	5	-	36	1	-	36	148	-	1
5	5	-	16	1	-	16	52	1	-
6	6	-	28	1	-	28	33	-	-
3	3	-	12	1	-	12	17	-	-
3	3	-	28	1	-	28	9	-	-
.	.	.	.	.	.	.	.	-	-
-	-	-	-	-	-	-	18	-	-
6	6	-	40	1	-	40	26	-	2
-	-	-	-	-	-	-	19	-	7
7	5	2	32	1	-	32	35	-	5
7	4	3	40	1	-	40	27	-	3
2	2	-	12	1	-	12	9	-	-
3	1	2	12	1	-	12	57	-	5
3	3	-	20	1	-	20	14	-	-
12	12	-	80	1	-	80	36	-	1
3	3	-	20	1	-	20	11	-	1
6	3	3	36	1	-	36	32	-	6
13	13	-	72	1	-	72	35	-	-
1	1	-	4	1	-	4	55	-	1
9	9	-	44	1	-	44	150	2	-
5	5	-	24	1	-	24	49	-	3
3	3	-	12	1	-	12	18	-	-
8	8	-	36	1	-	36	29	-	-
7	5	2	32	1	-	32	19	-	3
5	5	-	40	1	-	40	25	-	-
5	5	-	36	1	-	36	59	1	-
9	8	1	44	1	-	44	71	-	5
1	1	-	4	1	-	4	75	1	7
6	6	-	28	1	-	28	17	-	-
4	3	1	32	1	-	32	35	-	2
4	4	-	12	1	-	12	20	-	-
6	4	2	28	1	-	28	48	-	3
2	1	1	12	1	-	12	11	-	2
5	4	1	32	1	-	32	14	-	2
9	9	-	48	1	-	48	20	-	-
6	6	-	24	1	-	24	53	1	3
6	4	2	24	1	-	24	48	-	2
8	8	-	32	1	-	32	211	2	1
6	6	-	28	1	-	28	47	-	2
5.92	4.54	1.38	35.51	0.97	1.30	36.81	44.55	0.27	3.29

AMERICAN OVERSIGHT

6.50	3.25	3.25	51.00	1.50	7.00	58.00	76.00	3	26
2.00	1.78	0.22	8.00	0.56	-	8.00	35.96	1	8
3.67	3.67	-	14.67	1.00	-	14.67	19.33	2	6
10.20	4.60	5.60	60.00	1.00	-	60.00	100.70	2	66
2.60	2.60	-	10.40	1.00	-	10.40	12.40	-	3
1.67	1.67	-	6.67	0.67	-	6.67	19.78	1	4
8.25	8.00	0.25	48.00	1.25	5.00	53.00	49.00	2	9
9.67	8.33	1.33	57.33	1.00	-	57.33	34.78	-	8
6.00	5.14	0.86	34.29	1.00	-	34.29	47.43	1	9
4.00	4.00	-	24.00	1.00	-	24.00	15.78	-	-
7.33	6.33	1.00	31.33	0.83	-	31.33	20.89	-	12
2.50	2.00	0.50	11.00	0.75	-	11.00	32.17	-	3
4.20	2.80	1.40	21.60	1.00	-	21.60	19.07	1	5
1.80	1.80	-	8.00	1.00	-	8.00	23.47	2	8
4.57	3.29	1.29	20.57	1.00	-	20.57	20.10	1	25
11.00	10.00	1.00	64.00	1.25	11.00	75.00	66.00	6	28
3.75	3.25	0.50	21.00	1.00	-	21.00	53.79	1	12
5.33	3.67	1.67	25.33	0.67	-	25.33	48.67	1	12
6.86	4.00	2.86	34.29	1.00	-	34.29	33.43	-	49
12.10	6.00	6.10	96.90	1.10	8.80	105.70	65.12	1	115
-	-	-	-	-	-	-	-	-	-
7.67	6.67	1.00	38.67	1.00	-	38.67	57.50	4	4
8.00	5.00	3.00	32.00	1.00	-	32.00	26.00	-	17
4.25	3.25	1.00	75.25	1.00	-	75.25	23.38	2	2
3.17	2.17	1.00	28.67	1.00	-	28.67	44.08	4	13
4.50	3.25	1.25	21.00	1.00	-	21.00	53.38	3	3
8.69	7.15	1.54	54.77	1.00	1.08	55.85	77.79	4	44
6.80	5.00	1.80	43.20	1.20	5.60	48.80	62.07	1	53
5.25	4.50	0.75	29.50	0.88	-	29.50	58.83	2	21
2.00	2.00	-	13.33	0.67	-	13.33	8.44	-	-
-	-	-	-	-	-	-	18.00	-	-
4.33	3.67	0.67	24.00	0.67	-	24.00	26.44	-	14
5.14	4.00	1.14	31.43	1.00	-	31.43	26.57	-	16
7.00	7.00	-	36.00	1.00	-	36.00	72.00	2	4
3.00	3.00	-	12.00	1.00	-	12.00	18.00	-	-
6.67	6.00	0.67	36.00	1.00	-	36.00	24.22	-	3
5.00	4.67	0.33	28.00	1.00	-	28.00	68.44	2	12
4.67	4.33	0.33	24.00	1.00	-	24.00	24.00	-	2
4.33	3.00	1.33	24.00	1.00	-	24.00	24.22	-	7
7.00	6.60	0.40	31.20	1.00	-	31.20	75.80	3	8

AMERICAN OVERSIGHT

							7	9
								VALLUE E
FINE CNT	FINE TOT	PAY DENIAL CNT	TOT PENLTY CNT	FILEDATE			Baseline Period: FY 2016 Risk-Standardized Readmission Rate	Performance Period: FY 2018 Risk-Standardized Readmission Rate
5	236,871	2	7	01/01/2020			0.2011	0.2070
2	53,739	1	3	01/01/2020			0.1893	0.2144
-	-	-	-	01/01/2020			0.1770	0.1907
1	7,963	-	1	01/01/2020			0.1726	0.2081
-	-	-	-	01/01/2020			0.1915	0.1806
1	9,623	-	1	01/01/2020			0.1987	0.1917
-	-	-	-	01/01/2020			0.1870	0.1982
-	-	-	-	01/01/2020			0.2054	0.1735
-	-	-	-	01/01/2020			-	0.1932
1	88,595	-	1	01/01/2020			0.2159	0.2214
-	-	-	-	01/01/2020			0.1700	0.2068
-	-	-	-	01/01/2020			0.2136	0.1721
1	9,623	-	1	01/01/2020			0.1893	0.2219
1	3,318	-	1	01/01/2020			0.2067	0.1948
-	-	-	-	01/01/2020			0.1710	0.1949
2	16,000	-	2	01/01/2020			0.1788	0.1967
-	-	-	-	01/01/2020			0.1891	0.1842
2	103,994	-	2	01/01/2020			0.1989	0.2065
3	29,375	-	3	01/01/2020			0.2030	0.1908
3	48,914	-	3	01/01/2020			0.2247	0.2190
-	-	-	-	01/01/2020			0.1845	0.1954
-	-	-	-	01/01/2020			0.1890	0.2401
-	-	-	-	01/01/2020			0.1915	0.1839
-	-	-	-	01/01/2020			0.2081	0.1833
-	-	-	-	01/01/2020			0.2125	0.1972
1	15,990	-	1	01/01/2020			0.1628	0.1678
-	-	-	-	01/01/2020			0.1696	0.1703
-	-	-	-	01/01/2020			0.1982	0.1951
1	7,963	-	1	01/01/2020			0.1913	0.2181
-	-	-	-	01/01/2020			0.2107	0.1973
-	-	-	-	01/01/2020			0.2126	0.1812
-	-	-	-	01/01/2020			0.1730	0.1892
-	-	-	-	01/01/2020			0.2121	0.2251

AMERICAN OVERSIGHT

-	-	-	-	01/01/2020		0.2433	0.2184
-	-	-	-	01/01/2020		0.1686	0.1861
-	-	-	-	01/01/2020		0.2011	0.1959
-	-	-	-	01/01/2020		0.1879	0.1864
-	-	-	-	01/01/2020		0.2149	0.2036
-	-	-	-	01/01/2020		0.2084	0.2098
-	-	-	-	01/01/2020		0.2507	0.2245
-	-	-	-	01/01/2020		0.2119	0.2367
-	-	-	-	01/01/2020		0.2089	0.2130
-	-	-	-	01/01/2020		0.1905	0.2102
-	-	-	-	01/01/2020		0.2345	0.2188
-	-	-	-	01/01/2020		0.2236	0.2164
-	-	-	-	01/01/2020		0.2332	0.2415
-	-	-	-	01/01/2020		0.1857	0.1949
-	-	-	-	01/01/2020		0.2168	0.1942
-	-	-	-	01/01/2020		0.1717	0.2136
-	-	-	-	01/01/2020		0.2215	0.2192
-	-	-	-	01/01/2020		0.1832	0.2216
-	-	-	-	01/01/2020		0.1708	0.2278
-	-	-	-	01/01/2020		0.1786	0.2128
-	-	-	-	01/01/2020		0.1951	0.1829
1	4,549	-	1	01/01/2020		0.2019	0.1955
1	1,623	-	1	01/01/2020		0.1777	0.1882
-	-	-	-	01/01/2020		0.1874	0.2218
-	-	-	-	01/01/2020		0.1938	0.2204
-	-	-	-	01/01/2020		0.1915	0.1943
1	9,760	-	1	01/01/2020		0.1748	0.1905
-	-	-	-	01/01/2020		0.2040	0.1899
-	-	-	-	01/01/2020		0.2323	0.1848
-	-	-	-	01/01/2020		0.1910	0.1577
-	-	-	-	01/01/2020		0.1645	0.1870
-	-	-	-	01/01/2020		0.2024	0.1859
-	-	-	-	01/01/2020		0.1828	0.1831
-	-	-	-	01/01/2020		0.1594	0.1976
-	-	-	-	01/01/2020		0.2086	0.1889
-	-	-	-	01/01/2020		0.2071	0.2230
1	13,501	-	1	01/01/2020		0.1748	0.2179
1	38,026	-	1	01/01/2020		0.2307	0.2045
1	13,627	-	1	01/01/2020		-	0.1858
-	-	-	-	01/01/2020		0.1802	0.2129
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1918	0.1937
1	9,922	-	1	01/01/2020		0.1816	0.1971
1	4,419	-	1	01/01/2020		0.2079	0.1849
1	24,175	-	1	01/01/2020		-	-
1	67,680	-	1	01/01/2020		0.1924	-
-	-	-	-	01/01/2020		0.2043	0.1951
1	4,163	-	1	01/01/2020		0.2070	0.1973
-	-	-	-	01/01/2020		0.1669	0.1735
1	6,662	-	1	01/01/2020		0.1791	0.2116
-	-	-	-	01/01/2020		0.1833	0.1629
-	-	-	-	01/01/2020		0.2468	0.1931
1	13,878	-	1	01/01/2020		0.1877	0.2018

AMERICAN OVERSIGHT

1	22,386	1	2	01/01/2020		0.2261	0.1882
-	-	-	-	01/01/2020		0.1644	0.1862
1	12,490	-	1	01/01/2020		0.2060	0.1950
1	49,600	-	1	01/01/2020		0.2261	0.2061
-	-	-	-	01/01/2020		0.1874	0.2007
1	21,393	-	1	01/01/2020		0.1852	0.1917
-	-	-	-	01/01/2020		0.2175	0.1858
2	91,225	-	2	01/01/2020		0.2402	0.2405
-	-	-	-	01/01/2020		0.2071	0.2316
1	13,904	-	1	01/01/2020		0.2414	0.2324
1	21,158	-	1	01/01/2020		0.1934	0.1943
1	188,268	1	2	01/01/2020		0.1796	0.1981
1	1,363	-	1	01/01/2020		0.2248	0.2179
3	24,410	1	4	01/01/2020		0.1879	0.2153
3	231,882	2	5	01/01/2020		0.1634	0.1930
2	33,947	1	3	01/01/2020		0.1903	0.2269
4	83,256	1	5	01/01/2020		0.2199	0.2201
-	-	-	-	01/01/2020		-	-
-	-	-	-	01/01/2020		0.1798	0.2139
-	-	-	-	01/01/2020		0.2220	0.2431
3	189,577	-	3	01/01/2020		0.2058	0.2142
2	13,355	-	2	01/01/2020		0.2042	0.2325
-	-	-	-	01/01/2020		0.1927	0.2127
-	-	-	-	01/01/2020		0.2150	0.1942
-	-	-	-	01/01/2020		0.2094	0.1906
-	-	-	-	01/01/2020		0.2306	0.2012
-	-	-	-	01/01/2020		0.1921	0.2430
1	269,511	1	2	01/01/2020		0.2391	0.2424
-	-	-	-	01/01/2020		0.1722	0.1964
-	-	-	-	01/01/2020		0.1999	0.2301
1	14,040	-	1	01/01/2020		0.1911	0.1990
1	8,128	-	1	01/01/2020		0.2144	0.2090
1	8,099	-	1	01/01/2020		0.2444	0.2145
-	-	1	1	01/01/2020		0.2505	0.1706
-	-	-	-	01/01/2020		0.2196	0.2204
-	-	-	-	01/01/2020		0.2198	0.1911
-	-	-	-	01/01/2020		0.1797	0.1771
1	158,487	-	1	01/01/2020		0.1958	0.1684
2	731,206	1	3	01/01/2020		0.2058	0.1848
2	6,145	-	2	01/01/2020		0.1774	0.1942
-	-	-	-	01/01/2020		0.1573	0.1778
-	-	-	-	01/01/2020		0.1681	0.2253
2	35,058	-	2	01/01/2020		0.1650	0.1956
-	-	-	-	01/01/2020		0.2118	0.2125
3	222,034	-	3	01/01/2020		0.1926	0.1979
-	-	-	-	01/01/2020		0.1812	0.2106
-	-	-	-	01/01/2020		0.1951	0.2452
2	89,401	-	2	01/01/2020		0.1960	0.1988
1	7,027	-	1	01/01/2020		0.1725	0.1977
1	258,516	1	2	01/01/2020		0.2007	0.1989
-	-	-	-	01/01/2020		0.2039	0.2286
-	-	-	-	01/01/2020		0.2167	0.1801
2	108,789	1	3	01/01/2020		0.2162	0.2296
-	-	-	-	01/01/2020		0.1722	0.1988
2	55,916	-	2	01/01/2020		0.2142	0.2031

AMERICAN OVERSIGHT

2	6,253	-	2	01/01/2020		0.1946	0.2199
2	70,549	-	2	01/01/2020		0.1932	0.1765
2	463,937	1	3	01/01/2020		0.2029	0.1883
1	7,904	-	1	01/01/2020		0.1671	0.2176
1	44,747	1	2	01/01/2020		0.1720	0.1977
2	85,780	-	2	01/01/2020		0.1878	0.1995
1	1,575	-	1	01/01/2020		0.1710	0.2014
1	7,242	-	1	01/01/2020		0.2021	0.1940
-	-	-	-	01/01/2020		0.2162	0.2027
3	337,177	1	4	01/01/2020		0.1953	0.1998
1	9,412	-	1	01/01/2020		0.2022	0.1855
1	13,905	-	1	01/01/2020		0.1819	0.2012
1	68,744	-	1	01/01/2020		0.1738	0.2057
-	-	-	-	01/01/2020		0.2403	0.1820
-	-	-	-	01/01/2020		0.1963	0.1998
-	-	-	-	01/01/2020		-	0.1731
-	-	-	-	01/01/2020		-	-
1	12,659	-	1	01/01/2020		0.1826	0.1880
-	-	-	-	01/01/2020		0.1912	0.2254
-	-	-	-	01/01/2020		0.2137	0.1900
-	-	-	-	01/01/2020		0.1964	0.2030
1	13,627	-	1	01/01/2020		0.2357	0.2156
-	-	-	-	01/01/2020		0.2157	0.2348
-	-	-	-	01/01/2020		0.2292	0.2074
1	1,691	-	1	01/01/2020		0.2487	0.2689
-	-	-	-	01/01/2020		0.1658	0.2111
-	-	-	-	01/01/2020		0.1948	0.1975
-	-	-	-	01/01/2020		0.2133	0.2397
-	-	-	-	01/01/2020		0.1916	0.1949
-	-	-	-	01/01/2020		0.1915	0.1945
1	57,083	1	2	01/01/2020		0.1842	0.2059
-	-	-	-	01/01/2020		0.2524	0.2225
-	-	-	-	01/01/2020		-	0.2273
-	-	-	-	01/01/2020		0.2342	0.1836
-	-	-	-	01/01/2020		-	0.2208
-	-	-	-	01/01/2020		0.2067	0.2210
-	-	-	-	01/01/2020		0.2410	0.2027
1	2,932	-	1	01/01/2020		0.2221	0.2441
-	-	-	-	01/01/2020		0.2142	0.2205
-	-	-	-	01/01/2020		0.2094	0.2125
-	-	-	-	01/01/2020		0.1969	0.2171
-	-	-	-	01/01/2020		0.2417	0.2062
-	-	-	-	01/01/2020		0.2786	0.2437
-	-	-	-	01/01/2020		0.1887	0.1835
-	-	-	-	01/01/2020		0.2165	-
-	-	-	-	01/01/2020		0.1896	0.2075
1	9,009	-	1	01/01/2020		0.2415	0.1947
1	3,998	-	1	01/01/2020		0.1968	0.2251
-	-	-	-	01/01/2020		0.2184	0.2034
-	-	-	-	01/01/2020		0.1929	0.2274
0.58	$ 26,212	0.10	0.68			0.2011	0.2041

AMERICAN OVERSIGHT

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11	13	15	17	Data from CMS FFY 2020 SNF QRP Data Files	S_001_01
		66th Percentile	#REF!		Denominator
ASED PAYMENT (VBP) HOSPITAL READMISSION					S 001 01 DENOMINATOR NQF # 2631
FFY 2020 Achievement Score	FFY 2020 Improvement Score	FFY 2020 Performance Score	FFY 2020 Incentive Payment Multiplier		% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - DENOMINATOR
-	-	-	0.9803449243		148
-	-	-	0.9803449243		196
23.3700	-	23.3700	0.9833597546		229
-	-	-	0.9803449243		146
49.2678	33.0223	49.2678	1.0048251289		133
20.6723	14.4150	20.6723	0.9826055225		309
-	-	-	0.9803449243		117
67.4065	69.8006	69.8006	1.0252842257		220
16.7928	-	16.7928	0.9817969140		827
-	-	-	0.9803449243		247
-	-	-	0.9803449243		145
71.0034	76.6178	76.6178	1.0281726332		186
-	-	-	0.9803449243		98
12.8618	22.1588	22.1588	0.9829988117		127
12.5021	-	12.5021	0.9811844147		122
8.0060	-	8.0060	0.9807618474		233
40.0443	13.7927	40.0443	0.9939051108		74
-	-	-	0.9803449243		160
22.9589	25.2314	25.2314	0.9839938719		155
-	4.1438	4.1438	0.9805202308		68
11.1918	-	11.1918	0.9810418991		70
-	-	-	0.9803449243		79
40.8921	21.6713	40.8921	0.9947825504		37
42.3566	49.7382	49.7382	1.0054308832		221
6.6186	25.7290	25.7290	0.9841810880		58
82.2566	-	82.2566	1.0295669685		190
75.7051	-	75.7051	1.0278740401		155
12.0140	3.8086	12.0140	0.9811292224		175
-	-	-	0.9803449243		182
6.3617	22.9449	22.9449	0.9832286817		109
47.5978	57.9518	57.9518	1.0155055126		81
27.1981	-	27.1981	0.9847813838		139
-	-	-	0.9803449243		364

AMERICAN OVERSIGHT

-	25.9527	25.9527	0.9842678479	[redacted]	242
35.1370	-	35.1370	0.9895073106	[redacted]	227
9.9072	8.4570	9.9072	0.9809185337	[redacted]	108
34.4433	0.9833	34.4433	0.9889811826	[redacted]	433
-	16.6865	16.6865	0.9817785817	[redacted]	197
-	-	-	0.9803449243	[redacted]	227
-	24.8134	24.8134	0.9838425527	[redacted]	546
-	-	-	0.9803449243	[redacted]	822
-	-	-	0.9803449243	[redacted]	174
-	-	-	0.9803449243	[redacted]	257
-	16.9295	16.9295	0.9818207745	[redacted]	242
-	6.7657	6.7657	0.9806741416	[redacted]	256
-	-	-	0.9803449243	[redacted]	341
12.4251	-	12.4251	0.9811755278	[redacted]	282
14.3777	36.9104	36.9104	0.9909597432	[redacted]	168
-	-	-	0.9803449243	[redacted]	105
-	-	-	0.9803449243	[redacted]	311
-	-	-	0.9803449243	[redacted]	242
-	-	-	0.9803449243	[redacted]	250
-	-	-	0.9803449243	[redacted]	149
43.3842	32.8788	43.3842	0.9975421958	[redacted]	259
10.9863	11.3041	11.3041	0.9810534179	[redacted]	451
29.8187	-	29.8187	0.9860458600	[redacted]	216
-	-	-	0.9803449243	[redacted]	758
-	-	-	0.9803449243	[redacted]	475
13.9409	-	13.9409	0.9813628468	[redacted]	124
23.7810	-	23.7810	0.9834911911	[redacted]	242
25.4767	29.4000	29.4000	0.9858259564	[redacted]	332
38.3486	63.2962	63.2962	1.0207536998	[redacted]	341
100.0000	90.0000	100.0000	1.0311913097	[redacted]	466
32.8504	-	32.8504	0.9878603897	[redacted]	326
35.5224	36.6141	36.6141	0.9907062587	[redacted]	97
42.7162	-	42.7162	0.9967776831	[redacted]	140
5.5652	-	5.5652	0.9805987697	[redacted]	249
27.8661	37.9102	37.9102	0.9918472308	[redacted]	124
-	-	-	0.9803449243	[redacted]	117
-	-	-	0.9803449243	[redacted]	137
-	33.6019	33.6019	0.9883741770	[redacted]	203
35.8821	-	35.8821	0.9900986219	[redacted]	48
-	-	-	0.9803449243	[redacted]	54
-	-	45.4460	1.0000000000	[redacted]	28
15.6366	-	15.6366	0.9816068406	[redacted]	193
6.9783	-	6.9783	0.9806884358	[redacted]	77
38.2201	45.9869	45.9869	1.0006659329	[redacted]	85
-	-	45.4460	1.0000000000	[redacted]	16
-	-	45.4460	1.0000000000	[redacted]	21
11.9369	17.0588	17.0588	0.9818436329	[redacted]	91
6.3874	16.8976	16.8976	0.9818151937	[redacted]	86
67.4065	-	67.4065	1.0238454682	[redacted]	58
-	-	-	0.9803449243	[redacted]	165
94.7945	90.0000	94.7945	1.0309583816	[redacted]	195
17.1268	58.9381	58.9381	1.0165740498	[redacted]	369
-	-	-	0.9803449243	[redacted]	264

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29.7417	54.8609	54.8609	1.0119105068		285
34.9829	-	34.9829	0.9893883648		179
12.3223	20.4748	20.4748	0.9825570917		299
-	26.5473	26.5473	0.9845064722		245
-	-	-	0.9803449243		309
20.7237	-	20.7237	0.9826182648		87
35.9592	52.9890	52.9890	1.0095907824		123
-	-	-	0.9803449243		339
-	-	-	0.9803449243		250
-	6.4308	6.4308	0.9806522182		388
14.1208	-	14.1208	0.9813869124		55
-	-	-	0.9803449243		205
-	6.1434	6.1434	0.9806339682		215
-	-	-	0.9803449243		161
17.4864	-	17.4864	0.9819211776		114
-	-	-	0.9803449243		222
-	-	-	0.9803449243		148
-	-	-			-
-	-	-	0.9803449243		82
-	-	-	0.9803449243		391
-	-	-	0.9803449243		294
-	-	-	0.9803449243		324
-	-	-	0.9803449243		385
14.3777	34.8851	34.8851	0.9893134988		108
23.5498	35.3859	35.3859	0.9897017476		609
-	38.4257	38.4257	0.9923241051		353
-	-	-	0.9803449243		407
-	-	-	0.9803449243		171
8.5455	-	8.5455	0.9808034228		242
-	-	-	0.9803449243		512
-	-	-	0.9803449243		299
-	5.4243	5.4243	0.9805904887		311
-	31.5821	31.5821	0.9870521922		133
75.0114	86.1339	86.1339	1.0301832780		335
-	-	-	0.9803449243		365
22.2909	45.3944	45.3944	0.9999369337		413
58.3628	10.8205	58.3628	1.0159558923		318
80.7151	78.1311	80.7151	1.0292532893		384
38.3999	43.7317	43.7317	0.9979464108		155
14.1978	-	14.1978	0.9813973531		150
56.3331	-	56.3331	1.0136655564		232
-	-	-	0.9803449243		111
10.6009	-	10.6009	0.9809832547		120
-	-	-	0.9803449243		92
-	-	-	0.9803449243		205
-	-	-	0.9803449243		118
-	-	-	0.9803449243		296
-	-	-	0.9803449243		168
5.3340	-	5.3340	0.9805852386		247
-	-	-	0.9803449243		152
-	-	-	0.9803449243		428
50.5010	62.8426	62.8426	1.0203617974		160
-	-	-	0.9803449243		190
-	-	-	0.9803449243		134
-	16.5522	16.5522	0.9817556650		123

AMERICAN OVERSIGHT

-	-	-	0.9803449243		172
59.6731	49.8143	59.6731	1.0173423202		246
29.4077	31.3183	31.3183	0.9868931454		124
-	-	-	0.9803449243		106
5.3597	-	5.3597	0.9805867268		133
-	-	-	0.9803449243		93
-	-	-	0.9803449243		293
14.7117	15.4632	15.4632	0.9815800681		618
-	20.2294	20.2294	0.9824981280		318
-	-	-	0.9803449243		310
36.5501	37.3028	37.3028	0.9913021811		120
-	-	-	0.9803449243		272
-	-	-	0.9803449243		570
45.6966	70.2515	70.2515	1.0255277418		510
-	-	-	0.9803449243		713
68.5370	-	68.5370	1.0245561969		290
-	-	-			-
30.1270	-	30.1270	0.9862123385		276
-	-	-	0.9803449243		405
25.0400	41.5555	41.5555	0.9954916549		366
-	-	-	0.9803449243		82
-	22.5569	22.5569	0.9831132423		227
-	-	-	0.9803449243		521
-	27.7913	27.7913	0.9850449960		217
-	-	-	0.9803449243		133
-	-	-	0.9803449243		470
5.8735	-	5.8735	0.9806172933		135
-	-	-	0.9803449243		144
12.5535	-	12.5535	0.9811903761		597
13.6583	-	13.6583	0.9813258462		155
-	-	-	0.9803449243		224
-	28.3631	28.3631	0.9853112701		548
-	-	-	0.9803449243		632
41.4573	65.8001	65.8001	1.0227341219		159
-	-	-	0.9803449243		44
-	-	-	0.9803449243		155
-	43.9582	43.9582	0.9982122846		74
-	-	-	0.9803449243		139
-	-	-	0.9803449243		177
-	-	-	0.9803449243		133
-	-	-	0.9803449243		155
-	39.9360	39.9360	0.9937954650		245
-	25.1252	25.1252	0.9839549045		202
41.8684	15.2468	41.8684	0.9958328344		188
-	-	45.4460	1.0000000000		16
-	-	-	0.9803449243		197
13.0417	54.4612	54.4612	1.0114224592		187
-	-	-	0.9803449243		286
-	21.8719	21.8719	0.9829187852		145
-	-	-	0.9803449243		112
30.5961	33.9782	33.4405	0.98783195184		43,961

AMERICAN OVERSIGHT

23.3700	-	23.3700	0.9811095949	[redacted]	719
44.1226	44.8939	45.5398	0.9951693136		2,184
12.7306	22.1588	18.6351	0.9816247699		347
16.9760	14.4217	12.8477	0.9813189431		690
9.1316	25.7290	17.7408	0.9819853123		465
55.0588	3.8086	55.0588	1.0115713670		520
27.2304	40.6754	36.0528	0.9904525839		511
26.4792	12.4228	25.2877	0.9847251105		1,571
-	15.8833	15.8833	0.9811758920		2,524
13.5429	36.9104	26.4422	0.9849092910		791
43.3842	32.8788	43.3842	0.9837904545		1,316
20.2432	11.3041	20.4048	0.9817773304		1,900
39.0230	61.0783	44.3692	0.9992507390		1,505
28.9382	37.2015	31.2007	0.9895630014		936
22.4780	33.6019	28.5142	0.9842415636		780
22.4335	45.9869	29.9425	0.9923747090		199
23.0570	16.9890	28.7711	0.9875740130		400
43.2477	69.3848	70.9972	1.0052204126		828
28.4053	38.6052	35.6093	0.9922023993		1,527
15.5742	6.2964	11.2767	0.9806786445		2,097
-	-	-	-		-
-	-	-	0.9803449243		767
14.3777	34.8851	34.8851	0.9833425144		817
23.5498	36.6315	36.6315	0.9860722586		1,540
37.6547	35.2709	28.6611	0.9876494034		1,832
57.3183	49.2024	64.0182	1.0086916740		1,480
25.9359	43.7317	27.2512	0.9844729889		2,474
36.2414	39.8862	35.0680	0.9890508961		1,481
31.2090	34.8132	34.8132	0.9873203557		3,011
68.5370	-	68.5370	0.9864659178		1,003
30.1270	-	30.1270	0.9862123385		276
25.0400	41.5555	41.5555	0.9853722580		853
5.8735	25.0278	20.2594	0.9817886144		1,847
13.0938	28.3631	18.4146	0.9818411623		1,524
-	-	-	0.9803449243		632
41.4573	65.8001	65.8001	0.9987618169		358
-	43.9582	43.9582	0.9860483017		390
-	39.9360	39.9360	0.9853704010		533
41.8684	20.2381	38.0345	0.9937391254		406
13.0417	39.7133	39.7133	0.9870597232		927

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S_001_01	S_001_01	S_002_01	S_002_01	S_002_01	S_002_01
Numerator	Rate	Adj Rate	Denominator	Numerator	Rate
		Short Stay	Short Stay	Short Stay	Short Stay
S 001 01 NUMERATOR	S 001 01 OBS RATE	S 002 01 ADJ RATE	S 002 01 DENOMINATOR	S 002 01 NUMERATOR	S 002 01 OBS RATE
NQF # 2631	NQF # 2631	NQF # 0678	NQF # 0678	NQF # 0678	NQF # 0678
% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - NUMERATOR	% of SNF Residents whose functional abilities were assessed & functional goals were included in their Plan of Care - RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - ADJ RATE	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - DENOMINATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - NUMERATOR	% of SHORT STAY SNF Residents with Pressure Ulcers that are New or Worsened - OBSERVED RATE
148	100.00%				
196	100.00%				
228	99.56%				
146	100.00%				
132	99.25%				
306	99.03%				
110	94.02%				
217	98.64%				
809	97.82%				
247	100.00%				
141	97.24%				
182	97.85%				
98	100.00%				
127	100.00%				
122	100.00%				
233	100.00%				
73	98.65%				
159	99.38%				
153	98.71%				
68	100.00%				
68	97.14%				
79	100.00%				
37	100.00%				
219	99.10%				
56	96.55%				
190	100.00%				
155	100.00%				
174	99.43%				
177	97.25%				
108	99.08%				
80	98.77%				
139	100.00%				
364	100.00%				

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242	**100.00%**
227	**100.00%**
108	**100.00%**
433	**100.00%**
197	**100.00%**
220	**96.92%**
539	**98.72%**
819	**99.64%**
174	**100.00%**
252	**98.05%**
242	**100.00%**
253	**98.83%**
336	98.53%
280	99.29%
168	100.00%
105	**100.00%**
309	**99.36%**
242	**100.00%**
250	**100.00%**
149	**100.00%**
259	**100.00%**
450	**99.78%**
213	**98.61%**
732	**96.57%**
475	**100.00%**
124	**100.00%**
233	**96.28%**
324	**97.59%**
340	**99.71%**
461	**98.93%**
321	98.47%
97	100.00%
138	98.57%
248	99.60%
122	98.39%
117	**100.00%**
137	**100.00%**
203	**100.00%**
48	**100.00%**
54	**100.00%**
28	**100.00%**
192	**99.48%**
74	**96.10%**
84	**98.82%**
-	**0.00%**
20	**95.24%**
91	**100.00%**
84	**97.67%**
58	**100.00%**
165	**100.00%**
195	100.00%
366	99.19%
256	96.97%

AMERICAN OVERSIGHT

285	100.00%
179	100.00%
298	99.67%
243	99.18%
309	100.00%
87	100.00%
123	100.00%
339	100.00%
249	99.60%
388	100.00%
55	100.00%
205	100.00%
215	100.00%
161	100.00%
114	100.00%
222	100.00%
148	100.00%
-	0.00%
82	100.00%
390	99.74%
294	100.00%
323	99.69%
342	88.83%
108	100.00%
606	99.51%
347	98.30%
390	95.82%
165	96.49%
239	98.76%
512	100.00%
298	99.67%
311	100.00%
132	99.25%
335	100.00%
364	99.73%
410	99.27%
314	98.74%
384	100.00%
155	100.00%
150	100.00%
232	100.00%
111	100.00%
120	100.00%
92	100.00%
205	100.00%
118	100.00%
296	100.00%
166	98.81%
246	99.60%
152	100.00%
428	100.00%
160	100.00%
190	100.00%
134	100.00%
122	99.19%

AMERICAN OVERSIGHT

171	99.42%
246	100.00%
124	100.00%
106	100.00%
133	100.00%
92	98.92%
280	95.56%
599	96.93%
299	94.03%
306	98.71%
118	98.33%
270	99.26%
560	98.25%
510	100.00%
646	90.60%
274	94.48%
-	0.00%
271	98.19%
405	100.00%
366	100.00%
81	98.78%
225	99.12%
518	99.42%
215	99.08%
132	99.25%
464	98.72%
135	100.00%
139	96.53%
591	98.99%
147	94.84%
223	99.55%
522	95.26%
621	98.26%
157	98.74%
42	95.45%
154	99.35%
67	90.54%
125	89.93%
177	100.00%
125	93.98%
155	100.00%
242	98.78%
194	96.04%
188	100.00%
-	0.00%
194	98.48%
173	92.51%
280	97.90%
144	99.31%
109	97.32%
43,353	98.62%

AMERICAN OVERSIGHT

718	99.86%
2,144	98.17%
347	100.00%
686	99.42%
459	98.71%
519	99.81%
504	98.63%
1,571	100.00%
2,499	99.01%
784	99.12%
1,314	99.85%
1,870	98.42%
1,482	98.47%
926	98.93%
779	99.87%
178	89.45%
398	99.50%
817	98.67%
1,524	99.80%
2,096	99.95%
-	0.00%
766	99.87%
773	94.61%
1,508	97.92%
1,827	99.73%
1,472	99.46%
2,471	99.88%
1,478	99.80%
2,942	97.71%
920	91.72%
271	98.19%
852	99.88%
1,828	98.97%
1,483	97.31%
621	98.26%
353	98.60%
369	94.62%
522	97.94%
382	94.09%
900	97.09%

AMERICAN OVERSIGHT

S_004_01	S_004_01	S_004_01	S_004_01	S_004_01	S_004_01
	Observed	Observed			
S 004 01 PPR PD COMP PERF	S 004 01 PPR PD OBS	S 004 01 PPR PD OBS READM	S 004 01 PPR PD RSRR	S 004 01 PPR PD RSRR 2 5	S 004 01 PPR PD RSRR 97 5
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - COMP PERF	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED RATE	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - OBSERVED READMITS	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 2.5	Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - RSRR 97.5
-	6.42	7	7.09	5.40	8.94
-	9.88	16	7.56	5.85	9.67
-	8.77	27	7.56	5.94	9.39
-	7.61	14	7.50	5.91	9.64
-	11.00	22	8.01	6.28	9.93
-	5.42	29	6.75	5.51	8.60
-	7.89	12	7.23	5.49	9.52
-	8.11	39	7.62	6.07	9.42
-	7.19	24	7.76	6.04	9.81
-	6.41	23	7.11	5.53	9.22
-	14.72	34	9.13	7.30	11.42
-	5.75	15	6.96	5.32	8.67
-	7.81	10	7.28	5.46	9.46
-	14.12	24	8.84	6.77	11.03
-	3.75	6	6.55	5.00	8.53
-	8.64	26	7.36	5.79	9.07
-	9.91	11	7.45	5.85	9.57
-	8.93	10	7.40	5.49	9.78
-	8.15	11	7.15	5.53	9.28
-	6.90	6	7.22	5.39	9.55
-	8.89	8	7.50	5.82	9.85
-	3.92	4	6.78	5.10	8.95
-	1.52	1	6.68	4.94	8.93
-	8.61	42	7.80	6.28	9.48
-	4.23	3	6.95	5.17	9.12
-	0.93	1	6.50	4.85	8.77
-	10.06	16	7.95	6.22	10.31
-	9.79	14	7.63	5.93	9.73
-	12.05	20	8.06	6.34	10.12
-	3.09	3	6.60	5.06	8.71
-	8.70	12	7.46	5.71	9.82
-	6.02	13	6.89	5.32	8.73
-	9.85	27	7.82	6.20	9.76

AMERICAN OVERSIGHT

-	9.73	32	7.74	6.14	9.63
-	6.47	15	7.00	5.54	8.90
-	5.68	5	6.96	5.19	8.99
-	10.45	53	8.61	7.14	10.48
-	6.59	12	6.83	5.29	8.78
-	10.64	20	8.02	6.21	10.24
-	5.73	34	6.54	5.44	8.07
-	7.36	95	8.26	6.97	9.74
-	9.69	19	7.59	5.96	9.72
-	9.28	35	8.28	6.68	10.25
-	9.84	30	8.24	6.53	10.48
-	7.30	23	7.20	5.73	9.03
-	9.02	35	8.31	6.62	10.24
-	9.06	28	7.83	6.18	9.84
-	5.24	15	6.50	5.20	8.29
-	13.79	16	8.14	6.20	10.25
-	8.31	32	7.80	6.18	9.97
-	7.08	25	7.38	5.74	9.15
-	11.66	33	8.81	7.13	10.95
-	9.14	16	7.53	5.78	9.38
-	9.55	32	8.44	6.80	10.60
-	10.02	66	7.84	6.55	9.30
-	9.68	27	8.02	6.41	9.97
-	7.08	74	6.90	5.79	8.22
-	9.68	64	8.38	6.94	9.89
-	13.19	12	7.96	6.21	10.28
-	10.96	25	7.76	6.03	9.68
-	6.13	25	6.83	5.44	8.46
-	8.05	38	7.02	5.71	8.48
-	4.89	30	6.52	5.31	8.02
-	6.37	26	7.25	5.86	9.12
-	4.41	3	7.12	5.18	9.66
-	5.97	8	6.72	5.23	8.46
-	6.88	17	6.94	5.27	8.72
-	9.89	9	7.33	5.58	9.46
-	5.80	4	7.07	5.26	9.08
-	10.19	11	7.48	5.76	9.37
-	6.12	9	6.84	5.28	8.91
-	3.45	1	7.03	5.33	9.28
-	7.14	3	7.06	5.34	8.97
-	17.86	5	7.75	5.72	10.18
-	10.64	15	7.75	5.87	9.94
-	11.36	10	7.55	5.85	9.66
-	4.76	3	6.88	5.00	9.21
-	-	-	-	-	-
-	7.41	2	7.34	5.45	9.91
-	12.63	12	7.75	5.87	9.99
-	12.31	8	7.64	5.90	10.10
-	10.87	5	7.52	5.62	9.58
-	7.45	7	7.19	5.50	9.27
-	4.56	13	6.48	4.96	8.34
-	7.58	35	7.54	6.15	9.48
-	8.20	21	7.57	5.98	9.60

AMERICAN OVERSIGHT

-	11.93	21	7.92	6.27	9.90
-	10.28	11	7.49	5.75	9.77
-	9.24	28	7.82	6.31	9.74
-	8.29	17	7.50	5.66	9.54
-	9.59	35	7.71	6.27	9.67
-	8.51	4	7.25	5.43	9.32
-	4.20	5	6.62	4.96	8.43
-	12.16	36	8.44	6.82	10.52
-	4.82	8	6.58	5.06	8.24
-	10.75	40	8.18	6.66	9.99
-	10.94	7	7.61	5.78	9.90
-	8.82	18	7.35	5.74	9.33
-	9.45	24	7.91	6.11	9.84
-	14.57	22	8.26	6.45	10.48
-	14.06	18	8.09	6.28	10.38
-	8.87	18	7.48	5.86	9.71
-	10.67	16	7.52	5.85	9.58
-	-	-	-	-	-
-	7.27	4	7.03	5.37	9.06
-	4.84	28	6.69	5.27	8.38
-	7.56	26	7.47	5.92	9.26
-	10.86	38	8.80	6.87	10.95
-	8.91	31	7.89	6.23	9.86
-	7.87	10	7.14	5.54	9.30
-	7.92	65	7.79	6.58	9.35
-	6.81	26	6.74	5.45	8.31
-	7.45	35	7.25	5.90	8.91
-	9.55	19	7.77	6.02	9.92
-	7.63	19	6.99	5.45	9.17
-	9.66	57	9.00	7.47	11.16
-	7.02	12	6.83	5.30	8.69
-	9.59	35	8.10	6.44	10.02
-	8.66	11	7.57	5.74	9.79
-	8.45	36	7.82	6.26	9.67
-	8.01	37	7.68	6.17	9.48
-	9.69	40	8.14	6.47	9.88
-	6.99	26	6.93	5.40	8.71
-	8.51	33	7.66	6.16	9.50
-	7.28	11	7.22	5.62	9.35
-	7.83	13	7.22	5.40	9.07
-	6.21	11	7.01	5.43	9.07
-	8.51	12	7.51	5.67	9.65
-	12.86	9	7.78	5.95	10.25
-	13.46	7	7.74	5.84	10.11
-	7.30	10	7.22	5.59	9.45
-	6.67	4	7.10	5.38	9.25
-	6.23	16	6.75	5.33	8.42
-	12.24	12	7.91	5.94	10.45
-	8.65	23	7.45	5.81	9.53
-	4.39	5	6.83	5.11	8.98
-	7.20	34	7.37	5.90	8.98
-	8.20	15	7.17	5.54	9.21
-	11.46	29	8.08	6.41	10.14
-	12.15	13	7.79	5.96	9.90
-	6.76	10	6.95	5.19	8.83

AMERICAN OVERSIGHT

-	9.74	19	7.71	6.09	9.79
-	5.85	20	7.02	5.61	8.74
-	5.95	5	6.93	5.26	8.97
-	4.29	6	6.67	5.07	8.61
-	5.22	7	6.77	5.10	8.75
-	4.08	6	6.53	4.90	8.65
-	7.05	28	7.05	5.57	8.80
-	7.10	53	7.38	6.03	9.01
-	9.57	40	8.27	6.63	10.31
-	9.16	35	8.08	6.48	10.05
-	10.99	10	7.73	5.90	10.00
-	4.45	15	6.37	5.06	8.08
-	4.35	28	6.37	5.13	8.04
-	5.74	30	6.82	5.44	8.39
-	7.82	78	7.93	6.67	9.45
-	5.21	11	6.73	5.21	8.64
-	-	-	-	-	-
-	4.23	23	7.11	5.43	8.90
-	9.45	45	8.14	6.61	9.93
-	9.29	29	7.53	5.92	9.46
-	13.70	10	8.07	6.12	10.69
-	9.13	22	8.09	6.27	10.34
-	8.20	46	8.06	6.55	9.74
-	7.05	17	7.12	5.72	9.05
-	1.50	2	6.37	4.66	8.36
-	9.15	58	8.17	6.74	9.88
-	8.94	16	7.69	5.93	10.10
-	10.96	16	7.88	6.20	10.09
-	6.63	65	7.21	6.08	8.51
-	5.11	7	6.80	5.23	8.88
-	13.30	27	8.35	6.58	10.29
-	7.00	52	7.46	6.02	9.18
-	6.59	38	7.57	6.11	9.35
-	8.62	15	7.41	5.76	9.38
-	11.32	6	7.58	5.70	9.85
-	7.94	17	7.51	5.87	9.70
-	4.69	3	7.01	5.09	9.31
-	5.43	7	6.88	5.22	8.83
-	10.00	16	7.27	5.75	9.49
-	11.68	32	8.82	7.10	10.93
-	7.94	20	7.86	6.05	10.02
-	10.19	32	8.48	6.87	10.94
-	13.16	15	7.73	6.19	9.92
-	15.63	15	8.29	6.34	10.59
-	3.23	1	7.11	5.17	9.48
-	9.15	15	7.27	5.74	9.14
-	9.60	12	7.39	5.72	9.73
-	8.56	16	6.92	5.48	8.67
-	14.52	9	7.69	5.84	10.25
-	13.10	11	7.89	6.13	10.16
		3,979			

AMERICAN OVERSIGHT

64
198
40
64
58
31
48
144
256
78
154
231
130
63
48
15
32
69
121
207
-
58
79
145
170
136
167
130
239
89
23
84
177
151
38
38
26
84
31
63

AMERICAN OVERSIGHT

S_004_01	S_005_01	S_005_01	S_005_01	S_005_01	S_005_01
	Comp Performance	Numerator	Denominator		
S 004 01 PPR PD VOLUME	S 005 01 DTC COMP PERF	S 005 01 DTC NUMBER	S 005 01 DTC VOLUME	S 005 01 DTC OBS RATE	S 005 01 DTC RS RATE
Rate of Potentially Preventable Hospital Readmissions 30 Days after Discharge from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - COMP PERF	Rate of Scuccessful Return to Home & Community from a SNF - NUMBER	Rate of Scuccessful Return to Home & Community from a SNF - VOLUME	Rate of Scuccessful Return to Home & Community from a SNF - OBSERVED RATE	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE
109	-	30	147	20.41	31.14
162	-	73	229	31.88	47.53
308	-	207	403	51.36	62.16
184	-	111	223	49.78	56.37
200	-	84	235	35.74	50.31
535	-	412	655	62.90	65.15
152	-	70	184	38.04	55.14
481	-	334	536	62.31	74.74
334	-	269	372	72.31	71.61
359	-	205	415	49.40	56.67
231	-	119	250	47.60	59.36
261	-	142	284	50.00	54.56
128	-	39	126	30.95	40.51
170	-	65	188	34.57	40.40
160	-	97	169	57.40	64.08
301	-	195	355	54.93	64.08
111	-	31	151	20.53	29.64
112	-	39	202	19.31	29.11
135	-	55	184	29.89	43.44
87	-	42	126	33.33	43.51
90	-	34	102	33.33	43.33
102	-	63	150	42.00	49.23
66	-	12	72	16.67	25.21
488	-	290	574	50.52	57.62
71	-	24	79	30.38	36.79
107	-	19	142	13.38	21.70
159	-	75	198	37.88	42.71
143	-	52	210	24.76	35.06
166	-	77	245	31.43	45.56
97	-	48	109	44.04	53.09
138	-	59	147	40.14	49.15
216	-	129	254	50.79	58.93
274	-	149	393	37.91	51.39

AMERICAN OVERSIGHT

329	-	166	417	39.81	50.06
232	-	84	258	32.56	39.97
88	-	23	117	19.66	28.45
507	-	304	604	50.33	60.04
182	-	107	224	47.77	60.23
188	-	74	258	28.68	40.12
593	-	375	779	48.14	57.49
1,290	-	1,025	1,530	66.99	65.27
196	-	102	235	43.40	56.43
377	-	244	434	56.22	57.93
305	-	138	354	38.98	48.51
315	-	182	357	50.98	60.73
388	-	239	463	51.62	53.75
309	-	169	375	45.07	51.92
286	-	147	368	39.95	49.72
116	-	39	144	27.08	40.72
385	-	272	455	59.78	64.90
353	-	238	377	63.13	64.83
283	-	147	310	47.42	54.49
175	-	74	216	34.26	43.29
335	-	208	381	54.59	56.52
659	-	393	820	47.93	58.97
279	-	174	323	53.87	62.41
1,045	-	639	1,318	48.48	55.82
661	-	451	847	53.25	59.25
91	-	43	119	36.13	50.45
228	-	74	280	26.43	38.90
408	-	209	466	44.85	52.96
472	-	295	567	52.03	59.99
613	-	452	653	69.22	67.70
408	-	236	435	54.25	57.99
68	-	14	75	18.67	32.29
134	-	61	140	43.57	56.41
247	-	136	288	47.22	56.34
91	-	50	102	49.02	61.49
69	-	10	111	9.01	20.68
108	-	16	156	10.26	19.52
147	-	23	185	12.43	22.17
29	-	6	45	13.33	30.17
42	-	13	79	16.46	35.21
28	-	9	45	20.00	35.27
141	-	44	215	20.47	34.88
88	-	23	124	18.55	28.53
63	-	10	89	11.24	22.60
23	-	1	49	2.04	15.64
27	-	1	33	3.03	20.41
95	-	36	118	30.51	44.43
65	-	28	93	30.11	41.17
46	-	12	54	22.22	33.06
94	-	39	133	29.32	39.45
285	-	222	305	72.79	81.12
462	-	311	553	56.24	63.90
256	-	150	303	49.50	61.50

AMERICAN OVERSIGHT

176	-	64	253	25.30	42.98
107	-	14	161	8.70	19.35
303	-	126	381	33.07	44.97
205	-	46	257	17.90	25.08
365	-	195	444	43.92	55.53
47	-	16	79	20.25	38.03
119	-	37	140	26.43	39.40
296	-	152	438	34.70	48.36
166	-	72	237	30.38	41.36
372	-	171	496	34.48	46.00
64	-	31	92	33.70	52.93
204	-	98	263	37.26	53.80
254	-	111	321	34.58	43.29
151	-	70	169	41.42	56.15
128	-	49	160	30.63	43.68
203	-	105	231	45.45	56.49
150	-	56	183	30.60	43.77
-	-	-	-	-	-
55	-	12	71	16.90	30.34
579	-	454	665	68.27	65.15
344	-	157	385	40.78	47.41
350	-	247	436	56.65	62.83
348	-	187	418	44.74	53.09
127	-	66	142	46.48	59.74
821	-	486	885	54.92	60.98
382	-	193	473	40.80	52.06
470	-	256	594	43.10	49.88
199	-	89	257	34.63	42.19
249	-	109	287	37.98	53.00
590	-	358	676	52.96	55.41
171	-	77	222	34.68	46.74
365	-	238	484	49.17	59.09
127	-	68	151	45.03	51.60
426	-	295	495	59.60	67.76
462	-	280	553	50.63	57.53
413	-	252	522	48.28	58.87
372	-	226	451	50.11	57.65
388	-	163	469	34.75	43.95
151	-	71	165	43.03	53.86
166	-	65	187	34.76	48.68
177	-	100	195	51.28	63.02
141	-	67	158	42.41	49.92
70	-	23	96	23.96	37.86
52	-	12	73	16.44	29.33
137	-	20	165	12.12	21.10
60	-	27	117	23.08	37.12
257	-	127	372	34.14	45.94
98	-	28	117	23.93	36.84
266	-	159	345	46.09	56.11
114	-	37	142	26.06	35.13
472	-	296	576	51.39	61.83
183	-	89	216	41.20	52.88
253	-	123	326	37.73	47.64
107	-	29	170	17.06	27.83
148	-	79	186	42.47	53.93

AMERICAN OVERSIGHT

195	-	97	240	40.42	51.10
342	-	259	418	61.96	66.95
84	-	17	127	13.39	20.93
140	-	64	169	37.87	42.63
134	-	51	181	28.18	40.10
147	-	63	173	36.42	45.23
397	-	238	463	51.40	58.76
747	-	446	828	53.86	58.83
418	-	206	462	44.59	51.21
382	-	246	442	55.66	63.52
91	-	48	143	33.57	45.71
337	-	172	409	42.05	48.44
643	-	504	764	65.97	65.77
523	-	384	604	63.58	68.79
998	-	757	1,145	66.11	68.04
211	-	166	231	71.86	71.65
-	-	-	-	-	-
544	-	445	596	74.66	63.73
476	-	326	580	56.21	66.07
312	-	152	355	42.82	56.92
73	-	14	82	17.07	29.37
241	-	130	287	45.30	52.87
561	-	393	680	57.79	59.43
241	-	131	276	47.46	57.19
133	-	24	150	16.00	24.74
634	-	398	728	54.67	63.30
179	-	105	216	48.61	57.04
146	-	85	197	43.15	55.03
980	-	690	1,099	62.78	65.09
137	-	29	175	16.57	26.62
203	-	67	259	25.87	36.81
743	-	523	912	57.35	60.80
577	-	445	642	69.31	68.10
174	-	72	207	34.78	46.50
53	-	34	66	51.52	61.02
214	-	134	246	54.47	61.58
64	-	18	88	20.45	34.80
129	-	74	198	37.37	52.03
160	-	78	236	33.05	49.33
274	-	184	282	65.25	72.89
252	-	145	278	52.16	55.57
314	-	206	352	58.52	69.77
114	-	10	259	3.86	11.94
96	-	22	153	14.38	30.01
31	-	5	53	9.43	24.76
164	-	45	220	20.45	33.90
125	-	34	188	18.09	29.51
187	-	85	284	29.93	45.17
62	-	13	105	12.38	26.97
84	-	31	120	25.83	40.47
49,207	46.87%	28,031	59,803		54.53

AMERICAN OVERSIGHT

763	42.02%	421	1,002	52.98
2,553	55.78%	1,635	2,931	63.18
458	41.61%	201	483	48.71
746	35.56%	362	1,018	45.76
817	43.30%	423	977	50.77
409	26.55%	146	550	34.36
617	41.46%	313	755	51.84
1,612	41.38%	833	2,013	51.90
3,264	54.22%	2,140	3,947	58.84
983	46.02%	555	1,206	51.95
1,647	51.94%	978	1,883	57.15
2,644	50.09%	1,657	3,308	58.12
1,812	51.46%	1,073	2,085	57.46
948	47.79%	497	1,040	55.81
564	14.47%	121	836	27.11
201	11.86%	35	295	23.69
300	28.89%	115	398	40.46
1,003	58.83%	683	1,161	67.80
1,322	29.04%	498	1,715	41.25
1,988	35.33%	915	2,590	47.97
-	#DIV/0!	-	-	#DIV/0!
978	55.58%	623	1,121	56.85
825	50.20%	500	996	58.30
1,872	46.36%	1,024	2,209	53.90
1,928	49.46%	1,145	2,315	57.44
1,635	46.17%	921	1,995	54.72
2,161	38.11%	1,032	2,708	49.16
1,733	39.48%	871	2,206	48.46
3,538	54.53%	2,244	4,115	59.73
1,209	67.08%	923	1,376	68.65
544	74.66%	445	596	63.73
861	48.38%	492	1,017	59.92
2,135	49.96%	1,266	2,534	56.96
2,063	53.54%	1,309	2,445	57.74
577	69.31%	445	642	68.10
441	46.24%	240	519	55.49
353	32.57%	170	522	47.90
840	58.66%	535	912	66.41
241	7.96%	37	465	19.35
622	22.68%	208	917	36.56

AMERICAN OVERSIGHT

S_005_01	S_005_01	S_006_01	S_006_01	S_013_01	S_013_01
				Denominator	Numerator
S 005 01 DTC RS RATE 97 5	S 005 01 DTC RS RATE 2 5	S 006 01 MSPB NUMB	S 006 01 MSPB SCORE	S 013 01 DENOMINATOR	S 013 01 NUMERATOR
				NQF # 0674	NQF # 0674
Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 97.5	Rate of Scuccessful Return to Home & Community from a SNF - RS RATE 2.5	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - VOLUME	Medicare Spend per Beneficiary (MSPB) for Residents of SNFs - SCORE	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - DENOMINATOR	% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - NUMERATOR
41.01	22.60	143	1.080	148	3
56.15	39.96	214	1.190	196	1
68.28	56.85	334	0.990	229	1
63.63	49.63	210	1.030	146	-
58.57	41.99	216	0.970	133	-
68.64	61.51	590	1.010	309	6
64.83	46.51	152	0.920	117	1
79.55	69.67	506	0.910	220	1
75.92	67.13	305	0.790	827	7
62.14	51.10	388	1.070	247	2
66.55	52.83	229	0.960	144	1
60.64	48.95	266	1.040	186	2
50.66	31.45	137	0.930	98	-
47.41	33.57	170	0.920	127	-
72.08	56.00	154	0.970	122	2
69.31	59.31	366	1.080	233	4
37.78	22.29	182	0.970	74	1
37.26	22.55	162	1.140	160	1
52.22	35.52	151	1.040	155	2
53.77	34.56	119	1.100	68	-
54.55	33.20	100	1.120	70	-
58.16	41.36	118	1.250	79	2
36.58	16.81	98	1.340	37	1
62.19	53.46	548	1.050	221	-
47.62	26.81	69	0.950	58	-
30.62	15.37	174	1.530	190	2
50.15	36.14	204	1.290	155	1
43.35	28.29	192	1.440	175	4
53.72	38.44	238	1.040	182	2
63.40	43.16	117	0.940	109	-
58.12	40.98	161	1.110	81	2
65.50	52.33	277	1.200	139	1
57.36	46.07	374	1.090	364	1

AMERICAN OVERSIGHT

55.58	44.26	401	0.910	242	1
47.25	33.57	241	1.220	227	-
39.03	20.32	109	0.850	108	-
64.84	55.72	557	1.040	433	5
67.65	52.26	224	1.130	197	1
47.51	33.00	228	0.750	225	2
61.12	53.91	668	1.200	546	1
67.44	62.85	1,397	1.040	821	1
64.01	48.79	203	0.960	174	2
62.29	53.39	406	0.950	257	-
55.08	42.68	289	0.890	242	4
66.19	55.05	377	0.950	256	1
58.49	49.59	412	1.200	341	1
57.29	46.66	348	0.910	282	4
55.47	44.02	351	1.410	168	-
51.69	31.47	131	0.840	105	-
69.16	60.18	415	0.950	310	-
69.66	60.20	357	0.960	242	2
60.29	48.89	298	0.950	250	1
50.91	35.52	203	1.070	149	-
61.78	51.58	381	1.000	259	4
62.61	55.31	740	1.220	450	-
68.83	57.09	295	1.040	216	1
58.87	53.15	1,110	1.100	758	2
62.71	55.64	716	1.190	475	2
61.99	40.16	128	1.060	124	1
45.98	32.32	285	1.110	242	-
58.04	48.19	478	1.250	332	2
64.38	55.74	512	1.080	341	2
70.78	64.45	624	1.200	466	4
62.58	53.40	428	1.120	326	2
46.05	19.78	81	1.120	97	-
66.51	47.26	152	1.130	140	3
62.93	49.92	283	1.290	249	2
72.16	51.11	123	1.170	124	2
31.85	13.03	106	1.170	117	1
28.20	13.29	189	1.180	137	-
30.42	15.80	184	1.000	203	1
47.78	17.06	51	1.330	48	-
50.36	22.79	55	1.080	54	1
53.35	21.99	30	0.940	28	1
43.24	27.33	193	1.280	193	-
38.29	21.13	119	1.460	77	1
35.24	14.33	86	1.300	85	-
28.62	7.95	41	1.320	16	-
39.77	9.57	35	1.220	21	-
55.10	34.33	108	1.120	91	-
52.45	31.37	89	1.340	86	1
46.56	20.57	55	1.360	58	2
49.96	31.86	135	1.450	165	4
86.37	75.42	287	1.120	195	-
68.38	59.39	497	1.130	369	1
67.31	54.82	271	1.370	264	1

AMERICAN OVERSIGHT

51.62	34.93	256	1.290	285	-
28.59	12.66	174	1.350	178	-
51.37	39.18	357	1.280	299	3
31.18	19.90	268	1.210	245	2
60.87	50.04	382	1.130	309	-
53.26	25.86	78	1.430	87	1
49.59	29.71	155	1.170	123	1
54.24	42.71	373	1.270	339	2
48.96	34.24	213	1.090	250	-
51.01	40.77	432	1.200	388	3
68.11	41.26	96	0.990	55	3
61.99	45.98	264	1.000	205	2
49.36	37.77	296	1.230	215	1
64.44	47.02	165	0.820	161	1
53.59	34.46	169	1.010	114	1
63.58	49.17	251	1.100	222	1
52.62	35.71	163	1.120	148	-
-	-	-	-	-	-
45.38	19.10	68	1.060	82	1
68.18	61.93	586	1.120	391	2
52.51	41.79	401	1.260	294	5
67.08	57.59	409	0.960	324	2
58.39	47.87	368	0.970	385	2
70.04	49.68	143	1.170	108	1
64.33	57.52	808	0.940	609	8
58.05	46.92	440	1.140	353	2
54.30	45.41	538	1.190	407	4
49.18	35.60	238	1.170	171	1
60.89	45.86	264	1.140	242	-
59.09	52.13	602	1.210	512	2
54.78	39.55	223	1.200	299	1
63.84	54.38	464	1.100	311	-
60.07	42.56	167	1.250	133	2
72.67	62.60	451	1.270	335	1
61.87	52.80	508	1.070	365	2
63.75	54.16	475	1.230	413	2
62.53	52.59	444	0.990	318	1
49.26	38.97	430	1.050	384	1
63.03	45.32	187	1.320	155	-
58.10	40.27	190	1.100	150	1
70.54	55.39	201	1.410	232	2
58.87	41.48	193	1.080	111	-
50.32	26.90	93	0.980	120	1
42.76	19.03	87	1.440	92	1
29.93	14.26	191	1.510	205	1
48.69	27.33	130	1.550	118	1
51.62	40.55	333	1.210	296	1
47.88	27.80	144	1.260	168	2
62.16	49.88	331	1.200	247	3
44.62	26.73	145	1.210	152	2
66.62	57.27	547	1.170	428	2
60.39	45.52	187	1.080	160	-
53.81	41.69	331	1.060	190	1
36.55	20.75	186	1.620	134	1
61.73	45.49	190	1.220	123	1

AMERICAN OVERSIGHT

58.75	44.68	246	1.070	172	1
71.51	61.88	380	1.110	246	1
30.00	14.39	145	1.360	124	-
49.85	35.65	179	1.090	106	-
48.39	32.32	190	1.030	133	-
54.23	37.84	170	1.060	93	1
63.72	54.28	462	1.140	292	3
62.32	55.50	827	1.120	618	4
56.02	46.84	477	1.170	317	1
68.34	58.66	445	1.220	310	3
55.49	37.07	144	1.300	120	-
53.39	43.73	399	1.110	272	6
68.73	62.66	743	1.140	570	4
72.39	64.56	535	1.000	510	5
70.41	65.12	1,022	0.920	713	2
76.55	66.45	193	0.780	290	4
-	-	-	-	-	-
66.43	60.67	534	0.930	276	-
70.35	61.52	549	1.210	405	1
63.50	51.31	334	1.180	366	-
42.51	19.15	80	1.040	82	-
59.47	46.24	300	1.250	227	1
62.84	56.14	623	1.100	521	3
64.58	49.84	269	1.250	217	2
34.68	18.04	160	1.140	133	2
67.09	59.51	677	1.100	470	4
64.03	49.38	210	0.950	135	-
63.18	47.55	181	1.190	144	3
67.89	61.96	1,013	0.940	597	1
35.18	19.82	167	1.220	155	-
43.81	30.23	252	1.140	224	2
63.82	57.72	780	1.120	548	2
71.61	64.85	526	1.030	632	6
54.79	39.02	203	0.960	159	1
74.87	48.23	67	0.820	44	-
68.22	54.79	231	0.930	155	-
47.04	24.18	102	1.340	74	-
61.46	44.31	193	1.040	139	1
57.81	41.79	194	1.130	177	-
78.80	66.87	273	0.830	133	4
61.73	49.53	291	1.130	155	-
75.16	63.56	335	1.030	244	4
18.81	7.63	255	1.230	202	3
42.06	21.25	164	1.370	188	1
41.22	13.45	65	1.430	16	-
41.70	27.06	213	1.080	197	-
38.30	21.88	182	1.210	187	-
52.79	38.38	278	1.220	286	-
39.00	17.06	92	1.260	144	1
52.09	30.57	99	0.940	112	-
		56,380	1.1080	43,950	276

AMERICAN OVERSIGHT

901	1.0611	719	5
2,652	0.9647	2,183	20
461	0.9397	347	2
980	1.0658	690	8
933	1.1059	465	3
570	1.4138	520	7
793	1.0953	511	5
1,906	1.0449	1,571	8
3,568	1.0150	2,521	11
1,111	1.1755	791	5
1,785	0.9682	1,315	7
2,861	1.1474	1,899	5
2,027	1.1600	1,505	9
1,067	1.1723	936	9
808	1.1553	780	4
281	1.3607	199	1
387	1.3198	400	7
1,055	1.1889	828	2
1,670	1.2401	1,526	7
2,422	1.1198	2,097	14
-	#DIV/0!	-	-
1,055	1.1693	767	8
920	0.9966	817	5
2,024	1.0770	1,540	15
2,171	1.1925	1,832	6
1,857	1.0872	1,480	6
2,772	1.2450	2,474	17
2,204	1.1521	1,481	6
4,032	1.1324	3,009	26
1,215	0.8978	1,003	6
534	0.9300	276	-
963	1.1855	853	1
2,420	1.1316	1,847	15
2,212	1.0474	1,524	5
526	1.0300	632	6
501	0.9274	358	1
489	1.1383	390	1
899	1.0016	532	8
484	1.3043	406	4
864	1.1556	926	1

AMERICAN OVERSIGHT

S_013_01						
Rate						
S 013 01 OBS RATE	Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
NQF # 0674						
% of SNF Residents who experience one or more Falls with Major Injury during their SNF Stay - RATE	OVERALL RATING	% NFs with OVERALL STAR RATING = 5	SURVEY RATING	% NFs with SURVEY STAR RATING = 5	QUALITY RATING	% NFs with QUALITY RATING = 5
2.00	0		0		0	
0.50	0		0		0	
0.40	1		0		1	
-	0		0		1	
-	0		0		1	
1.90	0		0		1	
0.90	0		0		0	
0.50	1		0		1	
0.80	1		0		1	
0.80	0		0		0	
0.70	0		0		0	
1.10	1		0		1	
-	0		0		0	
-	0		0		0	
1.60	0		0		0	
1.70	0		0		0	
1.40	0		0		0	
0.60	0		0		0	
1.30	0		0		0	
-	0		0		0	
-	1		1		1	
2.50	1		1		0	
2.70	1		1		1	
-	1		0		1	
-	0		0		1	
1.10	0		0		0	
0.60	1		0		1	
2.30	0		0		0	
1.10	0		0		0	
-	0		0		0	
2.50	0		0		0	
0.70	0		0		1	
0.30	0		0		0	

AMERICAN OVERSIGHT

0.40	0	0	0
-	0	0	1
-	1	0	1
1.20	0	0	1
0.50	0	0	0
0.90	0	0	0
0.20	0	0	1
0.10	1	0	1
1.10	0	0	0
-	1	0	1
1.70	0	0	0
0.40	0	0	0
0.30	1	0	1
1.40	1	0	1
-	1	0	1
-	1	1	0
-	1	1	0
0.80	0	0	0
0.40	1	1	0
-	0	0	0
1.50	0	0	0
-	0	0	0
0.50	0	0	0
0.30	0	0	0
0.40	0	0	1
0.80	0	0	0
-	1	0	1
0.60	0	0	0
0.60	0	0	0
0.90	0	0	1
0.60	1	0	1
-	1	0	1
2.10	0	0	0
0.80	0	0	1
1.60	0	0	0
0.90	0	0	0
-	0	0	0
0.50	0	0	0
-	0	0	0
1.90	1	1	0
3.60	0	0	0
-	0	0	0
1.30	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
-	0	0	0
1.20	0	0	0
3.40	0	0	0
2.40	0	0	0
-	1	0	1
0.30	0	0	0
0.40	0	0	1

AMERICAN OVERSIGHT

-	0	0	0
-	1	0	1
1.00	1	0	1
0.80	0	0	0
-	0	0	0
1.10	0	0	0
0.80	0	0	0
0.60	0	0	0
-	0	0	0
0.80	0	0	0
5.50	0	0	0
1.00	0	0	1
0.50	1	0	1
0.60	0	0	0
0.90	0	0	1
0.50	0	0	1
-	0	0	0
-	0	0	0
1.20	0	0	0
0.50	1	0	1
1.70	0	0	0
0.60	0	0	0
0.50	1	0	1
0.90	0	0	1
1.30	1	0	1
0.60	0	0	0
1.00	1	1	0
0.60	0	0	0
-	0	0	0
0.40	1	0	1
0.30	0	0	1
-	0	0	1
1.50	0	0	0
0.30	0	0	1
0.50	0	0	0
0.50	0	0	0
0.30	0	0	0
0.30	0	0	0
-	0	0	0
0.70	0	0	0
0.90	0	0	1
-	1	0	1
0.80	0	0	0
1.10	0	0	0
0.50	0	0	0
0.80	0	0	0
0.30	1	0	1
1.20	0	0	0
1.20	0	0	0
1.30	0	0	0
0.50	0	0	1
-	0	0	1
0.50	0	0	1
0.70	0	0	0
0.80	0	0	0

AMERICAN OVERSIGHT

0.60	0		0		0	
0.40	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
1.10	0		0		0	
1.00	0		0		0	
0.60	0		0		0	
0.30	0		0		0	
1.00	0		0		0	
-	0		0		1	
2.20	0		0		1	
0.70	0		0		1	
1.00	0		0		1	
0.30	1		0		1	
1.40	1		1		1	
-	0		0		0	
-	1		0		1	
0.20	0		0		1	
-	1		0		1	
-	0		0		0	
0.40	1		0		1	
0.60	1		1		0	
0.90	0		0		0	
1.50	0		0		0	
0.90	0		0		0	
-	1		1		0	
2.10	0		0		0	
0.20	0		0		0	
-	0		0		0	
0.90	0		0		0	
0.40	0		0		0	
0.90	1		0		0	
0.60	0		0		0	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
3.00	0		0		0	
-	0		0		0	
1.60	1		0		1	
1.50	0		0		0	
0.50	1		1		0	
-	1		0		1	
-	0		0		0	
-	0		0		0	
-	0		0		0	
0.70	0		0		0	
-	0		0		0	
0.63%	**44**	**23.3%**	**12**	**6.3%**	**62**	**32.8%**

AMERICAN OVERSIGHT

0.70%	1	25.0%	-	0.0%	2	50.0%
0.92%	3	37.5%	-	0.0%	5	62.5%
0.58%	-	0.0%	-	0.0%	-	0.0%
1.16%	-	0.0%	-	0.0%	-	0.0%
0.65%	4	80.0%	3	60.0%	4	80.0%
1.35%	1	33.3%	-	0.0%	1	33.3%
0.98%	-	0.0%	-	0.0%	1	25.0%
0.51%	1	16.7%	-	0.0%	3	50.0%
0.44%	2	28.6%	-	0.0%	3	42.9%
0.63%	3	100.0%	-	0.0%	3	100.0%
0.53%	3	50.0%	3	50.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	1	25.0%
0.60%	1	20.0%	-	0.0%	2	40.0%
0.96%	2	40.0%	-	0.0%	3	60.0%
0.51%	1	14.3%	1	14.3%	-	0.0%
0.50%	-	0.0%	-	0.0%	-	0.0%
1.75%	-	0.0%	-	0.0%	-	0.0%
0.24%	1	33.3%	-	0.0%	2	66.7%
0.46%	2	28.6%	-	0.0%	2	28.6%
0.67%	1	10.0%	-	0.0%	4	40.0%
0.00%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1.04%	1	33.3%	-	0.0%	1	33.3%
0.61%	1	33.3%	-	0.0%	2	66.7%
0.97%	2	50.0%	1	25.0%	1	25.0%
0.33%	1	16.7%	-	0.0%	4	66.7%
0.41%	-	0.0%	-	0.0%	-	0.0%
0.69%	2	15.4%	-	0.0%	4	30.8%
0.41%	-	0.0%	-	0.0%	2	20.0%
0.86%	-	0.0%	-	0.0%	4	50.0%
0.60%	2	100.0%	1	50.0%	2	100.0%
0.00%	1	100.0%	-	0.0%	1	100.0%
0.12%	1	33.3%	-	0.0%	2	66.7%
0.81%	3	42.9%	2	28.6%	1	14.3%
0.33%	-	0.0%	-	0.0%	-	0.0%
0.95%	1	100.0%	-	0.0%	-	0.0%
0.28%	-	0.0%	-	0.0%	-	0.0%
0.26%	-	0.0%	-	0.0%	-	0.0%
1.50%	1	33.3%	-	0.0%	1	33.3%
0.99%	2	66.7%	1	33.3%	1	33.3%
0.11%	-	0.0%	-	0.0%	-	0.0%

AMERICAN OVERSIGHT

Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5		Count of NFs with a Five Star Score = 5	
SHORT STAY QUALITY RATING	% NFs WITH SHORT STAY QUALITY RATING = 5	LONG STAY QUALITY RATING	% NFs WITH LONG STAY QUALITY RATING = 5	STAFFING RATING	% NFs with STAFFING WITH STAR RATING = 5	RN STAFFING RATING	% NFs with RN STAFFING WITH STAR RATING = 5
0		1		0		0	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		0		0	
1		0		0		0	
0		1		0		0	
0		1		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
1		0		0		0	
1		0		0		0	
1		1		0		0	
0		1		0		0	
1		0		0		0	
1		1		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
1		1		0		0	
0		0		0		0	

AMERICAN OVERSIGHT

0	0	0	0
1	0	0	0
0	1	0	0
1	1	0	0
1	0	0	0
0	0	0	0
1	1	0	0
0	1	0	0
0	0	0	0
1	1	0	0
0	0	0	0
0	1	0	0
1	1	0	0
1	0	0	0
1	0	0	0
0	1	0	0
0	1	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	1	0	0
0	1	0	0
0	0	0	0
0	0	0	0
1	1	0	0
0	1	0	0
1	0	0	0
1	0	0	0
0	0	0	0
1	1	0	0
1	1	0	0
1	0	0	0
0	1	0	0
1	1	0	0
0	1	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	1	1	1
1	0	0	0
0	1	0	0

AMERICAN OVERSIGHT

0	0	0	0
1	1	0	1
1	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	1
1	0	0	0
1	0	1	1
0	1	0	0
1	0	0	0
0	1	0	0
1	0	0	0
1	1	0	0
0	0	0	0
0	0	0	0
1	0	0	0
1	1	0	0
1	0	0	0
0	1	0	0
1	1	0	0
1	0	0	0
0	0	0	0
0	1	0	0
0	0	0	0
1	0	0	0
1	1	0	0
0	1	0	0
1	1	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
0	0	0	0
1	1	0	0
1	0	0	0
1	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
1	0	0	0
0	0	1	1
0	0	0	0
0	0	0	0
1	0	0	0
1	1	0	0
0	1	0	0
0	0	0	0
1	0	0	0

AMERICAN OVERSIGHT

0		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
1		0		0		0	
0		0		0		0	
1		0		0		0	
0		1		0		0	
1		0		0		0	
0		0		1		1	
1		1		0		0	
1		1		0		0	
1		1		0		0	
1		0		0		0	
1		1		1		1	
0		1		1		1	
0		0		0		0	
1		1		0		0	
1		1		0		0	
1		1		0		0	
0		0		0		0	
1		0		0		1	
1		0		0		0	
0		0		0		1	
0		0		0		0	
0		0		0		1	
0		0		0		0	
0		0		0		0	
0		0		1		1	
0		0		0		1	
0		0		1		1	
0		1		0		0	
0		1		1		1	
0		0		0		0	
1		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		0		0	
0		0		1		1	
1		0		1		1	
1		0		0		0	
1		0		0		0	
83	**44.6%**	**62**	**33.3%**	**12**	**6.5%**	**18**	**9.7%**

AMERICAN OVERSIGHT

2	50.0%	3	75.0%	-	0.0%	-	0.0%
4	57.1%	4	50.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	1	20.0%	-	0.0%	-	0.0%
4	80.0%	3	75.0%	-	0.0%	-	0.0%
2	66.7%	1	33.3%	-	0.0%	-	0.0%
1	25.0%	1	25.0%	-	0.0%	-	0.0%
3	50.0%	2	33.3%	-	0.0%	-	0.0%
2	33.3%	4	57.1%	-	0.0%	-	0.0%
3	100.0%	2	66.7%	-	0.0%	-	0.0%
1	16.7%	3	50.0%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
3	60.0%	2	40.0%	-	0.0%	-	0.0%
3	60.0%	4	80.0%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	25.0%	-	0.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	1	33.3%	1	33.3%
3	42.9%	1	14.3%	-	0.0%	1	14.3%
6	60.0%	3	30.0%	1	10.0%	2	20.0%
-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3	100.0%	1	33.3%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
1	25.0%	2	50.0%	-	0.0%	-	0.0%
5	83.3%	4	66.7%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
7	53.8%	1	7.7%	1	7.7%	1	7.7%
4	40.0%	2	20.0%	-	0.0%	-	0.0%
6	75.0%	4	50.0%	1	12.5%	1	12.5%
1	100.0%	2	100.0%	2	100.0%	2	100.0%
1	100.0%	1	100.0%	-	0.0%	-	0.0%
2	66.7%	2	66.7%	-	0.0%	-	0.0%
2	28.6%	-	0.0%	-	0.0%	3	42.9%
-	0.0%	1	25.0%	2	50.0%	3	75.0%
-	0.0%	1	100.0%	1	100.0%	1	100.0%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
-	0.0%	-	0.0%	-	0.0%	-	0.0%
1	33.3%	1	33.3%	1	33.3%	1	33.3%
1	33.3%	-	0.0%	-	0.0%	-	0.0%
3	60.0%	-	0.0%	2	40.0%	2	40.0%

AMERICAN OVERSIGHT

	Data from CMS Deficiency Files	4	5	6	7	8	9	10
		Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1
Count if RESTOT is >0		B	C	D	E	F	G	H
1		-	-	8	-	2	-	-
1		-	-	6	-	-	-	-
1		-	-	2	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	3	-	-	-	-
1		-	-	2	-	-	-	-
1								
1		-	-	5	-	-	-	-
1		-	-	1	1	-	-	-
1		-	-	2	-	1	-	-
1		-	-	1	-	-	-	-
1		-	-	6	-	1	-	-
1		-	-	3	-	-	-	-
1		-	-	4	-	-	1	-
1		-	-	1	-	-	-	-
1		-	-	4	-	-	-	-
1		-	-	3	-	-	-	-
0		-	-	7	-	-	-	-
1		-	-	12	-	-	-	-
1		-	1	-	1	-	-	-
1		-	-	2	-	-	-	-
1		1	-	1	-	-	-	-
1		-	-	1	-	-	-	-
0		-	-	-	-	-	-	-
0		-	-	4	-	-	-	-
1		-	-	14	-	-	-	-
1		-	-	6	1	-	-	-
1		-	-	-	-	-	-	-
1		-	1	3	-	-	-	-
1		-	-	5	1	-	-	-
1		-	-	6	-	1	-	-
1		-	-	8	-	1	-	-
1		-	-	10	-	1	-	-
1		-	-	4	1	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	6	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	-	1	1	-	-
1	[redacted]	-	-	2	-	1	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	5	-	1	-	-
1	[redacted]	-	-	2	1	-	-	-
1	[redacted]	-	-	1	-	1	-	-
1	[redacted]	-	1	1	-	1	-	-
1	[redacted]	-	-	2	2	1	-	-
1	[redacted]	-	-	5	1	1	-	-
1	[redacted]	-	-	2	1	-	-	-
1	[redacted]	-	-	3	-	1	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	4	-	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	7	1	-	-	-
1	[redacted]	-	-	6	-	-	-	-
1	[redacted]	-	-	4	-	-	-	-
1	[redacted]	-	-	1	1	1	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	5	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	4	-	1	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	8	1	-	-	-
1	[redacted]	-	-	7	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	3	1	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	5	1	-	-	-
1	[redacted]	-	-	8	1	3	-	-
1	[redacted]	-	-	8	4	-	-	-
1	[redacted]	-	-	2	1	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	4	-	-	-	-
1	[redacted]	-	-	5	-	1	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	5	1	1	-	-
1	[redacted]	-	-	8	5	-	-	-

AMERICAN OVERSIGHT

1	[redacted]	-	-	8	1	-	-	-
1	[redacted]	-	-	2	2	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	6	1	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	2	2	-	-	-
1	[redacted]	-	-	7	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	5	2	-	-	-
1	[redacted]	-	-	8	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	3	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	6	1	-	1	-
1	[redacted]	-	-	5	3	-	1	-
1	[redacted]							
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	3	3	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	5	-	-	-	-
1	[redacted]	-	-	8	-	-	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	1	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	8	3	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	7	-	-	-	-
1	[redacted]	-	-	2	2	-	-	-
1	[redacted]	-	1	6	-	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
1	[redacted]	-	-	7	3	1	-	-
1	[redacted]	-	-	1	-	1	1	-
1	[redacted]	-	-	3	1	-	-	-
1	[redacted]	-	-	2	-	-	-	-
1	[redacted]	-	-	8	-	-	-	-
1	[redacted]	-	-	5	1	-	-	-
1	[redacted]	-	-	6	-	-	-	-
1	[redacted]	-	-	4	1	-	-	-
1	[redacted]	-	-	1	-	-	-	-
1	[redacted]	1	-	6	1	-	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	6	-	-	-	-
1	[redacted]	-	-	3	1	-	-	-
1	[redacted]	-	-	-	-	-	-	-
1	[redacted]	-	-	3	-	-	-	-
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1	[redacted]	-	-	6	2	1	-	-
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AMERICAN OVERSIGHT

1		-	-	6	1	1	-	-
1		-	-	6	3	-	-	-
1		-	-	5	1	-	-	-
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1		-	-	8	3	-	-	-
1		-	1	3	2	3	-	-
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AMERICAN OVERSIGHT

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3		-	-	13	-	-	-	-
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AMERICAN OVERSIGHT

11	12	13	14	15	16	17	18	19	20
Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 1	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2
I	J	K	L	TOTAL ANNUAL CYCLE 1	B	C	D	E	F
-	-	-	-	10	-	-	8	-	-
-	-	-	-	6	-	-	10	-	-
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AMERICAN OVERSIGHT

-	-	-	-	6	-	-	8	-	1
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-	-	-	-	2	-	1	3	-	1
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-	-	-	-	4	-	-	1	1	-
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-	-	-	-	7	-	-	8	2	-
-	-	-	-	13	-	-	8	-	-

AMERICAN OVERSIGHT

-	-	-	-	9	-	1	4	1	1
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-	-	-	-	3	-	-	7	3	-
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-	-	-	-	9	-	-	8	-	-
-	-	-	-	8	-	-	1	-	1
-	-	-	-	9	-	-	1	3	2

AMERICAN OVERSIGHT

-	-	-	-	8	-	-	4	-	2
-	-	-	-	9	-	-	-	-	1
-	-	-	-	6	-	-	6	1	-
-	-	-	-	12	-	-	4	2	1
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-	-	-	-	9	-	-	4	2	1
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-	-	-	-	-	-	-	3	-	-
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-	-	-	-	9	-	-	13	-	-
-	-	-	-	14	-	-	7	-	1
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-	-	-	-	10	-	-	12	-	-
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AMERICAN OVERSIGHT

-	-	-	-	21	-	-	24	-	-
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-	-	-	-	21	-	-	4	-	-
-	-	-	-	11	-	-	6	4	-
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-	-	-	-	13	-	-	11	2	1
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-	-	-	-	42	-	-	44	1	1

AMERICAN OVERSIGHT

21	22	23	24	25	26	27	28	29	30
Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 2	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3

G	H	I	J	K	L	TOTAL ANNUAL CYCLE 2	B	C	D
-	-	-	-	-	-	8	-	-	2
1	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	3	-	-	4
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-	-	-	-	-	-	11	-	-	3
-	-	-	-	-	-	7	-	-	11

AMERICAN OVERSIGHT

-	-	-	-	-	-	9	-	-	8
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-	-	-	-	-	-	5	-	-	5
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-	-	-	-	-	-	9	-	-	6
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-	-	-	-	-	-	2	-	-	2
-	-	-	-	-	-	-	-	-	3
-	-	-	-	-	-	9	-	-	3
-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	9	-	-	1
-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	7	-	-	1
-	-	-	-	-	-	5	-	-	4
-	-	-	-	-	-	3	-	-	1
-	-	-	-	-	-	10	-	-	2
-	-	-	-	-	-	2	-	-	1
-	-	-	-	-	-	5	-	-	3
-	-	-	-	-	-	3	-	-	3
-	-	-	-	-	-	-	-	-	3
-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	4	-	-	8
-	-	-	-	-	-	7	-	-	6
-	-	-	-	-	-	4	-	-	6
-	-	-	-	-	-	8	-	-	10
-	-	-	-	-	-	2	-	-	7
-	-	-	-	-	-	13	-	-	2
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-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	5	-	-	4
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	10	-	-	3
-	-	-	-	-	-	8	-	-	6

AMERICAN OVERSIGHT

-	-	-	-	-	-	7	-	-	6
-	-	-	-	-	-	3	-	-	2
-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	5	-	-	2
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	8	-	-	1
-	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	6	-	-	4
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-	-	-	-	-	-	4	-	-	3
-	-	-	-	-	-	10	-	-	7
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-	-	-	-	-	-	11	-	-	4
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-	-	-	-	-	-	2	-	-	3
-	-	-	-	-	-	2	-	-	6
-	-	-	-	-	-	11	-	-	-
-	-	-	-	-	-	5	-	-	2
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-	-	-	-	-	-	3	-	-	4
-	-	-	-	-	-	8	-	-	-
-	-	-	-	-	-	4	-	-	2
-	-	-	-	-	-	4	-	-	2
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-	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	3	-	-	4
-	-	-	-	-	-	11	-	-	10
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-	-	-	-	-	-	-	-	-	7
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-	-	-	-	-	-	10	-	-	3
-	-	-	-	-	-	4	-	-	5
-	-	-	-	-	-	8	-	-	2
-	-	-	-	-	-	2	-	-	7
-	-	-	-	-	-	6	-	-	3

AMERICAN OVERSIGHT

-	-	-	-	-	-	6	-	-	1
-	-	-	-	-	-	1	-	-	4
-	-	-	-	-	-	7	1	-	1
1	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	14	-	-	2
-	-	-	-	-	-	7	-	-	6
-	-	-	-	-	-	-	-	-	4
-	-	-	-	-	-	3	-	-	-
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	3	-	-	5
1	-	-	-	-	-	8	-	-	5
-	-	-	-	-	-	1	-	-	3
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-	-	-	-	-	-	3	-	-	5
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-	-	-	-	-	-	10	-	-	-
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-	-	-	-	-	-	7	-	-	8
-	-	-	-	-	-	1	-	-	1
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-	-	-	-	-	-	7	-	-	10
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-	-	-	-	-	-	5	-	-	7
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-	-	-	-	-	-	9	-	1	5
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-	-	-	-	-	-	10	-	-	6
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-	-	-	-	-	-	5	-	1	3
-	-	-	-	-	-	10	-	-	3
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-	-	-	-	-	-	4	-	-	4
-	-	-	-	-	-	5	-	-	6
-	-	-	-	-	-	13	-	-	6
-	-	-	-	-	-	8	-	-	4
-	-	-	-	-	-	8	-	-	8
-	-	-	-	-	-	12	-	-	5
10	-	-	-	-	-	980	3	8	683

AMERICAN OVERSIGHT

1	-	-	-	-	-	25	-	-	9
-	-	-	-	-	-	25	-	-	16
-	-	-	-	-	-	11	-	-	11
4	-	-	-	-	-	41	-	-	20
-	-	-	-	-	-	4	-	-	13
-	-	-	-	-	-	10	-	-	5
-	-	-	-	-	-	28	-	-	25
-	-	-	-	-	-	34	-	-	37
-	-	-	-	-	-	42	-	-	28
-	-	-	-	-	-	7	-	-	10
-	-	-	-	-	-	27	-	-	35
-	-	-	-	-	-	33	-	-	7
-	-	-	-	-	-	18	-	-	10
-	-	-	-	-	-	25	-	-	8
-	-	-	-	-	-	25	-	-	21
-	-	-	-	-	-	21	-	-	29
-	-	-	-	-	-	30	-	-	9
-	-	-	-	-	-	24	-	-	9
-	-	-	-	-	-	35	-	-	22
-	-	-	-	-	-	70	-	2	48
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-	-	-	-	-	-	16	-	-	16
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-	-	-	-	-	-	30	-	-	11
-	-	-	-	-	-	22	-	1	11
3	-	-	-	-	-	72	-	1	71
1	-	-	-	-	-	63	1	-	35
1	-	-	-	-	-	28	-	1	26
-	-	-	-	-	-	2	-	-	4
-	-	-	-	-	-	6	-	-	-
-	-	-	-	-	-	3	-	-	9
-	-	-	-	-	-	27	1	1	14
-	-	-	-	-	-	26	-	-	22
-	-	-	-	-	-	3	-	-	3
-	-	-	-	-	-	14	-	1	11
-	-	-	-	-	-	33	-	-	10
-	-	-	-	-	-	10	-	1	10
-	-	-	-	-	-	15	-	-	7
-	-	-	-	-	-	46	-	-	29

AMERICAN OVERSIGHT

31	32	33	34	35	36	37	38	39	40
Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey Cycle 3	Annual Health Survey TOTAL	Complaint Survey Cycle 1
E	F	G	H	J	K	L	TOTAL ANNUAL CYCLE 3	TOTAL ANNUAL	B
2	-	-	-	-	-	-	4	22	-
-	1	-	-	-	-	-	4	21	-
-	-	-	-	-	-	-	2	7	-
1	-	-	-	-	-	-	3	9	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	4	10	-
-	-	-	-	-	-	-	5	14	-
-	-	-	-	-	-	-	-	7	-
-	-	-	-	-	-	-	-	3	-
-	-	-	-	-	-	-	2	11	-
-	-	-	-	-	-	-	2	10	-
-	-	-	-	-	-	-	-	5	-
-	-	-	-	-	-	-	5	12	-
-	-	-	-	-	-	-	4	10	-
-	-	-	-	-	-	-	2	10	-
-	-	-	-	-	-	-	3	14	-
-	-	-	-	-	-	-	3	18	-
2	-	-	-	-	-	-	5	26	-
-	1	-	-	-	-	-	6	19	-
-	-	-	-	-	-	-	6	17	-
-	-	-	-	-	-	-	1	3	-
-	-	-	-	-	-	-	1	2	-
-	-	-	-	-	-	-	2	4	-
-	-	-	-	-	-	-	2	8	-
-	-	-	-	-	-	-	7	21	-
-	-	-	-	-	-	-	-	8	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	2	10	-
2	-	-	-	-	-	-	7	20	-
1	-	-	-	-	-	-	9	21	-
-	2	-	-	-	-	-	11	25	-
-	2	-	-	-	-	-	5	27	-
-	1	-	-	-	-	-	12	24	-

AMERICAN OVERSIGHT

2	-	-	-	-	-	-	10	25	-
1	3	-	-	-	-	-	5	15	-
-	1	-	-	-	-	-	6	13	-
1	2	-	-	-	-	-	8	13	-
1	1	-	-	-	-	-	9	17	-
1	1	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	6	18	-
-	1	-	-	-	-	-	3	8	-
-	2	-	-	-	-	-	8	14	-
-	-	-	-	-	-	-	1	13	-
1	-	-	-	-	-	-	7	15	-
-	1	-	-	-	-	-	3	19	-
-	-	-	-	-	-	-	3	8	-
-	1	-	-	-	-	-	3	8	-
-	1	-	-	-	-	-	6	12	-
1	-	-	-	-	-	-	5	8	-
-	-	-	-	-	-	-	-	4	-
2	-	-	-	-	-	-	16	26	-
-	-	-	-	-	-	-	5	10	-
-	-	-	-	-	-	-	2	9	-
-	-	-	-	-	-	-	10	23	-
1	-	-	-	-	-	-	2	23	-
-	-	-	-	-	-	-	-	10	-
-	-	-	-	-	-	-	1	12	-
-	-	-	-	-	-	-	5	17	-
-	-	-	-	-	-	-	2	7	-
-	-	-	-	-	-	-	2	6	-
1	-	-	-	-	-	-	4	9	-
-	-	-	-	-	-	-	3	15	-
3	-	-	-	-	-	-	3	10	-
-	-	-	-	-	-	-	1	12	-
-	-	-	-	-	-	-	1	9	-
-	-	-	-	-	-	-	1	9	-
1	-	-	-	-	-	-	5	19	-
-	-	-	-	-	-	-	1	11	-
-	-	-	-	-	-	-	2	15	-
-	-	-	-	-	-	-	1	6	-
-	-	-	-	-	-	-	3	12	-
-	-	-	-	-	-	-	3	8	-
-	-	-	-	-	-	-	3	4	-
2	-	-	-	-	-	-	3	7	-
-	-	-	-	-	-	-	8	14	-
1	-	-	-	-	-	-	7	21	-
1	-	-	-	-	-	-	7	17	-
1	-	2	-	-	-	-	13	33	-
5	1	-	-	-	-	-	13	27	-
2	-	-	-	-	-	-	4	20	-
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-	1	-	-	-	-	-	1	7	-
1	-	-	-	-	-	-	5	16	-
-	-	-	-	-	-	-	-	7	-
1	-	-	-	-	-	-	4	21	-
1	-	-	-	-	-	-	7	28	-

AMERICAN OVERSIGHT

2	-	-	-	-	-	-	8	24	-
-	-	-	-	-	-	-	2	9	-
1	-	-	-	-	-	-	4	9	-
2	-	-	-	-	-	-	4	16	-
-	-	-	-	-	-	-	4	9	-
-	-	-	-	-	-	-	1	14	-
1	-	-	-	-	-	-	5	17	-
3	1	-	-	-	-	-	8	21	-
-	-	-	-	-	-	-	7	19	-
-	-	-	-	-	-	-	4	22	-
3	-	-	-	-	-	-	8	24	-
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-	-	-	-	-	-	-	5	13	-
3	-	-	-	-	-	-	13	26	-
-	-	-	-	-	-	-	3	15	-
-	-	-	-	-	-	-	7	26	-
1	-	-	-	-	-	-	6	10	-
1	-	-	-	-	-	-	8	12	-
1	1	-	-	-	-	-	6	23	-
-	-	-	-	-	-	-	6	17	-
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2	-	-	-	-	-	-	4	6	-
1	-	-	-	-	-	-	5	9	-
1	-	-	-	-	-	-	1	20	-
-	-	-	-	-	-	-	2	8	-
-	-	-	-	-	-	-	2	7	-
-	-	-	-	-	-	-	5	16	-
-	1	-	-	-	-	-	2	14	-
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-	-	-	-	-	-	-	3	13	-
-	-	-	-	-	-	-	-	9	-
1	1	-	-	-	-	-	6	14	-
1	-	-	-	-	-	-	8	16	-
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4	-	-	-	-	-	-	18	38	-
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1	-	-	-	-	-	-	8	13	-
-	1	-	-	-	-	-	4	17	-
3	-	-	-	-	-	-	8	17	-
-	-	-	-	-	-	-	2	19	-
1	-	-	-	-	-	-	8	18	-
2	1	-	-	-	-	-	6	21	-

AMERICAN OVERSIGHT

1	-	-	-	-	-	-	2	16	-
-	-	2	-	-	-	-	6	16	-
1	-	-	-	-	-	-	3	16	-
1	-	-	-	-	-	-	5	25	-
-	1	-	-	-	-	-	3	28	-
1	-	-	-	-	-	-	7	23	-
1	2	-	-	-	-	-	7	12	-
-	1	-	-	-	-	-	1	10	-
-	-	-	-	-	-	-	-	14	-
1	-	-	-	-	-	-	6	9	-
1	-	-	-	-	-	-	6	17	-
1	1	-	-	-	-	-	5	14	-
-	-	-	-	-	-	-	5	16	-
1	-	-	-	-	-	-	6	17	-
-	-	-	-	-	-	-	3	8	-
1	1	-	-	-	-	-	3	5	-
-	-	-	-	-	-	-	-	8	-
1	1	-	-	-	-	-	6	12	-
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-	-	-	-	-	-	-	5	13	-
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2	2	-	-	-	-	-	12	23	-
2	-	-	-	-	-	-	3	5	-
2	-	-	-	-	-	-	3	12	-
2	1	-	-	-	-	-	13	27	-
-	-	-	-	-	-	-	1	23	-
2	-	-	-	-	-	-	9	22	-
1	-	-	-	-	-	-	5	24	-
-	-	-	-	-	-	-	3	9	-
2	-	-	-	-	-	-	8	22	-
1	-	-	-	-	-	-	5	10	-
2	1	-	-	-	-	-	5	13	-
1	1	-	-	-	-	-	5	23	-
2	-	-	-	-	-	-	8	32	-
-	-	-	-	-	-	-	1	24	-
1	-	-	-	-	-	-	6	11	-
1	-	-	-	-	-	-	3	10	-
-	-	-	-	-	-	-	4	12	-
1	-	-	-	-	-	-	4	19	-
1	-	-	-	-	-	-	1	4	-
-	-	-	-	-	-	-	4	9	-
3	-	-	-	-	-	-	9	16	-
-	-	-	-	-	-	-	6	28	-
-	-	-	-	-	-	-	4	26	-
-	-	-	-	-	-	-	8	23	-
1	-	-	-	-	-	-	6	28	-
122	51	4	-	-	-	-	871	2,802	-

AMERICAN OVERSIGHT

3	1	-	-	-	-	-	13	59	-
-	-	-	-	-	-	-	16	68	-
-	-	-	-	-	-	-	11	32	-
2	1	-	-	-	-	-	23	94	-
-	-	-	-	-	-	-	13	38	-
-	-	-	-	-	-	-	5	26	-
3	4	-	-	-	-	-	32	93	-
5	8	-	-	-	-	-	50	107	-
3	5	-	-	-	-	-	36	109	-
-	2	-	-	-	-	-	12	28	-
3	-	-	-	-	-	-	38	80	-
1	-	-	-	-	-	-	8	62	-
4	-	-	-	-	-	-	14	47	-
1	-	-	-	-	-	-	9	60	-
2	-	-	-	-	-	-	23	66	-
8	1	2	-	-	-	-	40	98	-
3	1	-	-	-	-	-	13	63	-
2	-	-	-	-	-	-	11	56	-
6	-	-	-	-	-	-	28	98	-
9	1	-	-	-	-	-	60	185	-
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3	1	-	-	-	-	-	20	45	-
-	-	-	-	-	-	-	15	43	-
4	1	-	-	-	-	-	13	38	-
1	1	-	-	-	-	-	13	75	-
-	1	-	-	-	-	-	13	53	-
11	10	-	-	-	-	-	93	222	-
10	2	2	-	-	-	-	50	199	-
5	4	-	-	-	-	-	36	109	-
1	1	-	-	-	-	-	6	13	-
-	-	-	-	-	-	-	-	8	-
1	1	-	-	-	-	-	11	28	-
10	2	-	-	-	-	-	28	85	-
5	1	-	-	-	-	-	28	96	-
-	-	-	-	-	-	-	3	9	-
5	1	-	-	-	-	-	18	45	-
3	1	-	-	-	-	-	14	79	-
2	-	-	-	-	-	-	13	33	-
2	-	-	-	-	-	-	9	32	-
4	-	-	-	-	-	-	33	121	-

AMERICAN OVERSIGHT

41	42	43	44	45	46	47	48	49	50
Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1	Complaint Survey Cycle 1

C	D	E	F	G	H	I	J	K	L
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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1	244	45	4	27	-	-	34	4	1

AMERICAN OVERSIGHT

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-	2	-	-	2	-	-	5	-	-
-	2	-	-	-	-	-	-	-	-
-	15	3	-	5	-	-	-	-	1
-	2	-	-	-	-	-	-	-	-
-	1	1	-	-	-	-	-	-	-
-	5	3	-	1	-	-	-	-	-
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-	10	-	-	-	-	-	-	-	-
-	8	-	-	-	-	-	-	-	-
-	18	2	-	1	-	-	-	-	-
-	7	1	-	-	-	-	2	-	-
-	4	-	-	-	-	-	-	-	-
-	12	2	-	1	-	-	-	-	-
-	22	7	-	1	-	-	-	-	-
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-	4	4	-	2	-	-	2	-	-
-	5	1	-	-	-	-	3	-	-
1	31	11	1	2	-	-	8	2	-
-	17	5	-	1	-	-	-	-	-
-	14	2	1	-	-	-	-	2	-
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AMERICAN OVERSIGHT

51	52	53	54	55	56	57	58	59	60
Complaint Survey Cycle 1	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2

TOTAL COMPLAINT CYCLE 1	B	C	D	E	F	G	H	I	J
12	-	-	-	-	-	-	-	-	-
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18	-	-	2	1	-	-	-	-	-
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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5	-	-	5	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	3
1	-	-	1	-	-	-	-	-	-
4	-	-	3	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	4
2	-	-	-	-	-	-	-	-	-
6	-	-	2	-	-	-	-	-	-
-	-	-	4	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	-	-	-
2	-	-	3	-	-	-	-	-	-
3	-	-	1	-	-	-	-	-	-

AMERICAN OVERSIGHT

5	-	-	1	-	-	-	-	-	-
7	-	-	2	-	-	-	-	-	-
-	-	-	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
2	-	-	2	2	-	-	-	-	-
3	-	-	-	-	-	-	-	-	3
1	-	-	2	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
8	-	-	1	-	-	-	-	-	3
-	-	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
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5	-	-	2	-	-	-	-	-	-
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-	-	-	1	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	1	-	-	-	-	-	-
-	-	-	2	-	-	-	-	-	-
2	-	-	2	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	1	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
-	-	-	2	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
4	1	-	2	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	3	-	-	-	-	-	-
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4	-	-	1	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
-	-	-	1	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
360	3	1	185	21	2	1	-	-	16

AMERICAN OVERSIGHT

19	-	-	2	-	-	-	-	-	-
9	-	-	2	-	-	-	-	-	-
2	-	-	3	-	-	-	-	-	-
24	-	-	15	5	-	-	-	-	-
2	1	-	3	-	-	-	-	-	-
2	-	-	7	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
3	-	-	13	-	1	-	-	-	-
5	-	-	1	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
6	-	-	6	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-
2	-	-	4	-	-	-	-	-	-
10	-	-	1	-	-	-	-	-	-
8	-	-	9	3	-	1	-	-	-
21	-	-	5	1	-	-	-	-	-
10	-	-	5	1	-	-	-	-	-
4	-	-	6	-	-	-	-	-	-
15	1	-	8	-	-	-	-	-	-
30	-	-	38	4	-	-	-	-	3
-	-	-	-	-	-	-	-	-	-
6	-	-	1	1	-	-	-	-	-
2	-	-	2	1	-	-	-	-	-
-	-	1	2	-	-	-	-	-	-
12	-	-	3	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
56	-	-	15	-	-	-	-	-	7
23	-	-	10	3	-	-	-	-	3
19	-	-	4	-	-	-	-	-	3
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
5	-	-	3	-	-	-	-	-	-
3	-	-	6	1	-	-	-	-	-
5	-	-	3	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	-	-	-
15	1	-	2	-	-	-	-	-	-
-	-	-	3	-	-	-	-	-	-
5	-	-	1	-	-	-	-	-	-
16	-	-	1	-	-	-	-	-	-

AMERICAN OVERSIGHT

61	62	63	64	65	66	67	68	69	70
Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 2	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3
K	L	TOTAL COMPLAINT CYCLE 2	B	C	D	E	F	G	H
-	-	-	-	-	5	-	1	4	-
-	-	2	-	-	3	-	-	-	-
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-	-	-	-	-	1	-	-	-	-
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-	-	1	-	-	1	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	7	-	-	3	-	-	-	-
-	-	2	-	-	7	-	-	4	-
-	-	3	-	-	4	1	-	-	-
-	-	5	-	-	7	2	-	-	-
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-	-	2	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	4	-	-	-	-	-	-	-
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AMERICAN OVERSIGHT

-	-	12	-	-	5	-	-	-	-
-	-	1	-	-	2	-	-	-	-
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-	-	-	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	3	-	-	-	-
-	-	1	-	-	1	-	-	-	-
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-	-	1	-	-	-	-	-	-	-
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-	-	8	-	-	1	2	-	-	-
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-	-	4	-	-	1	-	-	-	-
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-	-	4	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	4	1	-	-	-
-	-	4	-	-	-	-	-	-	-

AMERICAN OVERSIGHT

-	-	1	-	-	9	-	-	-	-
-	-	-	-	-	-	2	-	-	-
-	-	-	-	-	-	2	-	-	-
-	-	2	-	-	1	-	-	-	-
-	-	2	-	1	-	3	-	-	-
-	-	4	-	-	1	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	2	-	-	-	-	-	-	4
-	-	3	-	-	5	-	-	-	-
-	-	7	-	-	5	2	-	-	-
-	-	2	-	-	8	2	-	-	-
-	-	1	-	-	2	1	-	-	-
-	-	1	-	-	7	-	-	-	-
-	-	7	-	-	2	-	-	-	-
-	-	12	-	-	6	-	-	-	-
-	-	7	-	-	2	-	-	-	-
-	-	3	-	-	8	1	1	-	-
-	-	-	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	1	-	-	-	-
-	-	-	-	-	4	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	3	-	-	4	-	-	-	-
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-	-	3	-	-	-	-	-	-	-
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-	-	2	-	-	-	-	-	-	-
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-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
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-	-	1	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	-	-
-	-	-	-	-	4	-	-	-	-
-	-	-	-	-	1	1	-	3	-
-	-	5	-	-	8	-	-	-	-
-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-
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-	-	3	-	-	2	-	-	3	-
-	-	1	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	4	1	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	4	-	-	-	1	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	3	-	-	3	-	3	-	-
-	-	1	-	-	3	3	-	-	-

AMERICAN OVERSIGHT

-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	1	-	-	1	1	-	1	-
-	-	-	-	-	1	-	-	-	-
-	-	4	-	-	2	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	2	-	1	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	4	-	-	2	1	-	-	-
-	-	-	-	-	1	1	-	-	-
-	-	1	-	-	-	-	-	-	-
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-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	-	-	-	1	1	-	-	-
-	-	1	-	-	2	-	-	1	-
-	-	-	-	-	-	-	-	-	-
-	-	-	1	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	2	-	-	-	-	-	-	-
-	-	3	-	-	1	2	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
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-	-	1	-	-	2	-	-	-	-
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-	-	3	-	-	1	-	-	-	-
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-	-	3	-	-	-	-	1	-	-
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-	-	-	-	-	-	-	1	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	229	2	3	185	34	7	16	4

AMERICAN OVERSIGHT

-	-	2	-	-	8	-	1	4	-
-	-	2	-	-	2	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	20	-	-	21	3	-	4	-
-	-	4	-	-	-	-	-	-	-
-	-	7	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-
-	-	14	-	1	7	-	-	-	-
-	-	2	-	-	6	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	6	-	-	6	-	-	-	-
-	-	-	-	-	2	-	-	-	-
-	-	4	-	-	5	2	-	-	-
-	-	1	-	-	-	-	-	-	-
-	-	13	-	-	7	2	-	-	-
-	-	6	-	-	3	1	-	-	-
-	-	6	-	-	2	-	-	-	-
-	-	6	-	-	4	1	-	-	-
-	-	9	-	1	12	7	-	-	-
-	-	45	-	-	45	6	1	-	4
-	-	-	-	-	-	-	-	-	-
-	-	2	-	-	3	-	-	-	-
-	-	3	-	-	9	-	-	-	-
-	-	3	-	-	-	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	-	-	-	4	1	-	-	-
-	-	22	1	-	11	2	-	6	-
-	-	16	-	-	10	4	3	1	-
-	-	7	-	1	3	2	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	3	-	-	1	1	-	-	-
-	-	7	1	-	4	2	-	1	-
-	-	4	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	1	-	-	2	-	-	-	-
-	-	3	-	-	1	-	-	-	-
-	-	3	-	-	-	-	1	-	-
-	-	1	-	-	3	-	1	-	-
-	-	1	-	-	2	-	-	-	-

AMERICAN OVERSIGHT

71	72	73	74	75	76	77	> 0.0%
							> / = 10.0%
							> / = 20.0%

Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Complaint Survey Cycle 3	Annual Health Survey TOTAL	TOTAL TOTAL	
I	J	K	L	TOTAL COMPLAINT CYCLE 3	TOTAL ANNUAL	TOTAL CITATIONS	G+ Citations as a % of Total Health Citations - Cycle 1
-	-	-	-	10	22	44	0.0%
-	-	-	-	3	6	27	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	5	14	0.0%
-	-	-	-	1	6	14	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	-	14	0.0%
-	-	-	-	-	1	8	0.0%
-	-	-	-	-	1	4	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	1	2	7	0.0%
-	-	-	-	-	2	14	20.0%
-	-	-	-	-	3	13	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	3	10	28	0.0%
-	-	-	-	11	14	40	0.0%
-	-	-	-	5	26	45	66.7%
-	-	-	-	9	19	36	0.0%
-	-	-	-	-	-	3	0.0%
-	-	-	-	-	-	2	0.0%
-	-	-	-	-	2	6	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	-	6	14	0.0%
-	-	-	-	-	3	11	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	3	24	0.0%
-	-	-	-	1	5	30	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	25	0.0%

AMERICAN OVERSIGHT

-	-	-	-	5	19	44	0.0%
-	-	-	-	2	3	18	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	1	2	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	3	8	30	0.0%
-	-	-	-	1	2	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	1	1	14	0.0%
-	-	-	-	-	-	15	0.0%
-	-	-	-	1	1	20	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	1	9	0.0%
-	-	-	-	-	1	5	0.0%
-	-	-	-	4	9	35	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	7	30	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	-	10	0.0%
-	-	-	-	2	3	15	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	2	5	12	0.0%
-	-	-	-	2	3	9	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	1	16	0.0%
-	-	-	-	3	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	-	6	15	0.0%
-	-	-	-	-	1	20	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	2	4	19	0.0%
-	-	-	-	3	14	20	0.0%
-	-	-	-	1	5	17	0.0%
-	-	-	-	2	5	13	0.0%
-	-	-	-	-	-	4	0.0%
-	-	-	-	1	2	9	0.0%
-	-	-	-	-	-	14	0.0%
-	-	-	-	1	2	23	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	1	15	48	0.0%
-	-	-	-	1	7	34	0.0%
-	-	-	-	-	3	23	0.0%
-	-	-	-	2	4	24	0.0%
-	-	-	-	-	6	13	0.0%
-	-	-	-	-	5	21	0.0%
-	-	-	-	-	2	9	0.0%
-	-	-	-	5	7	28	0.0%
-	-	-	-	-	6	34	0.0%

AMERICAN OVERSIGHT

-	-	-	-	9	12	36	0.0%
-	-	-	-	2	2	11	0.0%
-	-	-	-	2	3	12	0.0%
-	-	-	-	1	6	22	0.0%
-	-	-	-	4	7	16	0.0%
-	-	-	-	1	7	21	0.0%
-	-	-	-	1	7	24	0.0%
-	-	-	-	4	7	28	0.0%
-	-	-	-	5	8	27	0.0%
-	-	-	-	7	17	39	0.0%
-	-	-	-	10	12	36	0.0%
-	5	-	-	8	12	27	0.0%
-	-	-	-	7	9	13	0.0%
-	-	-	-	2	11	24	0.0%
-	-	-	-	6	20	46	0.0%
-	-	-	-	2	11	26	12.5%
-	-	-	-	10	29	55	11.1%
							0.0%
-	-	-	-	2	3	13	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	1	8	31	0.0%
-	-	-	-	4	4	21	0.0%
-	-	-	-	1	2	12	0.0%
-	-	-	-	4	8	24	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	-	3	14	0.0%
-	-	-	-	-	-	6	0.0%
-	4	-	-	4	4	13	0.0%
-	-	-	-	-	2	22	0.0%
-	-	-	-	-	2	10	0.0%
-	-	-	-	1	6	13	0.0%
-	5	-	-	5	5	21	0.0%
-	-	-	-	-	1	15	0.0%
-	-	-	-	-	5	15	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	1	4	23	0.0%
-	-	-	-	4	10	25	33.3%
-	-	-	-	5	9	26	0.0%
-	-	-	-	8	18	45	0.0%
-	-	-	-	-	4	20	0.0%
-	-	-	-	-	3	17	0.0%
-	-	-	-	-	6	19	0.0%
-	-	-	-	-	4	13	0.0%
-	-	-	-	5	13	27	0.0%
-	-	-	-	-	2	18	0.0%
-	-	-	-	-	7	21	0.0%
-	-	-	-	1	17	55	40.0%
-	-	-	-	-	2	16	0.0%
-	-	-	-	-	8	21	0.0%
-	-	-	-	1	5	22	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	2	21	0.0%
-	-	-	-	6	11	29	0.0%
-	-	-	-	6	10	31	0.0%

AMERICAN OVERSIGHT

-	-	-	-	-	6	22	0.0%
-	-	-	-	-	9	25	0.0%
-	-	-	-	3	4	20	0.0%
-	-	-	-	1	1	26	0.0%
-	-	-	-	2	8	36	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	1	4	16	0.0%
-	-	-	-	-	-	10	33.3%
-	-	-	-	-	6	20	0.0%
-	-	-	-	3	15	24	0.0%
-	-	-	-	2	2	19	0.0%
-	-	-	-	-	2	16	50.0%
-	-	-	-	-	3	19	0.0%
-	-	-	-	-	-	17	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	-	5	0.0%
							0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	-	1	13	0.0%
-	-	-	-	-	7	10	0.0%
-	-	-	-	2	2	15	0.0%
-	-	-	-	3	4	16	0.0%
-	-	-	-	-	-	6	0.0%
-	-	-	-	2	3	23	0.0%
-	-	-	-	-	-	7	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	2	7	0.0%
-	-	-	-	3	8	20	0.0%
-	-	-	-	-	-	27	0.0%
-	-	-	-	-	1	24	0.0%
-	-	-	-	-	5	27	0.0%
-	-	-	-	-	3	27	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	-	-	22	0.0%
-	-	-	-	2	4	14	0.0%
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	4	27	0.0%
-	-	-	-	1	8	40	0.0%
-	-	-	-	-	7	31	0.0%
-	-	-	-	-	-	11	0.0%
-	-	-	-	1	4	14	0.0%
-	-	-	-	-	-	12	0.0%
-	-	-	-	2	7	26	0.0%
-	-	-	-	1	2	6	0.0%
-	-	-	-	1	1	10	0.0%
-	-	-	-	-	-	16	0.0%
-	-	-	-	-	7	35	0.0%
-	-	-	-	2	3	29	0.0%
-	-	-	-	-	6	29	0.0%
-	-	-	-	-	3	31	0.0%
-	14	-	-	265	854	3,656	2.0%

AMERICAN OVERSIGHT

-	-	-	-	13	34	93	0.0%
-	-	-	-	2	13	81	**3.7%**
-	-	-	-	-	5	37	**10.0%**
-	-	-	-	28	72	166	**13.3%**
-	-	-	-	-	6	44	0.0%
-	-	-	-	-	9	35	0.0%
-	-	-	-	1	10	103	0.0%
-	-	-	-	8	25	132	0.0%
-	-	-	-	6	13	122	0.0%
-	-	-	-	-	-	28	0.0%
-	-	-	-	6	18	98	0.0%
-	-	-	-	2	4	66	0.0%
-	-	-	-	7	13	60	0.0%
-	-	-	-	-	11	71	0.0%
-	-	-	-	9	30	96	0.0%
-	-	-	-	4	31	129	0.0%
-	-	-	-	2	18	81	0.0%
-	-	-	-	5	15	71	0.0%
-	-	-	-	20	44	142	0.0%
-	5	-	-	61	136	321	**3.6%**
-	-	-	-	-	-	-	0.0%
-	-	-	-	3	11	56	0.0%
-	-	-	-	9	14	57	0.0%
-	4	-	-	4	7	45	0.0%
-	5	-	-	6	21	96	0.0%
-	-	-	-	5	14	67	**5.6%**
-	-	-	-	20	98	320	**7.0%**
-	-	-	-	18	57	256	0.0%
-	-	-	-	6	32	141	**13.3%**
-	-	-	-	-	-	13	0.0%
-	-	-	-	-	-	8	0.0%
-	-	-	-	2	10	38	0.0%
-	-	-	-	8	18	103	0.0%
-	-	-	-	-	9	105	0.0%
-	-	-	-	-	-	9	0.0%
-	-	-	-	2	4	49	0.0%
-	-	-	-	1	19	98	0.0%
-	-	-	-	1	4	37	0.0%
-	-	-	-	4	10	42	0.0%
-	-	-	-	2	19	140	0.0%

AMERICAN OVERSIGHT

> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%	> 0.0%
> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%	> / = 10.0%
> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%	> / = 20.0%

G+ Citations as a % of Total Health Citations - Cycle 2	G+ Citations as a % of Total Health Citations - Cycle 3	G+ Citations as a % of Total Health Citations	G+ Citations as a % of Total Complaint Citations - Cycle 1	G+ Citations as a % of Total Complaint Citations - Cycle 2	G+ Citations as a % of Total Complaint Citations - Cycle 3
0.0%	0.0%	0.0%	41.7%	0.0%	18.2%
9.1%	0.0%	4.8%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	8.3%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12.5%	0.0%	7.1%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
22.2%	0.0%	7.7%	0.0%	0.0%	28.6%
14.3%	0.0%	26.3%	27.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	41.7%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	25.0%	0.0%
0.0%	0.0%	6.7%	0.0%	0.0%	0.0%
0.0%	0.0%	3.8%	6.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	6.7%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	75.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	33.3%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	23.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	10.5%	33.3%	100.0%	0.0%
75.0%	0.0%	21.4%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	33.3%	12.5%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	25.0%
12.5%	0.0%	4.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	75.0%	0.0%
12.5%	0.0%	5.9%	0.0%	0.0%	0.0%
0.0%	0.0%	28.6%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	66.7%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0

4.0%	0.0%	1.7%	47.4%	0.0%	11.8%
0.0%	0.0%	1.5%	77.8%	0.0%	0.0%
0.0%	0.0%	3.1%	0.0%	0.0%	0.0%
9.8%	0.0%	8.5%	25.0%	0.0%	5.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	11.1%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	60.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	7.7%	0.0%
0.0%	5.0%	2.0%	4.8%	0.0%	0.0%
0.0%	0.0%	0.0%	20.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	6.7%	0.0%	0.0%
0.0%	0.0%	1.1%	3.3%	6.7%	6.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	57.1%
0.0%	0.0%	0.0%	33.3%	0.0%	23.8%
0.0%	0.0%	1.9%	33.3%	0.0%	0.0%
4.2%	0.0%	3.2%	21.4%	31.8%	6.1%
1.6%	4.0%	1.5%	4.3%	18.8%	1.8%
3.6%	0.0%	6.4%	10.5%	42.9%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	5.6%
0.0%	0.0%	0.0%	80.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	31.3%	0.0%	0.0%

AMERICAN OVERSIGHT

> 0.0%	> 0.0%		9	11	6		10
> / = 10.0%	> / = 10.0%		Per CMS SNF PUF Stats Files				
> / = 20.0%	> / = 20.0%						
			UNDUPLICATED (DISTINCT) MEDICARE A BENEFICIARIES SERVED				A
G+ Citations as a % of Total Complaint Citations	G+ Citations as a % of Total Citations		2015	2016	2017	2018	2015
40.9%	20.5%		154	134	108		25.20
0.0%	3.7%		192	179	166		27.53
0.0%	0.0%		249	212	241		27.18
80.0%	28.6%		166	143	145		23.89
83.3%	35.7%		172	162	179		28.52
0.0%	10.0%		426	445	474		25.52
0.0%	0.0%		138	139	117		37.65
0.0%	0.0%		361	358	338		21.97
0.0%	0.0%						
66.7%	14.3%		260	237	251		25.45
0.0%	0.0%		123	112	141		27.10
0.0%	0.0%		172	152	180		24.86
0.0%	7.1%		103	102	95		27.59
0.0%	0.0%		133	137	133		20.78
0.0%	0.0%		112	104	110		22.10
0.0%	5.9%		263	253	232		26.00
0.0%	0.0%		131	107	117		32.80
28.6%	15.0%		134	153	129		28.65
19.2%	22.2%		187	142	137		31.29
5.3%	2.8%		97	104	96		31.33
0.0%	0.0%		81	75	69		28.67
0.0%	0.0%		113	100	88		29.22
0.0%	0.0%		89	64	74		35.43
0.0%	0.0%		255	307	361		34.54
0.0%	0.0%		57	49	43		31.58
0.0%	0.0%		149	126	125		48.33
0.0%	0.0%		141	154	140		30.72
0.0%	0.0%		153	148	157		39.17
50.0%	4.5%		200	174	199		25.00
0.0%	0.0%		81	86	93		26.41
0.0%	0.0%		174	109	145		25.05
0.0%	0.0%		275	236	228		33.32
0.0%	0.0%		277	267	282		27.54

AMERICAN OVERSIGHT

0.0%	0.0%	369	305	300	21.85
0.0%	0.0%	188	189	212	39.00
0.0%	0.0%	124	101	77	29.60
0.0%	0.0%	524	520	514	22.78
0.0%	0.0%	191	191	170	27.15
37.5%	10.0%	237	226	188	19.25
0.0%	0.0%	469	446	459	27.22
0.0%	0.0%	830	952	916	21.98
0.0%	0.0%	166	198	142	23.86
0.0%	0.0%	292	289	295	21.48
0.0%	0.0%	239	212	232	24.35
0.0%	0.0%	521	413	330	20.24
0.0%	0.0%	297	285	261	26.98
0.0%	0.0%	234	222	234	23.70
0.0%	0.0%	234	268	275	34.05
0.0%	0.0%	193	104	113	18.97
0.0%	0.0%	352	349	257	22.94
0.0%	0.0%	391	373	254	21.35
0.0%	0.0%	270	222	220	23.76
0.0%	0.0%	214	206	168	22.89
0.0%	0.0%	311	273	277	22.41
0.0%	0.0%	672	556	517	26.44
0.0%	0.0%	192	173	208	28.61
0.0%	0.0%	602	603	657	28.30
0.0%	0.0%	531	487	477	28.07
0.0%	0.0%	161	150	99	28.54
33.3%	11.1%	230	194	203	35.75
0.0%	0.0%	379	320	287	27.26
0.0%	0.0%	426	420	387	23.08
0.0%	0.0%	488	430	425	25.55
0.0%	0.0%	221	277	300	28.41
0.0%	0.0%	56	63	69	39.35
0.0%	0.0%	106	98	131	32.80
0.0%	0.0%	199	222	243	33.31
0.0%	0.0%	85	92	107	26.25
0.0%	0.0%	56	60	83	35.09
0.0%	0.0%	76	160	160	29.25
0.0%	0.0%	108	106	129	30.01
20.0%	7.7%	47	26	38	31.34
0.0%	0.0%	46	33	41	42.19
0.0%	0.0%	38	40	35	32.24
0.0%	0.0%	120	170	141	32.85
50.0%	4.3%	76	88	110	28.79
0.0%	0.0%	89	65	67	39.68
0.0%	4.2%	24	24	32	33.27
0.0%	0.0%	30	30	26	34.71
0.0%	0.0%	108	79	88	32.49
0.0%	0.0%	154	93	89	34.72
0.0%	0.0%	101	46	48	36.86
40.0%	9.5%	189	170	152	38.04
0.0%	0.0%	203	187	174	28.28
0.0%	0.0%	375	445	335	27.25
0.0%	0.0%	155	169	189	31.18

AMERICAN OVERSIGHT

0.0%	0.0%	313	289	193	30.92
0.0%	0.0%	128	128	136	37.47
0.0%	0.0%	310	282	292	26.54
0.0%	0.0%	188	170	147	30.36
0.0%	0.0%	228	261	269	31.72
14.3%	4.8%	84	92	95	33.46
0.0%	0.0%	96	134	131	38.93
57.1%	14.3%	247	306	334	28.43
0.0%	0.0%	248	194	193	25.90
0.0%	0.0%	556	514	339	23.57
0.0%	0.0%	114	117	84	19.78
41.7%	18.5%	256	214	185	21.98
0.0%	0.0%	288	276	254	24.81
0.0%	0.0%	131	115	126	27.84
15.0%	6.5%	187	165	138	22.22
0.0%	3.8%	377	242	198	29.87
3.4%	3.6%	177	189	129	31.82
0.0%	0.0%				
0.0%	0.0%	67	52	57	26.85
0.0%	0.0%	339	308	356	27.35
37.5%	9.7%	296	271	287	27.49
0.0%	0.0%	225	278	282	21.49
0.0%	0.0%	189	163	212	25.09
0.0%	0.0%	91	110	128	28.49
0.0%	0.0%	595	564	496	20.70
0.0%	0.0%	342	318	264	24.33
0.0%	0.0%	408	351	354	28.04
100.0%	30.8%	203	170	167	23.69
0.0%	0.0%	231	212	199	25.57
0.0%	0.0%	463	432	395	24.25
16.7%	7.7%	168	153	177	23.34
100.0%	23.8%	383	356	333	22.96
100.0%	6.7%	176	145	130	26.58
40.0%	13.3%	408	363	327	27.12
0.0%	0.0%	400	365	351	25.99
0.0%	0.0%	318	278	315	25.79
0.0%	0.0%	356	343	322	25.00
30.0%	16.0%	262	301	292	28.40
33.3%	11.5%	269	262	148	31.94
0.0%	0.0%	144	162	158	37.75
75.0%	15.0%	171	198	211	35.06
0.0%	0.0%	181	149	155	28.67
33.3%	10.5%	95	87	98	35.51
0.0%	0.0%	96	91	82	32.76
46.2%	22.2%	178	203	165	34.79
0.0%	0.0%	165	141	125	35.39
0.0%	0.0%	244	237	234	31.12
47.1%	21.8%	185	149	120	27.97
0.0%	18.8%	174	209	247	30.77
37.5%	14.3%	232	186	164	27.83
0.0%	0.0%	462	427	412	27.88
0.0%	0.0%	169	147	154	26.72
0.0%	0.0%	356	299	246	24.31
0.0%	0.0%	146	145	123	34.58
0.0%	0.0%	234	208	143	23.54

AMERICAN OVERSIGHT

0.0%	0.0%	162	195	182		27.30
0.0%	8.0%	280	286	264		28.07
25.0%	5.0%	136	112	100		30.85
0.0%	3.8%	131	143	136		31.27
12.5%	2.8%	151	127	127		30.59
50.0%	10.3%	104	97	128		28.29
0.0%	0.0%	313	264	327		28.13
0.0%	20.0%	543	576	513		28.04
0.0%	0.0%	343	389	362		29.35
20.0%	12.5%	408	367	304		27.79
0.0%	5.3%	103	125	107		29.55
0.0%	25.0%	262	291	278		28.47
66.7%	10.5%	512	560	472		27.25
0.0%	0.0%	408	345	382		25.44
0.0%	0.0%	696	658	650		21.06
0.0%	0.0%			98		
0.0%	0.0%					
0.0%	0.0%	354	310	318		19.95
0.0%	0.0%	375	361	410		28.30
0.0%	0.0%	216	195	220		32.38
0.0%	0.0%	71	70	54		29.59
25.0%	6.3%	259	235	213		25.87
0.0%	0.0%	387	391	431		23.89
0.0%	0.0%	251	237	233		31.27
0.0%	0.0%	164	150	126		30.19
0.0%	0.0%	543	486	493		25.68
0.0%	0.0%	216	146	158		23.01
0.0%	0.0%	197	170	155		23.30
0.0%	0.0%	467	562	655		26.87
0.0%	0.0%	109	115	117		37.79
80.0%	14.8%	175	191	204		29.75
0.0%	0.0%	647	574	533		25.18
0.0%	0.0%			329		
0.0%	0.0%	150	134	153		21.95
0.0%	0.0%	22	18	44		14.23
0.0%	0.0%	155	144	155		19.86
0.0%	0.0%	127	138	86		35.57
0.0%	0.0%	217	196	157		24.99
0.0%	0.0%	201	171	160		26.29
0.0%	0.0%	202	174	172		21.01
0.0%	0.0%	242	216	192		27.65
0.0%	0.0%	261	256	226		23.91
0.0%	0.0%	300	242	218		25.80
0.0%	0.0%	239	233	187		42.55
0.0%	0.0%	309	252	55		29.39
0.0%	0.0%	188	171	155		25.22
0.0%	0.0%	113	114	115		30.84
0.0%	0.0%	245	241	211		25.36
83.3%	17.2%	79	81	67		31.34
0.0%	0.0%	60	38	55		26.97
13.7%	4.1%	44,049	41,758	40,493	-	28.02

AMERICAN OVERSIGHT

38.2%	15.1%	761	668	660	-	-
53.8%	9.9%	1,652	1,605	1,680	-	-
0.0%	2.7%	348	343	338	-	-
13.9%	10.8%	812	759	711	-	-
0.0%	0.0%	595	595	635	-	-
0.0%	0.0%	443	428	422	-	-
10.0%	1.0%	730	605	665	-	-
0.0%	0.0%	1,673	1,573	1,555	-	-
23.1%	2.5%	2,754	2,736	2,562	-	-
0.0%	0.0%	765	775	770	-	-
0.0%	0.0%	1,731	1,527	1,289	-	-
0.0%	0.0%	1,997	1,819	1,859	-	-
7.7%	1.7%	1,684	1,514	1,401	-	-
0.0%	0.0%	667	752	850	-	-
3.3%	1.0%	491	595	627	-	-
3.2%	2.3%	219	207	235	-	-
11.1%	2.5%	552	388	377	-	-
0.0%	0.0%	733	801	698	-	-
2.3%	0.7%	1,347	1,356	1,263	-	-
9.6%	4.7%	2,581	2,332	1,980	-	-
0.0%	0.0%	-	-	-	-	-
27.3%	5.4%	702	631	700	-	-
0.0%	0.0%	505	551	622	-	-
57.1%	8.9%	1,548	1,403	1,281	-	-
42.9%	9.4%	1,829	1,661	1,561	-	-
21.4%	6.0%	1,336	1,287	1,280	-	-
25.5%	10.0%	2,596	2,501	2,319	-	-
8.8%	3.1%	1,869	1,759	1,603	-	-
15.6%	8.5%	2,892	2,917	2,745	-	-
0.0%	0.0%	696	658	748	-	-
0.0%	0.0%	354	310	318	-	-
0.0%	0.0%	662	626	684	-	-
5.6%	1.0%	2,017	1,815	1,809	-	-
44.4%	3.8%	1,398	1,442	1,509	-	-
0.0%	0.0%	-	-	329	-	-
0.0%	0.0%	327	296	352	-	-
0.0%	0.0%	545	505	403	-	-
0.0%	0.0%	705	646	590	-	-
0.0%	0.0%	848	727	460	-	-
26.3%	3.6%	685	645	603	-	-

AMERICAN OVERSIGHT

12 9 10

VERAGE LENGTH OF STAY			PERCENT OF BENEFICIARIES WITH < / = 7 MEDICARE A COVERED DAYS				TOTAL MEDICARE COI	
2016	2017	2018	2015	2016	2017	2018	2015	2016
27.54	28.52				12.0%			
28.25	27.98				7.0%			
23.62	25.54				8.0%			
23.56	27.96				10.0%			
28.75	22.33				14.0%			
23.73	23.85				17.0%			
24.70	25.66			*				
21.84	20.76				12.0%			
24.37	23.76				11.0%			
27.90	21.16				9.0%			
26.50	23.58				17.0%			
26.88	26.19			*				
20.51	20.81				11.0%			
25.29	27.19				16.0%			
26.40	26.21				7.0%			
35.19	23.06				10.0%			
26.65	26.99				11.0%			
26.77	26.05			*				
28.02	27.81				13.0%			
36.57	29.56			*				
27.95	27.83			*				
47.26	41.07			*				
27.62	23.81				12.0%			
29.65	20.36			*				
51.98	46.54			*				
37.09	34.27			*				
39.68	38.58				8.0%			
27.08	25.23				11.0%			
22.95	21.52				13.0%			
24.84	30.48				8.0%			
32.38	29.48				12.0%			
24.07	21.36				13.0%			

AMERICAN OVERSIGHT

23.41	**17.26**		**18.0%**
34.50	**27.76**		**10.0%**
27.75	**26.58**	*	
21.93	**21.63**		**14.0%**
26.02	**24.00**		**8.0%**
16.57	**16.39**		**13.0%**
27.30	**27.58**		**9.0%**
19.42	**19.67**		**10.0%**
19.21	**23.32**	*	
21.05	**18.74**		**16.0%**
20.66	**19.11**		**10.0%**
22.38	**21.33**		**12.0%**
25.60	26.73		8.0%
22.48	20.55		15.0%
31.91	35.35		12.0%
18.89	**15.86**		**17.0%**
19.51	**19.76**		**8.0%**
20.52	**20.95**		**11.0%**
25.17	**19.68**		**12.0%**
23.92	**22.66**		**10.0%**
23.93	**21.81**		**11.0%**
27.83	**25.60**		**9.0%**
30.03	**26.35**		**7.0%**
25.70	**22.74**		**10.0%**
26.39	**24.79**		**9.0%**
26.36	**27.16**		**17.0%**
30.76	**26.64**		**10.0%**
27.92	**30.39**		**6.0%**
22.99	**23.56**		**10.0%**
26.26	**27.43**		**10.0%**
27.97	27.78		12.0%
36.18	36.45	*	
27.20	30.07		18.0%
33.38	28.72		13.0%
26.15	28.56	*	
25.50	**29.40**	*	
34.42	**26.01**		**16.0%**
27.02	**21.85**		**12.0%**
33.21	**31.43**	*	
36.55	**23.91**	*	
24.80	**23.12**	*	
29.37	**32.53**		**11.0%**
34.68	**36.82**	*	
36.30	**37.10**	*	
24.60	**32.63**	*	
27.21	**31.79**	*	
30.25	**28.50**	*	
32.02	**30.26**		**13.0%**
42.79	**31.50**	*	
39.33	**37.81**		**9.0%**
25.15	28.34		7.0%
26.47	27.79		7.0%
34.83	31.09		12.0%

AMERICAN OVERSIGHT

32.87	**31.34**		**11.0%**
36.38	**36.28**	*	
27.58	**28.76**		**12.0%**
32.47	**30.23**	*	
28.08	**28.12**		**15.0%**
36.29	**34.49**	*	
32.69	**28.44**		**15.0%**
28.41	**26.74**		**13.0%**
23.15	**24.69**		**13.0%**
24.34	**26.23**		**12.0%**
18.93	**27.11**		**18.0%**
23.16	**22.66**		**14.0%**
25.92	**24.28**		**18.0%**
20.25	**16.76**		**17.0%**
23.86	**22.65**		**12.0%**
30.64	**27.04**		**11.0%**
29.58	**28.14**	*	
24.12	**31.39**	*	
25.61	**26.73**		**11.0%**
30.20	**28.43**		**9.0%**
20.70	22.38		16.0%
21.25	23.68		6.0%
29.15	29.76		13.0%
20.76	**21.33**		**8.0%**
23.32	**24.84**		**6.0%**
28.27	**26.63**		**6.0%**
24.54	**24.69**		**8.0%**
27.79	**28.92**		**9.0%**
25.14	**27.39**		**7.0%**
23.26	**26.73**		**9.0%**
25.46	**24.04**		**18.0%**
28.19	**33.32**		**9.0%**
29.16	**29.18**		**10.0%**
21.51	**23.89**		**10.0%**
26.37	**26.90**		**10.0%**
23.76	**23.11**		**13.0%**
26.32	**25.44**		**9.0%**
34.27	30.99		9.0%
30.57	28.49		11.0%
36.81	34.00		8.0%
30.21	22.94		17.0%
32.66	23.64		16.0%
38.98	33.54		20.0%
34.35	38.56	*	
39.25	36.83		11.0%
31.37	28.66		9.0%
34.64	35.14	*	
30.60	26.53		11.0%
31.32	29.29		8.0%
24.56	24.81		12.0%
27.12	**27.59**		**8.0%**
24.24	**24.61**		**15.0%**
36.93	**41.32**		**11.0%**
26.51	**28.55**		**14.0%**

AMERICAN OVERSIGHT

23.59	20.76					20.0%				
27.12	28.03					11.0%				
32.65	35.68				*					
30.34	24.47					16.0%				
29.82	24.82					9.0%				
30.06	24.31					14.0%				
27.30	26.58					16.0%				
25.42	26.52					9.0%				
26.58	27.86					9.0%				
27.00	29.42					12.0%				
25.77	33.63				*					
28.84	26.32					12.0%				
28.05	27.28					11.0%				
25.40	22.93					14.0%				
21.60	20.48					15.0%				
	21.49					12.0%				
20.39	21.14					5.0%				
29.76	25.10					13.0%				
33.43	24.27					15.0%				
31.42	28.77				*					
25.77	26.35					12.0%				
21.35	21.39					13.0%				
30.40	28.22					12.0%				
29.88	25.08					17.0%				
25.59	23.15					16.0%				
22.39	21.16					15.0%				
25.29	26.33					7.0%				
23.36	21.42					14.0%				
36.61	35.93				*					
25.27	23.68					9.0%				
25.06	24.14					7.0%				
	22.91					13.0%				
21.04	23.13					8.0%				
18.32	19.08				*					
20.43	17.62					12.0%				
31.64	37.88				*					
21.55	26.15					11.0%				
25.33	23.38					13.0%				
21.94	19.13					12.0%				
26.93	24.30					14.0%				
22.68	21.51					9.0%				
30.14	31.18					17.0%				
40.29	37.93					10.0%				
28.92	41.38				*					
28.27	29.55				*					
32.25	28.17					12.0%				
27.74	26.87					11.0%				
31.84	28.53					19.0%				
23.04	21.43				*					
27.59	26.96	-	0.0%	0.0%		9.3%	0.0%	$	-	$ -

AMERICAN OVERSIGHT

-	-	-	0.0%	0.0%	0.0%	0.0%	$	-	$	-

19 21 15 17 23

NSURANCE AMOUNT			PERCENT OF DUAL ELIGIBLE BENEFICIARIES			AVERAGE PATIENT AGE		
2017	2018	2015	2016	2017	2018	2015	2016	2017
$ 474,418				54.0%		71.75	71.49	74.0
$ 709,982				57.0%		73.21	71.59	73.0
$ 622,304				27.0%		76.93	76.44	78.0
$ 461,916				30.0%		76.51	76.97	76.0
$ 368,645				49.0%		77.56	76.93	76.0
$ 1,191,967				22.0%		75.61	76.12	78.0
$ 279,815				55.0%		74.19	72.86	73.0
$ 577,231				17.0%		80.47	79.85	80.0
$ 643,031				24.0%		81.35	80.92	81.0
$ 306,628				26.0%		78.81	79.75	80.0
$ 407,302				17.0%		79.63	78.89	81.0
$ 279,157				58.0%		79.17	77.88	79.0
$ 276,031				52.0%		77.34	76.75	78.0
$ 321,762				42.0%		79.46	79.66	80.0
$ 605,196				24.0%		76.32	77.31	77.0
$ 406,644				64.0%		73.53	75.93	75.0
$ 480,834				65.0%		73.01	74.20	71.0
$ 541,205				45.0%		73.79	74.97	74.0
$ 355,649				50.0%		76.96	75.89	74.0
$ 212,205				58.0%		79.19	80.33	80.0
$ 352,524				49.0%		80.53	78.89	78.0
$ 453,362				73.0%		82.11	82.64	84.0
$ 893,400				33.0%		79.29	78.59	78.0
$ 81,757				53.0%		79.28	78.53	81.0
$ 884,681				75.0%		77.42	77.16	78.0
$ 592,365				43.0%		78.86	77.56	78.0
$ 894,716				61.0%		76.22	75.77	76.0
$ 691,964				42.0%		77.57	76.93	77.0
$ 224,214				44.0%		77.54	77.86	77.0
$ 612,598				41.0%		81.79	80.70	79.0
$ 771,999				30.0%		80.11	80.12	79.0
$ 733,670				38.0%		77.23	76.03	77.0

AMERICAN OVERSIGHT

$ 467,674	31.0%	76.97	76.55	75.0
$ 751,272	43.0%	81.16	80.39	80.0
$ 292,646	58.0%	74.31	74.80	74.0
$ 1,075,172	24.0%	79.30	79.94	81.0
$ 442,341	36.0%	76.66	76.96	78.0
$ 260,075	48.0%	72.85	72.08	73.0
$ 1,514,552	20.0%	82.07	80.83	80.0
$ 1,289,680	4.0%	79.14	79.41	79.0
$ 363,216	44.0%	77.40	76.08	76.0
$ 385,917	23.0%	77.18	77.53	78.0
$ 390,852	25.0%	78.56	78.25	80.0
$ 683,498	26.0%	80.87	81.16	81.0
$ 802,102	23.0%	81.48	80.46	80.0
$ 463,890	35.0%	77.66	78.32	79.0
$ 1,356,688	33.0%	81.38	82.49	82.0
$ 146,405	42.0%	73.99	76.26	76.0
$ 425,891	20.0%	78.36	78.56	79.0
$ 457,639	25.0%	76.20	75.92	75.0
$ 413,882	30.0%	76.24	78.03	78.0
$ 418,817	40.0%	78.82	77.86	79.0
$ 513,405	27.0%	77.79	77.39	77.0
$ 1,602,395	19.0%	79.50	79.16	79.0
$ 572,460	30.0%	75.70	76.55	76.0
$ 1,721,986	16.0%	78.81	79.42	79.0
$ 1,403,679	17.0%	78.89	78.59	79.0
$ 346,437	49.0%	71.58	72.13	76.0
$ 746,008	48.0%	72.54	74.02	74.0
$ 1,223,058	26.0%	80.23	80.67	82.0
$ 1,006,082	26.0%	78.76	79.58	78.0
$ 1,218,781	12.0%	81.75	81.45	81.0
$ 992,429	25.0%	80.05	80.27	80.0
$ 324,723	65.0%	71.34	69.40	69.0
$ 500,080	48.0%	71.94	73.01	72.0
$ 935,183	30.0%	81.46	80.49	80.0
$ 460,107	47.0%	74.85	71.50	75.0
$ 380,653	71.0%	73.02	72.20	71.0
$ 622,797	73.0%	71.72	71.28	72.0
$ 397,352	61.0%	73.28	74.28	73.0
$ 204,309	95.0%	64.77	67.81	65.0
$ 164,500	80.0%	66.91	71.45	70.0
$ 87,476	74.0%	74.45	76.50	73.0
$ 725,774	72.0%	72.93	72.60	73.0
$ 610,953	63.0%	80.62	77.53	78.0
$ 394,307	79.0%	74.98	71.26	68.0
$ 184,734	81.0%	68.63	64.71	68.0
$ 164,829	88.0%	64.13	67.13	67.0
$ 340,515	55.0%	77.03	78.44	78.0
$ 393,155	40.0%	82.03	81.01	81.0
$ 232,768	63.0%	78.57	79.24	77.0
$ 840,924	44.0%	78.78	77.76	76.0
$ 523,933	11.0%	86.00	86.07	86.0
$ 1,261,715	22.0%	84.47	83.14	83.0
$ 802,102	14.0%	86.92	86.44	86.0

AMERICAN OVERSIGHT

$ 1,043,917	67.0%	75.38	75.07	73.0
$ 771,012	82.0%	69.88	70.42	71.0
$ 1,010,030	41.0%	80.75	78.94	80.0
$ 756,207	64.0%	77.28	77.10	76.0
$ 1,063,164	28.0%	78.75	79.12	78.0
$ 554,026	59.0%	74.18	72.76	73.0
$ 488,236	60.0%	73.61	72.99	74.0
$ 1,240,659	46.0%	76.60	77.13	77.0
$ 609,966	47.0%	75.49	76.97	77.0
$ 1,123,864	31.0%	77.49	77.30	77.0
$ 277,676	65.0%	69.91	73.01	70.0
$ 497,606	57.0%	74.56	72.90	73.0
$ 711,792	35.0%	78.82	77.54	81.0
$ 212,863	53.0%	77.41	73.54	74.0
$ 479,322	64.0%	74.46	73.55	75.0
$ 654,381	42.0%	78.38	77.26	77.0
$ 468,661	60.0%	79.24	75.08	75.0
$ 218,621	72.0%	74.67	74.15	77.0
$ 1,002,299	9.0%	84.14	83.95	85.0
$ 1,100,999	43.0%	80.38	79.68	79.0
$ 719,653	24.0%	82.02	81.44	81.0
$ 583,975	33.0%	79.47	78.93	81.0
$ 487,414	42.0%	77.37	75.42	79.0
$ 966,602	15.0%	81.36	81.74	82.0
$ 759,497	30.0%	78.32	79.51	80.0
$ 1,365,350	25.0%	79.76	79.75	80.0
$ 493,994	32.0%	80.72	81.07	80.0
$ 706,528	46.0%	78.53	77.95	79.0
$ 1,240,659	20.0%	79.58	79.49	79.0
$ 670,338	47.0%	74.05	72.58	74.0
$ 1,046,714	29.0%	77.44	78.60	78.0
$ 495,145	35.0%	79.34	79.34	79.0
$ 1,141,959	19.0%	82.00	82.11	83.0
$ 924,161	19.0%	79.56	78.98	79.0
$ 1,101,492	23.0%	76.23	76.80	78.0
$ 771,960	27.0%	76.31	75.67	75.0
$ 856,716	29.0%	78.35	77.80	79.0
$ 665,732	48.0%	77.77	77.13	78.0
$ 676,753	61.0%	75.81	76.35	74.0
$ 932,222	48.0%	79.27	80.25	80.0
$ 364,039	41.0%	77.65	76.48	77.0
$ 285,408	55.0%	70.35	71.05	73.0
$ 458,791	63.0%	71.88	68.44	70.0
$ 1,079,778	71.0%	77.93	77.92	78.0
$ 730,380	63.0%	74.96	71.52	70.0
$ 936,005	42.0%	78.00	76.97	78.0
$ 570,815	58.0%	76.84	76.51	77.0
$ 838,128	29.0%	79.07	79.36	78.0
$ 754,891	45.0%	75.82	75.06	77.0
$ 1,085,105	25.0%	80.01	80.22	80.0
$ 515,050	36.0%	78.71	77.16	79.0
$ 778,579	38.0%	79.28	78.38	78.0
$ 847,669	68.0%	69.10	71.17	72.0
$ 532,980	43.0%	73.89	73.54	74.0

AMERICAN OVERSIGHT

$ 413,028				36.0%		74.24	76.89	75.0
$ 841,747				18.0%		81.70	80.99	81.0
$ 497,942				69.0%		74.42	73.03	73.0
$ 449,908				43.0%		79.05	77.07	78.0
$ 448,690				50.0%		72.00	72.89	73.0
$ 403,683				38.0%		81.13	80.42	81.0
$ 983,504				25.0%		79.96	79.07	80.0
$ 1,462,734				13.0%		82.16	81.89	81.0
$ 1,051,484				14.0%		82.45	82.56	81.0
$ 1,003,286				20.0%		80.64	81.20	81.0
$ 459,449				49.0%		74.57	75.78	76.0
$ 840,431				26.0%		82.20	81.16	80.0
$ 1,487,367				12.0%		80.09	81.01	81.0
$ 871,189				14.0%		83.25	83.17	83.0
$ 1,110,984				10.0%		80.34	80.45	81.0
$ 146,405			*					78.0
$ 463,068			*			81.13	82.63	82.0
$ 1,139,656				26.0%		79.43	80.79	81.0
$ 571,631				30.0%		80.70	82.05	79.0
$ 241,322				80.0%		75.96	76.49	78.0
$ 727,255				37.0%		82.05	80.59	81.0
$ 863,790				13.0%		80.53	80.14	81.0
$ 825,132				37.0%		80.58	81.00	81.0
$ 430,497				52.0%		83.12	83.78	82.0
$ 1,291,983				17.0%		83.03	82.56	82.0
$ 339,199				30.0%		79.27	77.79	79.0
$ 567,854				52.0%		74.93	75.84	76.0
$ 1,292,946				10.0%		81.82	81.42	82.0
$ 649,940				77.0%		72.56	71.45	70.0
$ 663,758				62.0%		74.62	76.80	75.0
$ 1,373,246				15.0%		81.94	81.51	82.0
$ 641,715			*					85.0
$ 455,336				57.0%		77.99	76.66	77.0
$ 59,056				34.0%		82.00	84.06	82.0
$ 185,063				28.0%		83.73	85.30	84.0
$ 530,569				74.0%		80.17	78.49	81.0
$ 572,296				61.0%		74.90	76.37	77.0
$ 475,734				43.0%		76.19	74.75	76.0
$ 210,578				11.0%		86.72	87.71	87.0
$ 466,193				19.0%		85.84	85.42	87.0
$ 434,116				23.0%		85.14	84.71	85.0
$ 1,164,989				77.0%		62.28	62.76	69.0
$ 1,079,113				78.0%		68.53	72.14	73.0
$ 368,974				95.0%		62.15	62.65	70.0
$ 616,217				82.0%		79.69	79.26	79.0
$ 482,916				76.0%		79.32	79.84	78.0
$ 724,129				76.0%		77.92	79.44	77.0
$ 316,169				76.0%		76.51	75.37	75.0
$ 201,513				55.0%		77.50	78.05	75.0
$ 690,395	$ -	0.00%	0.00%	43.02%	0.00%	76.28	76.11	76.54

AMERICAN OVERSIGHT

$	-	$	-	0.00%	0.00%	0.00%	0.00%	-	-	-

	AVERAGE HIERARCHICAL CLINICAL CLASSIFICATION (HCC) SCORE				AVERAGE NUMBER OF CHRONIC CONDITIONS PER PATIENT			
2018	2015	2016	2017	2018	2015	2016	2017	2018
	3.175	3.222	3.110				8.50	
	2.946	3.554	3.300				7.80	
	2.687	2.322	2.560				7.40	
	2.427	2.472	2.560				7.70	
	2.807	2.785	2.830				7.70	
	2.053	2.177	2.090				7.20	
	2.805	3.385	3.790				7.90	
	2.400	2.341	2.190				7.60	
	2.210	2.055	2.270				7.30	
	2.196	2.578	2.890				7.80	
	2.018	2.336	2.350				7.30	
	2.678	2.487	2.640				7.40	
	2.837	2.663	2.300				7.60	
	2.255	2.312	1.970				7.30	
	2.403	2.508	2.770				7.90	
	3.085	2.911	2.810				7.90	
	2.936	3.218	2.940				7.40	
	2.719	2.888	3.020				6.90	
	2.172	2.351	2.410				6.60	
	2.845	2.319	2.310				7.10	
	2.290	2.265	2.210				7.50	
	2.299	2.206	2.290				7.50	
	2.564	2.436	2.440				8.10	
	2.714	2.060	1.970				7.10	
	2.046	2.317	2.160				7.60	
	2.110	2.229	2.260				7.10	
	2.648	2.674	3.070				7.30	
	3.151	3.391	3.070				8.30	
	2.722	2.262	2.940				7.90	
	2.549	2.484	2.410				7.50	
	2.285	2.628	2.580				7.80	
	2.395	2.394	2.840				7.40	

AMERICAN OVERSIGHT

2.554	**2.627**	**2.910**	**7.50**
2.665	**2.516**	**2.420**	**7.50**
3.273	**3.230**	**2.680**	**7.20**
2.539	**2.652**	**2.560**	**7.80**
2.693	**2.342**	**2.460**	**7.60**
2.799	**2.563**	**2.730**	**7.10**
2.108	**2.433**	**2.220**	**7.50**
2.220	**2.186**	**2.340**	**7.40**
2.263	**2.739**	**2.790**	**8.00**
2.503	**2.559**	**2.220**	**7.70**
2.359	**2.721**	**2.720**	**7.60**
2.403	**2.603**	**2.600**	**7.60**
2.007	2.094	1.870	6.90
2.300	2.281	2.170	7.30
2.538	2.392	2.480	8.20
3.581	**3.788**	**3.800**	**8.10**
2.472	**2.426**	**2.400**	**7.80**
2.373	**2.585**	**2.700**	**7.30**
2.862	**2.784**	**2.760**	**7.30**
2.866	**2.982**	**2.800**	**8.00**
2.664	**2.280**	**2.390**	**7.20**
2.858	**3.117**	**3.160**	**7.80**
2.568	**2.602**	**2.350**	**7.50**
2.469	**2.460**	**2.580**	**7.90**
2.335	**2.442**	**2.730**	**7.80**
3.624	**4.203**	**3.350**	**8.00**
3.401	**3.609**	**3.840**	**7.90**
2.680	**2.599**	**2.430**	**7.50**
2.685	**2.618**	**2.780**	**7.60**
2.052	**2.112**	**2.080**	**7.10**
2.522	2.280	2.410	7.30
2.843	2.582	2.860	6.90
2.513	2.860	3.120	7.50
2.681	2.790	2.740	7.80
3.516	3.513	3.180	7.00
3.265	**3.692**	**3.240**	**7.90**
2.926	**3.565**	**3.190**	**7.50**
2.860	**3.619**	**3.000**	**7.40**
3.051	**4.416**	**4.300**	**8.10**
4.120	**3.273**	**3.460**	**7.60**
3.213	**3.582**	**3.060**	**7.90**
2.581	**3.323**	**3.360**	**7.50**
2.364	**3.004**	**3.330**	**7.30**
3.027	**3.380**	**3.260**	**7.70**
2.463	**3.442**	**3.170**	**7.60**
2.950	**2.765**	**2.650**	**7.70**
3.285	**2.714**	**3.270**	**8.50**
2.688	**3.077**	**3.070**	**6.70**
2.930	**2.658**	**2.610**	**7.40**
2.502	**2.653**	**2.690**	**6.50**
2.134	2.293	2.300	7.80
2.336	2.310	2.490	7.40
2.023	2.201	2.130	7.60

AMERICAN OVERSIGHT

3.722	3.875	4.460	8.20
3.446	3.803	3.790	8.00
2.841	3.242	3.150	8.00
2.829	3.198	2.830	7.80
2.814	3.074	3.030	8.40
3.061	3.587	3.660	7.80
3.078	3.167	3.360	7.90
3.207	3.194	3.320	8.30
3.348	2.956	3.330	8.20
2.777	2.888	3.090	8.20
3.929	3.505	3.400	7.50
3.397	3.581	3.840	8.00
2.500	2.821	2.500	7.80
2.767	3.351	2.680	8.10
3.339	2.908	3.520	7.70
2.492	2.800	2.820	7.50
3.254	3.462	3.780	7.90
3.764	4.352	3.140	7.80
1.945	1.760	1.740	6.90
2.612	2.488	2.560	7.30
2.443	2.271	2.420	7.90
2.985	3.076	2.760	7.70
3.967	2.902	2.940	7.10
2.058	2.218	2.260	7.30
2.919	2.602	2.830	8.40
2.511	2.855	2.900	7.70
2.407	2.674	2.510	8.20
2.366	2.958	3.270	7.70
2.416	2.330	2.460	7.10
3.627	3.326	3.460	7.70
2.687	2.725	2.940	7.50
2.354	2.480	2.690	7.50
2.259	2.452	2.470	7.50
2.455	2.510	2.490	7.20
3.324	3.337	3.280	7.80
3.079	2.678	2.770	7.40
2.371	2.541	2.620	7.50
2.706	2.949	2.720	7.30
2.653	2.628	3.470	7.50
2.329	2.387	2.170	7.40
2.229	2.495	3.180	7.10
3.514	3.342	3.830	7.60
3.599	3.656	3.750	7.30
2.982	2.864	2.870	7.70
2.837	3.343	3.250	7.60
2.676	3.012	2.880	7.60
3.013	3.068	3.560	7.70
2.723	2.628	2.930	7.70
2.463	3.281	3.320	7.30
2.386	2.489	2.660	7.50
2.512	2.936	3.040	7.80
2.476	2.499	2.690	7.20
3.120	2.715	3.310	7.80
2.523	2.784	2.950	7.70

AMERICAN OVERSIGHT

	3.025	3.100	3.000				7.50	
	2.171	2.190	2.350				7.50	
	2.732	3.110	2.980				7.60	
	2.533	2.604	2.670				7.20	
	3.091	3.351	3.350				7.60	
	2.414	2.237	2.550				7.40	
	2.699	2.926	2.810				7.60	
	2.228	2.254	2.470				7.70	
	2.147	2.212	2.350				7.60	
	2.107	2.402	2.560				8.00	
	2.516	2.951	3.470				7.80	
	2.416	2.285	2.380				7.40	
	2.149	2.296	2.270				7.30	
	2.192	2.304	2.350				7.50	
	2.317	2.240	2.330				7.30	
			2.070				6.90	
	1.546	1.697	1.750				6.70	
	2.694	2.640	2.410				7.30	
	2.568	2.766	3.200				7.90	
	2.808	2.944	2.640				8.10	
	2.757	2.942	2.830				7.90	
	2.439	2.670	2.310				7.50	
	2.660	2.883	2.630				8.00	
	2.114	2.099	1.940				7.50	
	2.723	2.996	2.710				8.10	
	2.485	2.866	3.020				8.00	
	3.203	2.891	2.880				7.80	
	2.152	2.270	2.300				7.50	
	2.768	2.701	2.690				7.90	
	3.148	3.128	3.200				7.70	
	2.247	2.410	2.360				7.70	
			2.030				7.50	
	2.921	3.249	3.360				8.30	
	2.801	2.056	2.320				7.80	
	2.562	2.558	2.540				8.30	
	2.143	2.299	2.640				8.20	
	3.248	3.324	3.220				7.40	
	4.580	5.080	5.290				8.60	
	2.353	2.407	2.270				8.00	
	2.295	2.500	2.430				8.30	
	2.326	2.463	2.480				7.90	
	4.525	3.754	4.390				8.40	
	3.687	3.609	4.070				7.90	
	2.797	3.191	4.540				7.70	
	3.928	3.512	3.580				8.60	
	3.627	3.459	3.440				8.40	
	3.177	3.645	3.760				8.50	
	3.855	3.210	4.090				8.40	
	3.610	3.733	4.170				8.40	
-	2.7287	2.8147	2.8810	-	-	-	7.59	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

27	29	34		28	30	35		29

PERCENT OF BENEFICIARIES WITH ATRIAL FIBRILATION				PERCENT OF BENEFICIARIES WITH ALZHEIMERS				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
18.2%	20.1%	22.0%		57.1%	61.2%	71.0%		33.1%
21.9%	12.8%	25.0%		51.0%	57.5%	61.0%		34.4%
23.7%	28.3%	27.0%		53.0%	48.6%	51.0%		26.1%
26.5%	25.9%	30.0%		50.6%	53.1%	58.0%		30.1%
25.6%	28.4%	31.0%		70.3%	67.3%	66.0%		28.5%
25.1%	24.7%	31.0%		38.3%	40.7%	47.0%		24.4%
23.9%	25.9%	20.0%		65.2%	56.8%	53.0%		29.7%
30.5%	32.7%	30.0%		56.5%	48.0%	56.0%		26.0%
35.0%	32.5%	30.0%		54.6%	49.8%	54.0%		23.1%
22.8%	30.4%	26.0%		53.7%	56.3%	62.0%		26.0%
23.8%	34.9%	37.0%		44.2%	46.7%	51.0%		21.5%
14.6%	26.5%	22.0%		*	67.6%	73.0%		24.3%
21.8%	26.3%	30.0%		54.9%	60.6%	71.0%		27.8%
26.8%	22.1%	35.0%		62.5%	60.6%	61.0%		25.9%
25.5%	26.9%	24.0%		50.6%	50.6%	52.0%		37.6%
23.7%	22.4%	18.0%		55.7%	70.1%	62.0%		39.7%
24.6%	20.3%	23.0%		62.7%	65.4%	68.0%		28.4%
25.1%	23.9%	20.0%		50.8%	58.5%	55.0%		26.2%
18.6%	22.1%	14.0%		68.0%	56.7%	57.0%		23.7%
17.3%	17.3%	22.0%		69.1%	72.0%	64.0%		23.5%
27.4%	27.0%	34.0%		52.2%	47.0%	52.0%		28.3%
28.1%	29.7%	16.0%		*	*	**		27.0%
33.7%	33.9%	24.0%		55.7%	52.8%	59.0%		40.4%
38.6%	32.7% *			66.7% *		65.0%		29.8%
23.5%	18.3%	18.0%		*	*	**		18.8%
23.4%	22.1%	26.0%		59.6%	59.1%	52.0%		26.2%
24.2%	25.7%	19.0%		62.1%	54.1%	62.0%		30.7%
29.5%	27.0%	36.0%		53.0%	57.5%	60.0%		29.5%
27.2%	27.9%	29.0%		67.9%	55.8%	68.0%		23.5%
28.2%	31.2%	29.0%		63.2%	67.9%	68.0%		23.0%
34.2%	28.0%	36.0%		53.8%	55.1%	60.0%		26.9%
24.9%	19.5%	21.0%		50.5%	57.3%	56.0%		35.7%

AMERICAN OVERSIGHT

23.3%	26.2%	21.0%	50.9%	50.8%	48.0%	32.8%
22.3%	29.1%	22.0%	56.9%	58.7%	70.0%	22.3%
24.2%	14.9%	17.0%	56.5%	60.4%	61.0%	25.0%
29.8%	28.7%	26.0%	51.3%	53.8%	57.0%	28.1%
31.9%	31.9%	26.0%	44.0%	42.9%	49.0%	27.7%
19.8%	19.9%	23.0%	56.5%	59.3%	62.0%	32.1%
28.1%	30.0%	29.0%	52.7%	58.3%	56.0%	24.1%
33.3%	36.5%	36.0%	33.1%	38.9%	40.0%	24.2%
27.1%	19.2%	24.0%	60.2%	58.1%	61.0%	29.5%
26.7%	26.3%	31.0%	45.5%	47.1%	47.0%	29.8%
28.5%	30.7%	33.0%	49.4%	54.7%	54.0%	30.1%
41.3%	35.8%	37.0%	58.0%	65.4%	58.0%	19.0%
30.3%	28.1%	28.0%	46.8%	45.3%	50.0%	30.6%
22.7%	27.0%	24.0%	40.6%	50.0%	56.0%	35.0%
35.9%	23.1%	32.0%	65.8%	66.8%	61.0%	28.6%
29.5%	28.8%	27.0%	54.9%	65.4%	61.0%	35.8%
31.8%	35.2%	33.0%	40.1%	45.3%	54.0%	32.4%
31.2%	29.8%	30.0%	34.0%	37.0%	39.0%	31.5%
36.7%	28.4%	30.0%	50.4%	49.6%	49.0%	31.9%
38.8%	33.0%	27.0%	46.3%	51.0%	63.0%	26.2%
35.7%	27.1%	26.0%	37.0%	37.0%	42.0%	28.9%
33.2%	38.0%	33.0%	44.2%	45.7%	53.0%	28.4%
29.2%	26.0%	28.0%	49.0%	45.7%	49.0%	30.2%
36.0%	32.2%	34.0%	41.9%	44.1%	45.0%	32.6%
31.8%	34.9%	34.0%	35.8%	41.5%	45.0%	32.6%
24.8%	22.7%	27.0%	62.7%	56.7%	62.0%	32.3%
20.0%	24.2%	22.0%	59.1%	54.1%	59.0%	29.6%
31.4%	29.7%	37.0%	54.6%	52.5%	58.0%	26.6%
31.0%	34.8%	33.0%	42.3%	49.0%	43.0%	30.3%
33.0%	33.0%	36.0%	38.3%	40.7%	43.0%	29.1%
28.5%	27.1%	31.0%	49.8%	49.8%	47.0%	22.2%
17.9%	19.0%	19.0%	*	66.7%	59.0%	30.4%
15.1%	26.5%	24.0%	74.5%	59.2%	48.0%	32.1%
26.6%	32.9%	33.0%	57.8%	52.7%	51.0%	25.6%
28.2%	20.7%	13.0%	61.2%	50.0%	50.0%	31.8%
25.0%	18.3%	19.0%	* *	**		30.4%
18.4%	19.4%	21.0%	67.1%	58.1%	61.0%	42.1%
16.7%	17.0%	16.0%	72.2%	74.5%	74.0%	31.5%
10.6%	19.2% *		57.4%	61.5%	68.0%	42.6%
17.4%	18.2% *		63.0%	72.7%	71.0%	34.8%
15.8%	22.5% *		*	70.0% **		36.8%
26.7%	17.6%	15.0%	70.8%	68.2%	72.0%	38.3%
19.7%	17.0%	17.0%	67.1%	64.8%	70.0%	22.4%
27.0%	20.0%	19.0%	* *		70.0%	38.2%
12.5%	25.0% *		66.7%	58.3% **		41.7%
13.3%	0.0% *		* *	**		26.7%
21.3%	32.9%	39.0%	56.5%	60.8% **		25.0%
27.9%	24.7%	21.0%	70.1%	69.9%	66.0%	19.5%
22.8%	10.9%	25.0%	62.4%	56.5%	73.0%	27.7%
19.6%	17.1%	17.0%	51.3%	60.0%	51.0%	20.1%
36.0%	38.0%	36.0%	53.7%	53.5%	53.0%	22.2%
31.2%	29.7%	31.0%	53.3%	52.6%	56.0%	27.5%
31.6%	30.8%	32.0%	* *		64.0%	21.3%

AMERICAN OVERSIGHT

23.3%	20.8%	24.0%	67.1%	69.6%	69.0%	35.1%
14.1%	10.2%	15.0%	* *	**		39.1%
23.5%	25.9%	28.0%	*	74.5%	73.0%	28.7%
27.1%	24.1%	22.0%	73.4% *		74.0%	26.1%
31.6%	30.7%	30.0%	54.4%	54.4%	51.0%	33.8%
19.0%	16.3%	22.0%	65.5%	67.4%	64.0%	31.0%
15.6%	22.4%	28.0%	*	70.9%	67.0%	19.8%
31.6%	29.1%	29.0%	61.9%	69.9%	68.0%	32.0%
29.0%	25.3%	26.0%	58.9%	67.0%	66.0%	36.3%
28.2%	26.5%	31.0%	52.0%	57.6%	62.0%	31.5%
12.3%	17.1% *		64.0%	70.1%	69.0%	38.6%
25.8%	27.1%	26.0%	61.3%	61.7%	65.0%	33.2%
28.1%	25.0%	35.0%	58.3%	67.0%	67.0%	30.6%
28.2%	25.2%	26.0%	61.8%	61.7%	60.0%	28.2%
18.7%	23.6%	28.0%	55.1%	59.4%	67.0%	32.6%
31.6%	24.8%	32.0%	53.1%	57.9%	62.0%	32.1%
28.2%	25.9%	26.0%	66.7%	61.4%	63.0%	26.6%
28.4%	25.0%	30.0%	*	69.2%	65.0%	34.3%
37.2%	37.0%	36.0%	37.8%	42.5%	42.0%	21.2%
27.7%	22.5%	30.0%	67.2%	69.0%	61.0%	29.7%
30.7%	34.2%	37.0%	55.1%	52.9%	55.0%	32.0%
25.9%	25.2%	30.0%	60.8%	61.4%	59.0%	31.7%
33.0%	26.4%	22.0%	56.0%	50.9%	52.0%	30.8%
31.6%	30.5%	33.0%	43.0%	44.9%	49.0%	25.5%
27.8%	32.4%	37.0%	55.6%	66.0%	74.0%	25.7%
35.3%	36.5%	35.0%	48.8%	56.4%	55.0%	22.5%
35.5%	31.2%	38.0%	52.7%	60.6%	64.0%	35.5%
27.3%	27.4%	36.0%	68.8%	72.2%	70.0%	32.0%
29.4%	33.8%	36.0%	45.1%	40.5%	45.0%	32.0%
28.0%	23.5%	21.0%	64.9%	58.8%	56.0%	21.4%
23.2%	24.2%	23.0%	53.8%	61.5%	56.0%	26.1%
30.1%	26.2%	28.0%	59.7%	59.3%	48.0%	27.8%
31.1%	33.3%	35.0%	56.4%	54.5%	53.0%	28.9%
29.3%	26.0%	26.0%	52.8%	49.0%	56.0%	27.3%
30.5%	25.5%	30.0%	52.8%	51.4%	54.0%	24.8%
35.4%	28.9%	30.0%	48.6%	44.6%	52.0%	27.5%
31.7%	29.2%	25.0%	61.5%	58.8%	64.0%	24.0%
26.8%	26.7%	29.0%	67.7%	65.6%	66.0%	33.8%
17.4%	24.7%	27.0%	66.0%	64.8%	66.0%	37.5%
21.1%	28.3%	30.0%	*	69.2%	72.0%	26.3%
28.7%	29.5%	28.0%	51.4%	60.4%	49.0%	21.5%
25.3%	13.8%	26.0%	57.9%	72.4%	64.0%	30.5%
24.0%	28.6%	15.0%	63.5%	52.7%	60.0%	31.3%
31.5%	26.6%	29.0%	* *	**		29.8%
21.8%	18.4%	15.0%	74.5%	73.1%	69.0%	27.3%
20.5%	22.4%	22.0%	57.8%	57.0%	59.0%	32.4%
21.6%	24.2%	32.0%	62.2%	68.5%	67.0%	27.6%
28.2%	29.7%	30.0%	54.0%	56.5%	52.0%	29.9%
24.1%	28.0%	22.0%	53.4%	53.8%	59.0%	23.3%
31.8%	28.6%	28.0%	62.8%	60.4%	60.0%	24.5%
20.1%	23.1%	27.0%	67.5%	70.1%	68.0%	33.7%
32.3%	33.1%	35.0%	48.9%	49.8%	59.0%	21.3%
17.1%	15.2%	24.0%	50.7%	53.1%	74.0%	33.6%
22.2%	22.1%	29.0%	49.1%	58.2%	64.0%	31.6%

AMERICAN OVERSIGHT

16.7%	23.6%	26.0%		60.5%	66.7%	60.0%	29.6%
32.1%	34.3%	36.0%		53.6%	52.8%	59.0%	25.0%
30.1%	26.8%	17.0%		53.7%	58.0%	62.0%	29.4%
31.3%	25.9%	24.0%		53.4%	49.0%	57.0%	25.2%
21.2%	26.8%	28.0%		57.0% *	**		30.5%
30.8%	26.8%	27.0%		74.0%	70.1%	69.0%	26.0%
32.9%	33.3%	32.0%		54.6%	54.2%	58.0%	21.7%
31.1%	35.2%	37.0%		60.8%	65.1%	64.0%	25.0%
34.7%	34.7%	36.0%		56.0%	55.8%	55.0%	25.7%
30.6%	34.9%	34.0%		63.0%	56.4%	58.0%	30.1%
28.2%	30.4%	22.0%		44.7%	56.0%	59.0%	26.2%
26.3%	32.3%	32.0%		56.5%	63.9%	64.0%	17.2%
30.1%	34.1%	36.0%		37.5%	45.2%	48.0%	24.0%
39.7%	35.1%	34.0%		51.0%	62.0%	64.0%	24.0%
36.4%	36.3%	41.0%		45.0%	40.4%	42.0%	29.5%
		29.0%				32.0%	
35.6%	35.2%	37.0%		31.1%	36.8%	37.0%	21.2%
31.2%	33.2%	35.0%		57.9%	64.0%	68.0%	28.0%
31.9%	33.3%	35.0%		68.1% *		70.0%	22.2%
23.9%	21.4%	22.0%	*	*	**		22.5%
37.1%	37.9%	35.0%		62.2%	64.7%	66.0%	22.0%
36.7%	34.5%	34.0%		41.6%	48.6%	48.0%	24.8%
36.7%	36.7%	40.0%		54.6%	64.6%	60.0%	21.9%
28.0%	24.7%	29.0%	*	*	**		11.0%
41.4%	40.1%	36.0%		49.0%	52.7%	62.0%	22.1%
30.6%	31.5%	42.0%		56.9%	52.7%	62.0%	27.8%
32.0%	30.0%	32.0%		50.3%	58.2%	66.0%	24.4%
37.3%	35.2%	40.0%		34.7%	45.0%	53.0%	20.1%
17.4%	17.4%	21.0%	*	*	**		22.0%
24.6%	31.4%	33.0%		62.9%	72.8%	73.0%	29.1%
33.8%	30.7%	32.0%		43.1%	48.1%	51.0%	26.4%
		37.0%				45.0%	
30.0%	21.6%	33.0%		50.7% *	**		31.3%
18.2%	33.3%	27.0%		63.6%	61.1%	73.0%	36.4%
23.9%	34.0%	37.0%		69.7%	66.0%	65.0%	23.9%
18.9%	19.6%	19.0%	*	*	**		13.4%
22.6%	26.0%	22.0%		52.5%	74.5%	72.0%	29.0%
27.4%	28.1%	28.0%		65.2%	70.2%	68.0%	23.9%
40.6%	36.2%	40.0%		47.0%	61.5%	66.0%	28.7%
35.1%	33.8%	33.0%		58.7%	68.5% **		22.7%
35.6%	32.8%	38.0%		55.9%	66.8%	69.0%	21.1%
8.0%	6.6%	13.0%		56.0%	59.5%	73.0%	38.0%
9.6%	6.4%	10.0%		68.6% *	**		28.5%
5.5%	9.9% *			51.5%	59.9% **		28.5%
19.7%	19.3%	15.0%	*	*	**		42.6%
23.9%	14.9%	34.0%		74.3% *	**		37.2%
19.2%	24.1%	20.0%		73.5% *	**		37.1%
21.5%	22.2%	28.0%		68.4% *	**		20.3%
23.3%	21.1% *			70.0%	65.8% **		23.3%
26.12%	25.74%	26.41%	0.00%	49.91%	49.77%	51.72%	0.00%	28.02%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

31	36		30	32	37		31	33
OF BENEFICIARIES WITH ASTHMA			PERCENT OF BENEFICIARIES WITH CANCER				PERCENT OF BENEFICIA HEART FAI	
2016	2017	2018	2015	2016	2017	2018	2015	2016
44.0% *			6.5%	9.7% *			60.4%	53.7%
55.3%	13.0%		10.4%	10.6%	14.0%		56.8%	56.4%
43.4%	9.0%		14.5%	16.5%	13.0%		48.6%	50.0%
47.6% *			14.5%	11.9%	17.0%		60.8%	57.3%
48.1% *			12.8%	17.3%	19.0%		54.1%	54.9%
37.8%	7.0%		12.0%	16.6%	14.0%		45.1%	47.2%
49.6% *			13.0%	17.3%	16.0%		58.0%	64.0%
43.3%	9.0%		15.8%	17.9%	17.0%		57.9%	58.9%
41.4%	7.0%		18.8%	17.3%	20.0%		50.4%	56.5%
54.5%	10.0%		16.3%	15.2%	15.0%		49.6%	53.6%
40.8%	6.0%		20.9%	26.3%	19.0%		48.8%	43.4%
57.8% *			17.5%	13.7%	14.0%		61.2%	60.8%
59.1%	10.0%		12.8%	10.2%	11.0%		52.6%	53.3%
50.0% *			14.3%	10.6% *			52.7%	59.6%
56.1%	9.0%		12.2%	16.6%	17.0%		55.1%	56.5%
62.6%	13.0%		9.9%	8.4% *			62.6%	53.3%
42.5%	11.0%		20.9%	18.3%	9.0%		53.7%	56.2%
45.8%	11.0%		14.4%	18.3%	13.0%		45.5%	47.2%
41.3% *			11.3%	9.6% *			48.5%	50.0%
29.3% *			7.4%	9.3% *			55.6% *	
52.0% *			18.6%	20.0%	13.0%		60.2%	61.0%
46.9% *			14.6%	12.5% *			62.9%	62.5%
48.5%	13.0%		15.3%	15.3%	18.0%		61.2%	56.4%
38.8% *			10.5%	6.1% *			50.9%	61.2%
37.3%	9.0%		11.4%	11.9%	13.0%		44.3%	51.6%
46.1%	9.0%		11.3%	16.2%	14.0%		48.2%	56.5%
39.9%	9.0%		12.4%	13.5%	14.0%		58.2%	54.7%
55.7%	9.0%		11.5%	16.1%	18.0%		63.5%	63.8%
46.5% *			14.8%	9.3%	13.0%		50.6%	43.0%
44.0% *			17.8%	18.3%	12.0%		53.4%	50.5%
44.5%	9.0%		17.8%	19.5%	17.0%		42.9%	46.6%
55.8%	9.0%		12.6%	14.6%	15.0%		56.3%	56.9%

AMERICAN OVERSIGHT

46.6%	13.0%	12.5%	20.0%	19.0%	50.9%	57.7%
43.4%	6.0%	11.7%	14.3%	16.0%	46.3%	52.9%
44.6% *		9.7%	5.9%	22.0%	50.8%	46.5%
49.8%	11.0%	18.5%	19.0%	20.0%	51.3%	49.2%
51.8%	8.0%	12.0%	17.3%	18.0%	51.8%	49.2%
47.3%	13.0%	16.0%	16.4%	16.0%	52.3%	53.1%
37.0%	15.0%	17.3%	17.5%	17.0%	51.6%	57.0%
39.2%	8.0%	23.0%	20.9%	22.0%	45.7%	49.0%
46.5%	13.0%	13.3%	14.1%	18.0%	51.8%	59.1%
42.9%	8.0%	17.1%	19.0%	19.0%	57.5%	54.0%
47.2%	6.0%	15.1%	12.7%	19.0%	45.6%	49.5%
37.3%	7.0%	19.4%	20.1%	16.0%	50.9%	50.4%
43.2%	9.0%	17.2%	22.1%	18.0%	49.5%	47.7%
52.7%	9.0%	12.0%	17.6%	19.0%	43.2%	42.8%
46.6%	7.0%	18.8%	19.4%	21.0%	54.3%	46.3%
45.2%	19.0%	17.6%	15.4%	12.0%	56.0%	63.5%
45.3%	15.0%	18.8%	16.6%	16.0%	48.9%	50.4%
48.0%	15.0%	18.9%	21.2%	19.0%	44.8%	44.8%
50.9%	7.0%	14.4%	18.0%	13.0%	58.1%	46.8%
49.0%	11.0%	14.5%	17.0%	18.0%	57.9%	54.4%
51.3%	10.0%	16.4%	13.2%	18.0%	58.5%	47.3%
44.6%	13.0%	20.7%	18.2%	19.0%	57.9%	58.1%
48.0%	11.0%	19.8%	22.0%	18.0%	54.2%	54.9%
49.8%	17.0%	16.6%	16.3%	20.0%	53.0%	52.7%
45.2%	13.0%	21.5%	16.6%	18.0%	46.1%	52.8%
47.3%	14.0%	13.0%	7.3%	15.0%	49.7%	58.0%
42.8%	14.0%	10.4%	10.3%	14.0%	51.3%	56.2%
46.3%	8.0%	20.6%	19.4%	20.0%	51.7%	52.5%
44.0%	15.0%	17.1%	15.7%	15.0%	56.8%	55.7%
48.6%	15.0%	16.6%	17.7%	18.0%	43.9%	45.8%
37.2%	9.0%	20.4%	17.0%	16.0%	49.3%	49.8%
36.5% *		14.3%	11.1% *		30.4%	28.6%
52.0%	11.0%	7.5%	19.4%	19.0%	43.4%	52.0%
41.4%	11.0%	13.6%	13.1%	16.0%	52.3%	57.2%
58.7%	16.0%	12.9%	10.9%	14.0%	57.6%	65.2%
51.7% *		10.7%	11.7% *		60.7%	50.0%
56.9%	13.0%	15.8%	15.0%	14.0%	35.5%	38.8%
54.7%	12.0%	15.7%	9.4%	12.0%	45.4%	38.7%
46.2% *		10.6%	7.7% *		44.7%	46.2%
39.4% *		4.3%	12.1% *		65.2%	42.4%
62.5% *		10.5%	17.5% *		44.7%	52.5%
55.3%	9.0%	8.3%	16.5%	15.0%	42.5%	43.5%
37.5% *		15.8%	10.2%	14.0%	50.0%	37.5%
52.3% *		9.0%	12.3% *		49.4%	50.8%
50.0% *		16.7%	8.3% *		45.8%	37.5%
36.7% *		6.7%	3.3% *		33.3%	33.3%
55.7% *		18.5%	21.5%	18.0%	60.2%	63.3%
45.2% *		13.6%	14.0%	20.0%	47.4%	50.5%
45.7% *		18.8%	4.3% *		43.6%	39.1%
34.7%	8.0%	13.8%	19.4%	18.0%	43.4%	45.9%
33.7%	11.0%	21.7%	19.8%	26.0%	43.8%	48.1%
45.2%	13.0%	15.5%	18.7%	15.0%	47.2%	48.1%
40.8%	11.0%	12.3%	18.9%	21.0%	45.2%	50.3%

AMERICAN OVERSIGHT

49.8%	15.0%	13.1%	14.2%	19.0%	54.6%	48.1%
47.7%	17.0%	11.7%	10.2%	12.0%	43.8%	40.6%
53.2%	10.0%	19.4%	12.8%	16.0%	56.5%	56.7%
48.8%	10.0%	10.1%	8.8%	15.0%	45.7%	50.6%
57.9%	12.0%	18.9%	16.1%	17.0%	56.1%	60.5%
43.5%	12.0%	11.9%	6.5%	14.0%	47.6%	48.9%
38.8%	15.0%	10.4%	6.0%	11.0%	43.8%	48.5%
53.9%	13.0%	16.6%	17.0%	17.0%	55.9%	53.9%
49.0%	11.0%	12.9%	14.9%	15.0%	58.9%	53.1%
47.9%	10.0%	15.3%	17.7%	19.0%	52.5%	52.1%
51.3% *		8.8%	14.5%	17.0%	52.6%	46.2%
49.1%	14.0%	15.2%	14.5%	16.0%	51.6%	50.0%
48.9%	8.0%	12.5%	13.8%	18.0%	47.6%	46.4%
54.8%	23.0%	14.5%	12.2%	13.0%	48.1%	47.8%
50.9%	12.0%	15.0%	9.7%	13.0%	44.4%	45.5%
45.9%	15.0%	17.5%	16.9%	15.0%	43.0%	47.1%
45.0%	11.0%	13.6%	13.2%	13.0%	61.0%	52.9%
38.5% *		11.9%	11.5% *		53.7%	59.6%
35.7%	7.0%	14.7%	13.6%	15.0%	43.4%	43.5%
38.7%	14.0%	12.5%	13.7%	12.0%	52.4%	53.5%
51.8%	10.0%	16.0%	21.6%	21.0%	56.0%	48.9%
42.9%	11.0%	19.6%	18.4%	21.0%	54.5%	54.6%
42.7%	14.0%	17.6%	10.0%	12.0%	61.5%	52.7%
43.3%	7.0%	18.8%	18.4%	20.0%	44.9%	48.4%
43.7%	14.0%	17.0%	19.2%	16.0%	59.1%	52.5%
38.7%	10.0%	20.3%	19.1%	22.0%	52.0%	52.7%
47.6%	17.0%	13.8%	11.2%	10.0%	57.1%	54.1%
42.9%	10.0%	13.9%	12.3%	14.0%	53.7%	49.5%
52.5%	7.0%	16.6%	15.5%	19.0%	50.3%	51.4%
39.9%	14.0%	16.1%	15.7%	14.0%	53.6%	47.7%
40.2%	12.0%	17.5%	13.2%	15.0%	51.4%	51.4%
39.3%	13.0%	17.6%	16.6%	19.0%	62.5%	56.6%
36.6%	10.0%	18.4%	20.4%	17.0%	52.7%	55.1%
37.3%	9.0%	12.3%	17.3%	13.0%	51.3%	50.4%
38.8%	15.0%	14.8%	15.8%	19.0%	61.3%	54.7%
34.7%	14.0%	15.2%	17.5%	16.0%	52.5%	46.1%
39.2%	12.0%	12.6%	13.6%	14.0%	41.6%	45.2%
46.2% *		14.9%	14.5%	12.0%	47.2%	51.1%
44.4%	9.0%	12.5%	14.8%	9.0%	40.3%	45.1%
39.4%	5.0%	14.6%	16.2%	18.0%	38.6%	47.5%
42.3%	8.0%	14.4%	14.8%	15.0%	48.1%	50.3%
37.9%	13.0%	9.5%	8.0% *		63.2%	59.8%
41.8%	13.0%	12.5%	5.5% *		52.1%	53.8%
39.9%	15.0%	14.0%	7.4%	9.0%	59.6%	52.7%
46.1%	17.0%	12.7%	9.9%	12.0%	50.9%	48.9%
40.5%	16.0%	15.6%	13.1%	9.0%	54.1%	52.7%
43.0%	13.0%	12.4%	17.5%	9.0%	58.4%	62.4%
45.5%	15.0%	12.1%	14.8%	18.0%	58.6%	54.5%
39.2%	10.0%	14.7%	14.5%	15.0%	45.3%	50.0%
37.2%	10.0%	15.8%	22.2%	14.0%	47.6%	45.2%
58.5%	14.0%	16.0%	15.6%	14.0%	55.6%	51.7%
46.5%	9.0%	21.1%	18.7%	14.0%	48.9%	47.5%
45.5% *		13.7%	13.8%	16.0%	49.3%	42.1%
50.5%	12.0%	15.0%	13.9%	15.0%	49.6%	47.6%

AMERICAN OVERSIGHT

43.6%	12.0%		16.0%	16.9%	16.0%		48.1%	51.3%
42.7%	7.0%		17.5%	16.1%	18.0%		46.1%	48.6%
47.3%	12.0%		9.6%	17.0%	15.0%		50.7%	45.5%
37.8% *			21.4%	17.5%	15.0%		50.4%	45.5%
37.8% *			12.6%	11.8%	13.0%		47.7%	45.7%
39.2% *			12.5%	14.4%	16.0%		51.0%	59.8%
41.7%	12.0%		20.8%	20.1%	18.0%		52.1%	55.7%
33.7%	12.0%		22.1%	16.8%	18.0%		43.6%	49.5%
44.2%	10.0%		22.2%	19.5%	21.0%		49.0%	52.2%
48.2%	10.0%		17.2%	18.0%	19.0%		51.5%	49.3%
36.8%	14.0%		10.7%	19.2%	15.0%		45.6%	42.4%
35.1%	10.0%		22.5%	20.6%	20.0%		43.9%	41.9%
33.2%	11.0%		19.9%	22.0%	19.0%		39.1%	48.6%
39.4%	6.0%		22.5%	22.6%	23.0%		50.7%	51.0%
41.9%	12.0%		21.7%	22.2%	23.0%		48.4%	47.7%
	11.0%				17.0%			
34.5%	12.0%		16.7%	15.2%	19.0%		39.0%	40.6%
48.5%	9.0%		20.0%	15.0%	13.0%		50.1%	52.6%
38.5%	9.0%		17.1%	12.8%	16.0%		53.2%	52.3%
38.6% *			9.9%	17.1% *			40.8%	40.0%
34.9%	8.0%		18.1%	21.7%	23.0%		58.7%	62.1%
33.8%	12.0%		19.6%	17.6%	22.0%		50.9%	50.1%
38.4%	15.0%		23.1%	19.0%	21.0%		55.4%	58.7%
20.0% *			15.2%	14.7%	10.0%		39.6%	44.0%
28.2%	13.0%		22.3%	19.3%	23.0%		56.2%	53.7%
39.0%	8.0%		16.7%	16.4%	11.0%		42.6%	41.8%
32.4%	19.0%		19.8%	12.9%	16.0%		57.9%	57.6%
33.3%	9.0%		19.9%	19.6%	21.0%		42.6%	42.9%
44.3%	11.0%		9.2%	7.8%	11.0%		45.0%	38.3%
41.9%	11.0%		10.3%	14.1%	7.0%		45.7%	55.5%
42.0%	10.0%		20.6%	21.6%	20.0%		43.9%	48.6%
	13.0%				22.0%			
49.3%	10.0%		11.3%	19.4%	18.0%		52.7%	56.7%
33.3% *			9.1%	5.6% *			63.6%	55.6%
38.9%	15.0%		18.7%	22.9%	18.0%		57.4%	56.3%
26.1% *			11.8%	13.0%	13.0%		43.3%	39.1%
46.9%	10.0%		17.5%	16.3%	13.0%		52.1%	53.6%
44.4%	13.0%		11.4%	9.4%	19.0%		61.2%	63.2%
41.4%	9.0%		17.8%	21.8%	25.0%		58.4%	54.0%
41.7%	8.0%		14.5%	21.3%	22.0%		52.1%	56.5%
37.5%	9.0%		17.2%	20.7%	15.0%		49.4%	48.4%
54.5%	13.0%		6.0%	5.8%	6.0%		44.0%	39.7%
47.2%	10.0%		3.8%	5.6%	11.0%		47.3%	43.3%
48.0% *			6.5%	5.6% *			32.4%	32.1%
63.2%	12.0%		10.6%	10.5%	9.0%		59.0%	55.6%
52.6%	16.0%		13.3%	17.5%	11.0%		54.0%	50.0%
53.5%	13.0%		13.9%	13.7%	15.0%		60.4%	61.8%
45.7% *			12.7%	12.3% *			62.0%	50.6%
44.7% *			15.0%	13.2% *			63.3%	57.9%
43.86%	9.28%	0.00%	14.56%	14.73%	14.15%	0.00%	50.20%	49.86%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

38		32	34	39		33	35	40
RIES WITH CONGESTIVE LURE (CHF)		PERCENT OF BENEFICIARIES WITH CHRONIC KIDNEY DISEASE (CKD)				PERCENT OF BENEFICIARIES WITH OBSTRUCTIVE PULMONARY DISORD		
2017	2018	2015	2016	2017	2018	2015	2016	2017
62.0%		64.9%	67.9% **			49.4%	45.5%	48.0%
54.0%		64.1%	68.2%	72.0%		46.4%	54.7%	50.0%
54.0%		63.5%	68.9%	70.0%		49.4%	43.9%	46.0%
52.0%		68.7%	65.7%	64.0%		47.6%	49.7%	48.0%
58.0%		66.3%	66.0% **			47.1%	45.7%	41.0%
51.0%		46.5%	56.6%	65.0%		37.1%	35.7%	38.0%
62.0%		67.4%	71.9% **			41.3%	46.8%	49.0%
58.0%		63.4%	63.7%	72.0%		44.6%	43.6%	47.0%
53.0%		51.5%	56.1%	65.0%		39.2%	40.9%	41.0%
61.0%		64.2%	67.9% **			50.4%	54.5%	52.0%
56.0%		54.7%	59.9%	63.0%		37.2%	40.1%	44.0%
60.0%		55.3%	60.8%	65.0%		49.5%	55.9%	49.0%
59.0%		71.4%	66.4%	62.0%		41.4%	59.1%	50.0%
60.0%		55.4%	61.5%	65.0%		47.3%	50.0%	44.0%
62.0%		58.9%	66.8%	71.0%		49.4%	55.3%	56.0%
62.0%		58.0%	68.2% **			60.3%	64.5%	64.0%
56.0%		65.7%	73.2%	70.0%		45.5%	41.8%	37.0%
50.0%		56.7%	67.6%	74.0%		34.8%	46.5%	40.0%
49.0%		54.6%	69.2%	67.0%		52.6%	37.5%	38.0%
54.0%		65.4%	64.0%	62.0%		27.2%	26.7%	28.0%
61.0%		58.4%	58.0%	57.0%		43.4%	51.0%	50.0%
57.0%		60.7%	54.7%	58.0%		48.3%	45.3%	51.0%
59.0%		63.5%	60.6%	68.0%		48.2%	48.2%	48.0%
49.0%		64.9%	46.9%	60.0%		35.1%	32.7%	33.0%
45.0%		57.0%	60.3%	60.0%		28.9%	37.3%	38.0%
54.0%		53.9%	54.5%	58.0%		37.6%	44.8%	39.0%
68.0%		57.5%	62.8%	64.0%		43.8%	41.2%	46.0%
64.0%		63.5%	70.7%	75.0%		53.5%	56.3%	59.0%
54.0%		43.2%	64.0%	68.0%		42.0%	47.7%	47.0%
52.0%		54.6%	65.1%	63.0%		44.8%	46.8%	37.0%
42.0%		52.7%	61.0%	65.0%		40.7%	42.4%	47.0%
63.0%		56.3%	63.3%	60.0%		49.8%	56.6%	62.0%

AMERICAN OVERSIGHT

59.0%	60.2%	65.6%	70.0%	40.9%	44.9%	44.0%
53.0%	59.0%	59.3%	72.0%	42.0%	47.6%	48.0%
45.0%	62.9%	62.4%	73.0%	53.2%	45.5%	45.0%
46.0%	62.2%	62.7%	71.0%	48.9%	48.5%	47.0%
57.0%	57.1%	60.7%	71.0%	50.3%	52.4%	56.0%
48.0%	62.4%	61.1%	67.0%	43.9%	47.3%	45.0%
53.0%	57.1%	68.6%	68.0%	35.4%	38.3%	36.0%
50.0%	53.1%	57.5%	61.0%	38.6%	39.2%	41.0%
60.0%	65.7%	66.2%	75.0%	54.8%	47.0%	54.0%
57.0%	54.1%	63.7%	65.0%	44.2%	41.2%	41.0%
51.0%	60.3%	66.0%	68.0%	45.6%	48.1%	44.0%
54.0%	56.0%	62.7%	62.0%	37.2%	38.7%	41.0%
44.0%	54.2%	55.4%	54.0%	39.7%	45.6%	40.0%
49.0%	57.3%	60.8%	65.0%	56.8%	52.7%	54.0%
59.0%	63.2%	58.2%	66.0%	50.9%	46.3%	55.0%
64.0%	67.4%	70.2%	71.0%	47.7%	42.3%	49.0%
54.0%	62.2%	64.2%	70.0%	49.7%	43.8%	51.0%
48.0%	53.2%	64.1%	65.0%	44.8%	47.5%	47.0%
49.0%	61.5%	67.6% **		51.5%	50.5%	43.0%
63.0%	64.0%	66.5%	73.0%	48.1%	49.0%	43.0%
52.0%	59.2%	57.5%	69.0%	46.6%	49.5%	48.0%
58.0%	67.3%	72.8%	70.0%	42.9%	43.2%	42.0%
54.0%	66.1%	69.4%	63.0%	49.5%	48.0%	47.0%
58.0%	65.9%	66.2%	71.0%	47.0%	49.3%	50.0%
55.0%	55.9%	66.1%	69.0%	42.2%	44.1%	47.0%
62.0%	74.5% *		75.0%	46.0%	46.7%	51.0%
60.0%	* *	**		37.8%	40.2%	39.0%
51.0%	56.7%	62.2%	67.0%	45.6%	46.9%	40.0%
57.0%	60.3%	64.0%	68.0%	50.7%	43.8%	47.0%
45.0%	55.3%	56.5%	60.0%	46.1%	46.5%	48.0%
53.0%	57.0%	64.3%	71.0%	41.6%	34.7%	38.0%
35.0%	64.3%	63.5%	57.0%	32.1%	36.5%	46.0%
50.0%	57.5%	61.2%	71.0%	35.8%	50.0%	52.0%
64.0%	61.8%	68.5%	71.0%	40.2%	42.8%	45.0%
50.0%	60.0%	64.1%	62.0%	54.1%	55.4%	45.0%
40.0%	64.3%	63.3%	67.0%	53.6%	55.0%	42.0%
42.0%	47.4%	63.8%	68.0%	50.0%	55.0%	48.0%
38.0%	52.8% *		61.0%	56.5%	51.9%	50.0%
50.0%	63.8%	69.2%	74.0%	59.6%	46.2%	53.0%
61.0%	54.3%	57.6%	68.0%	54.3%	36.4%	54.0%
43.0%	44.7%	67.5%	74.0%	36.8%	62.5%	43.0%
37.0%	60.0%	62.4%	65.0%	50.8%	54.7%	51.0%
48.0%	47.4%	55.7%	59.0%	35.5%	39.8%	47.0%
36.0%	57.3%	70.8%	67.0%	56.2%	53.8%	58.0%
50.0%	62.5%	66.7%	63.0%	66.7%	45.8%	53.0%
*	50.0%	66.7%	69.0%	56.7%	36.7%	46.0%
63.0%	62.0%	65.8%	67.0%	46.3%	53.2%	55.0%
43.0%	57.8%	63.4%	55.0%	42.9%	41.9%	47.0%
46.0%	57.4%	69.6%	65.0%	42.6%	45.7%	38.0%
42.0%	54.0%	59.4%	68.0%	34.9%	32.9%	42.0%
49.0%	58.1%	58.3%	66.0%	32.5%	33.2%	45.0%
50.0%	59.5%	61.8%	62.0%	41.9%	45.2%	41.0%
49.0%	60.0%	58.0%	61.0%	41.3%	40.8%	37.0%

AMERICAN OVERSIGHT

48.0%	69.3%	74.4% **		45.0%	48.8%	52.0%
45.0%	60.9%	67.2%	68.0%	50.0%	47.7%	49.0%
50.0%	70.0%	72.3%	73.0%	45.8%	51.4%	43.0%
40.0%	59.0%	66.5%	68.0%	50.5%	50.0%	50.0%
62.0%	61.8%	70.1% **		57.9%	59.4%	61.0%
51.0%	66.7%	67.4%	64.0%	50.0%	47.8%	47.0%
54.0%	53.1%	67.9%	69.0%	37.5%	36.6%	50.0%
57.0%	68.0%	70.3%	73.0%	45.7%	55.6%	52.0%
55.0%	70.2%	68.6% **		58.9%	50.5%	51.0%
60.0%	64.4%	70.0%	74.0%	48.9%	47.7%	50.0%
45.0%	60.5%	73.5%	67.0%	43.0%	50.4%	42.0%
51.0%	62.5%	71.5%	71.0%	50.0%	49.1%	52.0%
52.0%	62.5%	61.6%	65.0%	46.9%	50.0%	46.0%
49.0%	67.2%	66.1%	71.0%	39.7%	51.3%	52.0%
51.0%	64.2%	61.8%	66.0%	53.5%	51.5%	50.0%
46.0%	56.0%	64.1%	67.0%	40.3%	44.2%	44.0%
60.0%	58.2%	67.2%	71.0%	48.6%	45.0%	51.0%
47.0%	65.7% *	**		44.8%	36.5%	56.0%
42.0%	47.2%	49.4%	56.0%	37.2%	35.4%	35.0%
47.0%	57.8%	63.5%	68.0%	40.9%	36.2%	42.0%
60.0%	63.1%	64.0%	70.0%	48.9%	53.2%	51.0%
54.0%	69.8%	63.2%	68.0%	47.6%	42.3%	50.0%
45.0%	60.4%	61.8%	60.0%	53.8%	42.7%	43.0%
51.0%	55.5%	61.7%	66.0%	40.7%	43.3%	44.0%
57.0%	65.5%	72.6%	74.0%	41.2%	44.0%	42.0%
53.0%	62.0%	64.4%	65.0%	33.3%	38.5%	37.0%
60.0%	56.7%	65.9%	72.0%	45.8%	49.4%	50.0%
53.0%	64.9%	65.6%	65.0%	45.9%	43.4%	45.0%
51.0%	54.6%	54.6%	61.0%	53.3%	51.9%	48.0%
59.0%	72.6%	64.7%	72.0%	30.4%	37.3%	38.0%
55.0%	60.6%	70.5%	68.0%	35.0%	37.1%	38.0%
52.0%	61.4%	61.4%	68.0%	43.8%	34.5%	37.0%
55.0%	56.4%	60.9%	67.0%	39.2%	35.8%	36.0%
49.0%	61.8%	65.2%	70.0%	40.8%	37.8%	31.0%
59.0%	66.7%	73.4% **		37.1%	37.4%	38.0%
51.0%	61.0%	59.8%	66.0%	39.9%	34.1%	34.0%
47.0%	59.5%	67.8%	65.0%	38.2%	37.9%	33.0%
45.0%	57.6%	58.4%	62.0%	48.7%	45.0%	42.0%
51.0%	60.4%	53.7%	68.0%	47.2%	44.4%	46.0%
46.0%	51.5%	59.6%	56.0%	38.0%	39.4%	42.0%
57.0%	53.0%	61.1%	66.0%	39.2%	47.7%	51.0%
58.0%	67.4%	70.1%	67.0%	46.3%	42.5%	41.0%
55.0%	64.6%	67.0%	63.0%	41.7%	39.6%	46.0%
47.0%	66.3%	68.5%	66.0%	43.8%	37.4%	37.0%
48.0%	57.6%	62.4%	69.0%	40.0%	41.8%	38.0%
53.0%	61.5%	65.8%	74.0%	44.3%	36.3%	37.0%
55.0%	62.2%	69.8%	73.0%	37.8%	39.6%	39.0%
55.0%	66.1%	67.5%	66.0%	46.6%	43.1%	49.0%
46.0%	57.8%	72.0%	68.0%	37.9%	39.2%	45.0%
46.0%	56.3%	57.6%	65.0%	39.0%	36.8%	38.0%
50.0%	62.1%	74.8%	71.0%	52.7%	58.5%	49.0%
51.0%	56.7%	61.5%	65.0%	39.6%	46.2%	46.0%
54.0%	61.0%	62.8%	75.0%	46.6%	46.2%	43.0%
52.0%	58.1%	62.5% **		50.4%	49.5%	52.0%

AMERICAN OVERSIGHT

52.0%		60.5%	68.2%	69.0%		46.3%	41.5%	41.0%
47.0%		60.7%	58.7%	66.0%		45.7%	43.7%	45.0%
48.0%		56.6%	64.3%	67.0%		43.4%	44.6%	38.0%
51.0%		55.0%	58.7%	63.0%		35.1%	36.4%	33.0%
52.0%		60.9%	63.8%	69.0%		40.4%	36.2%	44.0%
54.0%		61.5%	66.0%	65.0%		51.9%	44.3%	44.0%
54.0%		64.5%	64.0%	74.0%		35.5%	40.9%	41.0%
52.0%		57.8%	59.7%	65.0%		37.8%	32.5%	36.0%
54.0%		53.4%	60.4%	62.0%		38.2%	44.7%	46.0%
50.0%		55.9%	62.4%	65.0%		42.9%	45.5%	46.0%
52.0%		58.3%	64.8% **			35.0%	37.6%	40.0%
49.0%		53.8%	63.9%	64.0%		30.9%	36.4%	36.0%
49.0%		52.3%	57.7%	60.0%		34.8%	32.9%	36.0%
45.0%		55.1%	62.0%	64.0%		41.7%	38.3%	36.0%
52.0%		51.7%	58.1%	62.0%		42.5%	40.4%	39.0%
47.0%				72.0%				44.0%
43.0%		38.4%	44.8%	45.0%		32.2%	33.2%	35.0%
51.0%		59.2%	61.5%	65.0%		42.9%	49.9%	40.0%
57.0%		56.0%	66.7%	72.0%		41.2%	39.0%	46.0%
48.0%		59.2%	61.4%	59.0%		39.4%	40.0%	37.0%
56.0%		51.7%	62.6%	60.0%		32.8%	33.2%	32.0%
52.0%		53.5%	59.1%	64.0%		34.9%	33.2%	35.0%
48.0%		60.2%	67.1%	72.0%		33.5%	37.1%	38.0%
39.0%		50.0%	60.7%	65.0%		19.5%	21.3%	19.0%
57.0%		64.3%	67.5%	68.0%		32.4%	28.6%	36.0%
61.0%		56.9%	61.6%	72.0%		48.6%	39.7%	46.0%
56.0%		71.6% *		72.0%		40.6%	31.8%	42.0%
47.0%		52.9%	56.4%	60.0%		32.3%	32.4%	38.0%
38.0%		56.0%	57.4%	68.0%		40.4%	42.6%	42.0%
56.0%		60.0%	71.2%	69.0%		41.7%	42.9%	42.0%
51.0%		51.0%	61.5%	65.0%		41.1%	42.2%	43.0%
55.0%				58.0%				32.0%
53.0%		66.0% *		71.0%		44.7%	50.0%	53.0%
50.0%		68.2%	66.7% **			40.9%	27.8%	34.0%
57.0%		67.1%	60.4%	73.0%		43.2%	41.0%	41.0%
40.0%		53.5%	70.3%	70.0%		29.1%	27.5%	37.0%
48.0%		68.7% *		71.0%		42.9%	48.5%	35.0%
69.0%		71.1% *	**			40.3%	48.0%	43.0%
49.0%		63.9%	69.0%	62.0%		41.6%	39.7%	39.0%
53.0%		52.1%	60.6%	64.0%		36.0%	42.1%	40.0%
50.0%		64.8%	71.1% **			35.6%	37.5%	36.0%
54.0%		62.0%	62.0%	72.0%		56.3%	53.7%	57.0%
52.0%		54.0%	58.8%	67.0%		46.4%	45.5%	52.0%
47.0%		47.6%	59.5%	69.0%		46.3%	47.6%	40.0%
61.0%		61.2%	67.3%	65.0%		68.1%	61.4%	63.0%
58.0%		58.4% *	**			54.0%	54.4%	46.0%
60.0%		63.3%	69.7%	71.0%		55.9%	51.9%	60.0%
63.0%		54.4%	66.7% **			38.0%	44.4%	49.0%
56.0%		61.7%	68.4% **			53.3%	42.1%	40.0%
51.66%	0.00%	58.59%	60.12%	59.79%	0.00%	43.19%	43.40%	43.87%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	34	36	41		35	37	42	

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)				PERCENT OF BENEFICIARIES WITH DEPRESSION				PERCENT OF BENEFICIARIES WITH DIABETES			
2018	2015	2016	2017	2018	2015	2016	2017	2018			
	74.7%	69.4%	68.0%		60.4%	58.2%	56.0%				
	58.9%	61.5%	61.0%		57.8%	58.7%	61.0%				
	52.6%	42.0%	45.0%		53.4%	52.8%	56.0%				
	59.6%	62.9%	66.0%		52.4%	51.0%	50.0%				
	62.8%	64.8%	59.0%		53.5%	51.9%	45.0%				
	55.6%	55.1%	56.0%		46.2%	46.1%	47.0%				
	67.4%	61.9%	72.0%		60.9%	57.6%	68.0%				
	50.7%	51.4%	49.0%		52.9%	51.7%	51.0%				
	59.2%	54.4%	59.0%		40.0%	46.8%	43.0%				
	65.0%	50.9%	52.0%		54.5%	58.0%	56.0%				
	58.7%	49.3%	58.0%		37.8%	40.1%	41.0%				
	59.2%	54.9%	51.0%		58.3%	55.9%	52.0%				
	44.4%	46.7%	62.0%		54.1%	56.2%	58.0%				
	45.5%	48.1%	59.0%		38.4%	55.8%	57.0%				
	55.1%	50.6%	50.0%		55.1%	55.3%	59.0%				
	68.7%	64.5%	62.0%		54.2%	52.3%	58.0%				
	59.7%	64.1%	53.0%		64.9%	62.7%	58.0%				
	47.1%	53.5%	53.0%		56.2%	57.0%	55.0%				
	45.4%	47.1%	50.0%		52.6%	49.0%	55.0%				
	49.4%	44.0%	39.0%	*		70.7%	67.0%				
	59.3%	66.0%	67.0%		55.8%	56.0%	56.0%				
	60.7%	60.9%	58.0%		52.8%	53.1%	46.0%				
	57.3%	57.0%	60.0%		50.2%	53.1%	54.0%				
	45.6%	55.1%	37.0%		68.4%	53.1%	42.0%				
	62.4%	61.1%	63.0%		53.7%	59.5%	59.0%				
	51.1%	61.7%	58.0%		49.6%	53.9%	59.0%				
	49.0%	37.8%	44.0%		55.6%	58.1%	58.0%				
	58.0%	58.6%	74.0%		57.0%	62.6%	58.0%				
	65.4%	58.1%	69.0%		44.4%	51.2%	45.0%				
	66.1%	67.0%	70.0%		48.3%	45.0%	43.0%				
	54.5%	55.5%	66.0%		48.4%	51.3%	50.0%				
	55.2%	57.3%	55.0%		53.1%	55.8%	54.0%				

AMERICAN OVERSIGHT

	53.7%	63.0%	60.0%	50.7%	46.9%	55.0%
	57.4%	64.0%	67.0%	42.0%	46.6%	50.0%
	71.0% *		70.0%	55.6%	52.5%	45.0%
	58.8%	68.1%	75.0%	49.8%	47.7%	51.0%
	63.4%	64.4%	56.0%	48.2%	54.5%	51.0%
	50.2%	61.5%	63.0%	50.6%	49.6%	45.0%
	57.4%	63.0%	61.0%	44.4%	42.8%	46.0%
	51.1%	52.2%	56.0%	43.7%	44.9%	46.0%
	63.3%	55.1%	58.0%	57.2%	53.0%	57.0%
	50.0%	53.6%	62.0%	55.1%	54.0%	61.0%
	55.6%	55.2%	64.0%	48.5%	52.4%	46.0%
	57.0%	53.5%	60.0%	42.2%	45.8%	50.0%
	50.2%	43.9%	53.0%	41.4%	41.8%	45.0%
	49.1%	50.0%	56.0%	52.1%	39.2%	46.0%
	70.5%	62.7%	70.0%	53.8%	43.7%	50.0%
	59.1%	72.1%	61.0%	61.1%	62.5%	61.0%
	50.6%	59.0%	59.0%	52.0%	52.1%	51.0%
	49.9%	51.7%	64.0%	45.8%	47.2%	50.0%
	57.4%	64.0%	58.0%	54.8%	45.0%	55.0%
	53.3%	64.6%	74.0%	50.0%	55.8%	55.0%
	44.7%	53.1%	56.0%	53.4%	46.2%	50.0%
	54.5%	54.1%	55.0%	54.3%	55.6%	52.0%
	53.1%	52.0%	53.0%	59.4%	60.1%	52.0%
	50.0%	48.6%	49.0%	56.0%	51.9%	53.0%
	53.7%	46.2%	55.0%	52.4%	55.4%	55.0%
	64.6%	63.3%	67.0%	57.8%	67.3%	60.0%
	58.3%	54.6%	50.0%	66.1%	62.9%	63.0%
	48.3%	48.8%	55.0%	50.4%	40.3%	46.0%
	54.7%	49.8%	56.0%	57.3%	54.0%	56.0%
	47.5%	48.6%	46.0%	40.6%	38.8%	40.0%
	59.7%	50.5%	56.0%	48.0%	47.3%	55.0%
	75.0%	66.7% **		48.2%	44.4%	43.0%
	65.1%	69.4%	72.0%	50.0%	49.0%	52.0%
	50.3%	55.0%	56.0%	50.8%	57.7%	62.0%
	68.2%	70.7%	71.0%	61.2%	56.5%	49.0%
	73.2% *	**		46.4%	51.7%	52.0%
*		70.6%	71.0%	47.4%	50.0%	51.0%
	62.0%	67.0%	71.0%	51.9%	48.1%	45.0%
	68.1% *	**		55.3%	65.4%	58.0%
*		72.7% **		52.2%	51.5%	61.0%
	68.4%	70.0% **		44.7%	52.5%	66.0%
	61.7%	64.7%	70.0%	39.2%	47.1%	51.0%
	57.9%	68.2%	75.0%	42.1%	42.0%	46.0%
	74.2% *		73.0%	48.3%	52.3%	48.0%
*		70.8%	66.0%	58.3%	50.0%	34.0%
*		66.7%	73.0%	36.7%	53.3%	58.0%
	65.7%	55.7%	69.0%	47.2%	48.1%	51.0%
	51.9%	52.7%	53.0%	40.3%	48.4%	42.0%
	53.5%	52.2%	73.0%	47.5%	47.8%	52.0%
	43.9%	50.0%	43.0%	46.0%	37.6%	39.0%
	51.7%	55.1%	52.0%	33.5%	33.7%	33.0%
	42.9%	49.0%	52.0%	38.7%	39.1%	36.0%
	58.1%	52.7%	42.0%	29.7%	39.6%	39.0%

AMERICAN OVERSIGHT

	64.2%	61.9%	73.0%	64.2%	60.2%	63.0%
*		69.5% **		60.9%	64.8%	61.0%
	68.1%	69.1%	67.0%	57.1%	63.8%	52.0%
	75.0%	70.0% **		50.5%	55.3%	51.0%
	60.1%	60.5%	64.0%	57.5%	57.5%	61.0%
	69.0%	63.0%	72.0%	57.1%	56.5%	65.0%
	69.8%	68.7% **		51.0%	63.4%	60.0%
	66.0%	62.7%	72.0%	60.3%	52.6%	59.0%
	69.4%	74.2%	74.0%	64.1%	53.1%	63.0%
	55.8%	67.1%	65.0%	51.3%	56.4%	57.0%
	64.0%	65.0%	70.0%	63.2%	67.5%	54.0%
	57.4%	66.4%	68.0%	62.1%	65.0%	58.0%
	59.7%	65.6%	67.0%	44.4%	45.3%	45.0%
	67.9%	67.8%	66.0%	55.7%	62.6%	65.0%
	62.6%	66.1%	71.0%	58.8%	58.2%	55.0%
	48.8%	54.5%	61.0%	51.5%	52.5%	54.0%
	54.8%	66.1%	68.0%	47.5%	56.6%	58.0%
	74.6%	55.8%	65.0%	67.2%	65.4%	61.0%
	44.5%	40.6%	50.0%	36.6%	34.4%	37.0%
	63.9%	48.0%	61.0%	58.8%	50.9%	55.0%
	56.9%	60.8%	59.0%	47.1%	48.9%	48.0%
	57.1%	56.4%	53.0%	58.7%	49.1%	58.0%
	68.1%	70.9%	57.0%	63.7%	58.2%	60.0%
	41.5%	45.4%	49.0%	41.0%	41.3%	45.0%
	48.8%	57.9%	73.0%	58.2%	63.5%	61.0%
	52.9%	66.1%	59.0%	51.7%	55.8%	57.0%
	47.8%	52.4%	54.0%	51.2%	56.5%	58.0%
	64.9%	66.0%	71.0%	47.6%	56.1%	54.0%
	46.4%	50.7%	46.0%	43.4%	41.0%	42.0%
	62.5%	62.7%	66.0%	66.7%	60.1%	66.0%
	51.7%	61.2%	55.0%	58.0%	63.5%	58.0%
	59.1%	53.8%	61.0%	51.7%	60.7%	54.0%
	50.0%	56.5%	59.0%	47.8%	49.9%	50.0%
	48.5%	49.3%	58.0%	54.3%	52.6%	56.0%
	51.9%	50.7%	56.0%	59.1%	62.2%	63.0%
	50.6%	48.1%	66.0%	53.1%	53.4%	50.0%
	54.6%	55.2%	61.0%	48.9%	55.5%	53.0%
	59.9%	59.5%	68.0%	51.7%	55.3%	50.0%
	60.4%	58.0% **		43.8%	39.5%	53.0%
	67.8%	71.7%	64.0%	44.4%	49.0%	47.0%
	38.7%	43.6%	54.0%	50.8%	51.0%	49.0%
	73.7%	72.4%	68.0%	69.5%	67.8%	65.0%
	60.4%	59.3%	65.0%	66.7%	69.2%	61.0%
	74.7%	71.9%	70.0%	68.5%	55.2%	56.0%
	67.9%	66.0%	74.0%	60.6%	63.8%	57.0%
	55.7%	58.2%	55.0%	61.9%	65.0%	59.0%
	58.9%	64.4%	64.0%	65.4%	69.1%	74.0%
	58.6%	55.5%	58.0%	62.6%	55.0%	56.0%
	57.8%	60.8%	69.0%	53.4%	59.7%	53.0%
	56.7%	55.7%	58.0%	48.1%	48.5%	53.0%
	63.3%	58.5%	72.0%	50.9%	44.9%	47.0%
	50.6%	47.8%	55.0%	47.8%	47.2%	48.0%
	66.4%	50.3%	68.0%	50.0%	52.4%	54.0%
	57.3%	58.7%	60.0%	52.1%	51.0%	54.0%

AMERICAN OVERSIGHT

	61.7%	53.3%	60.0%		50.0%	57.4%	53.0%	
	46.8%	56.6%	56.0%		38.9%	43.7%	47.0%	
	66.2%	68.8%	73.0%		50.0%	48.2%	62.0%	
	66.4%	56.6%	54.0%		41.2%	41.3%	41.0%	
	70.2%	70.9% **			52.3%	53.5%	50.0%	
	71.2%	70.1%	67.0%		36.5%	41.2%	38.0%	
	53.4%	50.0%	60.0%		43.1%	40.5%	47.0%	
	55.6%	54.3%	58.0%		38.3%	36.6%	41.0%	
	52.8%	45.0%	58.0%		46.4%	41.9%	46.0%	
	55.9%	46.9%	54.0%		41.7%	45.8%	44.0%	
	60.2%	56.0%	69.0%		53.4%	46.4%	60.0%	
	57.6%	60.1%	65.0%		42.4%	47.4%	39.0%	
	54.1%	54.3%	59.0%		39.3%	36.3%	35.0%	
	48.3%	51.3%	57.0%		35.0%	36.5%	36.0%	
	42.1%	39.2%	39.0%		46.6%	44.7%	45.0%	
			41.0%				44.0%	
	36.7%	39.0%	40.0%		36.2%	33.5%	36.0%	
	57.1%	60.4%	55.0%		45.6%	51.2%	43.0%	
	60.2%	60.5%	65.0%		45.4%	52.3%	46.0%	
*	*	**			49.3%	42.9%	39.0%	
	65.6%	68.9%	69.0%		49.0%	48.1%	52.0%	
	55.0%	62.7%	63.0%		47.5%	49.4%	48.0%	
	60.6%	57.0%	66.0%		50.6%	45.6%	52.0%	
	74.4%	59.3%	67.0%		44.5%	38.0%	40.0%	
	59.5%	58.0%	62.0%		48.6%	52.3%	51.0%	
	51.4%	55.5%	62.0%		46.8%	48.6%	55.0%	
	61.4%	61.8%	63.0%		56.9%	62.9%	60.0%	
	38.3%	45.6%	67.0%		35.1%	42.0%	42.0%	
	72.5% *	**			58.7%	53.0%	62.0%	
	70.3%	63.4%	68.0%		54.3%	58.1%	54.0%	
	47.3%	51.0%	57.0%		42.5%	44.3%	44.0%	
			56.0%				41.0%	
	62.0%	60.4%	65.0%		51.3%	54.5%	60.0%	
	31.8%	27.8%	48.0%		63.6%	38.9%	66.0%	
	50.3%	56.3%	56.0%		56.1%	49.3%	54.0%	
*		74.6% **			44.1%	49.3%	52.0%	
	68.7%	70.9%	65.0%		60.4%	60.2%	54.0%	
	60.2%	60.8%	60.0%		62.7%	74.9%	74.0%	
	52.5%	58.0%	49.0%		43.6%	50.0%	40.0%	
	62.4%	59.7%	69.0%		36.4%	39.4%	47.0%	
	56.3%	53.9%	60.0%		37.5%	41.8%	43.0%	
	74.3% *	**			66.3%	62.4%	63.0%	
	72.8% *		68.0%		67.8%	65.2%	64.0%	
*	*		71.0%		56.6%	59.5%	69.0%	
	73.4%	64.3%	72.0%		67.6%	65.5%	67.0%	
*		69.3%	63.0%		63.7%	66.7%	65.0%	
	68.6%	64.3%	60.0%		68.6%	72.6%	65.0%	
*		71.6%	73.0%		70.9%	70.4%	72.0%	
	73.3%	47.4%	64.0%		58.3%	57.9% **		
0.00%	54.78%	54.42%	55.85%	0.00%	51.59%	52.29%	52.52%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

36	38	43			37	39	44			38		

PERCENT OF BENEFICIARIES WITH HYPERLIPIDEMIA (High Cholesterol)				PERCENT OF BENEFICIARIES WITH HYPERTENSION				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
69.5%	64.9%	74.0%		*	*	**		59.7%
71.4%	72.1%	71.0%		*	*	**		72.4%
73.1%	72.6%	73.0%		*	*	**		66.3%
71.7%	65.0%	66.0%		*	*	**		68.1%
72.7%	71.0%	70.0%		*	*	**		59.9%
71.8%	73.0%	**		*	*	**		51.9%
*	66.2%	71.0%		*	*	**		58.0%
* *		**		*	*	**		59.6%
70.8%	70.9%	69.0%		*	*	**		67.3%
* *		71.0%		*	*	**		70.7%
69.8%	73.0%	73.0%		*	*	**		56.4%
55.3%	55.9%	65.0%		*	*	**		64.1%
73.7%	66.4%	64.0%		*	*	**		60.9%
70.5%	69.2%	67.0%		*	*	**		51.8%
74.5% *		**		*	*	**		67.7%
71.8%	70.1%	73.0%		*	*	**		71.0%
71.6% *		64.0%		*	*	**		58.2%
70.1%	62.0%	61.0%		*	*	**		52.4%
45.4%	63.5%	60.0%		*	*	**		59.8%
*	73.3%	**		*	*	**		60.5%
69.0% *		**		*	*	**		61.1%
62.9% *		68.0%		*	*	**		69.7%
71.0% *		**		*	*	**		64.3%
71.9%	73.5%	74.0%		*	*	**		59.6%
48.3%	59.5%	64.0%		*	*	**		68.5%
62.4%	66.9%	73.0%		*	*	**		58.2%
59.5%	68.2%	60.0%		*	*	**		69.9%
* *		**		*	*	**		*
* *		**		*	*	**		69.1%
74.7% *		**		*	*	**		73.6%
* *		**		*	*	**		62.9%
65.7%	72.7%	71.0%		*	*	**		71.8%

AMERICAN OVERSIGHT

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0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

40	45		39	41	46		40	42

OF BENEFICIARIES WITH ISCHEMIC HEART DISEASE (IHD)				PERCENT OF BENEFICIARIES WITH OSTEOPOROSIS				PERCENT OF BEN RHUEMATOID OR
2016	2017	2018		2015	2016	2017	2018	2015	2016
64.9%	68.0%			19.5%	11.9%	11.0%		*	62.7%
*	68.0%			15.1%	15.6%	13.0%		63.5%	66.5%
63.2%	64.0%			23.7%	20.3%	20.0%		66.7%	71.7%
62.9%	69.0%			13.9%	14.0%	17.0%		70.5%	71.3%
56.8%	65.0%			23.3%	14.2%	16.0%		59.3%	64.8%
58.2%	60.0%			24.4%	17.5%	22.0%		*	70.6%
63.3%	57.0%			22.5%	14.4%	11.0%		63.0%	59.0%
59.8%	65.0%			24.9%	18.4%	22.0%		70.1%	73.5%
60.3%	61.0%			21.2%	19.4%	22.0%		66.5%	59.5%
72.3%	72.0%			26.0%	20.5%	20.0%		73.2%	72.3%
57.2%	63.0%			23.3%	13.8%	20.0%		65.1%	63.2%
58.8%	59.0%			19.4%	16.7%	12.0%		*	70.6%
63.5%	65.0%			13.5%	9.5%	17.0%		71.4%	65.0%
61.5%	64.0%			24.1%	16.3%	15.0%		66.1%	65.4%
74.7%	72.0%			12.9%	11.9%	14.0%		*	*
71.0%	67.0%			15.3%	11.2%	13.0%		61.8%	60.7%
60.8%	56.0%			24.6%	18.3%	17.0%		50.0%	52.9%
54.2%	54.0%			21.9%	18.3%	13.0%		46.0%	43.7%
53.8%	59.0%			12.4%	19.2%	18.0%		46.4%	61.5%
57.3%	55.0%			8.6%	14.7%	19.0%		66.7%	70.7%
65.0%	59.0%			23.9%	21.0%	18.0%		61.1%	66.0%
70.3%	72.0%			18.0%	17.2%	16.0%		70.8%	73.4%
*	**			20.4%	16.9%	18.0%		72.9%	*
46.9%	49.0%			21.1%	24.5%	40.0%		64.9%	61.2%
58.7%	64.0%			22.8%	15.9%	13.0%		56.4%	57.9%
53.9%	52.0%			23.4%	18.8%	19.0%		61.7%	50.6%
64.9%	66.0%			14.4%	12.8%	13.0%		51.6%	51.4%
72.4%	**			12.5%	12.1%	14.0%		60.0%	58.6%
*	**			16.0%	18.6%	15.0%		56.8%	59.3%
*	73.0%			17.2%	12.8%	12.0%		51.7%	46.8%
66.9%	69.0%			24.4%	24.2%	19.0%		66.5%	65.7%
73.4%	67.0%			18.4%	17.6%	15.0%		56.3%	57.3%

AMERICAN OVERSIGHT

61.3%	63.0%	18.2%	20.7%	15.0%	57.5%	58.0%	
67.7%	62.0%	19.1%	13.8%	9.0%	67.6%	61.9%	
64.4%	60.0%	5.6%	5.0% *		61.3%	47.5%	
72.9%	74.0%	18.5%	16.7%	16.0%	66.6%	65.8%	
74.9% **		24.6%	20.9%	13.0%	68.1%	53.4%	
58.0%	57.0%	16.0%	15.5%	12.0%	61.2%	57.5%	
57.8%	54.0%	26.4%	27.4%	24.0%	67.2%	70.6%	
72.9%	74.0%	18.1%	17.2%	18.0%	71.2%	69.5%	
67.2%	72.0%	13.9%	13.1%	11.0%	64.5%	60.6%	
71.6%	74.0%	18.8%	15.2%	16.0%	62.0%	63.7%	
66.5%	68.0%	17.6%	13.2%	12.0%	63.2%	59.4%	
72.4%	69.0%	15.2%	15.7%	16.0%	60.8%	59.1%	
54.4%	57.0%	28.6%	22.1%	20.0%	66.3%	70.5%	
62.6%	71.0%	19.7%	14.0%	13.0%	62.8%	54.5%	
* **		22.7%	21.6%	24.0%	63.2%	64.2%	
70.2% **		14.5%	15.4%	15.0%	67.4%	65.4%	
71.1% **		16.2%	14.9%	17.0%	62.5%	60.7%	
60.9%	60.0%	16.4%	16.1%	15.0%	69.8%	64.3%	
60.4%	62.0%	15.9%	14.9%	19.0%	62.2%	64.0%	
60.7%	70.0%	18.2%	12.6%	17.0%	60.3%	55.8%	
59.3%	60.0%	15.8%	17.9%	15.0%	59.2%	57.5%	
73.4% **		19.0%	14.0%	16.0%	64.9%	68.9%	
70.5%	71.0%	14.1%	12.7%	9.0%	57.3%	63.6%	
70.1% **		20.8%	17.1%	18.0%	62.3%	64.0%	
70.6% **		17.5%	17.2%	18.0%	66.7%	71.0%	
62.7%	66.0%	6.8%	8.7% *		61.5%	60.7%	
74.2%	73.0%	7.8%	9.8%	11.0%	54.3%	64.4%	
65.9%	71.0%	19.3%	18.1%	17.0%	63.3%	66.9%	
65.7%	67.0%	18.1%	13.6%	21.0%	58.0%	58.6%	
64.4%	63.0%	19.9%	20.2%	19.0%	73.4%	71.2%	
54.5%	62.0%	29.4%	21.3%	18.0%	58.4%	57.8%	
52.4%	48.0%	3.6%	12.7% *		33.9%	34.9%	
67.3%	60.0%	12.3%	10.2%	11.0%	42.5%	45.9%	
72.5%	68.0%	21.6%	23.4%	17.0%	54.8%	56.8%	
63.0%	61.0%	27.1%	10.9%	10.0%	57.6%	45.7%	
65.0%	67.0%	12.5%	10.0% *		50.0%	71.7%	
67.5%	69.0%	27.6%	15.0%	15.0%	53.9%	58.1%	
67.0%	64.0%	10.2%	11.3%	11.0%	63.0%	64.2%	
*	71.0%	4.3%	7.7% *		70.2% *		
42.4%	63.0%	6.5%	12.1% *		52.2%	57.6%	
67.5%	66.0%	10.5%	10.0% *		60.5%	45.0%	
57.6%	61.0%	10.0%	11.8%	9.0%	60.8%	60.6%	
56.8%	62.0%	15.8%	19.3%	15.0%	59.2%	61.4%	
67.7% **		10.1%	16.9% *		59.6%	64.6%	
29.2%	69.0%	8.3%	12.5% *		54.2%	50.0%	
36.7%	54.0%	13.3%	3.3% *		56.7%	63.3%	
* **		20.4%	16.5%	14.0%	70.4%	59.5%	
53.8%	62.0%	20.8%	21.5%	15.0%	59.7%	64.5%	
56.5%	71.0%	11.9%	17.4% *		52.5%	50.0%	
56.5%	63.0%	11.1%	11.8%	13.0%	52.4%	51.2%	
72.7%	74.0%	29.1%	33.2%	31.0%	72.4%	72.2%	
68.5%	72.0%	27.5%	23.1%	29.0%	69.6%	67.9%	
72.8% **		32.3%	27.8%	31.0%	72.9%	71.0%	

AMERICAN OVERSIGHT

65.7%	68.0%	13.4%	13.5%	13.0%	68.4%	70.2%	
50.0%	60.0%	10.9%	7.8%	9.0%	48.4%	52.3%	
68.1%	66.0%	27.1%	19.5%	19.0%	*	72.7%	
68.2%	72.0%	9.0%	10.0%	9.0%	71.3%	74.7%	
*	**	15.4%	15.7%	16.0%	66.7%	70.5%	
62.0%	72.0%	10.7%	6.5% *		46.4%	50.0%	
56.7%	69.0%	7.3%	8.2% *		47.9%	49.3%	
68.6%	69.0%	16.2%	17.0%	17.0%	57.1%	60.5%	
72.2% **		13.7%	13.9%	17.0%	49.2%	55.2%	
70.6%	71.0%	17.3%	22.4%	17.0%	63.0%	69.8%	
65.8%	70.0%	11.4%	15.4% *		59.6%	70.9%	
62.2%	69.0%	11.7%	8.9%	12.0%	53.1%	59.8%	
67.8%	68.0%	14.6%	14.1%	13.0%	58.7%	62.7%	
66.1%	71.0%	15.3%	14.8%	15.0%	51.9%	60.0%	
59.4%	61.0%	10.2%	10.9%	10.0%	51.3%	49.1%	
67.8%	56.0%	21.0%	17.8%	17.0%	59.4%	59.9%	
*	68.0%	9.0%	12.2%	15.0%	58.8%	58.2%	
63.5%	60.0%	20.9%	5.8% *		64.2%	53.8%	
68.8%	69.0%	25.1%	21.1%	17.0%	*	*	
63.5%	60.0%	15.9%	15.9%	17.0%	57.8%	59.8%	
69.4%	66.0%	15.6%	16.5%	15.0%	72.0% *		
60.1%	71.0%	22.8%	14.1%	16.0%	66.7%	66.3%	
64.5%	64.0%	9.9%	10.9%	12.0%	50.5%	52.7%	
60.1%	59.0%	27.7%	23.9%	22.0%	68.6%	70.0%	
73.3% **		13.7%	15.7%	14.0%	54.7%	63.5%	
63.5%	68.0%	17.2%	15.1%	17.0%	60.8%	65.5%	
67.1%	73.0%	22.7%	20.0%	22.0%	61.6%	67.6%	
64.6%	64.0%	25.5%	19.3%	15.0%	58.9%	54.7%	
66.2%	62.0%	26.8%	25.5%	18.0%	62.2%	63.2%	
61.4%	73.0%	15.5%	7.2%	8.0%	54.2%	49.0%	
68.5%	71.0%	17.5%	11.2%	11.0%	60.8%	57.0%	
64.8%	64.0%	21.0%	13.1%	16.0%	47.7%	56.6%	
68.6%	64.0%	22.3%	24.0%	23.0%	61.3%	60.9%	
66.0%	62.0%	19.0%	21.9%	15.0%	58.8%	64.7%	
71.6%	65.0%	13.8%	15.5%	15.0%	50.9%	54.0%	
59.8%	59.0%	17.7%	11.7%	12.0%	55.1%	53.9%	
67.1%	61.0%	18.3%	16.9%	23.0%	57.3%	57.5%	
53.4%	54.0%	20.8%	14.9%	20.0%	56.1%	54.6%	
54.3%	60.0%	16.7%	17.9%	15.0%	63.2%	53.7%	
61.1%	58.0%	25.1%	19.2%	20.0%	50.3%	52.0%	
60.4%	63.0%	15.5%	12.8%	10.0%	56.4%	49.0%	
59.8%	61.0%	10.5%	12.6% *		37.9%	41.4%	
69.2%	66.0%	5.2%	7.7% *		40.6%	44.0%	
63.5%	62.0%	14.6%	9.9%	12.0%	56.7%	48.3%	
58.2%	60.0%	7.9%	5.7%	11.0%	49.1%	53.2%	
70.5%	73.0%	10.7%	12.7%	14.0%	53.3%	54.0%	
72.5%	67.0%	11.9%	12.8%	9.0%	53.5%	51.0%	
64.1%	74.0%	20.1%	20.6%	15.0%	54.0%	59.3%	
67.2%	65.0%	14.7%	18.8%	7.0%	47.8%	40.9%	
69.8% **		15.8%	13.3%	18.0%	59.5%	57.1%	
70.7%	69.0%	16.6%	20.4%	14.0%	59.8%	65.3%	
65.9%	65.0%	14.6%	13.0%	7.0%	50.6%	50.2%	
59.3%	69.0%	10.3%	11.0%	10.0%	50.7%	55.9%	
60.6%	70.0%	8.5%	8.7%	11.0%	47.0%	51.0%	

AMERICAN OVERSIGHT

	65.1%		70.0%			10.5%	10.3%	17.0%			48.8%	57.9%
	72.7%		66.0%			16.1%	13.6%	14.0%			63.2%	62.2%
	65.2%		70.0%			15.4%	5.4%	16.0%			60.3%	58.0%
	62.9%		71.0%			15.3%	13.3%	15.0%		*		*
	58.3%		69.0%			6.6%	3.9%	10.0%			54.3%	52.0%
	68.0%		66.0%			24.0%	20.6%	17.0%			57.7%	57.7%
*			72.0%			18.9%	18.2%	17.0%			55.3%	62.1%
	73.1%	**				24.3%	21.0%	20.0%			64.6%	61.6%
	63.5%		67.0%			18.4%	22.1%	21.0%			63.8%	63.8%
*		**				33.3%	38.7%	31.0%			62.0%	73.3%
	72.0%		74.0%			21.4%	17.6%	17.0%			51.5%	63.2%
	63.9%		65.0%			17.6%	17.5%	16.0%			65.3%	68.4%
	63.6%		65.0%			27.7%	22.0%	26.0%			73.6%	73.9%
	71.0%		65.0%			22.1%	16.8%	25.0%			62.0%	65.5%
	66.7%		67.0%			20.3%	21.6%	20.0%			59.1%	70.2%
			73.0%					17.0%				
	61.9%		58.0%			37.3%	31.3%	31.0%		*		*
	67.9%		62.0%			18.4%	21.3%	18.0%			53.6%	65.1%
	71.3%		66.0%			13.9%	19.0%	16.0%			56.9%	63.1%
	65.7%		69.0%			11.3%	7.1%	*			56.3%	72.9%
	70.6%		69.0%			23.6%	25.1%	23.0%			58.3%	57.0%
	71.6%		70.0%			22.7%	23.8%	19.0%			60.5%	59.3%
	69.6%		75.0%			17.1%	12.7%	15.0%			58.6%	59.9%
	74.7%		75.0%			11.6%	7.3%	*			43.9%	46.0%
*		**				19.2%	17.9%	17.0%			61.5%	60.7%
	68.5%	**				14.8%	4.8%	13.0%			57.4%	59.6%
*			68.0%			11.2%	8.8%	10.0%			47.7%	45.9%
	72.4%		74.0%			20.3%	18.9%	19.0%			73.4%	72.4%
	60.0%		67.0%			29.4%	18.3%	21.0%			47.7%	53.9%
	69.6%		70.0%			10.3%	12.0%	12.0%			52.6%	56.0%
	74.4%		73.0%			22.1%	17.2%	19.0%			72.3%	70.0%
			71.0%					29.0%				
	63.4%		71.0%			12.0%	9.7%	20.0%			41.3%	46.3%
*		**				13.6%	22.2%	*			59.1%	61.1%
*		**				23.2%	25.7%	30.0%			72.9%	75.0%
	64.5%		65.0%			15.0%	10.9%	17.0%			52.8%	51.4%
*			64.0%			19.4%	15.3%	9.0%			58.5%	63.3%
*		**				15.9%	14.0%	15.0%			55.2%	56.1%
*		**				52.0%	42.0%	40.0%			73.3%	*
	67.6%		66.0%			27.7%	25.0%	22.0%			63.2%	73.1%
	74.6%	**				23.4%	16.8%	19.0%			60.9%	60.9%
	68.2%		73.0%			6.3%	4.1%	8.0%			43.0%	53.7%
	72.5%		67.0%			9.2%	6.0%	*			48.1%	50.6%
	57.5%		51.0%			6.8%	4.8%	*			47.2%	44.0%
*		**				12.8%	14.0%	23.0%			70.7%	63.7%
*		**				19.5%	11.4%	16.0%			69.9%	65.8%
*		**				20.0%	19.1%	18.0%			70.2%	70.5%
	66.7%	**				21.5%	12.3%	*			45.6%	48.1%
*		**				18.3%	2.6%	*			58.3%	60.5%
	57.00%		54.63%	0.00%		16.83%	15.03%	14.14%	0.00%		55.71%	57.56%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

47			41	43	48			42	44	49
EFICIARIES WITH OSTEO ARTHRISTIS			PERCENT OF BENEFICIARIES WITH SCHIZOPHRENIA					PERCENT OF BENEFICIARIES WITH		
2017	2018		2015	2016	2017	2018		2015	2016	2017
**			38.3%	29.1%	42.0%			21.4%	23.1%	45.0%
60.0%			29.2%	20.7%	17.0%			21.9%	22.9%	28.0%
71.0%			18.5%	17.9%	11.0%			21.7%	17.9%	20.0%
74.0%			22.3%	24.5%	26.0%			21.7%	19.6%	12.0%
59.0%			24.4%	24.1%	16.0%			23.8%	16.7%	21.0%
71.0%			12.2%	9.4%	9.0%			15.0%	13.0%	19.0%
62.0%			27.5%	24.5%	22.0%			29.0%	19.4%	21.0%
71.0%			16.6%	6.4%	7.0%			15.5%	19.8%	18.0%
64.0%			16.5%	9.7%	6.0%			20.8%	19.8%	20.0%
70.0%			15.4%	15.2% *				27.6%	18.8%	18.0%
59.0%			14.0%	9.9%	7.0%			12.2%	19.1%	21.0%
71.0%			23.3%	13.7% *				18.4%	10.8%	22.0%
62.0%			25.6%	12.4%	10.0%			21.1%	16.1%	20.0%
66.0%			22.3%	7.7% *				20.5%	17.3%	19.0%
**			13.7%	8.7%	9.0%			20.5%	16.6%	22.0%
69.0%			26.0%	21.5%	26.0%			26.0%	20.6%	21.0%
51.0%			32.8%	27.5%	29.0%			26.1%	24.8%	26.0%
42.0%			22.5%	17.6%	23.0%			18.2%	15.5%	15.0%
45.0%			19.6%	15.4%	13.0%			16.5%	20.2%	23.0%
68.0%			12.3%	12.0% *				22.2%	12.0% *	
65.0%			9.7%	12.0%	15.0%			20.4%	14.0%	16.0%
70.0%			20.2%	14.1% *				21.3%	20.3%	18.0%
**			21.6%	9.4%	11.0%			22.7%	20.5%	22.0%
67.0%			12.3%	10.2% *				15.8%	38.8% *	
67.0%			43.6%	39.7%	37.0%			25.5%	22.2%	22.0%
60.0%			17.0%	16.2%	13.0%			19.9%	19.5%	16.0%
52.0%			22.9%	18.9%	18.0%			27.5%	32.4%	27.0%
56.0%			20.5%	9.2%	11.0%			20.0%	20.1%	21.0%
60.0%			18.5%	12.8%	14.0%			16.0%	19.8%	27.0%
52.0%			18.4%	9.2%	10.0%			21.8%	17.4%	28.0%
71.0%			13.5%	10.2%	8.0%			23.3%	22.9%	25.0%
54.0%			11.2%	12.4%	6.0%			19.1%	16.9%	21.0%

AMERICAN OVERSIGHT

63.0%	15.4%	11.5%	12.0%	20.3%	19.0%	17.0%
58.0%	20.2%	12.2%	19.0%	13.3%	22.8%	12.0%
51.0%	42.7%	23.8%	26.0%	15.3%	18.8%	18.0%
63.0%	19.5%	18.5%	15.0%	20.4%	14.6%	17.0%
53.0%	14.7%	9.9%	9.0%	16.8%	24.6%	22.0%
53.0%	24.9%	18.6%	20.0%	19.0%	13.7%	16.0%
70.0%	10.9%	9.4%	8.0%	17.9%	17.0%	20.0%
66.0%	6.5%	5.0%	5.0%	19.2%	20.2%	18.0%
68.0%	30.1%	17.7%	17.0%	18.1%	14.1%	18.0%
63.0%	9.9%	10.0%	8.0%	17.1%	18.0%	15.0%
69.0%	17.6%	12.7%	11.0%	21.8%	18.9%	21.0%
58.0%	12.5%	10.7%	11.0%	24.8%	21.3%	22.0%
68.0%	11.8%	6.3%	4.0%	17.5%	17.9%	18.0%
50.0%	14.1%	12.2%	13.0%	15.4%	18.9%	18.0%
69.0%	23.1%	13.4%	11.0%	23.9%	19.4%	20.0%
66.0%	25.4%	26.0%	11.0%	26.4%	23.1%	21.0%
62.0%	13.6%	9.5%	11.0%	18.8%	27.5%	24.0%
67.0%	8.7%	9.7%	9.0%	18.7%	19.3%	17.0%
58.0%	24.1%	12.2%	15.0%	24.1%	25.7%	20.0%
65.0%	21.0%	16.5%	15.0%	24.3%	23.8%	22.0%
57.0%	12.9%	7.7%	7.0%	27.0%	16.5%	21.0%
67.0%	14.3%	6.7%	9.0%	21.9%	19.2%	19.0%
59.0%	22.4%	9.8%	8.0%	26.6%	26.6%	27.0%
65.0%	9.1%	5.0%	7.0%	20.8%	21.7%	22.0%
66.0%	9.4%	3.9%	4.0%	18.8%	18.5%	22.0%
66.0%	28.6%	25.3%	21.0%	21.7%	20.0%	19.0%
57.0%	21.3%	14.9%	20.0%	22.6%	28.4%	32.0%
72.0%	12.9%	8.8%	5.0%	19.5%	18.4%	19.0%
64.0%	9.9%	7.9%	7.0%	20.9%	22.4%	18.0%
69.0%	8.8%	5.3%	3.0%	20.7%	15.6%	18.0%
61.0%	22.6%	10.1%	13.0%	13.1%	18.1%	18.0%
46.0%	51.8%	38.1%	55.0%	26.8%	17.5%	17.0%
52.0%	50.9%	32.7%	18.0%	19.8%	19.4%	27.0%
57.0%	16.1%	9.5%	9.0%	24.6%	29.7%	25.0%
50.0%	42.4%	34.8%	21.0%	14.1%	15.2%	15.0%
64.0%	60.7%	56.7%	61.0%	21.4%	26.7%	17.0%
52.0%	27.6%	28.1%	33.0%	26.3%	19.4%	18.0%
54.0%	50.9%	35.8%	44.0%	17.6%	18.9%	20.0%
68.0%	55.3%	65.4%	71.0%	19.1%	30.8% *	
46.0%	45.7%	18.2%	46.0%	30.4%	18.2% *	
54.0%	44.7%	42.5%	46.0%	18.4%	22.5% *	
60.0%	45.0%	47.1%	49.0%	16.7%	17.1%	19.0%
53.0%	25.0%	23.9%	19.0%	19.7%	23.9%	35.0%
55.0%	58.4%	52.3%	49.0%	11.2%	9.2%	25.0%
44.0%	54.2%	45.8%	59.0%	20.8%	16.7%	34.0%
65.0% *	*	**		16.7%	13.3% *	
59.0%	31.5%	16.5%	15.0%	23.1%	27.8%	32.0%
49.0%	12.3%	9.7% *		13.6%	17.2%	29.0%
65.0%	15.8%	15.2%	23.0%	20.8%	15.2% *	
52.0%	15.9%	17.1%	11.0%	19.6%	18.8%	20.0%
73.0%	12.3%	12.8%	11.0%	16.7%	18.2%	20.0%
75.0%	9.1%	6.5%	7.0%	16.3%	16.9%	18.0%
**	18.7%	13.6%	8.0%	14.2%	19.5%	12.0%

AMERICAN OVERSIGHT

	66.0%	28.1%	25.3%	31.0%	18.9%	25.6%	20.0%
	63.0%	51.6%	46.1%	53.0%	19.5%	20.3%	22.0%
	70.0%	31.0%	23.8%	24.0%	26.5%	19.1%	25.0%
	66.0%	32.4%	32.9%	31.0%	14.4%	19.4%	18.0%
	74.0%	19.7%	18.8%	16.0%	19.3%	19.5%	24.0%
	55.0%	28.6%	26.1%	34.0%	16.7%	20.7%	23.0%
	52.0%	52.1%	48.5%	34.0%	25.0%	23.9%	19.0%
	65.0%	22.3%	20.9%	21.0%	25.1%	23.9%	22.0%
	59.0%	19.8%	25.8%	21.0%	27.0%	25.8%	24.0%
	68.0%	17.3%	16.9%	17.0%	24.8%	22.4%	23.0%
	65.0%	28.9%	34.2%	39.0%	19.3%	27.4% *	
	64.0%	25.4%	32.7%	28.0%	26.2%	24.8%	27.0%
	60.0%	17.7%	21.7%	21.0%	18.1%	20.7%	22.0%
	61.0%	29.0%	36.5%	27.0%	11.5%	18.3%	24.0%
	56.0%	28.3%	33.3%	35.0%	17.6%	17.0%	19.0%
	54.0%	22.8%	21.9%	19.0%	17.5%	16.5%	21.0%
	57.0%	26.0%	27.5%	22.0%	19.2%	18.5%	29.0%
	47.0%	28.4%	11.5% *		26.9%	26.9%	25.0%
**		8.6%	3.6%	3.0%	12.1%	14.6%	13.0%
	57.0%	15.9%	13.7%	10.0%	15.9%	12.5%	24.0%
**		9.3%	7.2% *		25.8%	24.1%	23.0%
	61.0%	20.6%	13.5%	7.0%	23.8%	16.0%	24.0%
	59.0%	22.0%	14.5%	14.0%	20.9%	28.2%	13.0%
	70.0%	6.2%	6.6%	4.0%	14.3%	16.3%	21.0%
	66.0%	11.4%	12.6%	12.0%	24.3%	19.5%	23.0%
	66.0%	9.6%	12.3%	12.0%	22.5%	21.1%	19.0%
	73.0%	9.9%	11.2%	13.0%	21.7%	15.9%	28.0%
	52.0%	16.5%	14.2%	21.0%	22.1%	21.2%	22.0%
	65.0%	12.7%	7.2%	8.0%	15.8%	19.4%	18.0%
	49.0%	23.2%	23.5%	16.0%	31.5%	21.6%	33.0%
	58.0%	16.2%	12.9%	12.0%	24.5%	26.4%	28.0%
	55.0%	14.8%	13.1%	10.0%	25.6%	26.2%	22.0%
	63.0%	6.9%	8.0%	7.0%	23.3%	22.3%	21.0%
	63.0%	11.0%	9.9%	12.0%	21.5%	21.6%	20.0%
	59.0%	11.3%	7.9%	9.0%	23.3%	29.5%	24.0%
	56.0%	14.0%	12.8%	20.0%	25.3%	25.1%	25.0%
	60.0%	21.4%	19.3%	23.0%	24.4%	23.3%	22.0%
	53.0%	17.5%	19.5%	19.0%	19.3%	17.2%	28.0%
	56.0%	22.2%	17.3%	22.0%	13.9%	16.7%	23.0%
	55.0%	19.9%	24.7%	23.0%	24.0%	25.8%	18.0%
	50.0%	10.5%	18.1%	20.0%	19.3%	15.4%	17.0%
	49.0%	31.6%	25.3%	16.0%	20.0%	31.0%	28.0%
	39.0%	34.4%	35.2%	38.0%	32.3%	33.0%	20.0%
	52.0%	39.3%	35.5%	30.0%	27.0%	25.6%	24.0%
	43.0%	38.2%	40.4%	35.0%	20.0%	20.6%	26.0%
	59.0%	14.3%	18.6%	15.0%	19.7%	27.4%	26.0%
	40.0%	16.8%	18.8%	22.0%	33.5%	29.5%	23.0%
	54.0%	8.0%	12.4%	12.0%	16.7%	25.8%	25.0%
	39.0%	21.6%	26.9%	21.0%	21.1%	24.7%	27.0%
	55.0%	18.4%	12.9%	16.0%	21.2%	24.4%	20.0%
	60.0%	22.5%	20.4%	21.0%	18.3%	13.6%	19.0%
	50.0%	14.6%	7.4%	12.0%	21.6%	19.7%	21.0%
	49.0%	34.9%	27.6%	36.0%	19.9%	15.2%	24.0%
	52.0%	26.9%	19.2%	22.0%	18.4%	20.2%	16.0%

AMERICAN OVERSIGHT

58.0%		29.6%	20.0%	18.0%		22.8%	21.5%	18.0%
70.0%		10.4%	10.8%	9.0%		12.1%	18.9%	19.0%
67.0%		24.3%	34.8%	26.0%		17.6%	14.3%	14.0%
74.0%		20.6%	19.6%	15.0%		9.9%	14.0%	18.0%
57.0%		26.5%	33.9%	28.0%		21.2%	21.3%	20.0%
56.0%		25.0%	27.8%	20.0%		14.4%	14.4%	15.0%
56.0%		19.2%	15.2%	13.0%		19.5%	17.8%	16.0%
67.0%		12.2%	9.9%	8.0%		17.7%	16.0%	19.0%
61.0%		19.5%	14.1%	11.0%		20.1%	18.5%	24.0%
**		16.4%	12.0%	15.0%		19.4%	19.6%	21.0%
62.0%		23.3%	18.4%	12.0%		19.4%	22.4%	21.0%
67.0%		17.6%	19.6%	14.0%		16.8%	17.5%	19.0%
73.0%		12.1%	10.4%	8.0%		11.3%	16.1%	15.0%
71.0%		9.8%	13.3%	10.0%		15.4%	19.1%	20.0%
70.0%		12.2%	3.3%	4.0%		22.3%	19.9%	22.0%
60.0%			*					15.0%
74.0%		6.8%	3.2%	3.0%		12.4%	11.6%	14.0%
59.0%		24.8%	14.4%	11.0%		21.1%	15.0%	19.0%
55.0%		27.8%	16.9%	25.0%		21.3%	23.6%	17.0%
72.0%		60.6%	68.6%	67.0%		19.7%	14.3% *	
60.0%		21.6%	22.1%	19.0%		23.6%	27.2%	23.0%
60.0%		14.0%	11.0%	13.0%		14.0%	18.7%	18.0%
58.0%		21.1%	18.6%	15.0%		22.3%	20.3%	20.0%
43.0%		68.3%	52.7%	45.0%		14.6%	18.0%	21.0%
61.0%		18.6%	13.2%	15.0%		22.3%	20.0%	23.0%
63.0%		18.1%	13.0%	20.0%		17.6%	22.6%	23.0%
50.0%		24.9%	20.0%	20.0%		21.8%	24.1%	24.0%
69.0%		6.4%	7.1%	8.0%		15.8%	17.8%	15.0%
45.0%		70.6%	64.3%	57.0%		21.1%	12.2%	15.0%
50.0%		37.1%	28.8%	28.0%		17.7%	24.1%	23.0%
74.0%		11.0%	10.8%	12.0%		19.6%	19.2%	19.0%
68.0%				4.0%				20.0%
51.0%		20.0%	28.4%	33.0%		21.3%	25.4%	25.0%
52.0%		13.6%	5.6% *			22.7%	38.9%	32.0%
74.0%		26.5%	13.2%	15.0%		16.8%	23.6%	14.0%
55.0%		73.2%	68.1%	66.0%		20.5%	15.9%	20.0%
50.0%		21.7%	25.5%	24.0%		25.3%	25.0%	29.0%
61.0%		26.4%	25.7%	21.0%		27.4%	25.1%	26.0%
70.0%		10.9%	10.3% *			15.3%	18.4%	17.0%
**		15.7%	11.6%	18.0%		15.3%	14.4%	17.0%
60.0%		14.2%	14.8%	18.0%		25.7%	19.1%	22.0%
64.0%		75.0% *		69.0%		25.3%	25.6%	27.0%
49.0%		66.1%	66.5%	65.0%		16.3%	20.2%	21.0%
35.0%		*	*	73.0%		16.8%	15.9%	25.0%
65.0%		47.3%	49.7%	45.0%		23.9%	19.9%	22.0%
61.0%		33.6%	40.4%	36.0%		17.7%	22.8%	17.0%
72.0%		40.0%	37.3%	34.0%		21.2%	23.7%	24.0%
55.0%		36.7%	56.8%	34.0%		31.6%	23.5%	24.0%
49.0%		31.7%	15.8%	29.0%		31.7%	10.5%	31.0%
57.20%	0.00%	24.05%	20.45%	20.76%	0.00%	20.28%	20.32%	20.69%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

I STROKE					PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF COPD				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF RESPIRATORY FAILURE			
2018	2015	2016	2017	2018	2015	2016	2017	2018				
			*				*					
			*								9.0%	
			*				*					
			*				*					
			*				*					
			*								3.0%	
			*				*					
				4.0%			*					
			*								6.0%	
				10.0%			*					
			*				*					
			*								0.0%	
			*				*					
			*				*					
				8.0%			*					
			*				*					
			*				*					
			*				*					
			*				*					
				0.0%			*					
			*				*					
			*				*					
			*				*					
				0.0%			*					
			*								0.0%	
			*				*					
			*				*					
			*								22.0%	
			*								0.0%	
			*				*					
			*				*					
				4.0%							5.0%	

AMERICAN OVERSIGHT

4.0%	*
*	0.0%
*	*
*	0.0%
0.0%	*
*	*
*	*
2.0%	*
8.0%	*
*	*
5.0%	*
5.0%	*
*	*
17.0%	*
8.0%	0.0%
*	*
*	*
*	*
5.0%	*
*	7.0%
4.0%	6.0%
3.0%	3.0%
6.0%	*
3.0%	2.0%
3.0%	3.0%
*	0.0%
*	*
*	*
3.0%	3.0%
*	*
4.0%	*
*	*
10.0%	*
8.0%	*
0.0%	0.0%
*	*
11.0%	*
*	*
*	0.0%
*	0.0%
*	0.0%
*	*
*	*
*	*
*	0.0%
*	0.0%
*	*
*	*
*	*
*	*
*	0.0%
4.0%	*
*	*

AMERICAN OVERSIGHT

*	8.0%
*	*
5.0%	*
*	0.0%
6.0%	0.0%
*	*
16.0%	*
*	*
7.0%	*
6.0%	*
*	*
*	*
5.0%	*
*	*
9.0%	*
8.0%	*
9.0%	*
0.0%	*
3.0%	*
5.0%	*
*	*
5.0%	0.0%
*	*
8.0%	0.0%
*	*
4.0%	0.0%
7.0%	0.0%
*	*
5.0%	*
*	*
*	5.0%
*	0.0%
4.0%	*
4.0%	*
*	5.0%
5.0%	*
*	*
*	*
*	*
9.0%	*
*	*
*	0.0%
*	*
7.0%	*
*	0.0%
*	*
*	*
7.0%	*
*	*
3.0%	*
*	*
8.0%	*
*	0.0%
15.0%	*

AMERICAN OVERSIGHT

			13.0%					
		*				*		
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*				*		
			3.0%			*		
			6.0%			*		
		*					4.0%	
			10.0%				0.0%	
		*				*		
		*				*		
			3.0%				3.0%	
			7.0%			*		
			2.0%			*		
		*				*		
		*				*		
			6.0%			*		
			5.0%			*		
		*				*		
			8.0%				0.0%	
			3.0%				0.0%	
		*				*		
			0.0%				0.0%	
			5.0%			*		
		*				*		
		*				*		
			2.0%				2.0%	
		*				*		
		*				*		
			2.0%			*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*				*		
		*				*		
		*					0.0%	
		*				*		
		*					0.0%	
		*				*		
		*				*		
			7.0%				7.0%	
		*				*		
			7.0%				0.0%	
		*				*		
			7.0%			*		
		*				*		
		*					0.0%	
0.00%		0.00%	0.00%	2.27%	0.00%	0.00%	0.00%	0.61%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF DEMENTIA				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF STROKE				PERCENT
2015	2016	2017	2018	2015	2016	2017	2018	2015
		*				11.0%		
		*				10.0%		
		*				5.0%		
		*			*			
			0.0%			6.0%		
			0.0%			5.0%		
			0.0%		*			
		*				8.0%		
		*				5.0%		
		*			*			
			0.0%		*			
		*			*			
		*			*			
			0.0%		*			
						5.0%		
			0.0%		*			
		*			*			
		*			*			
		*			*			
		*			*			
		*			*			
			0.0%			7.0%		
			0.0%		*			
			11.0%		*			
		*			*			
		*				11.0%		
		*			*			
		*			*			
			0.0%			8.0%		
			0.0%			5.0%		
		*				9.0%		

AMERICAN OVERSIGHT

*	*
*	*
0.0%	*
0.0%	*
0.0%	0.0%
*	*
0.0%	*
0.0%	4.0%
*	*
*	5.0%
*	5.0%
*	5.0%
*	8.0%
*	9.0%
0.0%	5.0%
*	*
*	*
0.0%	*
0.0%	7.0%
0.0%	7.0%
*	5.0%
0.0%	5.0%
*	9.0%
*	5.0%
*	4.0%
0.0%	*
9.0%	7.0%
*	9.0%
*	7.0%
*	6.0%
0.0%	5.0%
0.0%	*
0.0%	9.0%
0.0%	9.0%
0.0%	0.0%
*	*
12.0%	*
9.0%	10.0%
*	*
*	*
*	0.0%
17.0%	*
*	11.0%
*	*
*	*
*	*
*	*
*	*
*	0.0%
*	*
0.0%	*
*	6.0%
*	*

AMERICAN OVERSIGHT

*	*
21.0%	*
5.0%	8.0%
23.0%	*
12.0%	*
*	*
33.0%	*
*	*
*	7.0%
*	5.0%
*	*
*	8.0%
*	5.0%
10.0%	*
*	*
*	9.0%
0.0%	9.0%
0.0%	*
0.0%	4.0%
*	6.0%
*	7.0%
0.0%	8.0%
10.0%	*
*	3.0%
*	6.0%
*	6.0%
*	*
8.0%	7.0%
*	6.0%
*	13.0%
*	6.0%
0.0%	*
*	8.0%
*	5.0%
0.0%	4.0%
0.0%	7.0%
*	5.0%
*	8.0%
8.0%	*
11.0%	8.0%
*	*
0.0%	12.0%
*	*
*	9.0%
21.0%	*
0.0%	12.0%
*	9.0%
*	6.0%
*	9.0%
3.0%	5.0%
*	*
*	6.0%
*	*
*	*

AMERICAN OVERSIGHT

		9.0%				12.0%		
	*				*			
	*				*			
	*				*			
	*				*			
	*				*			
						5.0%		
		0.0%				7.0%		
	*					6.0%		
		0.0%				6.0%		
		0.0%			*			
		0.0%				5.0%		
		0.0%				4.0%		
		0.0%				6.0%		
		0.0%				7.0%		
		0.0%			*			
		0.0%			*			
		9.0%				6.0%		
	*					6.0%		
		67.0%			*			
		0.0%				8.0%		
	*					3.0%		
	*				*			
		0.0%			*			
	*					6.0%		
		0.0%			*			
		0.0%				11.0%		
		0.0%				4.0%		
	*				*			
	*					8.0%		
		8.0%				5.0%		
		0.0%			*			
		0.0%			*			
		0.0%			*			
	*				*			
		0.0%			*			
	*					11.0%		
		0.0%				8.0%		
		0.0%			*			
	*				*			
	*					6.0%		
	*				*			
		0.0%			*			
		0.0%			*			
		15.0%			*			
		0.0%			*			
	*					5.0%		
		0.0%				0.0%		
	*				*			
0.00%	0.00%	2.17%	0.00%	0.00%	0.00%	3.52%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF INFECTION			PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDER				PERCENT OF BENEFICI DIAGNOSIS	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	17.0%			*				
	13.0%				16.0%			
	10.0%				11.0%			
	19.0%			*				
	22.0%			*				
	13.0%				22.0%			
	19.0%			*				
	22.0%				11.0%			
	19.0%				19.0%			
	23.0%			*				
	14.0%				9.0%			
	23.0%			*				
	9.0%				8.0%			
*					20.0%			
	16.0%				10.0%			
	26.0%			*				
	11.0%				10.0%			
	8.0%				55.0%			
	18.0%			*				
*				*				
	14.0%			*				
	24.0%			*				
	19.0%				14.0%			
*				*				
	17.0%			*				
	24.0%			*				
	15.0%				8.0%			
	9.0%				11.0%			
*					22.0%			
	19.0%			*				
	19.0%				7.0%			
	10.0%				10.0%			

AMERICAN OVERSIGHT

12.0%	**28.0%**
*	**
16.0%	**25.0%**
4.0%	**
0.0%	**
16.0%	*
3.0%	**39.0%**
15.0%	**2.0%**
14.0%	**9.0%**
23.0%	**13.0%**
8.0%	**16.0%**
14.0%	**10.0%**
9.0%	10.0%
*	*
9.0%	*
19.0%	*
20.0%	**11.0%**
19.0%	**16.0%**
13.0%	**10.0%**
21.0%	*
20.0%	**16.0%**
21.0%	**6.0%**
22.0%	**11.0%**
19.0%	**15.0%**
18.0%	**5.0%**
23.0%	*
8.0%	**8.0%**
10.0%	**6.0%**
18.0%	**11.0%**
14.0%	**20.0%**
23.0%	8.0%
*	*
13.0%	*
16.0%	7.0%
*	70.0%
*	*
*	**9.0%**
10.0%	*
*	*
*	*
0.0%	*
*	*
*	**10.0%**
19.0%	*
*	*
0.0%	*
13.0%	*
16.0%	*
*	*
14.0%	**17.0%**
17.0%	7.0%
13.0%	21.0%
20.0%	11.0%

AMERICAN OVERSIGHT

21.0%	8.0%
*	*
15.0%	6.0%
*	7.0%
*	*
*	*
*	*
4.0%	60.0%
18.0%	11.0%
8.0%	9.0%
14.0%	*
14.0%	11.0%
10.0%	24.0%
17.0%	*
24.0%	10.0%
10.0%	6.0%
19.0%	*
*	*
6.0%	5.0%
10.0%	15.0%
*	11.0%
10.0%	10.0%
16.0%	9.0%
5.0%	*
13.0%	*
12.0%	3.0%
17.0%	*
17.0%	11.0%
7.0%	5.0%
9.0%	8.0%
9.0%	*
17.0%	12.0%
6.0%	8.0%
10.0%	12.0%
12.0%	*
*	4.0%
12.0%	11.0%
8.0%	9.0%
8.0%	8.0%
7.0%	9.0%
9.0%	11.0%
39.0%	*
15.0%	*
*	*
*	*
10.0%	10.0%
16.0%	*
13.0%	16.0%
13.0%	9.0%
15.0%	8.0%
17.0%	8.0%
10.0%	11.0%
17.0%	*
*	12.0%

AMERICAN OVERSIGHT

	9.0%				7.0%			
	16.0%				7.0%			
	16.0%			*				
	21.0%				15.0%			
	9.0%			*				
	22.0%				11.0%			
	17.0%				11.0%			
	9.0%				9.0%			
	16.0%				12.0%			
	4.0%				11.0%			
	14.0%			*				
	17.0%				10.0%			
	12.0%				18.0%			
	13.0%				13.0%			
	8.0%				3.0%			
*				*				
	9.0%			*				
	9.0%				9.0%			
*				*				
*				*				
	8.0%				10.0%			
	12.0%				11.0%			
	18.0%				9.0%			
	16.0%			*				
	4.0%				9.0%			
	20.0%			*				
	17.0%				11.0%			
	14.0%				7.0%			
	20.0%			*				
	20.0%				5.0%			
	11.0%				12.0%			
	11.0%				19.0%			
	8.0%				8.0%			
*				*				
	12.0%				14.0%			
*				*				
	7.0%				7.0%			
*				*				
	23.0%				7.0%			
	24.0%			*				
	23.0%				6.0%			
*				*				
	22.0%			*				
*				*				
	10.0%			*				
*				*				
	13.0%				7.0%			
*				*				
*				*				
0.00%	11.11%	0.00%		0.00%	0.00%	7.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

ARIES WITH PRIMARY OF INJURY				PERCENT OF BENEFICIARIES WITH PRIMARY DIAGNOSIS OF MOTOR NEURAL DISEASE				AVERAGE NUMBER OF MINUTES P PHYSICAL THERAPY
2017	2018	2015	2016	2017	2018	2015	2016	2017
*				*				104.2
10.0%				*				101.5
17.0%				5.0%				102.6
19.0%				*				102.0
20.0%				*				83.2
20.0%				3.0%				108.7
*				9.0%				97.0
22.0%				*				74.9
20.0%				*				88.9
13.0%				*				87.8
22.0%				*				90.8
*				*				77.7
16.0%				12.0%				101.5
16.0%				*				72.9
13.0%				5.0%				116.2
*				9.0%				98.8
9.0%				9.0%				87.5
*				*				97.5
*				*				91.2
*				*				65.0
*				0.0%				90.9
22.0%				*				55.7
16.0%				6.0%				92.6
*				*				88.5
11.0%				*				74.8
19.0%				*				91.6
15.0%				*				74.5
15.0%				*				82.6
*				*				104.3
16.0%				*				98.3
25.0%				5.0%				112.4
14.0%				*				122.7

AMERICAN OVERSIGHT

13.0%	*		96.7
*	*		98.8
17.0%	*		65.4
2.0%	*		106.4
0.0%		0.0%	101.2
15.0%	*		94.1
3.0%		4.0%	90.2
5.0%		2.0%	110.7
10.0%		9.0%	73.6
17.0%		4.0%	102.0
21.0%	*		97.1
18.0%		4.0%	104.9
21.0%	*		75.0
14.0%		6.0%	100.1
11.0%	*		90.0
12.0%	*		84.7
21.0%		5.0%	111.1
17.0%		6.0%	93.0
16.0%	*		99.1
15.0%	*		102.0
15.0%	*		97.8
10.0%		3.0%	98.0
15.0%	*		97.2
15.0%		2.0%	119.1
18.0%		2.0%	102.3
15.0%	*		113.9
7.0%	*		79.6
28.0%		6.0%	102.2
14.0%	*		102.1
20.0%		4.0%	100.4
27.0%	*		103.0
*	*		77.4
10.0%	*		89.3
21.0%	*		99.8
*		16.0%	104.4
*		14.0%	78.7
8.0%	*		99.5
10.0%		9.0%	87.5
*	*		80.7
*	*		89.4
*	*		94.9
8.0%	*		99.0
*		10.0%	81.9
*	*		72.7
0.0%	*		73.8
*	*		79.5
13.0%	*		64.0
*	*		87.9
*	*		75.7
13.0%		9.0%	80.6
32.0%	*		85.0
19.0%	*		99.2
29.0%	*		102.0

AMERICAN OVERSIGHT

11.0%		7.0%	95.2
*		10.0%	65.6
21.0%		9.0%	90.4
*	*		108.6
*		6.0%	99.8
*	*		94.1
*	*		110.1
*	*		88.2
10.0%	*		97.0
15.0%	*		108.9
*	*		80.6
11.0%		9.0%	109.3
7.0%	*		99.7
10.0%	*		110.4
12.0%	*		132.7
13.0%	*		104.9
*	*		107.4
*	*		80.1
10.0%		4.0%	104.2
11.0%		5.0%	107.7
21.0%		4.0%	116.2
17.0%		5.0%	134.9
14.0%	*		110.5
19.0%		3.0%	101.4
19.0%		4.0%	100.3
25.0%	*		95.3
23.0%	*		102.2
10.0%		6.0%	90.6
24.0%		5.0%	96.0
9.0%		8.0%	104.3
14.0%		5.0%	100.4
25.0%	*		88.1
28.0%		5.0%	95.4
23.0%		9.0%	91.8
7.0%		6.0%	96.8
6.0%		10.0%	98.4
9.0%		8.0%	86.6
14.0%		9.0%	92.8
11.0%	*		77.8
16.0%		9.0%	84.5
15.0%	*		97.7
*	*		80.3
*	*		95.7
*		8.0%	91.4
*	*		91.3
16.0%		6.0%	91.0
13.0%	*		87.0
15.0%	*		97.1
18.0%	*		103.9
18.0%		3.0%	100.8
8.0%	*		91.4
16.0%		5.0%	99.3
*	*		84.2
15.0%	*		90.7

AMERICAN OVERSIGHT

	13.0%				6.0%			96.1
	17.0%			*				102.2
	12.0%			*				96.6
	11.0%			*				101.6
	10.0%				9.0%			94.3
	20.0%			*				80.1
	19.0%				4.0%			83.7
	27.0%				4.0%			91.0
	15.0%				4.0%			82.2
	25.0%				5.0%			93.3
	12.0%			*				87.1
	22.0%				4.0%			94.3
	24.0%				3.0%			105.1
	21.0%				4.0%			86.8
	18.0%				3.0%			98.1
	28.0%			*				109.7
	32.0%			*				129.6
	19.0%				4.0%			106.4
*					5.0%			89.5
*				*				82.6
	16.0%			*				92.8
	17.0%				5.0%			120.4
	22.0%			*				101.2
	14.0%			*				89.4
	22.0%				5.0%			95.5
	9.0%			*				99.2
	9.0%			*				95.8
	12.0%				2.0%			114.1
*					10.0%			86.0
	9.0%			*				87.0
	15.0%				6.0%			112.9
	21.0%			*				87.3
	14.0%			*				72.5
*				*				89.3
	23.0%			*				82.8
	19.0%			*				65.1
	14.0%				8.0%			85.1
	15.0%			*				101.9
	16.0%			*				109.0
	16.0%			*				86.3
	21.0%				6.0%			102.5
*				*				81.1
	6.0%				9.0%			52.3
	0.0%			*				53.7
	0.0%			*				72.1
	15.0%			*				89.7
	8.0%				6.0%			93.5
*				*				88.6
*				*				78.8
	11.51%	0.00%		0.00%	2.55%	0.00%	-	- 92.42

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-

ER WEEK -	AVERAGE NUMBER OF MINUTES PER WEEK - OCCUPATIONAL THERAPY				AVERAGE NUMBER OF MINUTES PER WEEK - SPEECH THERAPY			
2018	2015	2016	2017	2018	2015	2016	2017	2018
			94.8				27.4	
			104.2				24.9	
			88.7				22.7	
			100.8				22.9	
			74.3				43.7	
			92.1				23.6	
			71.4				32.0	
			68.0				45.1	
			77.4				21.8	
			77.1				42.7	
			82.5				50.1	
			74.5				52.5	
			90.5				52.9	
			78.4				43.4	
			115.8				16.3	
			89.1				33.5	
			97.7				26.2	
			94.3				23.3	
			85.8				40.5	
			65.8				37.8	
			96.2				23.9	
			73.1				43.3	
			85.5				49.0	
			86.3				61.5	
			73.4				47.2	
			89.6				28.6	
			79.0				47.3	
			67.4				36.9	
			97.1				25.8	
			95.2				26.7	
			94.2				18.4	
			92.9				20.4	

AMERICAN OVERSIGHT

89.3	**18.0**
100.0	**27.1**
71.5	**24.8**
94.9	**25.4**
100.9	**21.7**
78.3	**16.3**
90.1	**17.6**
97.5	**15.2**
67.1	**19.3**
106.9	**10.5**
88.1	**16.3**
107.7	**10.6**
73.6	36.4
89.8	31.6
85.4	29.9
76.2	**16.9**
105.1	**17.8**
96.2	**27.5**
96.9	**19.0**
100.8	**21.4**
85.7	**34.7**
101.4	**32.1**
92.2	**24.7**
112.6	**14.7**
90.6	**21.2**
93.6	**27.2**
86.2	**43.6**
92.7	**12.9**
98.4	**27.7**
101.6	**25.2**
103.1	22.0
79.0	38.3
82.5	30.2
94.5	28.4
103.8	26.7
78.2	**46.0**
102.4	**26.5**
91.3	**41.4**
82.5	**39.1**
103.3	**30.3**
96.0	**28.3**
97.1	**39.4**
81.2	**36.0**
73.3	**27.4**
76.6	**32.0**
92.6	**21.1**
69.7	**36.7**
81.4	**48.0**
75.5	**39.5**
84.7	**26.3**
90.3	24.9
94.8	34.1
90.4	21.9

AMERICAN OVERSIGHT

90.3	**35.4**
63.0	**57.9**
91.4	**37.4**
102.2	**31.9**
97.7	**25.5**
88.9	**37.2**
103.2	**49.0**
91.0	**32.4**
96.8	**39.2**
102.7	**25.0**
83.1	**38.5**
104.5	**39.8**
98.4	**39.7**
106.1	**23.1**
119.9	**26.7**
98.0	**23.7**
97.5	**14.2**
69.7	**26.5**
82.1	**20.6**
85.7	**25.7**
113.9	42.7
111.5	60.2
110.4	46.9
99.8	**33.6**
101.0	**25.7**
88.8	**18.4**
104.5	**22.7**
92.2	**42.6**
98.4	**24.3**
104.7	**40.1**
96.1	**37.2**
87.0	**37.5**
100.4	**26.1**
87.9	**30.0**
91.6	**22.2**
89.1	**26.8**
84.9	**27.5**
94.3	38.5
77.4	57.9
85.2	52.6
98.2	40.3
76.6	30.1
95.2	23.1
85.3	41.6
82.9	37.1
87.7	36.4
75.8	34.4
93.7	43.3
106.7	39.5
96.8	24.9
95.7	**15.2**
97.8	**13.8**
88.7	**40.1**
95.8	**22.2**

AMERICAN OVERSIGHT

			95.3				**25.1**	
			100.2				**12.0**	
			93.1				**33.3**	
			94.2				**38.0**	
			86.6				**23.6**	
			80.3				**47.9**	
			96.4				**37.7**	
			89.4				**37.0**	
			87.6				**23.7**	
			103.3				**24.8**	
			82.2				**30.2**	
			78.6				**22.9**	
			96.6				**22.8**	
			86.8				**21.9**	
			95.1				**20.6**	
			108.3				**9.4**	
			115.2				**17.8**	
			93.1				24.7	
			97.9				32.3	
			81.3				63.3	
			84.7				**43.9**	
			116.4				**7.0**	
			93.1				**24.2**	
			81.1				**24.1**	
			96.2				**23.2**	
			101.7				**22.4**	
			91.9				**10.6**	
			78.8				**20.3**	
			93.2				**27.3**	
			86.2				**14.3**	
			96.6				**19.9**	
			84.1				**16.5**	
			69.2				**12.4**	
			91.6				**21.5**	
			80.7				**18.6**	
			73.8				**32.9**	
			85.2				**25.1**	
			104.0				**18.2**	
			106.3				14.3	
			87.7				20.6	
			102.0				32.2	
			82.3				**23.3**	
			46.7				**36.4**	
			81.8				**40.0**	
			69.0				**33.3**	
			84.9				**11.2**	
			92.6				**21.4**	
			91.7				**22.8**	
			74.2				**14.6**	
-	-	-	**89.00**	-	-	-	**29.65**	-

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

PERCENTAGE OF RUG "RU" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAGE OF RUG "RV" ASSESSMENTS WITHIN 10 MINUTES OF THRESHOLD				PERCENTAG
2015	2016	2017	2018	2015	2016	2017	2018	2015
		86.0%				53.0%		
		90.0%				60.0%		
		88.0%				78.0%		
		77.0%				35.0%		
		89.0%				72.0%		
		86.0%				52.0%		
		92.0%				84.0%		
		94.0%				58.0%		
		83.0%				40.0%		
		97.0%				73.0%		
		93.0%				56.0%		
		75.0%				67.0%		
		30.0%				29.0%		
		40.0%				32.0%		
		80.0%				49.0%		
		88.0%				82.0%		
		97.0%				75.0%		
		74.0%				45.0%		
		75.0%				50.0%		
		79.0%				70.0%		
		95.0%				85.0%		
		100.0%				61.0%		
		87.0%				55.0%		
		72.0%			*			
		31.0%				29.0%		
		31.0%				30.0%		
		57.0%				48.0%		
		32.0%				23.0%		
		18.0%				15.0%		
		34.0%				27.0%		
		18.0%			*			
		91.0%				91.0%		

AMERICAN OVERSIGHT

96.0%	**80.0%**
73.0%	**52.0%**
91.0%	**74.0%**
88.0%	**49.0%**
97.0%	**93.0%**
79.0%	**59.0%**
77.0%	**62.0%**
72.0%	*
91.0%	**51.0%**
67.0%	**29.0%**
57.0%	**45.0%**
77.0%	**18.0%**
93.0%	70.0%
96.0%	80.0%
90.0%	83.0%
95.0%	**67.0%**
59.0%	**53.0%**
61.0%	**40.0%**
85.0%	**50.0%**
91.0%	**40.0%**
63.0%	**31.0%**
11.0%	**6.0%**
36.0%	**8.0%**
5.0%	**6.0%**
29.0%	**11.0%**
69.0%	*
86.0%	**57.0%**
98.0%	**94.0%**
37.0%	**18.0%**
91.0%	**67.0%**
96.0%	80.0%
75.0%	54.0%
87.0%	76.0%
80.0%	50.0%
86.0%	29.0%
84.0%	**60.0%**
79.0%	**55.0%**
94.0%	**75.0%**
92.0%	**80.0%**
90.0%	**86.0%**
87.0%	*
95.0%	**68.0%**
98.0%	**86.0%**
93.0%	**98.0%**
97.0%	**97.0%**
100.0%	**95.0%**
27.0%	**13.0%**
36.0%	*
60.0%	*
51.0%	**45.0%**
41.0%	27.0%
48.0%	55.0%
39.0%	24.0%

AMERICAN OVERSIGHT

97.0%	**74.0%**
81.0%	**64.0%**
95.0%	**65.0%**
92.0%	**81.0%**
91.0%	**59.0%**
99.0%	**80.0%**
90.0%	**70.0%**
91.0%	**59.0%**
70.0%	**64.0%**
76.0%	**40.0%**
91.0%	**87.0%**
81.0%	**49.0%**
69.0%	**25.0%**
79.0%	**38.0%**
84.0%	**57.0%**
75.0%	**51.0%**
84.0%	**51.0%**
53.0%	**48.0%**
65.0%	**52.0%**
88.0%	**72.0%**
89.0%	83.0%
80.0%	34.0%
64.0%	36.0%
88.0%	**20.0%**
90.0%	**42.0%**
82.0%	**51.0%**
90.0%	**66.0%**
83.0%	**36.0%**
96.0%	**79.0%**
38.0%	**29.0%**
99.0%	*
18.0%	**24.0%**
55.0%	**8.0%**
50.0%	**42.0%**
47.0%	**27.0%**
39.0%	**37.0%**
50.0%	**27.0%**
87.0%	52.0%
91.0%	81.0%
87.0%	53.0%
93.0%	88.0%
76.0%	48.0%
93.0%	67.0%
78.0%	36.0%
92.0%	78.0%
72.0%	74.0%
48.0%	78.0%
65.0%	49.0%
92.0%	51.0%
88.0%	52.0%
88.0%	**65.0%**
84.0%	**60.0%**
84.0%	**29.0%**
79.0%	**57.0%**

AMERICAN OVERSIGHT

		73.0%				49.0%		
		96.0%				75.0%		
		47.0%				18.0%		
		70.0%				61.0%		
		47.0%				37.0%		
		79.0%				46.0%		
		47.0%				11.0%		
		46.0%				19.0%		
		66.0%				47.0%		
		5.0%				9.0%		
		84.0%				62.0%		
		26.0%				28.0%		
		33.0%				17.0%		
		35.0%				8.0%		
		7.0%				6.0%		
		23.0%				7.0%		
		92.0%				75.0%		
		86.0%				47.0%		
		90.0%				48.0%		
		92.0%				79.0%		
		71.0%				53.0%		
		17.0%				14.0%		
		50.0%				48.0%		
		63.0%				65.0%		
		34.0%				31.0%		
		46.0%				18.0%		
		25.0%				0.0%		
		35.0%				18.0%		
		8.0%				4.0%		
		72.0%				42.0%		
		9.0%				3.0%		
		74.0%				30.0%		
		15.0%				6.0%		
	*					0.0%		
		2.0%				2.0%		
		30.0%				30.0%		
		49.0%				32.0%		
		70.0%				42.0%		
		57.0%				38.0%		
		55.0%				35.0%		
		77.0%				24.0%		
		81.0%				76.0%		
		73.0%				77.0%		
		70.0%				74.0%		
		85.0%				61.0%		
		31.0%				31.0%		
		91.0%				58.0%		
		68.0%				2.0%		
		76.0%				58.0%		
0.00%	0.00%	68.52%	0.00%	0.00%	0.00%	47.39%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

108 113

GE OF DAYS IN"RU" RUG CATEGORY			PERCENTAGE OF DAYS IN"EXTENSIVE" RUG CATEGORY			PERCENTAGE OF DAYS CATE	
2016	2017	2018	2015	2016	2017	2018	2015	2016
	69.0%				1.0%			
	75.0%				1.0%			
	74.0%				0.0%			
	76.0%				0.0%			
	63.0%				0.0%			
	76.0%				0.0%			
	68.0%				0.0%			
	72.0%				0.0%			
	64.0%				0.0%			
	61.0%				0.0%			
	83.0%				0.0%			
	42.0%				0.0%			
	58.0%				0.0%			
	43.0%				0.0%			
	84.0%				0.0%			
	48.0%				1.0%			
	58.0%				0.0%			
	53.0%				0.0%			
	69.0%				0.0%			
	66.0%				0.0%			
	69.0%				0.0%			
	62.0%				0.0%			
	70.0%				0.0%			
	69.0%				0.0%			
	82.0%				0.0%			
	79.0%				0.0%			
	70.0%				1.0%			
	37.0%				10.0%			
	50.0%				0.0%			
	70.0%				0.0%			
	94.0%				0.0%			
	73.0%				0.0%			

AMERICAN OVERSIGHT

65.0%	**0.0%**
72.0%	**0.0%**
32.0%	**0.0%**
82.0%	**0.0%**
75.0%	**1.0%**
61.0%	**6.0%**
86.0%	**0.0%**
96.0%	**0.0%**
59.0%	**0.0%**
87.0%	**0.0%**
87.0%	**0.0%**
86.0%	**0.0%**
68.0%	0.0%
60.0%	1.0%
72.0%	0.0%
68.0%	**0.0%**
82.0%	**0.0%**
80.0%	**0.0%**
81.0%	**0.0%**
87.0%	**0.0%**
84.0%	**0.0%**
76.0%	**0.0%**
56.0%	**0.0%**
77.0%	**0.0%**
65.0%	**0.0%**
80.0%	**0.0%**
81.0%	**1.0%**
91.0%	**0.0%**
86.0%	**0.0%**
93.0%	**0.0%**
79.0%	0.0%
68.0%	0.0%
65.0%	0.0%
88.0%	0.0%
78.0%	0.0%
65.0%	**1.0%**
72.0%	**1.0%**
75.0%	**1.0%**
63.0%	**0.0%**
64.0%	**0.0%**
89.0%	**0.0%**
88.0%	**0.0%**
66.0%	**0.0%**
48.0%	**0.0%**
34.0%	**0.0%**
27.0%	**0.0%**
42.0%	**0.0%**
88.0%	**0.0%**
80.0%	**0.0%**
57.0%	**0.0%**
64.0%	0.0%
80.0%	0.0%
84.0%	0.0%

AMERICAN OVERSIGHT

84.0%	**0.0%**
53.0%	**0.0%**
84.0%	**0.0%**
68.0%	**0.0%**
87.0%	**0.0%**
79.0%	**0.0%**
88.0%	**0.0%**
60.0%	**3.0%**
69.0%	**2.0%**
77.0%	**0.0%**
54.0%	**1.0%**
79.0%	**0.0%**
87.0%	**0.0%**
79.0%	**0.0%**
78.0%	**1.0%**
68.0%	**2.0%**
61.0%	**0.0%**
37.0%	**0.0%**
77.0%	**0.0%**
72.0%	**0.0%**
76.0%	0.0%
82.0%	0.0%
83.0%	0.0%
77.0%	**0.0%**
81.0%	**0.0%**
69.0%	**1.0%**
80.0%	**0.0%**
82.0%	**0.0%**
88.0%	**0.0%**
86.0%	**1.0%**
90.0%	**1.0%**
75.0%	**0.0%**
95.0%	**0.0%**
57.0%	**0.0%**
68.0%	**3.0%**
63.0%	**0.0%**
52.0%	**2.0%**
82.0%	0.0%
64.0%	0.0%
87.0%	0.0%
74.0%	1.0%
47.0%	9.0%
78.0%	0.0%
68.0%	0.0%
68.0%	1.0%
68.0%	0.0%
58.0%	0.0%
78.0%	1.0%
71.0%	1.0%
77.0%	0.0%
65.0%	**0.0%**
63.0%	**1.0%**
80.0%	**0.0%**
71.0%	**0.0%**

AMERICAN OVERSIGHT

	67.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	64.0%				0.0%			
	45.0%				3.0%			
	66.0%				0.0%			
	67.0%				0.0%			
	78.0%				0.0%			
	73.0%				1.0%			
	90.0%				0.0%			
	59.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	53.0%				0.0%			
	65.0%				0.0%			
	71.0%				0.0%			
	93.0%				0.0%			
	85.0%				0.0%			
	86.0%				0.0%			
	69.0%				0.0%			
	75.0%				0.0%			
	75.0%				0.0%			
	82.0%				0.0%			
	58.0%				0.0%			
	73.0%				0.0%			
	68.0%				0.0%			
	69.0%				0.0%			
	61.0%				0.0%			
	54.0%				0.0%			
	55.0%				0.0%			
	66.0%				0.0%			
	78.0%				0.0%			
	4.0%				0.0%			
	17.0%				0.0%			
	31.0%				0.0%			
	32.0%				0.0%			
	43.0%				1.0%			
	72.0%				1.0%			
	65.0%				0.0%			
	47.0%				0.0%			
	85.0%				0.0%			
	41.0%				1.0%			
	28.0%				2.0%			
	60.0%				0.0%			
	27.0%				1.0%			
	51.0%				1.0%			
	59.0%				0.0%			
	50.0%				1.0%			
	25.0%				0.0%			
0.00%	67.84%	0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	0.00%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

IN"SPECIAL HIGH" RUG GORY		PERCENTAGE OF DAYS IN"SPECIAL LOW" RUG CATEGORY			PERCENTAGE OF DAYS IN"CLINIC C RUG CATEGORY			
2017	2018	2015	2016	2017	2018	2015	2016	2017
2.0%				0.0%				2.0%
5.0%				1.0%				2.0%
6.0%				0.0%				1.0%
3.0%				0.0%				2.0%
4.0%				0.0%				2.0%
0.0%				0.0%				1.0%
3.0%				0.0%				0.0%
6.0%				0.0%				2.0%
4.0%				0.0%				2.0%
3.0%				0.0%				1.0%
1.0%				0.0%				0.0%
2.0%				0.0%				2.0%
1.0%				0.0%				2.0%
6.0%				0.0%				1.0%
1.0%				0.0%				1.0%
5.0%				1.0%				2.0%
3.0%				0.0%				1.0%
9.0%				0.0%				3.0%
8.0%				0.0%				2.0%
4.0%				0.0%				0.0%
4.0%				0.0%				1.0%
2.0%				0.0%				0.0%
2.0%				0.0%				1.0%
7.0%				0.0%				2.0%
0.0%				0.0%				0.0%
1.0%				0.0%				0.0%
2.0%				0.0%				1.0%
8.0%				0.0%				1.0%
2.0%				0.0%				1.0%
8.0%				0.0%				1.0%
1.0%				0.0%				0.0%
4.0%				0.0%				1.0%

AMERICAN OVERSIGHT

4.0%	0.0%	2.0%
2.0%	0.0%	1.0%
10.0%	0.0%	9.0%
5.0%	0.0%	1.0%
3.0%	0.0%	1.0%
8.0%	0.0%	4.0%
1.0%	0.0%	1.0%
0.0%	0.0%	0.0%
8.0%	0.0%	1.0%
4.0%	0.0%	1.0%
3.0%	0.0%	0.0%
3.0%	0.0%	1.0%
1.0%	0.0%	1.0%
4.0%	0.0%	3.0%
2.0%	0.0%	1.0%
9.0%	0.0%	3.0%
3.0%	0.0%	1.0%
4.0%	0.0%	2.0%
4.0%	0.0%	2.0%
4.0%	0.0%	1.0%
2.0%	0.0%	1.0%
2.0%	0.0%	2.0%
3.0%	0.0%	3.0%
2.0%	0.0%	2.0%
3.0%	0.0%	2.0%
1.0%	0.0%	1.0%
3.0%	0.0%	1.0%
2.0%	0.0%	1.0%
2.0%	0.0%	2.0%
0.0%	0.0%	0.0%
3.0%	0.0%	1.0%
4.0%	1.0%	1.0%
4.0%	0.0%	3.0%
1.0%	0.0%	0.0%
3.0%	0.0%	1.0%
1.0%	0.0%	0.0%
1.0%	0.0%	1.0%
4.0%	1.0%	1.0%
3.0%	1.0%	1.0%
1.0%	0.0%	4.0%
0.0%	0.0%	2.0%
2.0%	0.0%	1.0%
3.0%	0.0%	0.0%
1.0%	1.0%	1.0%
3.0%	1.0%	0.0%
0.0%	3.0%	1.0%
4.0%	0.0%	1.0%
1.0%	0.0%	0.0%
3.0%	0.0%	0.0%
2.0%	0.0%	2.0%
2.0%	0.0%	1.0%
1.0%	0.0%	1.0%
0.0%	0.0%	0.0%

AMERICAN OVERSIGHT

2.0%	0.0%	0.0%
6.0%	0.0%	0.0%
2.0%	0.0%	0.0%
2.0%	0.0%	1.0%
2.0%	0.0%	1.0%
4.0%	0.0%	2.0%
0.0%	0.0%	0.0%
9.0%	0.0%	5.0%
7.0%	0.0%	3.0%
2.0%	0.0%	0.0%
5.0%	0.0%	1.0%
3.0%	0.0%	2.0%
1.0%	0.0%	1.0%
2.0%	0.0%	4.0%
3.0%	0.0%	0.0%
5.0%	1.0%	1.0%
0.0%	0.0%	2.0%
8.0%	0.0%	0.0%
0.0%	0.0%	0.0%
3.0%	0.0%	0.0%
2.0%	0.0%	1.0%
3.0%	0.0%	0.0%
1.0%	0.0%	0.0%
3.0%	0.0%	1.0%
2.0%	0.0%	2.0%
4.0%	0.0%	3.0%
1.0%	0.0%	1.0%
1.0%	0.0%	1.0%
2.0%	0.0%	1.0%
2.0%	0.0%	1.0%
4.0%	0.0%	1.0%
7.0%	0.0%	1.0%
1.0%	0.0%	1.0%
3.0%	0.0%	2.0%
4.0%	0.0%	1.0%
4.0%	0.0%	4.0%
4.0%	0.0%	1.0%
2.0%	0.0%	1.0%
3.0%	0.0%	0.0%
0.0%	0.0%	0.0%
1.0%	0.0%	0.0%
13.0%	0.0%	5.0%
1.0%	0.0%	0.0%
4.0%	0.0%	0.0%
2.0%	1.0%	1.0%
3.0%	0.0%	0.0%
1.0%	0.0%	0.0%
2.0%	0.0%	2.0%
4.0%	0.0%	2.0%
2.0%	0.0%	1.0%
7.0%	0.0%	1.0%
2.0%	1.0%	2.0%
1.0%	0.0%	0.0%
0.0%	0.0%	1.0%

AMERICAN OVERSIGHT

4.0%				0.0%				2.0%
2.0%				0.0%				2.0%
1.0%				0.0%				1.0%
5.0%				0.0%				2.0%
6.0%				0.0%				5.0%
6.0%				0.0%				2.0%
1.0%				0.0%				1.0%
2.0%				0.0%				1.0%
3.0%				0.0%				2.0%
2.0%				0.0%				1.0%
2.0%				0.0%				2.0%
4.0%				0.0%				1.0%
2.0%				0.0%				1.0%
2.0%				0.0%				1.0%
2.0%				0.0%				2.0%
2.0%				0.0%				1.0%
1.0%				0.0%				1.0%
1.0%				0.0%				0.0%
2.0%				0.0%				1.0%
2.0%				0.0%				0.0%
2.0%				0.0%				1.0%
2.0%				0.0%				1.0%
3.0%				0.0%				1.0%
5.0%				0.0%				1.0%
3.0%				0.0%				1.0%
7.0%				0.0%				1.0%
8.0%				0.0%				2.0%
1.0%				0.0%				1.0%
1.0%				0.0%				0.0%
6.0%				0.0%				3.0%
2.0%				0.0%				1.0%
1.0%				0.0%				1.0%
16.0%				0.0%				3.0%
10.0%				0.0%				0.0%
2.0%				0.0%				2.0%
3.0%				0.0%				0.0%
10.0%				0.0%				4.0%
10.0%				0.0%				1.0%
1.0%				0.0%				1.0%
2.0%				0.0%				1.0%
3.0%				0.0%				1.0%
4.0%				0.0%				0.0%
14.0%				0.0%				2.0%
1.0%				0.0%				0.0%
12.0%				0.0%				2.0%
9.0%				0.0%				3.0%
8.0%				0.0%				1.0%
9.0%				1.0%				0.0%
16.0%				0.0%				1.0%
3.58%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	1.25%

AMERICAN OVERSIGHT

0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OMPLEX"	
2018	
	1-PRIMARY-CONSULATE (CMC II LLC)
	1-PRIMARY-CONSULATE (CMC II LLC)
	1-PRIMARY-CONSULATE (CMC II LLC)
	1-PRIMARY-CONSULATE (CMC II LLC)
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-PRIMARY-GULF COAST HEALTH CARE LLC
	1-SECONDARY-SUMMITT CARE II INC
	1-SECONDARY-SUMMITT CARE II INC
	1-SECONDARY-SUMMITT CARE II INC
	2-PRIMARY-CONSULATE (CMC II LLC)
	2-PRIMARY-CONSULATE (CMC II LLC)
	2-PRIMARY-CONSULATE (CMC II LLC)
	2-PRIMARY-CONSULATE (CMC II LLC)
	2-PRIMARY-CONSULATE (CMC II LLC)
	2-PRIMARY-GULF COAST HEALTH CARE LLC
	2-PRIMARY-GULF COAST HEALTH CARE LLC
	2-PRIMARY-GULF COAST HEALTH CARE LLC
	2-PRIMARY-GULF COAST HEALTH CARE LLC
	2-PRIMARY-GULF COAST HEALTH CARE LLC
	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
	2-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
	3-PRIMARY-AVANTE GROUP, INC.
	3-PRIMARY-AVANTE GROUP, INC.
	3-PRIMARY-AVANTE GROUP, INC.
	3-PRIMARY-AVANTE GROUP, INC.
	3-PRIMARY-CONSULATE (CMC II LLC)

AMERICAN OVERSIGHT

3-PRIMARY-CONSULATE (CMC II LLC)
3-PRIMARY-CONSULATE (CMC II LLC)
3-PRIMARY-CONSULATE (CMC II LLC)
3-PRIMARY-CONSULATE (CMC II LLC)
3-PRIMARY-CONSULATE (CMC II LLC)
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
3-SECONDARY-Health Services Mgt., Inc.
3-SECONDARY-Health Services Mgt., Inc.
3-SECONDARY-Health Services Mgt., Inc.
4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4-PRIMARY-GREYSTONE HEALTHCARE MANAGEMENT CORP
4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
4-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
4-SECONDARY-GULF COAST HEALTH CARE LLC
4-SECONDARY-GULF COAST HEALTH CARE LLC
4-SECONDARY-GULF COAST HEALTH CARE LLC
4-SECONDARY-GULF COAST HEALTH CARE LLC
4-SECONDARY-GULF COAST HEALTH CARE LLC
5-PRIMARY-AIRAMID
5-PRIMARY-AIRAMID
5-PRIMARY-AIRAMID
5-PRIMARY-AIRAMID
5-PRIMARY-AIRAMID
5-PRIMARY-AIRAMID
5-PRIMARY-AIRAMID
5-PRIMARY-Senior Care Group, Inc.
5-PRIMARY-Senior Care Group, Inc.
5-PRIMARY-Senior Care Group, Inc.
5-PRIMARY-Senior Care Group, Inc.
5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
5-PRIMARY-SIGNATURE HEALTHCARE MANAGEMENT
5-SECONDARY-AMERICAN RETIREMENT CORPORATION
5-SECONDARY-AMERICAN RETIREMENT CORPORATION
5-SECONDARY-AMERICAN RETIREMENT CORPORATION

AMERICAN OVERSIGHT

6-PRIMARY-AIRAMID
6-PRIMARY-AIRAMID
6-PRIMARY-AIRAMID
6-PRIMARY-AIRAMID
6-PRIMARY-AIRAMID
6-PRIMARY-AIRAMID
6-PRIMARY-AIRAMID
6-PRIMARY-CONSULATE (CMC II LLC)
6-PRIMARY-CONSULATE (CMC II LLC)
6-PRIMARY-CONSULATE (CMC II LLC)
6-PRIMARY-CONSULATE (CMC II LLC)
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6-SECONDARY-PALM HEALTHCARE MANAGEMENT, LLC
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7-PRIMARY-Solaris Foundation, Inc.
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7-PRIMARY-SOUTHERN HEALTHCARE MANAGEMENT, LLC
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9-PRIMARY-LIFE CARE CENTERS OF AMERICA, INC.
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9-PRIMARY-LIFE CARE SERVICES LLC
10-PRIMARY-HBA HEALTH SYSTEM LLC
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10-PRIMARY-HBA HEALTH SYSTEM LLC
10-PRIMARY-NSPRMC, LLC
10-PRIMARY-NSPRMC, LLC
10-PRIMARY-NSPRMC, LLC
10-SECONDARY-FiveStar Quality Care Inc
10-SECONDARY-FiveStar Quality Care Inc
10-SECONDARY-FiveStar Quality Care Inc
11-PRIMARY-Adirhu Associates, LLC
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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Sunday, March 1, 2020 7:00 AM
To: Scanlon, Stephanie; Skipper, Jamie; Magnuson, Michael
Subject: Fwd: Feral cats at Headquarters

Quick reminder of what we were dealing with 95 days ago.

Just adds perspective to how fast time goes and progress that has been made since.

From: Kenyon, Brian <Brian.Kenyon@ahca.myflorida.com>
Sent: Tuesday, November 26, 2019 2:56 PM
Cc: Facilities_Requests
Subject: Feral cats at Headquarters

Good afternoon,

A number of feral cats have been seen at Headquarters. A feral cat is a wild animal and is not accustomed to human contact. **It is crucial that employees do not approach or attempt to catch these feral cats.** The Humane Society states that "feral cats are usually too fearful to be handled or adopted." Feral cats are very likely to scratch or bite anyone attempting to help them and their attacks may also cause infection or disease transmission.

Building Management will be using humane traps to catch these cats. Please do not interfere with their efforts.

Again, if you see a feral cat **do not attempt to touch it**, but instead contact Facilities_Requests@ahca.myflorida.com.

Thank you for your time and cooperation.

Brian Kenyon, PMP, FCCN, FCCM
General Services Director
Bureau of Support Services MS# 15
Agency for Health Care Administration
(850) 412-3899 fax: (850) 488-0317
Brian.Kenyon@ahca.myflorida.com



Did the Bureau of Support Services meet your expectations of excellent customer service today? Please let us know by completing a short Customer Satisfaction Survey by clicking on the following link. Thanks!

Customer Satisfaction Survey

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:34 PM
To: Beatrice, Meredith M.; Ferre, Helen; Lukis, Adrian
Subject: RE: update

Additionally, we have AHCA staff en route to the facility.

Thank you.

From: Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>
Sent: Friday, March 13, 2020 1:32 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] Re: update

Thank you!

Get Outlook for iOS

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:21:58 PM
To: Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>
Cc: Mayhew, Mary <mary.mayhew@ahca.myflorida.com>; Philpot, Toby <toby.philpot@ahca.myflorida.com>
Subject: update

Please see updates below. Thank you.

Duval County – Jacksonville, Florida
Camellia at Deerwood

Senior community with assisted living facility and independent living (apartments)
**On the campus is an assisted living facility

- 91 residents in assisted living
- 19 residents in memory care
- 107 in independent living

Shared common areas for independent living, assisted living and memory care

- Individual presumptive positive – independent living [*information provided to us by DOH*]

AHCA staff spoke personally with the facility administrator and asked the ALF on campus to immediately discontinue visitation.

ALF is taking precautions:

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- Extra disinfecting/cleaning of facility
- Ceased usage of common areas (dining room, activities, etc.)
- Community outings discontinued
- Ceased visitors
- Screening staff; taking staff temperatures
- Screening and temperature taking of third-party health providers
- Notified residents of the situation
- Sending email to emergency contacts of residents to notify them of the situation

Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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From: Mayhew, Mary
To: Jared Moskowitz (jared.moskowitz@em.myflorida.com)
Cc: Bussey, Jon
Subject: Fwd: facility list
Date: Tuesday, March 17, 2020 9:22:24 AM

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:15:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	PHI	Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 6:39 PM
To: ""McKinstry"","" Molly; " "Mayhew"","" Mary; " "Strickland"","" Katie; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: RE: COVID19 EOC Action Item Log_03-07-2020PM..docx

I plan to attend the 9AM briefing

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 6:31 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: Fw: COVID19 EOC Action Item Log_03-07-2020PM..docx

fyi

From: AHCAEOC <ahcaeoc@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 6:27 PM
To: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: COVID19 EOC Action Item Log_03-07-2020PM..docx

Please see the attached action item log from today. In addition, we reached out to John Edwards in I.T. to set up the equipment at the ESF-8 Desk (Greg McLeod is on his way to set it up now) and below are notes from the evening briefing.

- The elderly population is particularly vulnerable to the virus
- The outbreak appears to be mainly travel related
- Education of the public is essential
- Hospitals may not have all precautions in place – they need to protect patients and staff
- Unsure how long this outbreak will last nor how far it will spread
- There will be a 9 AM briefing in the morning.

DEM (Ryan.Lock@em.myflorida.com) asks for daily Agency updates (see details in the action log).

Staffing through Monday
Sunday: Sharon Woodbery (7AM to 7PM). If I can't confirm availability with Sharon tonight (she indicated previously she would be free) Rebecca Willis will cover.
Monday: Rebecca Willis (7AM to 7PM). If Rebecca works Sunday I will cover Monday.

Contact info for staffing: Sharon (850-510-7068), Rebecca (386-364-9730), and Kim (850-933-2518)

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Staffing Sunday and Monday

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Friday, March 13, 2020 8:16 AM
To: Scanlon, Stephanie; Skipper, Jamie; Magnuson, Michael; Barrett, Jennifer
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

FYI. If you need to, or would like to discuss, please let me know.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:01 PM
To: Miller, James <James.Miller@ahca.myflorida.com>
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

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Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 9, 2020 3:48 PM
To: ""Mayhew"","" Mary; Mary.Mayhew@ahca.myflorida.com
Cc: Philpot, Toby
Subject: RE:
Attachments: AHCA COVID TPs 3.9.20.docx

Here you are.

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Monday, March 9, 2020 3:44 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject:

Can you email me the longer talking points. I want to reorder.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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COVID-19 Talking Points

Top Line Messaging

- AHCA's top priority is the health and safety of residents and patients in the facilities we regulate. As such, AHCA has taken proactive steps to communicate with our providers regarding COVID-19.

- Because infection prevention and control are so foundational to the health and welfare of patients and residents, it one of the highest priorities for the Agency as we inspect facilities.

- Infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities. These are practices that hospitals and nursing homes focus staff training and conduct drills on.

- Facilities across Florida are held to an extremely high standard, and AHCA is vigilant in reviewing every aspect of compliance—inspecting for even the smallest misstep or gap in infection prevention practice and protocols.

Key Actions

- AHCA sent out alerts and hosted multiple calls with nursing homes, assisted living facilities, and hospitals to ensure they are focused on best practices for infection control and prevention.

- We understand this is a rapidly evolving situation worldwide and my Agency remains committed to doing all we can to equip facilities with the best information to protect patients and residents.

- The best protection against the spread of infection is facility maintenance and management.

- We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

- To that end, nursing homes and assisted living facilities, have been encouraged to implement screening interventions for visitors, vendors and staff.

- If you are sick do not visit a nursing home. In general, this is a good practice, but it is becoming more critical as we face COVID-19.

- We know that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes or lung disease.

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Infection Control Issues at Facilities

- As Secretary, I recognize the trust that Florida's nursing home residents and their families place in their facilities' nurses and administrators to ensure a safe living environment.

- My agency's role is to ensure the facilities we license and regulate are vigilant in maintaining adherence to infection control and prevention protocols and quality standards that will protect the health and welfare of our state's most vulnerable.

- Preventing and mitigating the effects of infection in healthcare settings is among the most important tasks that Florida's hospitals, nursing homes and assisted living facilities must manage.

- And infection prevention protocols are ingrained in standard operating procedures across Florida health care facilities – and they are the responsibility of everyone in the facility – from the clinical staff, to the custodial staff, to the vendors and visitors who enter facilities.

- In 2019, there were 4 hospitals out of 310 and 320 nursing homes out of 695 that had some level of non-compliance related to infection prevention and control, but they did not a level of risk of harm or serious injury to patients or residents.
    - 2 hospitals and 10 nursing homes with concerns of severe jeopardy

- All of those findings were thoroughly corrected and verified for compliance by our Agency.

- Let me be clear: in just a matter of weeks, a hospital or nursing home could lose their license and be shut down for failing to effectively correct the risk to patients.

- Because infection and prevention and control are so foundational to the health and welfare of patients and residents, it is equally a significant priority for our agency as we inspect these facilities.

- We inspect for the smallest gaps in practice in order to support comprehensive adherence for staff in these facilities to basic infection protocols, like hand washing and cleaning of all surfaces in patient and resident rooms.

- Infection control inspection criteria, as administered from the CDC and CMS, includes reviews of:

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- Facility Assignment and Task Coordination
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Transmission-Based Precautions
- Laundry Services
- Policies and Procedures
- Infection Surveillance
- Antibiotic Stewardship Program
- Influenza and Pneumococcal Immunizations

- Hospitals and nursing homes are executing key infection control measures, including:
  - Staff members maintaining compliance with hand hygiene.
    - Staff hand hygiene before and after contact with residents
    - Ensuring appropriate resident hand hygiene is performed
  - Appropriate use of personal protective equipment (PPE).
  - Environmental cleaning

- Our Agency is engaging and communicating regularly with nursing homes across the state and engaging in stakeholder discussions to address best practices and take any questions.

- The Agency will consider immediate jeopardies for infection control issues and complaints alleging infection control concerns, including facilities with COVD-19.

- Our inspections will prioritize the facilities that currently have positive and suspected cases of COVD-19.

- Per CMS, we are currently deploying staff and will visit hospitals and nursing homes that have had infection control issues in the past.

- The Department of Health is – and always has been – the lead on any infectious disease outbreak. Our Agency is there to provide resources as appropriate. If the facility does not respond or accommodate the Department of Health, then our Agency go in as the regulatory entity.

- We are here to be a partner among state agencies and to consistently provide communications and immediate assistance.

Visitor and Vendor Screenings

- We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or symptoms of an infection from entering the facility.

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- To that end, nursing homes and assisted living facilities, have been encouraged to implement screening interventions for visitors, vendors and staff.

- AHCA has shared and distributed communications that equip facilities with resources for Visitor Screening.

- The agency recognizes that facilities need to be overly cautious to protect their patients and residents and we appreciate the thoughtful approach to the comprehensive screening of visitors, staff and vendors.

- This includes the need to screen those entering the facility to ensure no one has a temperature prior to entering.

- I have an important message for the public: if you are sick please do not visit a nursing home.

- And if you are sick, please only go to a hospital if you need to seek services.

- This is a good practice always but becoming critical as we face COVID-19.

Hospital Preparedness

- Hospitals consistently drill for these type of emergencies.

- They have well established practices and procedures to help them respond to COVID-19.

- Additionally, my agency continues to send alerts to facilities to make sure they have the most up-to-date information about best practices from the CDC.

Personal Protective Equipment

- Personal protective equipment (PPE) coordination is handled at a local level through local health departments and emergency operations centers.

- In conjunction with the Florida Division of Emergency Management and the Florida Department of Health, I want to do everything possible to make sure the needs of local communities are being met, especially health care facilities.

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- To that end, I will be traveling the state over the next week to connect with facilities and will be reporting back as we work with DEM and DOH to ensure supplies, such as PPEs, are going where they are most needed.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 12:46 PM
To: ""McKinstry"","" Molly; " "Hudson"","" Bernard; " "Woods"","" Keisha; Molly.McKinstry@ahca.myflorida.com; Bernard.Hudson@ahca.myflorida.com; Keisha.Woods@ahca.myflorida.com
Subject: Emergency Rule
Attachments: qso-20-14-nh-revised.pdf; Notice of Emergency Rule Screning.docx

All,

Attached is a first draft of an emergency rule requiring non-resident screenings before entry into a facility. I left it open ended as to whether it is for ALFs, SNFs, etc. Take a look and let me know what you think. The criteria is based on the attached CMS guidance.

Thanks,

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
Stefan.Grow@ahca.myflorida.com

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).
- *Following the Food and Drug Administration's (FDA) emergency use authorization (EUA) expanding the use of certain industrial respirators to health care personnel, CMS is clarifying that such use is appropriate in Medicare/Medicaid certified providers and suppliers.*

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of

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potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

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- ***Restricting*** *means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*
- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility.*

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Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).

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- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no***

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symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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FDA Resources:

- *Emergency Use Authorizations:* https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION Health Facility and Agency Licensing RULE NO.: RULE TITLE: 59AER20-1 Screening Requirements for Non-Residents.

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 9, 2020, eight counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders live in Florida's XXX facilities. Ensuring XXX facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which XXX facilities screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule establishes screening requirements for nursing home staff and visitors to avoid the spreading COIVD-19 to health care facilities. Screening requirements include…

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

[2] *See* Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59A-xxx Screening Requirements for Non-Residents.

(1) REQUIREMENTS. Any non-resident individual, including staff, seeking entry to an assisted living facility must be actively screened by the facility. Any individual who meets the screening criteria must be restricted from entering the facility or facility grounds until they no longer meet the screening criteria.
(a) The screening criteria must at a minimum include the following:
1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat;
2. In the last 14 days has travelled with someone with a confirmed diagnosis of the Novel Coronavirus Disease 2019;
3. In the last 14 days has been under investigation for the Novel Coronavirus Disease 2019;
4. In the last 14 days has travelled internationally to any countries with sustained community transmission as identified by the Centers for Disease Control and Prevention. Affected countries can be found online at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html; or
5. Reside in a community where community-spread of the Novel Coronavirus Disease 2019 is occurring.
(b) DOCUMENTATION?
(c) For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment such as facemasks

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 5:50 PM
To: ""Lukis"","" Adrian; Adrian.Lukis@eog.myflorida.com
Cc: Mayhew, Mary
Subject: for review

Adrian,

Please see the language below that we are interested in sending out. Thank you.

Transfer Protocol

With recent reports of alarming potential infection and fatality rates, it is imperative that nursing homes and other long-term care residential providers which are unable to comply with CDC guidance for standard infection precautions for COVID-19 transmission, especially negative pressure rooms and skilled use of N95 masks, should seek transfer of individuals who fit criteria for testing or who have tested positive to facilities that can comply with these infection control requirements.

To accept a patient who is being discharged, long-term care residential providers may work to request testing of anyone who meets the criteria of being at risk of COVID-19.

Katie Strickland
Communications Director
Florida Agency for Health Care Administration
Katie.Strickland@ahca.myflorida.com
Office: 850.412.3620

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 9:01 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

I see where you are going with it. I'll type a bullet.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:59:40 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

AHCA working with nursing homes on new CMS guidance to ....

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:58 AM
To: Strickland, Katie; Philpot, Toby
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

I think it needs to included because it is in effect now.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:57:00 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

We can add to tomorrow's once we get it sent out today to providers.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:50:51 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Should this be in roll up

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases
- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

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Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
    - Visitors will be limited to a specific room only
    - Facilities should require visitors to perform hand hygiene frequently
    - Must wear a face mask
- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.
- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

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From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

Memo Number	**Memo Name**	**Contact or Reference**	**Memo Posting:**
QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

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From: Mayhew, Mary
To: ""McKinstry"","" Molly; "" "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Subject: Fwd: facility list
Date: Tuesday, March 17, 2020 3:58:49 PM

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:57:01 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: facility list

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Tuesday, March 17, 2020 10:59:01 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: facility list

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pending etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Llc Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	PHI	Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

AMERICAN OVERSIGHT

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:21 PM
To: Smoak, Kimberly; MacLafferty, Laura
Cc: McKinstry, Molly
Subject: FW: AHA Letter to Sec. Azar on Waivers
Attachments: FINAL AHACOVID19_WaiverLettertoHHS_031620.pdf

FYI

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:14 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: Fwd: AHA Letter to Sec. Azar on Waivers

From: Crystal Stickle <crystals@fha.org>
Sent: Monday, March 16, 2020 3:55 PM
To: McKinstry, Molly; Philpot, Toby; Grow, Stefan
Subject: [External] FW: AHA Letter to Sec. Azar on Waivers

FYI. This just came from AHA to HHS on additional federal waiver.

AMERICAN OVERSIGHT

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American Hospital Association™
Advancing Health in America

Washington, D.C. Office
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

March 16, 2020

Alex M. Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) asks **the Secretary of Health and Human Services (HHS) to consider additional actions to temporarily suspend certain requirements in order for health care providers to better respond to the novel coronavirus (COVID-19) outbreak.**

On Jan. 31, 2020, your office declared a public health emergency in the U.S. for COVID-19, representing an important first step in combatting this virus. The public health emergency together with the President's recent national emergency declaration enabled your office to make several critical waivers consistent with section 1135 of the Social Security Act. We appreciate your swift action in making these waivers, including removing the critical access hospitals (CAH) limitation of 25 inpatient beds and 96-hour average length of stay, the long-term care hospital (LTCH) 25-day length of stay requirement, the inpatient rehabilitation facility (IRF) 60% Rule, and certain physician licensing requirements. However, much more flexibility is required to allow hospitals and health systems to most effectively respond to this emergency and provide the best care possible to patients. For example, we ask you to:

1. Waive the CAH 96-hour condition of payment in addition to the 96-hour average length of stay. This is crucial for rural areas that may not have other options for inpatient beds.
2. Waive the requirement that an LTCH patient have a prior hospital stay that includes three or more days in the intensive care unit (ICU) in order to qualify for the full payment rate. Doing so would help ensure these hospitals are able to add capacity to the health care system by caring for more appropriate patients, without penalty.

AMERICAN OVERSIGHT

3. Waive the IRF 3-hour rule, which requires that IRF patients receive at least three hours of therapy a day, the "preponderance" of which must be one-on-one. This is critical to enabling them to add capacity to the health care system.

A list of our specific suggested actions are attached.

Other important waiver flexibilities that we urge you to consider cover conditions of participation or other certification requirements, program participation, preapproval requirements and performance deadlines and timetable delays. The HHS Secretary should also immediately implement unique codes for COVID-19 disease, exposure to COVID-19 and screening for the virus. Such codes are essential to tracking COVID-19 patients or patients without the disease that require health care services. While there are codes existing for coronaviruses, they are not unique to COVID-19. For all waivers, including those already made, the HHS Secretary should also consider creating a code for providers to use to identify patients *without* COVID-19 who are receiving care under a waiver – those who are, for example, transferred to a post-acute care hospital solely in order to meet the demands of the emergency. This is much less resource intensive than documentation in the medical record.

In addition, while a number of actions require the use of section 1135 waiver authority, there also are additional steps that HHS can take without such authority. For example, we encourage the agency to require that health plans reduce access barriers, such as limiting utilization management techniques that could delay access to COVID-19 testing and treatment, and require that coverage decisions be based on presenting symptoms, not final diagnosis.

Finally, we must acknowledge and accept the unknowns we face when combatting COVID-19. Our requests today represent actions we know are necessary at this moment. If taken, these steps will help care for patients, while keeping hospital workers and the public as safe as possible. As more information becomes available, we anticipate the need for additional assistance from HHS, and ask that the agency remain flexible as our hospitals and health systems continue to care for patients during this national emergency.

Communities rely on America's hospitals and health systems to be there for them in the face of an emergency. Whether that emergency develops in the form of a natural disaster, like a hurricane or tornado, or as a virus, like COVID-19, hospitals and health systems are prepared to fulfill their commitment to patients. While our members continue to do everything they can to address COVID-19 cases, the additional action we request would help them continue to put the health and safety of patients first by removing barriers that threaten to impede decisive and quick action by providers at a time when agility and flexibility are of utmost importance.

AMERICAN OVERSIGHT

We appreciate your leadership and the ongoing work of the White House Coronavirus Task Force. We look forward to continuing to work with you during this critical time to protect the health of our nation.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer

Cc: Seema Verma, Administrator, Centers for Medicare & Medicaid Services
Stephen M. Hahn, M.D., Commissioner, Food and Drug Administration
Robert R. Redfield, M.D., Director, Centers for Disease Control and Prevention

AMERICAN OVERSIGHT

ASSISTANCE MANAGING THE SURGE

Medicare Outpatient Observation Notice (MOON). In addition to the Centers for Medicare & Medicaid Services' (CMS) waiver of the skilled nursing facility (SNF) 3-day rule, waiving the MOON written and oral notification requirements is appropriate since undergoing observation care will have no implications for SNF eligibility.
Home Health (HH) Homebound Requirement. Waiving the requirement that a beneficiary must be "home-bound" in order to receive HH services would allow beneficiaries to obtain care while minimizing the risk to themselves or others.
Critical Access Hospital (CAH) 96-hour Condition of Payment. Waiving the requirement that a physician certify a patient can reasonably be expected to be discharged within 96 hours would provide critical flexibility for care in rural areas that may not have other options for inpatient care.
Medical Review Audits. Pausing all audits during the emergency, including additional documentation requests and other audit work, would help free capacity in the health care system.
HH Face-to-Face Requirement. Waiving the requirement that the certifying physician or nonphysician practitioner document a face-to-face encounter with the patient prior to certifying a patient's eligibility for the HH benefit would allow beneficiaries to obtain care while minimizing the risk to themselves or others. In these situations, a telephonic or telehealth visit may fulfill the requirements of the face-to-face requirement.
Transfer of Mechanically Ventilated Patients. Suspending the restrictions of Medicare Managed Care organizations surrounding transfer of mechanically ventilated patients to long-term care hospitals (LTCHs) would allow patients to be transferred as soon as they are physiologically stable enough. This would facilitate appropriate transfer of patients that benefit from the specialized care LTCHs provide and also add capacity to the health care system.
Federal Audits. Delaying all federal audits during the emergency, such as Medicaid disproportionate share hospital (DSH) and Payment Error Rate Measurement (PERM), would help free capacity in the health care system.
Waiving certain CMS certification requirements. If a nonprofit entity that holds multiple certificates to operate hospitals in that jurisdiction from the appropriate state licensing entity, a certificate of participation from CMS, a license from a state licensing authority to operate a new or refurnished hospital and has applied for accreditation to operate a new or refurbished hospital that facility may be deemed certified for billing by CMS and private insurance entities. The nonprofit entity would receive certification for no more than 90 days or until accreditation is received or the national emergency has ended. Entities may renew this temporary certification every 90 days for up to one year.
Physical Environment. Waiving physical environment requirements at 482.41; would allow non-hospital buildings and spaces to be used for patient care, provided sufficient safety and comfort is provided for patients and staff, thus adding capacity to the health care system.

AMERICAN OVERSIGHT

HH Review Choice Demonstration. Suspend expansion of the HH Review Choice Demonstration project to allow clinical staff to focus on accommodating coronavirus patients and those transferred to home health due to the disaster. Also, suspend ongoing demonstration activities in Illinois, Ohio and Texas.

ENSURING STAFF CAN FOCUS ON CARE DELIVERY

Additional EMTALA Sanctions Waiver. In addition to waivers issued on March 15, 2020, waiving the following EMTALA sanction would assist hospitals in most effectively managing patient care and health care system capacity: 1. Permit the medical screening examination to be conducted by other qualified staff authorized by the hospital and acting within their state scope of practice and licensure, who are not formally designated to perform medical screening examinations in the hospital by-laws or in the rules and regulations.
Practice Limitations. Waiving specific practice limitations on nurse practitioners that are more restrictive under CMS than under state licensure would help address workforce shortages.
Waiving standard death reporting requirements at 482.13(g), which would allow the reporting of the death of patients who were in seclusion or restraint to occur later than currently required. This would keep the requirement where any death where restraint may have contributed is reported within standard time limits.
Medical Record Timing. Waiving medical records timing requirements at 482.24 would allow medical records to be fully completed later than 30 days following discharge, providing flexibility to the health care system.
Verbal Orders. Waiving verbal order requirements at 482.24 would allow verbal orders to be used more frequently and authentication may occur later than 48 hours, thus providing flexibility to the health care system.
Physician Privileging. Waiving certain physician privileging requirements at 482.22(a) would allow physicians whose privileges will expire and new physicians to begin practice before full medical staff/governing body review and approval, adding capacity to the health care system.
Discharge Planning Requirements. Waiving hospital discharge planning requirements that prohibit hospitals from specifying or otherwise limiting the information provided on post-hospital services is necessary because the capacity and/or capabilities of available facilities to care for COVID-19 patients may be severely limited, effectively restricting patient choice, and this is a time consuming task that draws nurses away from direct patient care.
HH Assessments. Waiving HH requirements at 484.55 would remove a series of requirements around initial and comprehensive assessments. For example, it would allow HH agencies to perform initial assessments and determine patients' homebound status remotely or by record review, so that beneficiaries can obtain care while minimizing the risk to themselves or others. It also would grant greater flexibility with the timing of and information included in patient assessments.

AMERICAN OVERSIGHT

Expanded Use of Telehealth. Insurers should support management of scarce resources, such as personal protective equipment, and efforts to reduce community transmission by expanding access to services delivered via telehealth.
Credentialing. Requiring expedited or presumptive credentialing, such as requiring health plans to establish a process to recognize and credential community physicians who offer to work at hospitals and health systems, would help to ease workforce shortages during this time.
Patient Assessments. Granting relief to all providers on the timeframes related to pre- and post-admission patient assessment and evaluation criteria would help ensure patients are treated in a timely manner.
CMS Survey of 340B Hospitals. CMS should suspend its scheduled survey of all hospitals that participate in the 340B Drug Pricing Program collecting actual acquisition costs for specified covered outpatient drugs (SCODs). While AHA has significant issues with the survey design, our paramount concern is the significant reporting burden this survey would place on 340B hospitals during the COVID-19 national health emergency.
Administrative Timeframes. Allowing leniency in administrative timeframes, including for billing and the submission of Medicare Cost Reports, for hospitals/health systems that experience business disruptions, e.g., as a result of workforce shortages.

HELP US GET THE TOOLS WE NEED

Sterile Compounding. Waiving sterile compounding requirements at 482.25(b)(1) and USP 797 would allow face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift only to conserve scarce face mask supplies.
340B Eligibility. Providing for a limited waiver of the 340B Hospital Medicare DSH eligibility threshold for current 340B hospitals responding to the COVID-19 national health emergency and experiencing a significant change in patient mix would help ensure that hospitals do not lose their 340B status in the future as a result of a time-limited change in patient mix.
Prior Authorization for Post-acute Care (PAC). Requiring that plans waive prior authorization requirements for PAC placement would enable hospitals to free up inpatient bed capacity.
Restrictions on Telehealth Technology. Waive the restrictions on the type of technology that may be used to provide telehealth would allow patients to use the technology they have on hand, such as FaceTime and Skype, providing critical flexibility that will allow them to remain in their homes while still obtaining services. These waivers must be made in conjunction with those above on geographic and originating sites and below on HIPAA privacy requirements in order to be meaningful.
HIPAA Privacy Requirements. Waiving HIPAA privacy requirements and permitting a similar waiver of applicable security rule requirements would allow patients to use technologies such as FaceTime and Skype, as specified above. These waivers must be made in conjunction with those above on geographic and originating sites and telehealth technology in order to be meaningful.

AMERICAN OVERSIGHT

IRF 3-hour Rule. Waiver of the 3-hour rule, which requires that inpatient rehabilitation facility (IRF) patients receive at least three hours of therapy a day, the "preponderance" of which must be one-on-one, would help ensure that IRFs are able to add capacity to the health care system, without penalty.
LTCH 50% Rule. Waiving both the numerator and denominator of the requirement that LTCHs have no more than 50% of Medicare cases paid at the site-neutral rate would help ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.
Emergency Use Authorizations (EUAs). Expediting the approval of EUAs for hospital laboratory developed tests (LDTs), including the approval of licensed automated testing systems and rapid response testing, would assist hospitals in expeditiously testing and confirming COVID-19 infection in patients and thus responding to the emergency.
Access to Coronavirus. Access to the virus and its genomic RNA would allow hospitals to validate their LDTs. Some hospitals with laboratories certified for high complexity testing under CLIA are having difficulty obtaining this material

ENSURE COVERAGE SO ALL PATIENTS CAN SEEK HELP WHEN NECESSARY

Presumptive Authorization. Requiring plans to accept presumptive authorization in instances where health plans, due to business disruption such as reduced workforce capacity, cannot adjudicate requests within a timely manner, would help ensure patients are treated in a timely manner.
Presenting Symptoms as Basis for Coverage. Generally, insurers make coverage decisions in part by assessing whether care was medically necessary, and many insurers adjudicate medical necessity using information that becomes available during the course of treatment or testing. This approach could result in many coverage denials for individuals who were originally suspected to have coronavirus but who ultimately are found to have the flu. The government should clarify that coverage decisions must be made on the presenting symptoms, not the final diagnosis.
Cost-sharing. Mandating that all forms of cost-sharing (co-pays, co-insurance, deductibles) be waived not only for testing, but also for treatment of coronavirus would help eliminate cost as a barrier to care. CMS should also require plans to reimburse providers for the full contracted amount.
Out-of-network Care. We urge the government to direct health plans to hold the patient harmless for out-of-network care, such as laboratory services, and negotiate reimbursement with the provider.
Utilization Management Requirements. Requiring health plans to ease utilization management requirements during the emergency period to account for reduced workforce would help ensure there are not bottlenecks and unnecessary delays in care. Specifically, hospitals and health systems are expected to experience staff reductions and diversions and health plans should not be permitted to deny reimbursement for care for which providers were unable to complete prior authorization or other utilization management functions due solely to workforce constraints.

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Ensuring Adequate Coverage and Resources. Refraining from implementing policies that would reduce Medicaid coverage and/or resources would help ensure patients get the care they need. Specifically, we ask that the Administration withdraw the proposed Medicaid Fiscal Accountability Rule, which could have a negative impact on coverage and health care system resources just as we seek to manage COVID-19 patients.
Automatic Eligibility Renewal. Allowing states six month automatic eligibility renewal would help ensure continuity of coverage.
Increase Access to Presumptive Eligibility. The Administration should remove administrative barriers to Medicaid hospital presumptive eligibility during the COVID-19 emergency to increase access to coverage.
Children's Health Insurance Program (CHIP) Eligibility Limits. Federal law restricts states from increasing their CHIP eligibility limits. We urge flexibility to states seeking to expand CHIP eligibility within their current CHIP grants to enable access to testing and treatment for uninsured children.
Uncompensated Care Pools. Allow states to reestablish or create time-limited Medicaid-funded uncompensated care pools through Medicaid Section 1115 demonstration waivers to cover the costs of the uninsured.
Special Enrollment Period. Creating a special period enrollment for the Health Insurance Marketplaces would increase access to coverage and care.
Direct Provider Reimbursement. Establishing a federal program to directly reimburse providers for costs associated with caring for the uninsured would help ensure hospital have adequate resources for addressing the emergency. While federal law now provides a mechanism for reimbursement for testing and testing-related services, this must be expanded to treatment costs as well.
Medicaid DSH. Delaying Medicaid DSH cuts and establishing a temporary Medicaid DSH allotment increase would help cover COVID-19 related testing and treatment, including equipment.

ENSURE PAYMENT FLOWS APPROPRIATELY

Telehealth Geographic and Originating Site Requirements. Waiving the geographic site requirements that limit telehealth payment to services furnished within certain geographic areas, as well as the originating site requirements that specify the particular sites at which the eligible telehealth individual must be located would provide critical flexibility to allow patients to remain in their homes while still obtaining services. These waivers must be made in conjunction with those below on telehealth technology and HIPAA privacy requirements in order to be meaningful.
LTCH 50% Rule. Waiving both the numerator and denominator of the requirement that LTCHs have no more than 50% of Medicare cases paid at the site-neutral rate would help ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.

AMERICAN OVERSIGHT

LTCH ICU Requirement. Waiving the requirement that an LTCH patient have a prior hospital stay that includes three days or more in the intensive care unit (ICU) in order to qualify for the full payment rate would ensure they are able to add capacity to the health care system by caring for appropriate patients, without penalty.
Alternative Payment Model (APM) Flexibility. Deeming coronavirus an 'extreme and uncontrollable circumstance' for APMs that have significant hardship policies would allow the agency flexibility in making adjustments to the APM specifications, such as for episode spending or quality measurement. This would help ensure that providers are not penalized for circumstances beyond their control.
Supplemental Payments. Allow states to create new time-limited supplemental hospital payment mechanisms (fee for service and managed care) to address COVID-19 related treatment, services, testing without CMS prior approval if state appropriately documents program.
Temporary Waiver of Certain Payment Caps. Allow states to suspend any Upper Payment Limit restrictions or Medicaid DSH hospital-specific caps to address hospital payments for COVID-19 related treatment, services, testing without CMS prior approval if state appropriately documents such payments.
Site-neutral Payment Cuts. Immediately cease paying claims for clinic visits provided at excepted off-campus provider-based departments at the reduced payment rate implemented with the 2020 Medicare final rule governing the hospital outpatient prospective payment system. Instead such clinic visit claims should be paid at the rate that would have been in effect absent the payment reduction. Refraining from reducing resources in this manner would help ensure patients get the care they need.

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 6, 2020 3:17 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: for review
Attachments: 3.6.20 FHA Talking Points.docx

Talking Points
FHA Call – 3:30 p.m.

- I want to extend a thank you to Governor DeSantis, Lieutenant Governor Nunez and Surgeon General Rivkees for their leadership.

- Per Governor DeSantis' Executive Order issued on March 1, 2020, all state agencies are required to cooperate with DOH as they lead response to COVID-19.

- AHCA's role is to support the efforts of DOH efforts as they coordinate with state and local partners to investigate, confirm, contain, and report any suspected cases, should they occur.

- DOH is working closely with the CDC to monitor the current outbreak of COVID-19 and is actively working to ensure that the most up-to-date CDC guidance is quickly and accurately disseminated to local partners.

- Hospitals should stay in contact with their local health departments for up-to-date guidance on COVID-19.

- Additionally, if you have any challenges with discharging, please reach out to the local health department.

Emergency Status System

AMERICAN OVERSIGHT

- I reminded everyone earlier this week, but AHCA has opened an event on the Emergency Status System for hospitals to enter census information and emergency room status updates.

- All hospitals must ensure the "Facility Info" section is up to date regarding isolation.

- Please report Staffed Capacity and Current Bed Census for all licensed and acute care beds in your facility daily by 10 AM EST and 7 PM EST until further notice.

- Please report Emergency Department Status now and as needed for status changes.

- For all standalone emergency departments, please report Emergency Department Status now and as needed when the status changes.

General Guidance

- COVID-19 is thought to primarily spread mainly between people who are in close contact with one another through respiratory droplets, whenever an infected person coughs or sneezes.

- Symptoms of COVID-19 are like that of a respiratory infection:
    - Fever
    - Cough
    - Shortness of breath

- There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

- You can protect from yourself respiratory illness with everyday preventive actions:
    - Avoid close contact with people who are sick.
    - Avoid touching your eyes, nose, and mouth with unwashed hands.
    - Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
    - Stay home when you are sick.

AMERICAN OVERSIGHT

- Cover your cough or sneeze with a tissue, then throw the tissue away.
- Clean and disinfect frequently touched objects and surfaces.

- Providers and facilities should be reviewing CDC infection control procedures and how to effectively triage and isolate potentially infectious individuals to prevent unnecessary exposure among other patients, healthcare personnel and visitors at the facility.

- Additionally, you should ensure your workforce is trained and capable of implementing infection control procedures.

- Review your facility protocols including visitor screening to ensure precautions are in place to limit introduction of the virus.

- The CDC has provided guidance to facilities to screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.

- CDC guidance for long-term care facilities can be found on their website: www.cdc.gov/covid19.

- The most important message from the CDC for long-term care facilities is that of prevention:
  - Prevent the introduction of respiratory germs INTO your facility;
  - Prevent the spread of respiratory germs WITHIN your facility;
  - And prevent the spread of respiratory germs BETWEEN facilities.

- I am continuing to advise nursing home facilities and other long-term care providers of best practices to protect residents and staff.

Prevent the introduction of respiratory germs INTO your facility

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Let me be very clear: **If you are sick, do not visit a nursing home.**
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.

AMERICAN OVERSIGHT

- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Prevent the spread of respiratory germs WITHIN your facility

- Keep residents and employees informed.
- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of Personal Protective Equipment. There is guidance on CDC's website for this as well.

Prevent the spread of respiratory germs BETWEEN facilities

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Report any possible COVID-19 illness in residents and employees to the local health department.

AMERICAN OVERSIGHT

Talking Points
FHA Call – 3:30 p.m.

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue away.
- Clean and disinfect frequently touched objects and surfaces.

- Providers and facilities should be reviewing CDC infection control procedures and how to effectively triage and isolate potentially infectious individuals to prevent unnecessary exposure among other patients, healthcare personnel and visitors at the facility.

- Additionally, you should ensure your workforce is trained and capable of implementing infection control procedures.

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AMERICAN OVERSIGHT

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- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of Personal Protective Equipment. There is guidance on CDC's website for this as well.

Prevent the spread of respiratory germs BETWEEN facilities

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Report any possible COVID-19 illness in residents and employees to the local health department.

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:47 PM
To: chip@capadvocates.com
Subject: Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

Chip – FYI on Medicaid alert addressing Telemedicine. We may provide further guidance, but wanted to share as you had inquired about telemedicine.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 18, 2020

Provider Type(s): All

Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

To assist with the response efforts to the 2019 novel coronavirus (COVID-19) state of emergency, the Agency for Health Care Administration (Agency) has prepared this alert to ensure providers are aware of our current Medicaid policy for telemedicine and temporary waivers/flexibilities we are enacting to reduce opportunities for community spread of the virus. The purpose of this document is to provide telemedicine guidance to providers on Florida Medicaid coverage of services using live, two-way communication.

Telemedicine Definition

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Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.

Current Coverage in the Florida Medicaid Program

Statewide Medicaid Managed Care Program

Medicaid health plans have broad flexibility in covering telemedicine services, including remote patient monitoring and store-and-forward services. The Agency has encouraged plans to ensure the use of services via telemedicine is maximized (as appropriate and allowable with the practitioner's scope of practice) to be responsive to workforce shortages or to meet the needs of enrollees who are homebound or are being monitored in the home. Please contact the health plans directly to inquire about their telemedicine requirements and reimbursement rates.

Fee-for-Service Delivery System

The Agency's current telemedicine policy in the fee-for-service delivery system is available at: http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf.

- **Practitioners:** The Agency covers physician, physician extenders (advanced practice registered nurses and physician assistants), and clinic providers (county health departments, federally qualified health centers, and rural health clinics) through telemedicine. Covered medical services include evaluation, diagnostic, and treatment recommendations for services included on the Agency's practitioner fee schedule to the extent telemedicine is designated in the American Medical Association's Current Procedural Terminology (i.e., national coding standards). All service components included in the procedure code must be completed in order to be reimbursed. The Agency reimburses services using telemedicine at the same rate detailed on the practitioner fee schedule. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

- **Behavioral Health:** The Agency covers behavioral health evaluation, diagnostic, and treatment recommendation services through telemedicine. The Agency reimburses the behavioral health assessment and medication management screening services through telemedicine, at the same rate detailed on the community behavioral health fee schedule. Providers must perform all service components designated for the procedure code billed. Providers must append the GT modifier in the fee-for-service delivery system.

Additional Telemedicine Flexibilities During the State of Emergency (*Applies to the Fee-For-Service Delivery System*)

During the state of emergency, the Agency is expanding services provided through telemedicine (live, two-way communication) through the fee-for-service delivery system to include the below treatment services, as medically necessary:

Service	Procedure Code	Required Modifier

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Brief individual medical psychotherapy, mental health	H2010 HE	GT
Brief individual medical psychotherapy, substance abuse	H2010 HF	GT
Individual Therapy	H2019 HR	GT
Family Therapy	H2019 HR	GT
Medication Management	T1015	GT
Behavioral health-related medical services: verbal interaction, mental health	H0046	GT
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	GT
Medication-assisted treatment services	H0020	GT
Face-to-face contact prior to SIPP discharge and the home visit interview requirement components of Mental Health Targeted Case Management	T1017 T1017 HA T1017 HK	GT

The Agency reimburses these services using telemedicine at the same rate detailed for the procedure code on the respective Medicaid fee schedule.

Store-and-Forward & Remote Patient Monitoring

For certain evaluation and management services provided during the state of emergency period, the Agency is expanding telehealth to include store-and-forward and remote patient monitoring modalities rendered by **licensed physicians and physician extenders (including those operating within a clinic)** functioning within their scope of practice. The Agency will reimburse each service once per day per recipient, as medically necessary and at the rates detailed in the table below.

Service	**Procedure Code**	**Modifier Required**	**Reimbursement Rate**	
			Maximum Fee*	**Maximum Facility Fee****
Store-and-forward	G2010	CR	$7.69	$5.66
Telephone Communications - *Existing* Patients	99441	CR	$9.05	$8.05
	99442	CR	$17.65	$16.10
	99443	CR	$25.80	$23.94
Telephone Communications - *New* Patients	99441 CG	CR	$9.05	$8.05
	99442 CG	CR	$17.65	$16.10
	99443 CG	CR	$25.80	$23.94
Remote patient monitoring	99453	CR	$11.77	N/A
	99454	CR	$39.15	N/A

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	99091	CR	$37.12	N/A
	99473	CR	$7.02	N/A
	99474	CR	$9.51	$5.44
	99457	CR	$32.36	$19.80
	99458	CR	$26.48	$19.80

**On the practitioner fee schedule, this represents the fee schedule increase rate, which is the base Florida Medicaid rate with a 4% increase included for all ages.*
***The facility fee is the reimbursement rate for a practitioner performing services in one of the following places of service: outpatient hospital-off campus (19), inpatient hospital (21), outpatient hospital-on campus (22), emergency room hospital (23), or ambulatory surgical center (24), according to Medicare's designation.*

Telehealth Provider Requirements

Providers using any modality of telehealth described in this alert must:

- Ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated service-specific coverage policy and fee schedule. For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association's Current Procedural Terminology procedure code definitions and guidance.
- Comply with HIPAA regulations related to telehealth communications.
    - See additional guidance provided by the Office of Civil Rights on March 17, 2020 during the state of emergency here.
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient.
- The patient and parent or guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities.
- Out-of-state practitioners who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients, when appropriate, during the state of emergency in accordance with the Department of Health's emergency order (DOH 20 - 002).
    - These providers must go through the provisional enrollment process, if they are not already enrolled in Florida Medicaid. More information about the provisional enrollment process will be available on March 19, 2020 at http://www.mymedicaid-florida.com.

Additional Information

The Agency will issue subsequent guidance for other provider types (therapy services, behavior analysis services, etc.) use of telemedicine.

The Agency will continue to provide information as it becomes available.

For more information, visit the Department's COVID-19 website: www.flhealth.gov/COVID-19.

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QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

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From: Philpot, Toby
To: ""Mayhew"","" Mary; " "McKinstry"","" Molly; " "Smoak"","" Kimberly; " "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Subject: Re: facility list
Date: Tuesday, March 17, 2020 4:16:37 PM

We are working on it

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:16:04 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: facility list

I need this updated ASAP as I had requested

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:50:13 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: RE: facility list

2 new added in yellow – ALF reported by facility following up

PROVIDER_TYPE	PROVIDER_NAME	ST_CITY	ST_COUNTY	TOTAL_CAPACITY	Status COVID-19	AHCA Visit	Details	COVID Testing Results
NURSING HOME	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	**Negative**	3/17/2020	[redacted]	Negative
NURSING HOME	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	**Positive Suspected**	3/17/2020	PHI	Pending
ASSISTED LIVING FACILITY	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	**Positive Confirmed**	3/17/2020		1 positive (exp) 1 pending (exp) 4 pending 2 staff pending
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48	**Positive Suspected**	3/16/2020		Visiting to clarify

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NURSING HOME	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	**Positive Suspected**		[redacted]	
ASSISTED LIVING FACILITY	HIGHLAND PLACE	INVERNESS	CITRUS	48	**Positive Suspected**			
ASSISTED LIVING FACILITY	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	**Negative**	3/14/2020		Negative
ASSISTED LIVING FACILITY	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	**Positive Confirmed**	3/13/2020 and 3/15/2020	PHI	Independent
ASSISTED LIVING FACILITY	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	**Negative**	3/15/2020		Negative
ASSISTED LIVING FACILITY	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	**Positive Suspected**	3/16/2020		Pending
NURSING HOME	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	**Positive Suspected**			Pending
NURSING HOME	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	**Negative**	N/A		Negative

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:31 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: facility list

Can I get this updated

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Tuesday, March 17, 2020 10:59:01 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: facility list

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pending etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	PHI	Negative	n/a	n/a		

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ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	PHI	Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:17 AM
To: Sokoloski, Kristin; Manderfield, Patrick
Cc: Harris, Shevaun
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

This is good to go as long as the Secretary has also signed off. Thank you!

From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:46 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Patrick- Shevaun sent a note to Katie earlier on this- The Secretary has approved all of the content We just wanted to see if you wanted to review quickly for language ect. THANKS – we know you guys are super busy ☺

From: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:12 AM
To: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Cc: Ward, Matthew <Matthew.Ward@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Draft provider alert for review and approval.

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:08 AM
To: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Subject: [External] Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19



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FLORIDA MEDICAID
A Division of the Agency for Health Care Administration

AMERICAN OVERSIGHT

Florida Medicaid Health Care Alert

March 16, 2020

Provider Type(s): All

Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to facilitate testing and treatment of COVID-19.** The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications being made now. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for hospital services, physician services, advanced practice registered nursing services, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving all prior authorization requirements for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc.

- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.

- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid will allow mail order delivery of maintenance prescriptions in those instances when recipients are prohibited from going to a retail

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pharmacy. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

Cost Sharing

Florida Medicaid is waiving all co-payments related to testing and diagnosing COVID-19 and treating Medicaid recipients diagnosed with COVID-19.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the enrollee is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at http://www.mymedicaid-florida.com. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in

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the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 8:57 PM
To: ""McKinstry"","" Molly; " "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Fitch, Ryan
Subject: Re: [External] Test Message - Admitting Residents with Respiratory Illness

This won't need to go out tonight but I appreciate you checking. Thank you for your work, Mandi!

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 8:51:54 PM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: Re: [External] Test Message - Admitting Residents with Respiratory Illness

Please hold. Thanks for checking. Sorry for the delay

Get Outlook for iOS

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Monday, March 16, 2020 8:26:46 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: RE: [External] Test Message - Admitting Residents with Respiratory Illness

Is this approved for sending or am I holding it for another time?

Thanks.
Mandi

From: Manzie, Mandi
Sent: Monday, March 16, 2020 5:28 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: FW: [External] Test Message - Admitting Residents with Respiratory Illness

See draft below.
Thanks.
Mandi

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Monday, March 16, 2020 5:27 PM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: [External] Test Message - Admitting Residents with Respiratory Illness

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MARY C. MAYHEW
SECRETARY

Admitting Residents with Respiratory Illness

The COVID-19 pandemic is unprecedented and we are taking extreme measures to protect our families and our residents. To ensure the best quality of life for our residents, nursing homes need to understand the resident's medical history when making admissions/readmission decisions.

Respiratory Panel Tests

Respiratory panel tests are used to determine what pathogen may be causing a respiratory infection. Respiratory pathogen panel tests for the presence of bacteria and viruses in a single respiratory sample. The sample may be a nasopharyngeal swab or sputum. Differences in respiratory pathogen panels depend on which micro-organisms they can detect. Some of the common organisms that are included in these tests are Adenovirus, Influenza, Respiratory Syncytial Virus (RSV), Parainfluenza viruses, Rhinovirus, and Coronavirus. When you see Coronavirus on these panels, it is testing for coronaviruses that have been around for some time like Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, or Coronavirus OC43. The respiratory panels are NOT capable of testing for the SARS 2 CoV-2 which is the novel strain of coronavirus most often referred to as COVID-19.

Infection Prevention Precautions

CDC provides guidance in their Isolation Precautions Guideline Appendix A on the type and duration of precautions for respiratory pathogens. Respiratory infections may require standard precautions, droplet precautions, droplet and contact precautions, or contact precautions depending on the pathogen and precautions typically need to be in place for the duration of illness. This means that if a patient is being transferred to the nursing home because their illness has resolved then the nursing home can remove the precautions at the time of transfer. CDC does note that at times we may need to consider extending precautions in immunocompromised persons due to ongoing viral shedding even after they are no longer symptomatic. Please refer to the CDC guideline to

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identify the type of precautions needed and for how long based on the pathogen.

In summary, Respiratory infections are common and may be due to a variety of different pathogens. Florida's nursing homes have a long history of successfully caring for residents with respiratory infections and need to continue to provide care to these residents. All reasonable efforts must be made to admit residents that have a condition that can be cared for within the capacity of the nursing home.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Mandi.Manzie@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 5:34 PM
To: ""Mayhew"","" Mary; Mary.Mayhew@ahca.myflorida.com
Subject: FW: Federal waivers for survey and cert
Attachments: COVID19EmergDecFactSheetFINAL.pdf

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 4:31 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Federal waivers for survey and cert

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 4:30 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: here..

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
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COVID-19 Emergency Declaration
Health Care Providers Fact Sheet

The Trump Administration is taking aggressive actions and exercising regulatory flexibilities to help healthcare providers combat and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). In response to COVID-19, CMS is empowered to take proactive steps through 1135 waivers and rapidly expand the Administration's aggressive efforts against COVID-19. As a result, the following blanket waivers are available:

- **Skilled Nursing Facilities**
  CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay provides temporary emergency coverage of (SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period.

  Second, CMS is waiving 42 CFR 483.20 to provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.

- **Critical Access Hospitals**
  CMS is waiving the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours.

- **Housing Acute Care Patients In Excluded Distinct Part Units**
  CMS is waiving requirements to allow acute care hospitals to house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient. The Inpatient Prospective Payment System (IPPS) hospital should bill for the care and annotate the patient's medical record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency.

- **Durable Medical Equipment**
  Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

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- **Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital**
  CMS is waiving to allow acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit. The hospital should continue to bill for inpatient psychiatric services under the Inpatient Psychiatric Facility Prospective Payment System for such patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the hurricane. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for.

- **Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital**
  CMS is waiving requirements to allow acute care hospitals with excluded distinct part inpatient Rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the inpatient rehabilitation facility prospective payment system for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services.

  CMS is waiving requirements to allow IRFs to exclude patients from the hospital's or unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.

- **Supporting Care for Patients in Long-Term Care Acute Hospitals (LTCH)s**
  Allows a long-term care hospital (LTCH) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs.

- **Home Health Agencies**
  Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission. Allows Medicare Administrative Contractors to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.

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- **Provider Locations**
  Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid.

- **Provider Enrollment**
  - Establish a toll-free hotline for non-certified Part B suppliers, physicians and non-physician practitioners to enroll and receive temporary Medicare billing privileges
  - Waive the following screening requirements:
    - Application Fee - 42 C.F.R 424.514
    - Criminal background checks associated with FCBC - 42 C.F.R 424.518
    - Site visits - 42 C.F.R 424.517
  - Postpone all revalidation actions
  - Allow licensed providers to render services outside of their state of enrollment
  - Expedite any pending or new applications from providers

- **Medicare appeals in Fee for Service, MA and Part D**
  - Extension to file an appeal
  - Waive timeliness for requests for additional information to adjudicate the appeal;
  - Processing the appeal even with incomplete Appointment of Representation forms but communicating only to the beneficiary;
  - Process requests for appeal that don't meet the required elements using information that is available.
  - Utilizing all flexibilities available in the appeal process as if good cause requirements are satisfied.

Medicaid and CHIP

When the President declares an emergency through the Stafford Act or National Emergency Act, and the Secretary declares a Public Health Emergency, the Secretary is authorized to waive certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) authorities under Section 1135 of the Social Security Act.

There is no specific form or format that is required to submit the request for a Section 1135 waiver, but the state should clearly state the scope of the issue and the impact. States and territories may submit a Section 1135 waiver request directly to Jackie Glaze, CMS Acting Director, Medicaid & CHIP Operations Group Center for Medicaid & CHIP Services by e-mail (Jackie.Glaze@cms.hhs.gov) or letter.

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The following are examples of flexibilities that states and territories may seek through a Section 1135 waiver request:

- Waive prior authorization requirements in fee-for-service programs
- Permits providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency
- Temporarily suspend certain provider enrollment and revalidation requirements to increase access to care.
- Temporarily waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have an equivalent licensing in another state, and
- Temporarily suspend requirements for certain pre-admission and annual screenings for nursing home residents
- States and territories are encouraged to assess their needs and request these available flexibilities, which are more completely outlined in the Medicaid and CHIP Disaster Response Toolkit. For more information and to access the toolkit, visit: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html.

For questions please email: 1135waiver@cms.hhs.gov

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:34 PM
To: ""Smoak"","" Kimberly; " "Mayhew"","" Mary; " "McKinstry"","" Molly; " "Strickland"","" Katie; " "Philpot"","" Toby; " "Manderfield"","" Patrick; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Re: NY Press Release

Thanks, Kim. As best I can tell, Gov. Cuomo simply announced this as a "policy". I'm trying to see if they did any kind of formal regulatory waivers or orders, but nothing is readily apparent.

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From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:10:10 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: NY Press Release

Below is a press release the state director in New York sent me regarding restrictions being ordered by Governor Cuomo- the section highlighted is specific to limiting nursing home visitors and also employees. Just received and in light of our discussions wanted to share immediately.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
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(850) 412-4516 Office Or Cell (850) 559-8273
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From: Press Office <Press.Office@exec.ny.gov>
Sent: Thursday, March 12, 2020 5:08 PM
To: Press Office <Press.Office@exec.ny.gov>
Subject: DURING NOVEL CORONAVIRUS BRIEFING, GOVERNOR CUOMO ANNOUNCES NEW MASS GATHERINGS REGULATIONS

<ATT00001.gif.secure>
liate Release: 3/12/2020 **GOVERNOR ANDREW M.**

DURING NOVEL CORONAVIRUS BRIEFING, GOVERNOR CUOMO ANNOUNCES NEW MASS GATHERINGS REGULATIONS

Events with 500 or More Individuals in Attendance to Be Cancelled or Postponed

Any Gathering Under 500 Individuals in Attendance Will Be Required to Cut Capacity by 50 Percent

New Limits on Visitations to Nursing Homes - Only Medically Necessary Visits Will Be Allowed To Protect Most Vulnerable

First Public Drive-Through Testing Facility on the East Coast, Located in New Rochelle, Will Start Testing Tomorrow

Confirms 109 Additional Coronavirus Cases in New York State - Bringing Statewide Total to 325; New Cases in 14 Counties

During a novel coronavirus briefing, Governor Andrew M. Cuomo today announced the state will institute limits on mass gatherings, directing events with 500 or more individuals in attendance to be cancelled or postponed. Public health experts agree mass gatherings with people making sustained close contact are a place where the novel coronavirus can easily infect many people quickly and continue its spread. As such, events, gatherings, or places of business with less than 500 individuals in attendance will be required to cut capacity by 50 percent, with exceptions being made for spaces where individuals do not make sustained close contact, such as schools, hospitals, public buildings, mass transit, grocery stores and retail stores. These new regulations will go into effect Friday, March 13th at 5pm, with the exception of Broadway Theaters where the limits will go into effect this evening at 5pm.

In an effort to protect some of the most vulnerable New Yorkers, Governor Cuomo also announced only medically necessary visits will be allowed at nursing homes. This policy will be effective Friday at 5pm. The state is also asking nursing homes to set up skyping and other online communication capacity so families can tele-visit their loved ones. Additionally, the state will require health screenings for all nursing home workers each day when they enter a facility and require them to wear surgical masks to guard against any potential asymptomatic spread.

In order to increase testing capacity, the State is contracting with BioReference Laboratories to run an additional 5,000 tests per day on top of what the state is already doing. These additional 5,000 tests per day will come online next week. This additional testing capacity is on top of that of the 28 private labs the Governor announced are partnering with the state in the coming days and weeks.

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Additionally, the Governor announced the first public drive-through testing facility on the east coast will start testing people tomorrow in New Rochelle. Testing will be done by appointment only. New Rochelle residents who have been quarantined will be tested first.

Finally, the Governor confirmed 109 additional cases of novel coronavirus, bringing the statewide total to 325 confirmed cases in New York State. Of the 325 total individuals who tested positive for the virus, the geographic breakdown is as follows:

Albany County: 1 (1 new)
Broome County: 1 (1 new)
Delaware County: 1 (1 new)
Dutchess County: 1 (1 new)
Herkimer County: 1 (1 new)
Monroe County: 1 (1 new)
Nassau County: 41 (13 new)
New York City: 95 (43 new)
Orange County: 1 (1 new)
Rockland County: 7 (1 new)
Saratoga County: 3 (1 new)
Suffolk County: 20 (14 new)
Ulster County: 4 (3 new)
Westchester County: 148 (27 new)

"The spread of this coronavirus is not going to stop on its own, and we know that mass gatherings have been hotspots for the virus to infect large numbers of people quickly," **Governor Cuomo said.** "To help contain it, we are instituting limits on large events as well as new measures to protect our most vulnerable populations — including people in nursing homes — and preparing our healthcare system to be able to deal with any future capacity issues. While the context is key and the anxiety is outpacing the facts of this situation, we will continue taking aggressive action to protect public health and prepare for any future spread of this virus."

"Our number one priority is protecting the public health and every action the Governor and the State of New York have taken thus far have been in furtherance of that goal," **State Health Department Commissioner Dr. Howard Zucker said.** "Public health experts have been clear that limiting large public gatherings where there is potential for close contact is a critical way to slow the spread of this virus. This regulation will help keep people healthy and safe."

The Governor also announced that the State is taking measures to create a reserve workforce of health care professionals in the event of a staffing shortage and identify state facilities that can be used as temporary hospitals. The State is asking former doctors, nurses and other health care professionals to reconnect with their former employers and offer to work on an on-call basis in the cases of a staffing shortage. The State is also identifying National Guard medics for reserved staffing and contacting medical schools to identify possible reserve health care professionals. Additionally, the Department of Health is accelerating regulations to get more health care personnel trained so they can work in other areas.

For all schools in communities with the highest rates of positive cases, the state will be taking proactive steps to implement protocols that limit mass contact. Today the Governor announced SUNY Albany will cancel in person classes for the rest of the semester effective tomorrow after a positive case was confirmed today.

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Additionally, any business that cannot accommodate rigorous cleaning standards should contact Empire State Development at (212) 803-3100 for a close order.

###



Additional news available at www.governor.ny.gov
New York State | Executive Chamber |press.office@exec.ny.gov | 518.474.8418

UNSUBSCRIBE

Mark Hennessey
Director
Center for Health Care Provider Services and Oversight
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Albany, NY 12206

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Friday, March 6, 2020 1:17 PM
To: ""Manderfield"","" Patrick; Patrick.Manderfield@ahca.myflorida.com
Cc: Philpot, Toby
Subject: RE: FOR REVIEW: LeadingAge Talking Points
Attachments: LeadingAgeFlorida Talking Points.docx

From: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Sent: Friday, March 6, 2020 11:37 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: FOR REVIEW: LeadingAge Talking Points

See attached for review.

Patrick Manderfield
Deputy Communications Director
Florida Agency for Health Care Administration
Patrick.manderfield@ahca.myflorida.com
Office: 850.412.3604

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Talking Points
LeadingAge Florida 2 p.m. Call

- COVID-19 is thought to primarily spread mainly between people who are in close contact with one another through respiratory droplets, whenever an infected person coughs or sneezes.

- Symptoms of COVID-19 are like that of a respiratory infection:
  - Fever
  - Cough
  - Shortness of breath

- There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

- You can protect from yourself respiratory illness with everyday preventive actions:
  - Avoid close contact with people who are sick.
  - Avoid touching your eyes, nose, and mouth with unwashed hands.
  - Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
  - Stay home when you are sick.
  - Cover your cough or sneeze with a tissue, then throw the tissue away.
  - Clean and disinfect frequently touched objects and surfaces.

- Providers and facilities should be reviewing CDC infection control procedures and how to effectively triage and isolate potentially infectious individuals to prevent unnecessary exposure among other patients, healthcare personnel and visitors at the facility.

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- Additionally, you should ensure your workforce is trained and capable of implementing infection control procedures.

- Review your facility protocols including visitor screening to ensure precautions are in place to limit introduction of the virus.

- The CDC has provided guidance to facilities to screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.

- CDC guidance for long-term care facilities can be found on their website: www.cdc.gov/covid19.

- The most important message from the CDC for long-term care facilities is that of prevention:
    - Prevent the introduction of respiratory germs INTO your facility;
    - Prevent the spread of respiratory germs WITHIN your facility;
    - And prevent the spread of respiratory germs BETWEEN facilities.

- I am continuing to advise nursing home facilities and other long-term care providers of best practices to protect residents and staff.

Prevent the introduction of respiratory germs INTO your facility

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Let me be very clear: **If you are sick, do not visit a nursing home.**
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

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Prevent the spread of respiratory germs WITHIN your facility

- Keep residents and employees informed.
- Monitor residents and employees for fever or respiratory symptoms.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide the right supplies to ensure easy and correct use of Personal Protective Equipment. There is guidance on CDC's website for this as well.

Prevent the spread of respiratory germs BETWEEN facilities

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Report any possible COVID-19 illness in residents and employees to the local health department.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 7:00 PM
To: ""Primrose"","" Nicholas; Nicholas.Primrose@eog.myflorida.com
Subject: Re: ALF Emergency Order

Reviewing

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 6:42:38 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Good catch, spoke with Francis and included.

In Chapter 400 there is a definition of nursing home, but then other facilities fall into other sections. Can you make sure the facilities I listed are adequate/appropriate for all the AHCA would license AND have a vulnerable population?

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: March 10, 2020 5:47 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: Re: ALF Emergency Order

I'm looking for APD group homes as well

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From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:34:12 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>

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Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Updated to include Adult Family Care and Nursing Home Facilities & community spread (as directed by CMS in the attached PDF they released yesterday).

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
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From: Primrose, Nicholas
Sent: March 10, 2020 5:07 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>
Subject: ALF Emergency Order

Updated to include new language after consultation with DOH.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
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Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 9:00 AM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

AHCA working with nursing homes on new CMS guidance to ....

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:58 AM
To: Strickland, Katie; Philpot, Toby
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

I think it needs to included because it is in effect now.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:57:00 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

We can add to tomorrow's once we get it sent out today to providers.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:50:51 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Should this be in roll up

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Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases
- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
    - Visitors will be limited to a specific room only
    - Facilities should require visitors to perform hand hygiene frequently
    - Must wear a face mask

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- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.
- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

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Memo Number	Memo Name	Contact or Reference	Memo Posting:
QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

AMERICAN OVERSIGHT

From: Mayhew, Mary
Sent: Monday, March 16, 2020 12:24 PM
To: \; \; \; \; \; \; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: Re: Confidential information included

I want suspected as well that were transferred to the hospital

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:20:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Confidential information included

No positive cases confirmed in NH or ALF – I will turn the list over to maintenance and advice who will be managing. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so going to see - not alleged to have COVID testing
ALF	Beach House	140	Naples	Collier	3/14/2020	All tests negative
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - not ALF
ALF	Opal	100	Cape Coral	Lee	3/16/2020	PHI
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard just person is being tested - Kim calling
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing negative

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 5:03 PM
To: ""Manzie"","" Mandi; " "McKinstry"","" Molly; " "Strickland"","" Katie; " "Manderfield"","" Patrick; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Fitch, Ryan
Subject: RE: [External] Test Message - Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

Good to go

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 5:02 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: FW: [External] Test Message - Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

New draft

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 5:01 PM
To: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: [External] Test Message - Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

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- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
    - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are

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appropriate for the care of patients with suspected or confirmed COVID-19.

- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**
  - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**
  - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How do I put on (don) and take off (doff) my mask and gloves?**
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.
  - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

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This message was sent to Mandi.Manzie@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

Manage Your Subscription



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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:30 PM
To: ""McKinstry"","" Molly; " "Haddock"","" Taylor; Molly.McKinstry@ahca.myflorida.com; Taylor.Haddock@ahca.myflorida.com
Subject: RE: toolkit eblast for your review

You made this change in some TPs so I'm flagging here. See the highlighted below.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 4:25 PM
To: Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: toolkit eblast for your review

Hi – please send to NH, ALF, ICF, AFCH and ADCC. Please see below. Katie – I made changes to the language to apply to all provider types

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 9:28 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: toolkit eblast for your review

The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees

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- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

The toolkit can be found here: https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

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Southerland, Ashleigh

From:	Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent:	Monday, March 2, 2020 8:42 AM
To:	""Mayhew"","" Mary; " "Philpot"","" Toby; " "Kotas"","" James; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; james.kotas@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc:	Manderfield, Patrick; Sokoloski, Kristin; Keenan, Lauren; Meenan, Clay; Brewer, Hannah; Gibson, Lucy; Andrade, Liliana; Eugene, Bianca
Subject:	Top Clips for Monday, March 2

1. Nearly 200 people monitored for coronavirus in Florida – WPEC CBS 12 West Palm Beach

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Nearly 200 people monitored for coronavirus in Florida

by Gary Detman Monday, March 2nd 2020

Nearly 200 hundred people in Florida are under public health monitoring for possible coronavirus.

Gov. Ron DeSantis declared a public health emergency in Florida following two presumptive positive tests for coronavirus. Official confirmation must come from the Centers for Disease Control and Prevention. The affected patients are from Manatee and Hillsborough counties.

According to the Florida Department of Health, 184 people are being monitored for the virus. That number includes those at risk of having been exposed to novel coronavirus who are monitoring their health under the supervision of public health experts, as well as the close contacts of laboratory confirmed cases, and people who have returned from China in the last 14 days.

Test results on eight others are pending, and fifteen people tested negative. The state says the overall risk to the public remains low.

The governor is holding two news conferences in Florida on Monday to give new information on the state's response to the virus.

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Coronavirus has sickened more than 89,000 people worldwide and claimed more than 3,000 lives.

in the **United States**, CNN reports there are 89 confirmed cases of coronavirus in 12 states and **two deaths**.

An **interactive map** from Johns Hopkins Center for Systems Science and Engineering shows coronavirus in real-time.

2. Florida sees 2 coronavirus cases, DeSantis calls for public health emergency – FOX News

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Florida sees 2 coronavirus cases, DeSantis calls for public health emergency

By David Aaro | Fox News

Florida Gov. Ron DeSantis issued an order on Sunday directing a public health emergency in the state after it recorded its first two positive cases of the new coronavirus (COVID-19).

The infected individuals are residents of Hillsborough and Manatee County, both near the Tampa Bay area. Officials said the Hillsborough County resident has a history of traveling to Italy, while the patient from Manatee County has no travel history to any of the CDC-restricted countries.

"It is necessary and appropriate to take action to ensure that COVID-19 remains controlled and that residents and visitors in Florida remain safe and secure," DeSantis said in a statement.

CORONAVIRUS KILLS 2ND MAN IN WASHINGTON STATE, OFFICIALS SAY

Florida Dept. Health
✔@HealthyFla

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Florida has 2 presumptive positive #COVID19 cases: one adult resident of Hillsborough County and one adult resident of Manatee County. Both individuals are isolated and being appropriately cared for.
7,883
9:41 PM - Mar 1, 2020
Twitter Ads info and privacy

5,283 people are talking about this

Both patients are in isolation and actively being monitored by the Florida Department of Health. They will remain there for at least 14 days or until they test negative for COVID-19. He designated the department as the lead state agency to coordinate an emergency response.

"Tomorrow I will be in Tampa and Miami with Surgeon General Rivkees and other officials to discuss our continued statewide response on #COVID19," DeSantis tweeted at 9:43 p.m. He directed Rivkees to declare the emergency.
DeSantis referenced CDC recommended measures including voluntary home isolation when sick, covering coughs and sneezes, disposing of tissue waste properly and washing hands often with soap and water for at least 20 seconds.

Earlier on Sunday, Florida Sen. Marco Rubio said it's "not a question of if but when confirmed cases of coronavirus are found in Florida."



Marco Rubio
✔ @marcorubio

Not a question of if but when confirmed cases of #Coronavirus are found in #Florida

We must provide accurate information on best ways to prevent it from spreading

And prioritize resources to help health care workers,the elderly & those with preexisting health conditions.

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3,188
8:20 PM - Mar 1, 2020
Twitter Ads info and privacy

1,803 people are talking about this

"We must provide accurate information on best ways to prevent it from spreading and prioritize resources to help health care workers, the elderly & those with preexisting health conditions," he added.

Rubio issued a statement after the positive cases were found.

NEW YORK SEES 1ST CORONAVIRUS CASE, CUOMO ANNOUNCES

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"The health and safety of every Floridian, especially the elderly and those with compromised immune systems, remain my highest priority," he said. "I will continue to work with the Trump Administration and Governor DeSantis to ensure our state has the resources and information it needs. I am working with my colleagues in Congress on a funding package to ensure Florida has every available federal resource to respond to the coronavirus, and I look forward to its swift passage in the coming weeks."

Rhode Island declared its second positive test on Sunday in a person who recently returned from Europe, while a third person from the trip is undergoing tests, health officials said. They are all from the same trip that saw the state's first positive case hours earlier.

CLICK HERE FOR FULL CORONAVIRUS COVERAGE

The man in his 40s tested positive after traveling to Italy in mid-February. Dozens are in self-quarantine and the high school that organized the trip is closed for sanitization, according to the Rhode Island Department of Health.

Italy has seen 1,694 cases of the coronavirus as of Sunday, a jump of 50 percent in just 24 hours. The country has seen 34 deaths from the virus so far, with five more recorded since yesterday.

The Associated Press contributed to this report.

3. Florida's first coronavirus cases found in Hillsborough and Manatee counties – Tampa Bay Times

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Florida's first coronavirus cases found in Hillsborough and Manatee counties

By **Lawrence Mower**
Published Yesterday
Updated Yesterday

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The Hillsborough County case is an adult with a travel history to Italy. The Manatee patient is an adult Manatee County resident without a history of travel to restricted countries such as China or Iran.

TALLAHASSEE — Two people from Hillsborough and Manatee counties are the first to test positive for coronavirus in Florida, Gov. Ron DeSantis announced Sunday night.

The Hillsborough County adult had a travel history to Italy, which on Saturday became the third country to have more than 1,000 confirmed coronavirus cases, prompting the U.S. State Department to warn travelers from traveling there.

The other patient is an adult Manatee County resident without a history of travel to restricted countries such as China or Iran, according to the Florida Department of Health.

The patient sought out care and is helping state officials identify close contacts and health care workers who might have been exposed and showing symptoms.

Both people tested "presumptively positive" for the virus, indicating they had not been tested again by the U.S. Centers for Disease Control and Prevention.

Both patients will remain isolated until cleared by public health officials, the department said. Officials did not say where the patients were being treated.

The first confirmed cases of the flu-like virus prompted DeSantis to direct the state surgeon general, Scott Rivkees, to declare a public health emergency. Despite the confirmations, "the overall immediate threat to the public remains low," the Florida Department of Health said in a statement.

"The dedicated professionals at our county health departments, as well as those working at local medical providers, are well equipped to address these and future cases," DeSantis said in a statement.

READ DESANTIS' EXECUTIVE ORDER HERE

The declaration directs Rivkees to follow the guidelines established by the Centers for Disease Control in establishing protocols to control the spread of COVID-19 and educate the public on prevention, the memo states.

The governor's office announced late Sunday that DeSantis and other state officials would be holding a news conference Monday morning in Tampa and Monday afternoon in Miami.

"I have been working with federal partners and our Department of Health to ensure that communities are ready to handle the challenges presented by COVID-19," said DeSantis, adding that county health departments are "well equipped to address these and future cases."

Rivkees added the state's epidemiological teams are "aggressively pursuing every potential lead during these critical early moments of this outbreak in Florida."

The news comes two days after federal officials expanded testing criteria and Florida became capable of processing tests within the state.

On Saturday, all three Florida Department of Health labs — in Miami, Tampa and Jacksonville — became capable of testing for novel coronavirus, cutting the wait times for results to within 24 to 48 hours. For weeks, the tests were being sent to a federal lab in Atlanta, which was producing results within three to five days.

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RELATED: Florida state labs can test for coronavirus, cutting wait times for results

On Friday, the U.S. Centers for Disease Control and Prevention also expanded its criteria for who should be tested. Physicians should now determine whether any patient with severe pneumonia symptoms should be tested, regardless of their travel history, the agency advised.

Sunday saw a series of new confirmations of the virus. Rhode Island and New York confirmed their first cases, and additional patients were identified in Washington and California, where two health care workers tested positive for the virus.

A genetic analysis of samples in Washington indicate the virus was circulated undetected there for six weeks, causing some researchers to believe there is a substantial outbreak in that state.

The Department of Health updated its COVID-19 website on Sunday, listing the two presumptive positives to eight cases pending testing results and 184 people under monitoring. Another 15 cases came back negative.

Symptoms of the respiratory illness include fever, cough and shortness of breath and can appear in as few as two days or as many as 14, according to the department.

Most people recover from the COVID-19 without needing special treatment, but older people and those with underlying medical problems such as high blood pressure, heart problems and diabetes are more likely to develop serious illness.

The virus spreads person-to-person through droplets from the nose or mouth, transmitted through coughs and sneezes, according to health officials. There is no vaccine for the virus.

Health officials recommend simple steps for prevention, including:

- avoiding contact with people who are sick
- staying home when sick
- avoid touching your eyes, nose and mouth with unwashed hands and
- washing your hands often with soap and water.

Miami Herald staff writers Ben Conarck and Bradenton Herald staff writer Ryan Ballogg contributed to this story.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 7:21 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Cc: Philpot, Toby
Subject: Fwd: Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

Can you help her understand the process with county EMs?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Suzanne Sewell <ssewell@floridaarf.org>
Sent: Wednesday, March 18, 2020 6:06:26 PM
To: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

Can someone please let us know where providers can purchase these PPE supplies? Many are reporting they cannot find protective supplies such as masks.

Suzanne Sewell
Florida ARF

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 4:29 PM
Subject: Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks

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EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF AND ANYONE ENTERING THE FACILITY MUST WEAR A FACIAL MASK AT ALL TIMES**
- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
  - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are

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appropriate for the care of patients with suspected or confirmed COVID-19.

- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**
  - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.
- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**
  - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.
- **How do I put on (don) and take off (doff) my mask and gloves?**
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.
  - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.



The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

This message was sent to kfaustin@questman1.com from:



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FL-AHCA-20-0902-A-002234

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 12:01 PM
To: ""Smoak"","" Kimberly; " "McKinstry"","" Molly; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Philpot, Toby
Subject: RE: Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

Exactly.

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 11:54 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: RE: Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

As we have all been saying, NH cannot follow CDC guidance for transmission based precautions (airborne) for COVID-19 residents. They are not equipped. CMS has modified their guidance for NHs several times since March 4th so we could expect the guidance to continue to change/modify as this evolves, but at the present time we know NHs are not equipped.

Stefan, if I need to connect you with my clinical lead for NH's, Michelle Dillehay, let me know.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
(850) 412-4516 Office Or Cell (850) 559-8273
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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 9:34 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

Let's discuss

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Charlene Peters <Charlene.Peters@greystonehealth.com>
Sent: Saturday, March 14, 2020 9:25:20 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Subject: [External] Greystone Healthcare_COVID-19 Patient Care_IMPORTANT_HCA Healthcare Directive

Good morning Secretary,

I am sharing the below (see first email) communication sent to our organization by HCA Healthcare. I am concerned one (highlighted below) of the directives outlined by HCA is contrary to what the LTC industry has been directed to do. As you know, the battle cry for us, keep this out of our centers as we are not equipped to manage active cases, and this correspondence is in direct contrary. I was hoping to get further clarification from your office on how we should proceed. I thank you in advance for your leadership during this challenging time in our industry. Please feel free to reach out to Stephanie or I.

Respectfully,
Charlene Peters

Charlene Peters | Chief Clinical Officer
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
m. 813-210-1650 | o. 813-675-2312

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From: Gregg Clavijo-Hopper <Gregg.Hopper@greystonehealth.com>
Sent: Friday, March 13, 2020 4:52 PM
To: Charlene Peters <Charlene.Peters@greystonehealth.com>; Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Subject: Fwd: COVID-19 Patient Care Survey-URGENT

Just received and sending on to you all as there are parts about admitting pts into the SNF, including those who have tested positive...and circumstances that should and should not admit as well as their requirements of form completion.

Because we work with so many HCA hospitals, I don't want the buildings to allow this to guide them vs what we are teaching and instituting.

Gregg

Sent from my iPhone

Begin forwarded message:

> **From:** Rhonda Dozier <Rhonda.Dozier@greystonehealth.com>
> **Date:** March 13, 2020 at 3:32:50 PM CDT
> **To:** Sean O'Malley <Sean.OMalley@greystonehealth.com>, Julie Dawkins <Julie.Dawkins@greystonehealth.com>, Gregg Clavijo-Hopper <Gregg.Hopper@greystonehealth.com>
> **Subject: Fwd: COVID-19 Patient Care Survey-URGENT**
>
> From our HCA Hospitals.
>
> **Rhonda Dozier** | Regional Director of Business Development
> | Greystone Healthcare Management | c. 813-285-9406
> | e. rhonda.dozier@greystonehealth.com | w.www.greystonehealth.com
> | a. 4042 Park Oaks Blvd., Suite 300 | Tampa, FL 33610
>
> Begin forwarded message:
>
> > **From:** "Diane Oliveri (Smith)" <Diane.Oliveri@greystonehealth.com>
> > **Date:** March 13, 2020 at 4:02:05 PM EDT
> > **To:** Lashawnda Denmark <Lashawnda.Denmark@greystonehealth.com>, Kelly Shelley <Kelly.Shelley@greystonehealth.com>
> > **Cc:** Rhonda Dozier <rhonda.dozier@greystonehealth.com>
> > **Subject: FW: COVID-19 Patient Care Survey-URGENT**
> >
> > **From:** Proudfit-Granchi Elizabeth <Elizabeth.ProudfitGranchi@hcahealthcare.com>
> > **Sent:** Friday, March 13, 2020 3:54 PM
> > **To:** Proudfit-Granchi Elizabeth <Elizabeth.ProudfitGranchi@hcahealthcare.com>

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Subject: COVID-19 Patient Care Survey-URGENT
Importance: High

Dear SNF Provider,
HCA Healthcare is working diligently to ensure our hospitals are prepared for COVID-19 and we have strong infection prevention protocols in place across all facilities. These protocols include limited entry to accommodate patient and visitor screening, visitor limitations, ensuring availability of supplies and equipment, and staffing contingency plans. We are also in communication with the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) to ensure we have the latest guidance for infection control and prevention of COVID-19.
As a valued Plus Care Network provider, we are committed to working with you to ensure we are all able to meet the needs of our communities during this challenging time. Below, you will find three requests of your facility. In return, please let me know how I can be of assistance to you.

1. **Operate in Accordance with CDC and CMS Guidelines**
   - SNFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.
   - SNFs should accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC guidance for transmission-based precautions.
   - If a nursing home cannot meet the transmission precautions, it must wait until these precautions are discontinued. The CDC has released Interim Guidance for COVID-19.

2. **Complete our COVID-19 Capabilities Survey**
   Completing this three minute survey within 48 hours helps our hospitals identify your ability to accept and care for patients with respiratory challenges including COVID-19.
   https://www.surveymonkey.com/r/HCA_COVID-19_SNF

3. **Coordinate with Your Local Hospitals**
   a. Communicate what capabilities your facility offers
   b. If your facility, at any time, begins to reach capacity
   c. If your facility is at risk of PPE and COVID-19 testing supply shortages

Thank you for your thoughtful participation as a Plus Care Network provider as well as your commitment to the health and safety of the communities we serve. As always, we are grateful for your commitment to improve the care of our patients. Above all else, we are committed to the care and improvement of human life.
With great appreciation,

Elizabeth Granchi, RN, BSN
Post Acute Care Network Director
Bundled Payment Program
HCA Healthcare | North Florida Division
M 321-408-6042

HCAhealthcare.com | Connect With Us

* * * * * * * * * * *
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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 10:01 AM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: FW: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Thursday, March 12, 2020 12:22 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External] The_State_of_Florida_Issues_Updates_on_COVID-19

RELEASE

ormation Center on COVID-19 for the State of Florida
SF14@em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

The Florida Department of Health has announced three new positive cases of coronavirus disease (COVID-19) in Flori
s safe and aware about the status of the virus, the Department is issuing regular updates as information becomes avail

male in Lee County has tested positive for COVID-19. He is isolated and will continue to remain isolated until cleared
currently unclear whether this was a travel-related case; the epidemiological investigation is ongoing.

male in Broward County has tested positive for COVID-19. He is isolated and will continue to remain isolated until cle
currently unclear whether this was a travel-related case; the epidemiological investigation is ongoing.

male in Broward County tested positive for COVID-19. He is isolated and will continue to remain isolated until cleared
is a travel related case and is associated with Port Everglades.

visory

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ıgh an extensive epidemiological investigation, has identified four positive COVID-19 cases associated with Port Evergla
ɜ cases are connected to or employed by Metro Cruise Services – a company that operates at Port Everglades. The epic
ed to Port Everglades is ongoing.

nt recommends all individuals experiencing symptoms who have recently traveled through Port Everglades to immediate
provider and self-isolate for 14 Days.
nt also recommends employees of Metro Cruise Services at Port Everglades with any association to these cases self-isc
nt is working to connect with all employees at Metro Cruise Services who may have come into contact with the three indi
for COVID-19 to provide the employees with the appropriate guidance and monitoring.
nt is working in close consultation with the CDC on this investigation.
ınds that individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop symptoms,
ıtact their CHD or health care provider.

l Daytona Bike Week Advisories

ıgh an extensive, ongoing epidemiological investigation, has identified a positive COVID-19 case that may have been as
020, which is currently underway and scheduled from March 6-15, 2020, in Daytona, Florida.

ıgh an extensive, ongoing epidemiological investigation, has identified a positive COVID-19 case that may have been as
from March 4-6, 2020, in Tampa, Florida.

ınmends all individuals experiencing symptoms who attended either of these events immediately contact their County He
nd self-isolate for 14 Days.

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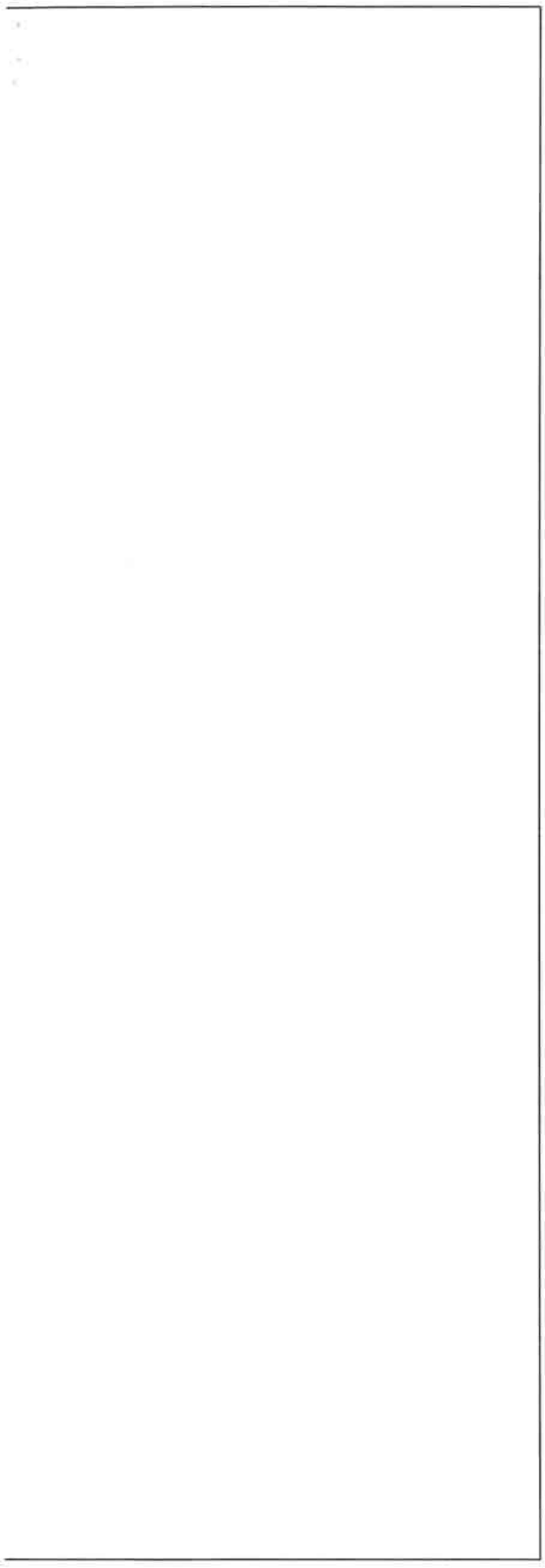

ry of exposure to COVID-19 outside of the state.

Advisory

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vising all individuals who have traveled internationally to follow the **new Centers for Disease Control and Prevention (**

recommends 14-day self-isolation and social distancing upon return to the United States. Social distancing includes avo
e personal interactions. If you become symptomatic, immediately self-isolate and contact your County Health Departme

ruises: Travelers should monitor their health and limit interactions with others for 14 days after returning to the United S
mmediately self-isolate and contact your CHD or health care provider.
nation regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-ncov/tr

nt of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-is
return to the United States. Several passengers in the United States recently developed symptoms and have been confi
ing two positive cases in Florida.

bsite and Call Center

tment's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

is related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(866) 7**
4 hours a day. Inquiries may also be emailed to **COVID-19@flhealth.gov.**

s

Ron DeSantis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
Ron DeSantis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's res
Ron DeSantis issued Executive Order 20-51 directing the State Surgeon General to declare a Public Health Emergency.
eon General Dr. Scott Rivkees declared a Public Health Emergency for the novel coronavirus in Florida.
d an Incident Management Team to coordinate response operations.
dedicated incident command post for on-site response activities.
three public health and health care stakeholder conference calls to provide statewide updates on the current outbreak s
d guidance for pandemic planning. Over five hundred participants joined these calls. Calls are scheduled for each Wedne
d with the Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

d a public call center for questions regarding COVID-19.
and distributed an updated COVID-19 presentation to CHDs for use at community meetings.
and implemented protocols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cas
d mechanisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
CDC Interim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic clo
cases at their home or non-home residential settings to CHDs.
the updated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enha
edness for COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
ed testing at all three State Public Health Laboratories.
updated CDC guidance for schools to CHDs and the Department of Education.
updated Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.

ow

from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes.
rfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or m

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-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days foll
COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood p
es are more likely to develop serious illness.

vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Department
help stop the spread of respiratory diseases, including:

e contact with people who are sick;
when you are sick and avoiding contact with persons in poor health;
hing your eyes, nose and mouth with unwashed hands;
r cough or sneeze with a tissue, then disposing of the tissue;
hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after bl
neezing;
ater are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with s
ibly dirty; and
disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

ecommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, includ
e used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of fac
id people who are taking care of someone in close settings (at home or in a health care facility).

ences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after trav
apan and any other destination under CDC travel advisory should call ahead to their health care provider and local CHD
contact.

close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a
COVID-19, they should call ahead to a health care professional and the CHD. The health care provider will work with t
on should be tested for COVID-19.

epartment of Health

ent of Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the
rated state, county and community efforts.

ok, Instagram and Twitter at @HealthyFla. For more information please visit www.FloridaHealth.gov.

VID-19, please visit http://floridahealth.gov/COVID-19 or call 866-779-8121.

###

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rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahass

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 6:28 AM
To: ""Smoak"","" Kimberly; " "McKinstry"","" Molly; " "Strickland"","" Katie; " "Philpot"","" Toby; " "Manderfield"","" Patrick; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: Re: NY Press Release

Thank you Kim.

Stefan - let's get any background to inform our policy here.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:10:10 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: NY Press Release

Below is a press release the state director in New York sent me regarding restrictions being ordered by Governor Cuomo- the section highlighted is specific to limiting nursing home visitors and also employees. Just received and in light of our discussions wanted to share immediately.

Kimberly R. Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive MS#59, Tallahassee Fl. 32308
(850) 412-4516 Office Or Cell (850) 559-8273
Kimberly.Smoak@ahca.myflorida.com

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From: Press Office <Press.Office@exec.ny.gov>
Sent: Thursday, March 12, 2020 5:08 PM
To: Press Office <Press.Office@exec.ny.gov>
Subject: DURING NOVEL CORONAVIRUS BRIEFING, GOVERNOR CUOMO ANNOUNCES NEW MASS GATHERINGS REGULATIONS

<ATT00001.gif.secure>

liate Release: 3/12/2020 **GOVERNOR ANDREW M.**

DURING NOVEL CORONAVIRUS BRIEFING, GOVERNOR CUOMO ANNOUNCES NEW MASS GATHERINGS REGULATIONS

Events with 500 or More Individuals in Attendance to Be Cancelled or Postponed

Any Gathering Under 500 Individuals in Attendance Will Be Required to Cut Capacity by 50 Percent

New Limits on Visitations to Nursing Homes - Only Medically Necessary Visits Will Be Allowed To Protect Most Vulnerable

First Public Drive-Through Testing Facility on the East Coast, Located in New Rochelle, Will Start Testing Tomorrow

Confirms 109 Additional Coronavirus Cases in New York State - Bringing Statewide Total to 325; New Cases in 14 Counties

During a novel coronavirus briefing, Governor Andrew M. Cuomo today announced the state will institute limits on mass gatherings, directing events with 500 or more individuals in attendance to be cancelled or postponed. Public health experts agree mass gatherings with people making sustained close contact are a place where the novel coronavirus can easily infect many people quickly and continue its spread. As such, events, gatherings, or places of business with less than 500 individuals in attendance will be required to cut capacity by 50 percent, with exceptions being made for spaces where individuals do not make sustained close contact, such as schools, hospitals, public buildings, mass transit, grocery stores and retail stores. These new regulations will go into effect Friday, March 13th at 5pm, with the exception of Broadway Theaters where the limits will go into effect this evening at 5pm.

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In an effort to protect some of the most vulnerable New Yorkers, Governor Cuomo also announced only medically necessary visits will be allowed at nursing homes. This policy will be effective Friday at 5pm. The state is also asking nursing homes to set up skyping and other online communication capacity so families can tele-visit their loved ones. Additionally, the state will require health screenings for all nursing home workers each day when they enter a facility and require them to wear surgical masks to guard against any potential asymptomatic spread.

In order to increase testing capacity, the State is contracting with BioReference Laboratories to run an additional 5,000 tests per day on top of what the state is already doing. These additional 5,000 tests per day will come online next week. This additional testing capacity is on top of that of the 28 private labs the Governor announced are partnering with the state in the coming days and weeks. Additionally, the Governor announced the first public drive-through testing facility on the east coast will start testing people tomorrow in New Rochelle. Testing will be done by appointment only. New Rochelle residents who have been quarantined will be tested first.

Finally, the Governor confirmed 109 additional cases of novel coronavirus, bringing the statewide total to 325 confirmed cases in New York State. Of the 325 total individuals who tested positive for the virus, the geographic breakdown is as follows:

Albany County: 1 (1 new)
Broome County: 1 (1 new)
Delaware County: 1 (1 new)
Dutchess County: 1 (1 new)
Herkimer County: 1 (1 new)
Monroe County: 1 (1 new)
Nassau County: 41 (13 new)
New York City: 95 (43 new)
Orange County: 1 (1 new)
Rockland County: 7 (1 new)
Saratoga County: 3 (1 new)
Suffolk County: 20 (14 new)
Ulster County: 4 (3 new)
Westchester County: 148 (27 new)

"The spread of this coronavirus is not going to stop on its own, and we know that mass gatherings have been hotspots for the virus to infect large numbers of people quickly," **Governor Cuomo said.** "To help contain it, we are instituting limits on large events as well as new measures to protect our most vulnerable populations — including people in nursing homes — and preparing our healthcare system to be able to deal with any future capacity issues. While the context is key and the anxiety is outpacing the facts of this situation, we will continue taking aggressive action to protect public health and prepare for any future spread of this virus."

"Our number one priority is protecting the public health and every action the Governor and the State of New York have taken thus far have been in furtherance of that goal," **State Health Department Commissioner Dr. Howard Zucker said.** "Public health experts have been clear that limiting large public gatherings where there is potential for close contact is a critical way to slow the spread of this virus. This regulation will help keep people healthy and safe."

The Governor also announced that the State is taking measures to create a reserve workforce of health care professionals in the event of a staffing shortage and identify state facilities that can be

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used as temporary hospitals. The State is asking former doctors, nurses and other health care professionals to reconnect with their former employers and offer to work on an on-call basis in the cases of a staffing shortage. The State is also identifying National Guard medics for reserved staffing and contacting medical schools to identify possible reserve health care professionals. Additionally, the Department of Health is accelerating regulations to get more health care personnel trained so they can work in other areas.

For all schools in communities with the highest rates of positive cases, the state will be taking proactive steps to implement protocols that limit mass contact. Today the Governor announced SUNY Albany will cancel in person classes for the rest of the semester effective tomorrow after a positive case was confirmed today.

Additionally, any business that cannot accommodate rigorous cleaning standards should contact Empire State Development at (212) 803-3100 for a close order.

###



Additional news available at www.governor.ny.gov
New York State | Executive Chamber |press.office@exec.ny.gov | 518.474.8418

UNSUBSCRIBE

Mark Hennessey
Director
Center for Health Care Provider Services and Oversight
Office of Primary Care and Health Systems Management

New York State Department of Health
875 Central Avenue
Albany, NY 12206

ph: 518.485.9914 | mark.hennessey@health.ny.gov
http://www.health.ny.gov

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 9:23 AM
To: ""Roberts"","" William; William.Roberts@ahca.myflorida.com
Subject: RE: MOU
Attachments: Agency Agreement COVID-19 Consulting.docx

Description is there. He also added some other points – like contact etc.

From: Roberts, William <William.Roberts@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 8:56 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: MOU

I need the description of what FHCA will be doing. After that, it goes to Procurement to assign a contract number and put on finishing touches.

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 7:45 PM
To: Roberts, William <William.Roberts@ahca.myflorida.com>
Subject: MOU

Will we have that done soon?

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Agreement No. [INSERT AGREEMENT #]
STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
AGENCY AGREEMENT

In exchange for the mutual promises contained herein, this Consultant Agreement is entered into between the State of Florida, **AGENCY FOR HEALTH CARE ADMINISTRATION**, hereinafter referred to as the **"Agency"**, whose address is 2727 Mahan Drive, Tallahassee, Florida 32308, and **Robert Asztalos** hereinafter referred to as the **"Asztalos"**, whose address is 5013 Centennial Oak Circle, Tallahassee FL 32308, to provide consulting services in the matter of the COVID-19 virus and long term care facilities.

I. OVERVIEW/PURPOSE

Asztalos will work directly with the Deputy Secretary for Health Quality Assurance to provide input on policies and guidance related to long-term care facility actions to protect residents from exposure to COVID-19.
***Asztalos** shall assist in developing workgroups on issues as directed by the Deputy Secretary.*
He shall contact long term caregivers and providers for policy input as directed by the Deputy Secretary.
Asztalos *shall assist in developing communications and guidance to long term care providers.*

II. LEGAL AUTHORITY

[INCLUDE any statutory and/or other legal authority requirements of the Agreement, if applicable.]

III. [IF APPLICABLE, INCLUDE]DEFINITIONS

[INCLUDE a list of any terms within the Agreement that require additional clarification/ information.]

IV. TERM

A. Term

This Agreement shall begin upon execution by all Parties or **March 17, 2020** (whichever is later) and end on **May 18, 2020**, inclusive.

B. Renewal

In accordance with Section 287.057(13), Florida Statutes, this Agreement may be renewed for a period that may not exceed three (3) years or the term of the original Agreement, whichever period is longer. Renewal of the Agreement shall be in writing and subject to the same terms and conditions set forth in the initial Agreement. A renewal Agreement may not include any compensation for costs associated with the renewal. Renewals are optional and subject to the availability of funds.

C. Amendment

This Agreement may be amended upon written Agreement signed by all Parties.

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V. MONETARY VALUE

There are no costs associated with this Agreement.

VI. CONTACT INFORMATION

A. The Agency's Agreement Manager's contact information is as follows:

[INSERT Contact Name]
Agency for Health Care Administration
2727 Mahan Drive, MS #[INSERT MS #]
Tallahassee, FL 32308
[INSERT Phone Number]
[INSERT Email Address]

B. The Asztalos Agreement Manager's contact information is as follows:

Robert P. Asztalos
5013 Centennial Oak Circle
Tallahassee, FL 32308
850-284-1166
basztalos@fhca.org

C. All matters pertaining to this Agreement shall be directed to the Agreement Managers for appropriate action or disposition. A change in Agreement Manager by any Party shall be reduced to writing through an amendment to this Agreement by the Agency.

VII. SCOPE

A. Services Provided by the Agency
[INCLUDE a list services the Agency will provide.]

B. Services Provided by [INSERT Party's Referred To As Name]
[INCLUDE a list services the Party shall provide.]

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C. Deliverables Section

TABLE 1 – DELIVERABLE SCHEDULE			
No.	**Deliverable**	**Supporting Documentation**	**Due Date**
1.			

VIII. [INSERT PARTY'S REFERRED TO AS NAME] HEREBY AGREES:

A. [IF APPLICABLE, INCLUDE]Monitoring

1. To provide reports as specified in **Section VII., Item B.**, Services Provided by [INSERT Party's Referred to as Name]. These reports will be used for monitoring progress or performance of the contractual services.

2. To permit persons duly authorized by the Agency to inspect any records, papers, documents, facilities, goods and services of [INSERT Party's Referred to as Name] which are relevant to this Agreement.

3. To ensure that each of its employees or subcontractors who performs activities related to the services associated with this Agreement will report to the Agency any health care facility that is the subject of these services that may have violated the law. To report concerns pertaining to a health care facility, the [INSERT Party's Referred to as Name] employee or subcontractor may contact the Agency Complaint Hotline by calling 1-888-419-3456 or by completing the online complaint form found at https://apps.ahca.myflorida.com/hcfc.

4. To ensure that each of its employees or subcontractors who performs activities related to the services associated with this Agreement, will report to the Agency areas of concern relative to the operation of any entity covered by this Agreement. To report concerns, the [INSERT Party's Referred to as Name] employee or subcontractor may contact the Agency Complaint Hotline by calling 1-877-254-1055 or by completing the online complaint form found at https://apps.ahca.myflorida.com/smmc_cirts/.

5. To ensure that reports which represent individuals receiving services are at risk for, or have suffered serious harm, impairment, or death are reported to the Agency immediately and no later than twenty four (24) clock hours after the observation is made. Reports that reflect noncompliance that does not rise to the level of concern noted above shall be reported to the Agency within ten (10) calendar days of the observation.

B. Health Insurance Portability and Accountability Act

1. To comply with the Department of Health and Human Services Privacy Regulations in the CFR, Title 45, Sections 160 and 164, regarding disclosure of protected health information as specified in **Attachment II**, Business Associate Agreement. If required by the HIPAA Compliance Officer

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2. To ensure it meets all Federal regulations regarding required standard electronic transactions and standards for privacy and individually identifiable health information as identified in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 and associated regulations.

3. To conduct all activities in compliance with 45 CFR 164 Subpart C to ensure data security, including, but not limited to encryption of all information that is confidential under Florida or Federal law, while in transmission and while resident on portable electronic media storage devices. Encryption is required and shall be consistent with Federal Information Processing Standards (FIPS), and/or the National Institute of Standards and Technology (NIST) publications regarding cryptographic standards.

C. Confidentiality of Information

1. To not use or disclose any confidential information, including social security numbers that may be supplied under this Agreement pursuant to law, and also including the identity or identifying information concerning a Medicaid recipient or services under this Agreement for any purpose not in conformity with State and Federal laws, except upon written consent of the recipient, or his/her guardian.

2. That all personally identifiable information, including Medicaid information, obtained by Asztalos shall be treated as privileged and confidential information and shall be used only as authorized for purposes directly related to the administration of this Agreement. Asztalos must have a process that specifies that patient-specific information remains confidential, is used solely for the purposes of data analysis or Asztalos responsibilities under this Agreement, and is exchanged only for the purpose of conducting a review or other duties outlined in this Agreement.

3. All patient-specific information received by Asztalos can be shared only with those agencies that have legal authority to receive such information and cannot be otherwise transmitted for any purpose other than those for which Asztalos is retained by the Agency. Asztalos must have in place written confidentiality policies and procedures to ensure confidentiality and to comply with all Federal and State laws (including the HIPAA and HITECH Acts) governing confidentiality, including electronic treatment records, facsimile mail, and electronic mail).

4. All subcontracts must explicitly state expectations about the confidentiality of information, and the subcontractor is held to the same confidentiality requirements as Asztalos. If provider-specific data are released to the public, Asztalos shall have policies and procedures for exercising due care in compiling and releasing such data that address statutory protections of quality assurance and confidentiality while assuring that open records requirements of Chapter 119, F.S., are met.

5. Asztalos and its subcontractors shall comply with the requirements of Section 501.171, F.S. and shall, in addition to the reporting requirements therein, report to the Agency any breach of personal information.

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6. Any releases of information to the media, the public, or other entities require prior approval from the Agency.

7. Ensure all services will be performed within the borders of the United States and its territories and protectorates.

8. State-owned Data shall be processed, accessed and stored in data centers that are located only in the forty-eight (48) contiguous U.S.

D. Public Records Requests

1. To comply with Section 119.0701, F.S., if applicable, and all other applicable parts of the Florida Public Records Act.

2. To keep and maintain public records that ordinarily and necessarily would be required in order to perform services under this Agreement.

3. To provide the public with access to public records on the same terms and conditions that the Agency would provide the records and at a cost that does not exceed the cost provided in Section 119.07, F.S., or as otherwise provided by law.

4. That upon request from the appropriate Agency custodian of public records, provide the Agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost in Section 119.07, F.S., or as otherwise provided by law.

5. To ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement term and following completion of this Agreement if the Party does not transfer the records to the Agency.

6. To not collect an individual's social security number unless Asztalos has stated in writing the purpose for its collection. Asztalos collecting an individual's social security number shall provide a copy of the written statement to the Agency and otherwise comply with applicable portions of Section 119.071(5), F.S.

7. To meet all requirements for retaining public records and transfer, at no cost, to the Agency all public records in possession of Asztalos upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the Agency in a format that is compatible with the information technology systems of the Agency.

8. If Asztalos does not comply with a public records request, the Agency shall enforce Agreement provisions in accordance with this Agreement.

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9. **IF Asztalos HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PARTY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE AGENCY CUSTODIAN OF PUBLIC RECORDS FOR THIS AGREEMENT. THE AGENCY CUSTODIAN OF PUBLIC RECORDS FOR THIS AGREEMENT IS THE AGREEMENT MANAGER.**

IX. Invoices shall be submitted on Asztalos letterhead to the Agency's designated Agreement Manager within fifteen (15) calendar days of completion and Agency approval of deliverable(s). Invoice(s) shall include, at a minimum:

1. Invoice date;
2. Invoice number;
3. Agency's Agreement number;
4. Detailed description of the services rendered;
5. Date(s) on which services were rendered;
6. Payment remittance address; and
7. Other supporting documentation as requested by the Agency

X. **[IF APPLICABLE INCLUDE any other required language that is specific to this Agreement.]**

IN WITNESS THEREOF, the Parties hereto have caused this [INSERT number of pages to be spelled out] ([INSERT NUMERIC NUMBER]) page Agreement, which includes any referenced attachments, to be executed by their undersigned officials as duly authorized. This Agreement is not valid until signed and dated by all Parties.

Robert P. Asztalos	**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**
SIGNED BY: _____	**SIGNED BY:** _____
NAME: _____	**NAME:** _____
TITLE: _____	**TITLE:** _____
DATE: _____	**DATE:** _____

List of Attachments included as part of this Agreement:

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Agreement No. [INSERT AGREEMENT #]
STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
AGENCY AGREEMENT

Specify Type	Letter/ Number	Description
Attachment	**I**	Title of Attachment I here (# Pages)
Attachment	**II**	Business Associate Agreement (4 Pages)

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

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FL-AHCA-20-0902-A-002260

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 2:49 PM
To: ""Strickland"","" Katie; " "Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: Emergency Rule and Surge Hospital Beds
Attachments: Notice of Emergency Rule Screening3 (002).docx; Inpatient Bed Alternatives Revised.docx

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 1:56:11 PM
To: Adrian.Lukis@eog.myflorida.com <Adrian.Lukis@eog.myflorida.com>
Cc: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; nicholas.primrose@eog.myflorida.com <nicholas.primrose@eog.myflorida.com>
Subject: Emergency Rule and Surge Hospital Beds

Adrian,

Attached are two documents. Our draft emergency rule restricting access to AHCA regulated facilities and options to expand hospital beds in the event of a surge.

I was initially thinking just the Governor's authority under Ch. 252 for waiving statutes, but after speaking with Nick, Director Moskowitz could also issue these same requirements in the DEM order. That way he could also include APD licenses facilities, which we cannot do under our authority.

Thanks,

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
Stefan.Grow@ahca.myflorida.com

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 72 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits visitors to assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services except under special circumstances and when such staff and visitors meet specific screening criteria in order to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations; or

2. Hospice or palliative care workers caring for residents in end-of-life situations; or

3. Any third-party providing necessary health care to a resident; or

4. Facility staff; or

5. Facility resident; or

6. Consistent with CMS guidance QSO-20-14-NH issued on March 13, 2020, Ombudsman representatives may access residents only during end-of-life situations; or

7. Representatives of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; and any emergency medical personnel.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility must require any individual entering the facility to wear personal protective equipment.

(d) Residents must be discouraged from leaving the facility.

(3) Screening Requirements. Any individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough,

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fever, shortness of breath or sore throat;

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

4. Any person who traveled through any airport within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Inpatient Surge Beds

Scenario #1 Utilization of space within the hospital:

During a state of emergency the facility is permitted to utilize space as it see fit to safeguard the lives of patients, staff, and visitors. This includes using spaces for patient care that may not have been designed and approved for such uses where approved facilities are not available due to surge in patients. The facility is responsible for using the existing spaces and systems to the best of their ability to provide the appropriate level care and safety for patients.

(Emergency– no waivers need) – can do this now.

Scenario #2 Use of temporary structures (tents) for outpatient services and emergency screening (triage)

The use of such spaces is permitted during a state of emergency where the need arises to expand emergency services to alleviate overcrowding due a surge of patients. The facility is responsible for maintaining safe conditions and providing an appropriate care setting for the functions performed in the temporary facility including life safety, environmental control, and infection control.

(Emergency– no waivers need) – can do this now.

Scenario #3 Reopening previously licensed hospital or hospital building

Under existing applicable rules, these facilities would need to meet the requirements of the Florida Building Code, the Uniform Fire Standards for Hospitals and Nursing Homes, and federal regulations. We would expect that such facilities could be brought back into operation and comply with previously adopted codes and standards. At a minimum, the facility should be in compliance with the 2012 Life Safety Code and all critical systems should be in good working order. The facility would be permitted to be used for acute care services.

In order to implement, the following waivers would be required.
Waiver of:
61G20-1.001, F.A.C, Florida Building Code Adopted (DBPR - STATE),
59A-3.079 Physical Plant Codes and Standards Hospitals, F.A.C. (AHCA - STATE), and
69A-53, F.A.C Uniform Fire Safety Standards for Hospitals and Nursing Homes (DFS -STATE)
If Agency review is to be waived F.S. 395.0163 and 59A-3.080 would need to be waived (AHCA – STATE)
Waiver of s. 395, F.S. licensing requirements
Waiver of 42 CFR 482.1 (FEDERAL – CMS) FHA is working on the necessary waivers for these regulations

Scenario #4 Temporary use of a building that has never been licensed for inpatient care

Under existing applicable rules, these facilities would need to meet the requirements of the Florida Building Code, the Uniform Fire Standards for Hospitals and Nursing Homes, and federal regulations. This scenario should only be considered when scenarios 1 through 3 are not sufficient to provide for the needs of the community. Selected facility must be fully sprinklered, and protected by a monitored fire alarm system. If the building does not have a permanent emergency standby generator, it must be connected to a temporary mobile generator. The facility may only be used for low acuity patient (ESI level 3, 4, and 5) that are capable of self-preservation. The facility may not be used for patients on a ventilator or other life support equipment. A nurse call system, direct line of sight to the patient, or other method summoning nurse assistance must be provided. The facility must have a food plan and appropriate hygienic facilities for preparing and handling meals. A secure method for storing and distributing medication must be provided. Hand washing sinks and/or alcohol based hand scrub dispenser must be provided as directed by the facilities infection control personnel.

In order to implement, the following waivers would be required.
(Waiver of: 61G20-1.001, F.A.C, Florida Building Code Adopted (DBPR - STATE),
59A-3.079 Physical Plant Codes and Standards Hospitals, F.A.C. (AHCA - STATE), and
69A-53, F.A.C Uniform Fire Safety Standards for Hospitals and Nursing Homes (DFS - STATE)

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Waiver of s. 395, F.S. licensing requirements
Waiver of 42 CFR 482.1 (FEDERAL – CMS) FHA is working on the necessary waivers for these regulations
If Agency review is to be waived F.S. 395.0163 and 59A-3.080 would need to be waived (AHCA – STATE)

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:24 PM
To: ""McKinstry"","" Molly; " "Mayhew"","" Mary; " "Philpot"","" Toby; " "Smoak"","" Kimberly; " "Manderfield"","" Patrick; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Re: Testing vs Active Monitor

For totals purposes is there overlap on the website? For example is an individual under active monitor only counted in that category or can they be counted twice- once under tested and once under active monitor?

Get Outlook for iOS

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:20:05 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Testing vs Active Monitor

Samantha explained the difference. Active monitor means asymptomatic but has been exposed/ traveled.

If a person under active monitor and become symptomatic then they become a PUI, then if tested are consider "tested".

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 9:28 AM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: : COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities
Attachments: DEM_ORDER_NO._20-002_In_re_COVID-19_Public_Health_Emergency_Issued_March_11_2020_.pdf

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Richard M Prudom <Prudomrm@elderaffairs.org>
Sent: Friday, March 13, 2020 9:25:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] : COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

From: Michael Phillips <Phillipsm@elderaffairs.org>
Sent: Thursday, March 12, 2020 12:37 AM
To: Jo Ann Quiles <Quilesja@elderaffairs.org>; Robin Baker <Bakerr@elderaffairs.org>
Cc: Carol Carr <carrc@elderaffairs.org>; Betsy McAllister <Mcallisterb@elderaffairs.org>
Subject: FW: COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

Here is the latest emergency order regarding COVID-19 and visitations in long-term care facilities. What follows are some of my thoughts and I request yours as well.

In reading this communique, be mindful of a few things:

1. The INTENT is to limit visitation in LTC facilities in order to minimize the risk to vulnerable individuals residing in these facilities as well as the needed staff who serve these residents.
2. There is an ENCOURAGEMENT for individuals not to visit LTC facilities in order to effectuate the INTENT of #1.
3. The particular words used in this carefully drafted order are INTENTIONAL and LIMITING!
4. It is clearly not the intent of the Governor to order ALL visitations to LTC facilities to cease.
5. The suspension of Florida Statutes concerning the right of visitation is LIMITED and intended to be the least drastic necessary with regards to the circumstances presented.
6. ONLY seven types of individuals are to be banned from visitations and only for a limited time.

Therefore, facilities that are banning ALL visitations are doing so WITHOUT authorization. Having said that, let's give them the benefit of the doubt and recognize their intent is to protect their residents. Notwithstanding, we cannot abandon our mandate to advocate for resident who request our help in protecting their rights. In doing so, we are not precluded from attempting to help the resident recognize the benefit that accrues to all residents of the facility if

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visitation is allowed to be VOLUNTARILY limited for a short period of time. If the resident (not family members of a competent resident) insist that we secure his or her visitation rights, we should do so with fervency.

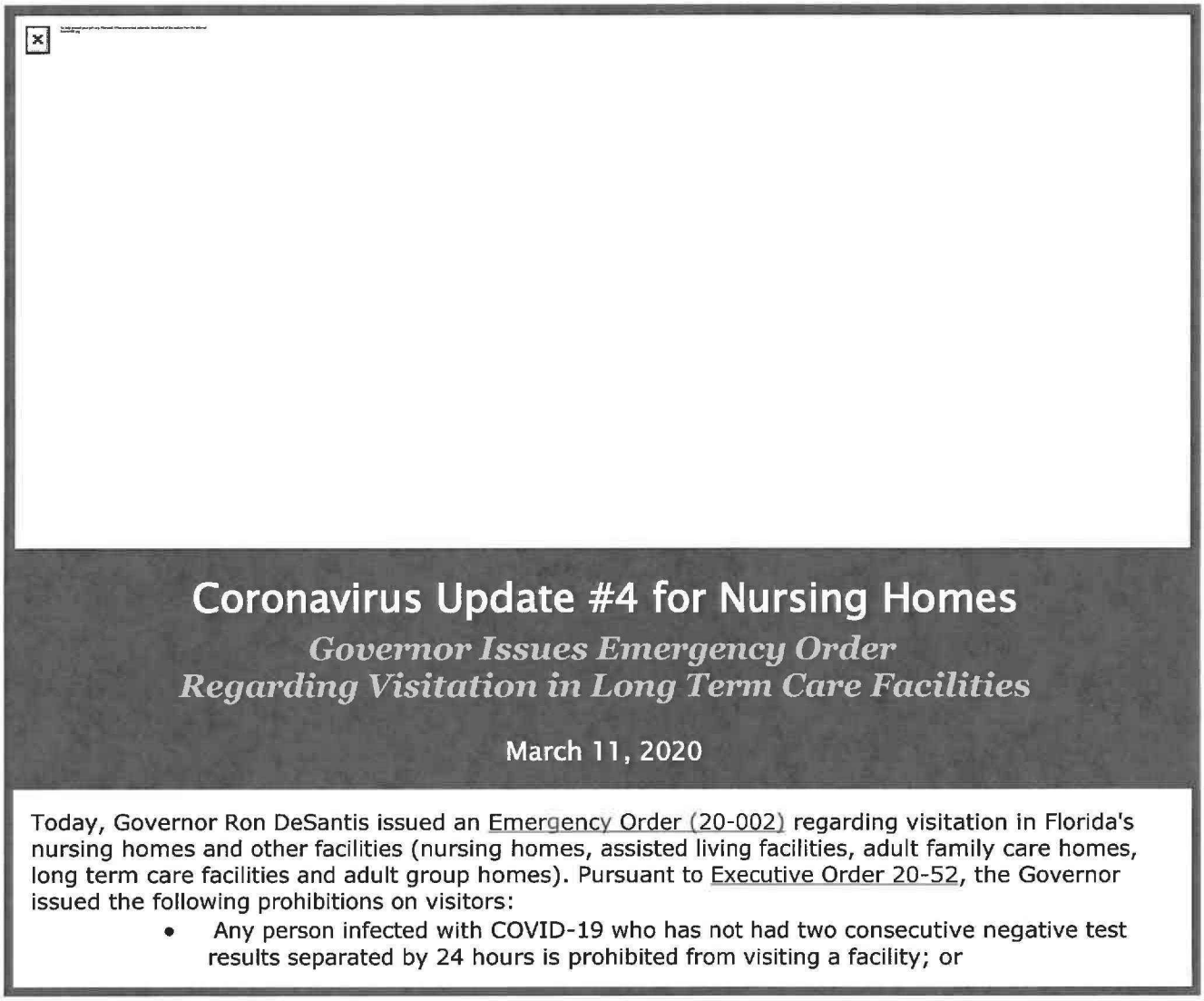
I suspect that there may be further revisions to this executive order as the President said tonight in his speech to the nation that he was "advising the suspension of all visitations in nursing homes." So stand by ...

FLORIDA
OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

Michael Phillips
North Regional Ombudsman Manager
Long-Term Care Ombudsman Program
1101 Gulf Breeze Pkwy, Bldg 3, Ste 5, Gulf Breeze, FL 32561
(850) 916-6720

From: Florida Health Care Association <kknapp@fhca.mmsend.com> **On Behalf Of** Florida Health Care Association
Sent: Wednesday, March 11, 2020 7:19 PM
To: Michael Phillips <Phillipsm@elderaffairs.org>
Subject: COVID-19 Update #4: Gov. DeSantis Issues Emergency Order Re: Visitation in LTC Facilities

To view this email as a web page, go here.



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- Any person showing or presenting signs or symptoms of a respiratory infection, including fever, cough, shortness of breath, or sore throat is prohibited from visiting a facility; or
- Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or
- Any person who has traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
- Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread*; or
- Any person who resides in a community with confirmed community spread of COVID-19, as, identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility.

**During his press conference, the Governor stated there are no instances of community spread in Florida.*

As you work to prevent and mitigate the spread of COVID-19 in your center, communication with your residents and their families is extremely important. Messaging should be swift, empathetic, reassuring and informative. It's important to emphasize how your center is preparing, why your visitation protocols are in place and what individuals can do to assist with these efforts.

Posting signs at your facility entrance is not enough - your communications should be broad based to help families understand why you've adopted these protocols. Consider the following to educate and inform about your screening protocols:

- Host a family council meeting in your center's courtyard to educate and inform on your screening protocols
- Host a resident council meeting to inform your residents
- Involve your social workers, activity directors and other frontline staff with direct access to your residents to communicate why these protocols are in place – for the health and safety of the residents
- Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.)
- Create/increasing email or listserv communication to update families on your protocols
- Assign a staff member as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date
- Set up a manned hotline or offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits
- Create an infographic or video message from facility leadership to post on your social media channels
- Educate your staff on key messages regarding your screening protocols

FHCA's Visitor Screening Toolkit includes sample letters with suggested language for building content for these various forms of communications with your families.

Facilities should be prepared for media inquiries in response to this Emergency Order. It's important to designate one spokesperson to handle inquiries to ensure your messaging remains consistent. Below is a short-version of a media statement to assist centers in their response. For additional talking points, click here.

"[Our center] takes the threat of COVID-19 very seriously and have been taking proactive measures to ensure the health and safety of our residents and staff. We are following the guidance of Florida's Governor, the Department of Health and CDC and have implemented visitor screening procedures. It is essential that anyone who potentially carries the virus does not enter any of our facilities, and we are asking that individuals restrict visitation unless absolutely necessary to help keep our residents and caregivers safe and healthy."

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Stay Informed

Please continue visiting FHCA's dedicated coronavirus web page, which includes updates from DOH, the Centers for Disease Control and Prevention (CDC), CMS and AHCA, along with links to support centers' strategies for reducing the spread of COVID-19.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org; Bob Asztalos at basztalos@fhca.org; or Melanie Motiska at mmotiska@fhca.org. Media inquiries can be directed to Kristen Knapp at kknapp@fhca.org.

Visit the FHCA website to learn more about our member services and upcoming events.

Click here to unsubscribe.



P.O. Box 1459, Tallahassee, FL 32302-1459



Please note: Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request. Emails sent to me at this email address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.

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STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

IN RE: SUSPENSION OF STATUTES, RULES, AND ORDERS, PURSUANT TO EXECUTIVE ORDER NUMBER 20-52, MADE NECESSARY BY THE COVID-19 PUBLIC HEALTH EMERGENCY

DEM ORDER NO. 20-002

EMERGENCY ORDER

WHEREAS, the Governor of the State of Florida issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency which poses a severe threat to the entire State of Florida and requires that timely precautions are taken to protect the communities, critical infrastructure, and general welfare of this State; and,

WHEREAS, the Governor has designated the Director of the Division of Emergency Management as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and,

NOW THEREFORE, I hereby find that the Division of Emergency Management's timely performance of disaster response functions related to COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Therefore, pursuant to Section 2 of Executive Order No. 20-52, I hereby issue the following authorization(s):

I. Suspend sections 393.13(4), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d) Florida Statutes, for the particular purpose of prohibiting certain individuals from visiting facilities. For purposes of this order, a facility includes nursing homes, assisted living

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facilities, adult family-care homes, long-term care facilities, and adult group homes. The order applies as follows:

a. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours is prohibited from visiting a facility; or

b. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat is prohibited from visiting a facility; or

c. Any person who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19; or

d. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or

e. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or

f. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or

g. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and

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Prevention or a state public health agency, is prohibited from visiting a facility.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.

The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52.

By Order of the State Coordinating Officer executed this 11th day of March, 2020, in Tallahassee, Leon County, Florida.

Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.

Division Clerk

Date: 3/11/20

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From: Mayhew, Mary
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Cc: Smoak, Kimberly; Strickland, Katie; Clary, Shannon; Philpot, Toby
Subject: Re: facility list
Date: Tuesday, March 17, 2020 9:22:01 AM

I need this updated by your staff frequently throughout the day and provided to me.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:15:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020		Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole		PHI	Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:59 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: RE: taking temperatures

My concern is that this may violate a residents' rights under s. 400.022, Florida Statutes.

> (1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:
> ...
> (b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, **visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies**...
> (c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by any entity or individual. **Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:**
> ...
> 2. Subject to the resident's right to deny or withdraw consent, **immediate family or other relatives of the resident**.

However, **42 C.F.R. §483.80 Infection control** clearly requires facilities to have a plan.

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

(a) *Infection prevention and control program.* The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

> (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;
>
> (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
>
> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
>
> (ii) When and to whom possible incidents of communicable disease or infections should be reported;
>
> (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
>
> (iv) When and how isolation should be used for a resident; including but not limited to:

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(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

Based on this, it appears a nursing home could have this policy as part of their infection control plan.

It is conceivable a conflict could arise where a resident demands to see a family member. There is no readily apparent case law on this kind of situation.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Friday, March 6, 2020 4:13 PM
To: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Cc: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Re: taking temperatures

The secretary would also like Stefan to review. The questions are:

Can a NH take temps or visitor?
Can a NH require a visitor submit to having temps taken
Same two questions for staff.

Thanks

Get Outlook for iOS

From: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Sent: Friday, March 6, 2020 2:29:25 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re:

Checking.

Kimberly Smoak, MSH, QIDP
Chief of Field Operations/State Survey Agency Director
Office (850) 412-4516
Cell (850) 559-8273
Agency for Health Care Administration
2727 Mahan Drive MS#59
Tallahassee, FL. 32308

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 6, 2020 2:26:29 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>

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Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject:

Can facilities take temperature of visitors and/or employees without any regulatory consequences.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:40 PM
To: craig.smith@hoganlovells.com
Subject: FW: [External] Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

Craig, per your request.

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:34 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 18, 2020

Provider Type(s): All

Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

To assist with the response efforts to the 2019 novel coronavirus (COVID-19) state of emergency, the Agency for Health Care Administration (Agency) has prepared this alert to ensure providers are aware of our current Medicaid policy for telemedicine and temporary waivers/flexibilities we are enacting to reduce opportunities for community spread of the virus. The purpose of this document

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is to provide telemedicine guidance to providers on Florida Medicaid coverage of services using live, two-way communication.

Telemedicine Definition

Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.

Current Coverage in the Florida Medicaid Program

Statewide Medicaid Managed Care Program

Medicaid health plans have broad flexibility in covering telemedicine services, including remote patient monitoring and store-and-forward services. The Agency has encouraged plans to ensure the use of services via telemedicine is maximized (as appropriate and allowable with the practitioner's scope of practice) to be responsive to workforce shortages or to meet the needs of enrollees who are homebound or are being monitored in the home. Please contact the health plans directly to inquire about their telemedicine requirements and reimbursement rates.

Fee-for-Service Delivery System

The Agency's current telemedicine policy in the fee-for-service delivery system is available at: http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf.

- **Practitioners:** The Agency covers physician, physician extenders (advanced practice registered nurses and physician assistants), and clinic providers (county health departments, federally qualified health centers, and rural health clinics) through telemedicine. Covered medical services include evaluation, diagnostic, and treatment recommendations for services included on the Agency's practitioner fee schedule to the extent telemedicine is designated in the American Medical Association's Current Procedural Terminology (i.e., national coding standards). All service components included in the procedure code must be completed in order to be reimbursed. The Agency reimburses services using telemedicine at the same rate detailed on the practitioner fee schedule. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

- **Behavioral Health:** The Agency covers behavioral health evaluation, diagnostic, and treatment recommendation services through telemedicine. The Agency reimburses the behavioral health assessment and medication management screening services through telemedicine, at the same rate detailed on the community behavioral health fee schedule. Providers must perform all service components designated for the procedure code billed. Providers must append the GT modifier in the fee-for-service delivery system.

Additional Telemedicine Flexibilities During the State of Emergency (*Applies to the Fee-For-Service Delivery System*)

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During the state of emergency, the Agency is expanding services provided through telemedicine (live, two-way communication) through the fee-for-service delivery system to include the below treatment services, as medically necessary:

Service	Procedure Code	Required Modifier
Brief individual medical psychotherapy, mental health	H2010 HE	GT
Brief individual medical psychotherapy, substance abuse	H2010 HF	GT
Individual Therapy	H2019 HR	GT
Family Therapy	H2019 HR	GT
Medication Management	T1015	GT
Behavioral health-related medical services: verbal interaction, mental health	H0046	GT
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	GT
Medication-assisted treatment services	H0020	GT
Face-to-face contact prior to SIPP discharge and the home visit interview requirement components of Mental Health Targeted Case Management	T1017 T1017 HA T1017 HK	GT

The Agency reimburses these services using telemedicine at the same rate detailed for the procedure code on the respective Medicaid fee schedule.

Store-and-Forward & Remote Patient Monitoring

For certain evaluation and management services provided during the state of emergency period, the Agency is expanding telehealth to include store-and-forward and remote patient monitoring modalities rendered by **licensed physicians and physician extenders (including those operating within a clinic)** functioning within their scope of practice. The Agency will reimburse each service once per day per recipient, as medically necessary and at the rates detailed in the table below.

Service	Procedure Code	Modifier Required	Reimbursement Rate	
			Maximum Fee*	Maximum Facility Fee**
Store-and-forward	G2010	CR	$7.69	$5.66
Telephone Communications - *Existing* Patients	99441	CR	$9.05	$8.05
	99442	CR	$17.65	$16.10
	99443	CR	$25.80	$23.94
Telephone Communications - *New* Patients	99441 CG	CR	$9.05	$8.05
	99442 CG	CR	$17.65	$16.10
	99443 CG	CR	$25.80	$23.94

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Remote patient monitoring	99453	CR	$11.77	N/A
	99454	CR	$39.15	N/A
	99091	CR	$37.12	N/A
	99473	CR	$7.02	N/A
	99474	CR	$9.51	$5.44
	99457	CR	$32.36	$19.80
	99458	CR	$26.48	$19.80

**On the practitioner fee schedule, this represents the fee schedule increase rate, which is the base Florida Medicaid rate with a 4% increase included for all ages.*
***The facility fee is the reimbursement rate for a practitioner performing services in one of the following places of service: outpatient hospital-off campus (19), inpatient hospital (21), outpatient hospital-on campus (22), emergency room hospital (23), or ambulatory surgical center (24), according to Medicare's designation.*

Telehealth Provider Requirements

Providers using any modality of telehealth described in this alert must:

- Ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated service-specific coverage policy and fee schedule. For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association's Current Procedural Terminology procedure code definitions and guidance.
- Comply with HIPAA regulations related to telehealth communications.
    - See additional guidance provided by the Office of Civil Rights on March 17, 2020 during the state of emergency here.
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient.
- The patient and parent or guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities.
- Out-of-state practitioners who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients, when appropriate, during the state of emergency in accordance with the Department of Health's emergency order (DOH 20 - 002).
    - These providers must go through the provisional enrollment process, if they are not already enrolled in Florida Medicaid. More information about the provisional enrollment process will be available on March 19, 2020 at http://www.mymedicaid-florida.com.

Additional Information

The Agency will issue subsequent guidance for other provider types (therapy services, behavior analysis services, etc.) use of telemedicine.

The Agency will continue to provide information as it becomes available.

For more information, visit the Department's COVID-19 website: www.flhealth.gov/COVID-19.

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QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent from Florida Agency for Health Care Administration to stefan.grow@ahca.myflorida.com. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.

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FL-AHCA-20-0902-A-002290

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 6:37 AM
To: ""Philpot"","" Toby; " "Strickland"","" Katie; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Subject: Fwd: Updated Testing COVID-19 Testing Algorithm
Attachments: nCoVProviderAlgorithm2020-03-10.pdf; COVID-19 Reporting HCP - V5 031020.docx

Can you summarize key points in my talking points

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 1:52:20 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>
Subject: FW: Updated Testing COVID-19 Testing Algorithm

Fyi – seems appropriate to add to Eblast

From: StateESF8.Planning <StateESF8.Planning@flhealth.gov>
Sent: Tuesday, March 10, 2020 1:28 PM
To: StateESF8.Planning <StateESF8.Planning@flhealth.gov>
Cc: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; Blackmore, Carina <Carina.Blackmore@flhealth.gov>
Subject: [External] Updated Testing COVID-19 Testing Algorithm

CHDs & Healthcare System Partners,

Please see updated COVID-19 testing algorithm and information for healthcare providers. Please distribute broadly with local partners.

Samantha Cooksey Strickland

COVID-19 Response Team
Bureau of Preparedness & Response
Florida Department of Health
Office | 850.617.1506
Mobile | 850.251.2553
Email | Samantha.Cooksey@flhealth.gov

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Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19)

Version 4.1 | March 10, 2020

The Florida Department of Health (Department) is prioritizing testing of symptomatic individuals who had close contact[1,2] with a laboratory-confirmed[3] COVID-19 case, are part of an outbreak, or have unexplained respiratory illness. Please see the Centers for Disease Control and Prevention (CDC) Health Alert Network 429 https://emergency.cdc.gov/han/2020/han00429.asp for additional guidance on prioritization of testing. The Department recommends other individuals be tested at a commercial laboratory (e.g., LabCorp and Quest). For all persons under investigation for COVID-19, take the following precautions:

- Ask the patient to wear a surgical mask.
- Evaluate the patient in a private room with the door closed, ideally an airborne isolation room, if available.
- Initiate contact and airborne precautions, including use of eye protection (e.g., goggles or a face shield) for all health care professionals and other staff entering the room.
- Visit **www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html** for additional recommendations on infection control recommendations for patients under investigation for COVID-19 in health care settings.

A. Person had **close contact**[1,2] with a laboratory-confirmed[3] COVID-19 case and fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

B. Person is part of an outbreak of suspected COVID-19.

C. Person hospitalized with **unexplained respiratory illness or person who died from unexplained respiratory illness.**

D. Person traveled to or from an **affected geographic area**[5] with widespread community transmission and has fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

→ **This patient meets the criteria for testing at the Florida Department of Health Bureau of Public Health Laboratories.** The Florida Department of Health asks that you **immediately** notify both infection control personnel at your health care facility and your county health department (CHD) (**FloridaHealth.gov/CHDEpiContact**).

E. Person had community contact (e.g., attended the same gathering or stayed on the same cruise ship) with a laboratory-confirmed[3] COVID-19 case and fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

F. Person is age ≥65 years, has chronic medical conditions, or is in an immunocompromised state and has fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

→ **Consider testing at a commercial laboratory.** If commercial testing is not available, contact your CHD for patients that meet CDC priority criteria.

[1]Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case– or –b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings.

[2]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel.

[3]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

[4]Fever may be subjective or confirmed.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

Content source: CDC

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Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19)

March 10, 2020

The Florida Department of Health (Department) would like to update health care providers and laboratories on the detection and reporting of coronavirus disease 2019 (COVID-19). The outbreak has now spread from where it originated in China with sustained community transmission in many countries, causing an outbreak of respiratory illness. The Department is collaborating with the Centers for Disease Control and Prevention (CDC) to conduct surveillance for persons who may have been exposed to or infected with COVID-19 while traveling to impacted countries or who have had contact with a case to arrange for confirmatory testing.

As of March 9, 2020, 15 cases of COVID-19 have been identified in Florida including one non-resident and two deaths. In addition, five Floridians with COVID-19 were repatriated from China and isolated by the federal government. Most have a history of travel including to Italy, Egypt and the Dominican Republic. Multiple cases without known travel have also been identified in Florida. As a result of the increasing response needs to COVID-19, Dr. Scott Rivkees, State Surgeon General, declared a public health emergency on March 1, 2020.

Additionally, as of March 9, 2020, 472 COVID-19 infections have been confirmed in the United States (U.S.) including in persons repatriated to the U.S. with exposures in Wuhan City or on the Diamond Princess Cruise Ship. Limited person-to-person transmission has been detected in the U.S. Since the outbreak began in December 2019, over 109,000 confirmed cases have been reported worldwide. Most cases (81,000) have been detected in China. However, the outbreak is spreading quickly across the globe and has been detected in 104 countries or territories. Please continue to monitor the CDC website for updates: www.cdc.gov/coronavirus/2019-ncov/index.html

All health care providers should be prepared to identify, collect specimens, and care for patients under investigation for COVID-19. Health care providers should immediately notify infection control personnel at their health care facility if they identify a person meeting the PUI for COVID-19 criteria below.

1. Any person, including health care workers[1], who has had close contact[2] with a laboratory-confirmed[3] COVID-19 case within 14 days of symptom onset and fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

2. Person is part of a non-household outbreak of suspected COVID-19.

3. Person hospitalized with unexplained respiratory illness or person who died from unexplained respiratory illness.

4. Person traveled to or from an affected geographic area[5] with widespread community transmission and has fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

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5. Person had community contact (e.g., attended the same gathering or stayed on the same cruise ship) with a laboratory-confirmed COVID-19 case and fever or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

6. Person is age ≥ 65 years, has chronic medical conditions, or is in an immunocompromised state and has fever or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

Specimen Collection for a PUI for COVID-19 for Testing at Bureau of Public Health Laboratories. Specimens from patients meeting the first four (1-4) testing criteria above can be tested at the Bureau of Public Health Laboratories.

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Please consult your county health department for instructions on shipping to the Bureau of Public Health Laboratories.

Specimen Collection for a PUI for COVID-19 for Testing at Commercial Laboratories. Specimens from patients meeting the two last (5-6) testing criteria above may be sent to commercial laboratories (e.g. LabCorp and Quest) for testing. Please contact them for specific specimen collection and shipment instructions. Additional commercial laboratories are expected to start offering the COVID-19 test soon. If no commercial laboratory is available, please contact your local county health department.

Health Care Infection Prevention and Control Recommendations
CDC currently recommends a cautious approach to PUIs for COVID-19. Such patients should be asked to wear a surgical mask as soon as they are identified. They should be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use contact and airborne precautions, including the use of eye protection (e.g., goggles or a face shield). For more information, please refer to CDC's detailed infection control guidance: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Hospital and Health Care Professional Preparedness
The Department recommends that hospitals and health care professionals prepare to identify and treat patients with COVID-19. The CDC has developed preparedness checklists to guide this effort. They can be found here:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html

Additional Resources
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
https://emergency.cdc.gov/han/2020/han00429.asp

[1]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.

[2]Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case – *or* –

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b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

[3]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

[4]Fever may be subjective or confirmed.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. Countries with CDC Level 2 or 3 Travel Health Notices include: China, South Korea, Iran, Italy, and Japan (as of February 28,2020). A current list of affected areas can be found at: www.cdc.gov/coronavirus/2019-ncov/travelers/

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 7:57 AM
To: Simone Martstiller (simone.marstiller@djj.state.fl.us)
Subject: Fwd: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19 _Cases_in_Florida

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Sunday, March 15, 2020 1:32:41 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] Florida_Department_of_Health_Announces_New_Positive_COVID-19_Cases_in_Florida

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ɔn Center on COVID-19 for the State of Florida
em.myflorida.com

Florida Department of Health Announces New Positive COVID-19 Cases in Florida

lorida Department of Health has announced 39 new positive cases of coronavirus disease (COVID-19). Earlier firmed the death of a 77-year old male in Lee County who had previously tested positive for COVID-19. Yesterd lealth and Human Services requesting the release of 61 Florida residents from Georgia, many of whom are eld s voyage outside of California.

and visitors safe and aware about the status of the virus, the Department is issuing regular updates as informat

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e in Clay County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

e from Connecticut has tested positive for COVID-19 in Baker County. This individual is isolated and will contin
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e in Lee County has tested positive for COVID-19. This individual is isolated and will continue to remain isolate

e in Citrus County has tested positive for COVID-10. This individual is isolated and will continue to remain isola

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le in Orange County has tested positive for COVID-19. This individual is isolated and will continue to remain iso
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in Collier County has tested positive for COVID-19. This is a travel related case. This individual is isolated and
d by public health officials.

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d: A known history of exposure to COVID-19 associated with travel outside of Florida.

– *Global Level 3 Health Advisory*

tate advises U.S. citizens to reconsider travel abroad due to the global impact of COVID-19. Many areas throu utbreaks and taking action that may limit traveler mobility, including quarantines and border restrictions. Even ıot been reported may restrict travel without notice.

f Health is advising all individuals who have traveled internationally to follow **CDC guidelines**, summarized bel

visory: CDC recommends 14-day self-isolation and social distancing upon return to the United States. Social d in public and close personal interactions. If you become symptomatic, immediately self-isolate and contact you lth care provider.
visory and Cruises: Travelers should monitor their health and limit interactions with others for 14 days after re ne symptomatic, immediately self-isolate and they should call ahead to a health care professional or their cour tment.
CDC, a cruise ship is defined as a passenger vessel involving the movement of large numbers of people in cl

ɔn regarding current CDC travel advisories related to COVID-19, visit: https://www.cdc.gov/coronavirus/2019-n

a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after and any other destination under CDC travel advisory should call ahead to their health care provider or local Co ecent travel or close contact, unless they are experiencing an emergency.

contact with someone showing these symptoms who has recently traveled from areas or been in contact with a should call ahead to a health care professional and the County Health Department. The health care professio if the person should be tested for COVID-19.

f Health is advising all individuals who traveled to Egypt for a cruise or tour on the Nile River in February or Mar te of return to the United States, and if ill, immediately contact their CHD or health care provider. Several passe ɔms and have been confirmed to be infected with COVID-19, including over 10 positive cases in Florida.

y

an extensive epidemiological investigation, has identified multiple, positive COVID-19 cases that are connecte unty, Florida.

commends all individuals experiencing symptoms who have recently traveled through Port Everglades to imme der and self-isolate for 14 Days.

so recommends employees of Metro Cruise Services at Port Everglades with any association to these cases se working to connect with all employees at Metro Cruise Services who may have come into contact with the three COVID-19 to provide the employees with the appropriate guidance and monitoring.
working in close consultation with the CDC on this investigation.

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:hat individuals with recent travel history on a cruise monitor their health for 14 days and, if they develop sympt
their CHD or health care provider.

e and Call Center

nt's dedicated COVID-19 webpage for information and guidance regarding COVID-19 in Florida.

lated to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-(8**
urs a day. Inquiries may also be emailed to **COVID-19@flhealth.gov**.

ida has taken on COVID-19:

antis issued Executive Order 20-52 declaring a State of Emergency for COVID-19.
antis directed the Florida Division of Emergency Management to activate to Level II to coordinate the state's re
antis issued Executive Order 20-51directing the State Surgeon General to declare a Public Health Emergency.
eral Dr. Scott Rivkees declared a Public Health Emergency for COVID-19 in Florida.
dent Management Team to coordinate response operations.
ed incident command post for on-site response activities.
ealth and health care stakeholder conference calls to provide statewide updates on the current outbreak situati
mic planning. Over five hundred participants joined these calls.
e Agency for Health Care Administration (AHCA) on statewide conference calls with nursing homes, assisted liv

c call center for questions regarding COVID-19.
ributed an updated COVID-19 presentation to CHDs for use at community meetings.
cols for investigation, surveillance and monitoring for COVID-19 to rapidly detect and contain cases.
nisms for ongoing monitoring and coordination with the CDC regarding epidemiological activities.
terim Guidance for public health personnel evaluating Persons Under Investigation (PUIs) and asymptomatic cl
e or non-home residential settings to CHDs.
ated Clinician Screening Tool for identifying PUIs for COVID-19 and a health care provider letter regarding Enh
COVID-19 to associations, licensed providers, Health Care Coalitions and CHDs.
g at all three State Public Health Laboratories.
l CDC guidance for schools to CHDs and the Department of Education.
l Laboratory Guidance regarding implementation of testing at State Public Health Laboratories.
ment of Education in partnership with FLVS is training an additional 10,000 teachers statewide on the Virtual Te
tendents who are interested in offering their teachers the Virtual Teacher Training for COVID-19 should work w
e a list of teachers to FLVS through: https://www.flvs.net/FLVSTeacherTraining.
directed the Florida Division of Emergency Management and the Agency for Health Care Administration to tak
ations for those who may have been exposed to COVID-19. The Governor also directed the Florida Departmen
at state prisons for 30 days.
requested that Health and Human Services send home the 61 Floridians that were previously aboard the Gran
from Dobbins Air Reserve Base, Georgia.
has directed the Department of Health to hire additional epidemiologists from university health programs to hel
has directed the Agency for Health Care Administration (AHCA) to extend all existing nursing home and ALF li
from patient care.
directed Director Moskowitz to expand his emergency order and prohibit all visitation to nursing homes, assiste
long-term care facilities and adult group homes to all visitors for the next 30 days.
directed the Department of Highway Safety and Motor Vehicles to suspend drivers' license renewal requiremer
directed all agencies to suspend for 30 days licensing and registration renewal requirements for existing proce

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has recommended that local authorities strongly consider canceling mass gatherings and follow Centers for D guidance. CDC has issued recommendations for implementation of mitigation strategies in Florida, including re more than 250 people and smaller gatherings that may bring persons together from multiple parts of the coun of Education Commissioner Richard Corcoran has provided strong recommendations for extending spring bre d Prevention (CDC) issuing guidance specific to COVID-19 in Florida. In addition, the Department of Educatio be delayed by a minimum of two weeks.

n person to person through small droplets from the nose or mouth, including when an individual coughs or sne ces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nos

re fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days ID-19 without needing special treatment. The elderly and those with underlying medical problems like high bloc e more likely to develop serious illness.

ine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. The Departme stop the spread of respiratory diseases, including:

tact with people who are sick;
n you are sick and avoiding contact with persons in poor health;
our eyes, nose and mouth with unwashed hands;
gh or sneeze with a tissue, then disposing of the tissue;
ls often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after ng;
re not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands wit d
ecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

mend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, inc d by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of ople who are taking care of someone in close settings (at home or in a health care facility).

a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after t and any other destination under CDC travel advisory should call ahead to their health care provider and local C act.

contact with someone showing these symptoms who has recently traveled from this area or been in contact wit ID-19, they should call ahead to a health care professional and the CHD. The health care provider will work wit ould be tested for COVID-19.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:52 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update #3 ***
Attachments: Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20.zip

Mary C Mayhew
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850-412-3603
850-228-7093 (cell)

From: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>
Sent: Friday, March 13, 2020 11:15:04 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] FW: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update #3 ***

Stephanie Handelson | CEO Greystone Health
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
Stephanie.Handelson@greystonehealth.com | o: 813-675-2268 m: 813-690-0990

From: Elizabeth Borer <Elizabeth.Borer@greystonehealth.com>
Sent: Monday, March 9, 2020 4:55 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update #3 ***

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Please find revised Visitor/Vendor ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20***. Attachment sent earlier was in error.

Thank you to all who joined the call as I hope we were able to answer any questions you may have had. Apologies to those who were unable to join due to volume of attendees.

Items addressed:

- Current FDOH status http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html
- CMS memo review
- Increasing supervision/screening of visitors and vendors
- Daily monitoring of CDC line listing of resident's and staff
- Daily PPE monitoring and reporting
- Daily Infection Control rounding (ED/DNS/HSK Dir/ICP)
- Response to Person Under Investigation (PUI) – those with s/s – immediate isolation, contact of MD and Local Health Department notification
- Continued communication with your RDCO of any residents/staff/vendors who exhibit any respiratory signs or symptoms
- Continued Hand Hygiene practices and monitoring of families and staff

Thank you,

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 9, 2020 10:26 AM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>; Tony Kerr <Tony.Kerr@greystonehealth.com>; Amber West <Amber.West@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 09, 2020 Update ***

Good morning Team,

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Please note ***Attachment 4_Receptionist Q&A_Coronavirus_UPDATED 03-09-20*** AND ***Attachment 6_Staff Checklist_Coronavirus_UPDATED_03-09-20*** which reflects "Have you exhibited respiratory symptoms such as shortness of breath, **sore throat**, fever **OR** cough?" We will be limiting visitors or vendors with **any** symptomatology until they are asymptomatic. Additionally, please read the most recent **CMS Memo released 04-04-20** as it relates to a survey priority shift of focus related to IC practices and guidance to facilities. Please take caution in denying admissions solely based on lack of Personal Protective Equipment (PPE), as this may trigger an immediate visit from your state survey agency. We need to continue to work together to ensure we have enough PPE supplies to care for our residents. We have a limited supply at the corporate office if local resources have been exhausted.

Other things to carry out...

- Set up dedicated handwashing stations near your main entrance and direct visitors/vendors to perform hand hygiene - see Lexington's best practice pictures attached 😊 – GREAT JOB TEAM LEX
- Continue to screen all employees; any staff identified post screening will be communicated to your respective RDCO for further guidance
- Make sure you are ordering PPE equipment weekly to remain on allocation with McKesson as new shipments arrive – many facilities received bulk orders at the end of last week – please order the minimum as previously communicated or this will hold up your order
- Daily calls being initiated at the end of each day with corporate leadership, RDCO's and RVP's to discuss CDC line listing, current status of resident's on isolation (with reason and anticipated d/c date) and current PPE status – I will be sending out a combined PPE Status/Isolation Status Template to help with this daily communication to your RDCO to report off

For those who have been receiving questionnaires from our partnering ACO's, Advent Health PAC, etc., legal has crafted a draft and you will be receiving guidance for response today to report back – thank you Jim.

Thank you for being extremely diligent during this national focus in the ongoing prevention and control of the Coronavirus. Please reach out to me directly if you have any questions and/or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

From: Elizabeth Borer
Sent: Monday, March 2, 2020 9:45 PM
To: FL Administrators <fladministrators@greystonehealth.com>; MW Administrators <MWAdministrators@greystonehealth.com>; FL DNS <FLDNS@greystonehealth.com>; MW DNS <MWDNS@greystonehealth.com>; FL Clinical Educators <FLClinicalEducators@greystonehealth.com>; MW Clinical Educators <MWClinicalEducators@greystonehealth.com>; FL RDCOs <FLRDCOs@greystonehealth.com>; Christine Tipsword <Christine.Tipsword@greystonehealth.com>; Beth Horton <Beth.Horton@greystonehealth.com>; Vince

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McGowen <Vince.McGowen@greystonehealth.com>; FL Admissions <FLAdmissions@greystonehealth.com>; MW Admissions <MWAdmissions@greystonehealth.com>; FL RVP <FLRVP@greystonehealth.com>; Marilyn Nalley <Marilyn.Nalley@greystonehealth.com>; Diane Merritt <Diane.Merritt@greystonehealth.com>; Rachel Guzman <Rachel.Guzman@greystonehealth.com>
Cc: Office FL Tampa <OfficeFLTampa@Greystonehealth.com>; GHCM Executive Round Table <GHCMERT@greystonehealth.com>; Jean Rosa <Jean.Rosa@greystonehealth.com>; Michael Cole <Michael.Cole@greystonehealth.com>; Dave Trimble <David.Trimble@greystonehealth.com>; Christina Devlin <Christina.Devlin@greystonehealth.com>; Risk Team <RiskTeam@greystonehealth.com>; Risty Smith <Risty.Smith@greystonehealth.com>; Victoria Spevacek <Victoria.Spevacek@greyco.com>; Curt Pollock <Curt.Pollock@greyco.com>
Subject: IMPORTANT INFORMATION ***Coronavirus (COVID-19) - March 03, 2020 Update ***

Good evening Team,

Please distribute this communication with collaterals to your respective reports.

Attached you will find additional guidance, departmental direction, preparedness, response and education overview listed within the attachment **Fleet Corporate Office Preparedness_Coronavirus.** Within this document you will find the below attachments for each respective department. Continue to frequent the *CDC* and *WHO* websites for updates and developmental changes as it relates to COVID-19 Coronavirus. As always, maintaining Infection Control Practices is the front line prevention to transmission of any pathogens.

Within the Fleet Corporate Office Preparedness_Coronavirus QRT (Quick Reference Tool) you will find the below attachments....

1. Cough Etiquette Poster (**attachment #1**)
2. Hand Hygiene Poster (**attachment #2**)
3. Greystone Visitor Sign (**attachment #3**)
4. Receptionist Q&A Screening (**attachment #4**)
5. CDC LTC Respiratory Line Listing (**attachment #5**)
6. Staff Checklist (**attachment #6**)
7. Admissions/Home Health Checklist (**attachment #7**)
8. Vista Laboratories Letter to Facilities – (**attachment #8**)
9. Stop the Spread of Germs Poster – (**attachment #9**)
10. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
11. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
12. CDC Symptoms Poster – (**attachment #12**)
13. CDC Flowchart to Identify and Assess – (**attachment #13**)

Our Communications Department will be sending a Greystone Letter Template to serve as communication to resident families and/or resident representatives discussing our proactive approach to this novel pathogen. Please reach out to your RDCO and/or myself with any questions or concerns.

Respectfully,
Liz

Elizabeth Borer, RN | Senior VP Clinical Operations
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd. Suite 300 | Tampa, FL 33610
Elizabeth.Borer@greystonehealth.com | o: 813-675-2319 c: 813.450.6841

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* * * * * * * * * * *

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Receptionist Q&A for Visitors/Vendors (Coronavirus)

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, sore throat, fever OR cough?

***** Visitors/Vendors who answered YES to any of the above will be allowed to return once cleared by a physician. Visitors/Vendors will not be permitted to enter facility if any YES responses obtained.**

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

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From: Mayhew, Mary
To: ""Manzie"," " Mandi; Mandi.Manzie@ahca.myflorida.com
Cc: Philpot, Toby; Grow, Stefan; McKinstry, Molly; MacLafferty, Laura; Smoak, Kimberly; Strickland, Katie; Clary, Shannon; Fitch, Ryan
Subject: Re: Facilities List 2:30 Update
Date: Wednesday, March 18, 2020 3:04:33 PM

Can you include the total of tests: negative, positive, pending

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 2:54:27 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: RE: Facilities List 2:30 Update

My apologies.

	# Affected Facilities
ALFs	10
NHs	10
ICFDDs	1

Provider Type	Name	City	County	Lic Beds	COVID Testing Results	Pending	Positive by Patient Location	AHCA Visit	Details
GRAND TOTAL:				2397		17	5		
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120	2 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	PHI
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	NH: 1 ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020	
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120	1 Pending	3/17/2020	NH: ALF: IL:	NH: ALF: IL: Hospital: Deceased:	
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180	1 positive ALF (exp) 1 pending Ind (exp) 5 pending Ind 2 staff pending	NH: ALF: IL: 5 Hospital: Deceased:	NH: ALF: 1 IL: 1 Hospital: Deceased:	3/17/2020	
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020 and 3/17/2020	
	BROOKDALE DEER	DEERFIELD			16 Pending Memory Care	NH: 16 ALF: IL: Hospital:	NH: ALF: IL: Hospital:		

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ALF	CREEK	BEACH	BROWARD	168	Unit	Deceased:	Deceased:	3/17/2020
ALF	FLAMINGO ALF	PLANTATION	BROWARD	6	1 Pending	NH: ALF: IL: Hospital: Deceased: 1	NH: ALF: IL: Hospital: Deceased:	3/18/2020
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169	2 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	GRAND VILLA OF DEERFIELD BEACH	DEERFIELD BEACH	BROWARD	240		NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48	1 Pending	NH: ALF: 1 IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140	14 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/14/2020
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95	1 Positive ALF 3 Postive Ind	NH: ALF: IL: Hospital: Deceased:	NH: ALF: 1 IL: Hospital: 3 Deceased:	3/13/2020 and 3/15/2020
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	3/15/2020
NH	VILLAGES REHABILITATION AND NURSING CENTER, THE	LADY LAKE	LAKE	120	1 Staff Pending	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100	1 Pending	NH: ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/16/2020
NH	SOLARIS HEALTHCARE PARKWAY	STUART	MARTIN	177	3 Pending	NH: ALF: IL: Hospital: 3 Deceased:	NH: ALF: IL: Hospital: Deceased:	
ALF	WATER'S EDGE ASSISTED LIVING	PALM CITY	MARTIN	20	8 Pending	NH: ALF: IL: Hospital: 2 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020
						NH: ALF:	NH: ALF:	

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NH	WATER'S EDGE HEALTH AND REHABILITATION	PALM CITY	MARTIN	56		IL: Hospital: Deceased:	IL: Hospital: Deceased:	3/18/2020
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120	6 Pending 2 Negative	NH: 5 ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/17/2020
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120	1 Negative	NH: ALF: IL: Hospital: Deceased:	NH: ALF: IL: Hospital: Deceased:	N/A
NH	WASHINGTON REHABILITATION AND NURSING CENTER	CHIPLEY	WASHINGTON	180	4 Pending	NH: 3 ALF: IL: Hospital: 1 Deceased:	NH: ALF: IL: Hospital: Deceased:	3/18/2020

PHI

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Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:49 PM
To: ""Asztalos"","" Bob; " "McKinstry"","" Molly; Bob.Asztalos@ahca.myflorida.com; Molly.McKinstry@ahca.myflorida.com
Subject: Draft for Final Review
Attachments: AHCA memo on gloves and mask - DRAFT FINAL.docx

Bob,

Let me know of any concerns

From: Asztalos, Bob <Bob.Asztalos@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 10:12 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: memo draft

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EFFECTIVE IMMEDIATELY IN ALL RESIDENTIAL / LONG TERM CARE FACILITIES:

- **ALL STAFF ARE TO WEAR A FACIAL MASK AT ALL TIMES**

- **GLOVES WHEN PROVIDING DIRECT CARE TO A PATIENT OR RESIDENT**

Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff and essential healthcare visitors are to don a mask upon the start of their shift and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. **Gloves are to be worn when providing care to the resident.** Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment.

Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available – if not available, at least a facial mask), and eye protection such as face shields or goggles.

In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency. For more information on preserving PPEs supplies the facility should refer to the information on the CDC website.

GUIDANCE ON USE AND CONSERVATION OF Personal Protective Equipment (PPE)

Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE.

Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Gloves – Frequently Asked Questions

- **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**

    - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.

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- **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**

    - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

- **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**

    - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

- **How I do put on (don) and take off (doff) my mask and gloves?**

    - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

    - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.

    - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Resource

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 1:42 PM
To: tsununu@leadingageflorida.com
Subject: Questions
Attachments: FALA.docx

Thanks!

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
Stefan.Grow@ahca.myflorida.com

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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We have compiled the following list of questions for your review and direction.

1.) **LOW** Can further consideration be given to prohibiting residents from leaving and returning to facilities? This presents a tremendous risk of infection to all residents. It also places a burden on thinning staff resources to screen and re-screen returning residents. Finally, it is demoralizing to other residents who are unable to safely leave the facility and are not able to visit friends and family at the facility. Suspension of 429.28(1)(e) and 429.85(1)(e) and, suspension of 429.28(1)(k) and 429.28(1)(l) for residents who choose to leave the facility is advised.
Not at this time.
Resident right still apply.

2.) Are screening criteria f. and g. from DEM Order No. 20-002 (prohibiting persons who have been in or reside in a community with confirmed community spread) to be asked of all entrants, only end-of-life family and friend visitors (DEM Order No. 20-006, 1. a.), or not at all?
DEM No. 20-006 supersedes DEM Order No. 20-002.

3.) **HIGH** What guidance/direction is available to assisted living facilities regarding limiting communal meals and activities?
Communal issue being addressed. Not related to the EO.

4.) The screening requirements of DEM Order No. 20-006 2.b., strictly applied, would prohibit staff and residents from entering the facility if they exhibit or report signs of a respiratory infection, even in cases where a physician has diagnosed the cause of the infection to be non-communicable (allergies, etc.). Is this intended?
Yes.
Two negative test in a 24-hour period applies to staff as well.

5.) MEDIUM. Does DEM Order No. 20-005 prohibit end-of-life family and friend visitors in Broward County (which would otherwise be permitted by DEM Order No. 20-006, 1. a.)?
Check Broward EO.

6.) **LOW** Are facilities authorized to restrict visitation in end-of-life situations when the patient is in a shared room and unable to provide alternative space? In one particular end-of-life case, friends and family are attempting to visit very frequently, placing the other resident at risk. Hospice does not have an inpatient bed available and the family is unwilling/unable to care for the affected resident at home.

Make arrangements to isolated.

7.) **HIGH**. Under what circumstances may non-healthcare providers of essential services (AC/plumbing repair services) and local authorities that are not law enforcement or emergency medical personnel (ex. county fire marshal) admissible to the facility? See DEM Order No. 20-006, 1. g. Would the service providers qualify as "facility staff" for purposes of DEM Order No. 20.006, 1. d. See also Rule 59A-36.001(37) (definition of "staff"). Recognizing that the fewer entrants the better, a plumbing or AC failure, etc. can necessitate the transfer of all residents if it cannot be addressed by qualified personnel.

Kim looking at this.

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Bob – also

8.) Under what circumstances are facilities permitted to admit new residents (are prospective residents considered "facility residents" as used in DEM Order No. 20-006, 1. a.)?

No restriction on new residents. May admit new residents.
Bob has response.

9.) It has been reported that some AHCA surveyors have indicated that assisted living facilities are to use the attached Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment (3/15/20) to determine whether a resident may be transferred from a hospital to an assisted living facility. The proposed analysis is entirely inconsistent with the screening requirements provided under DEM Order No. 20-006. For example, under the assessment on the form, a patient may be transferred to an assisted living facility if they have NOT been tested for COVID-19, regardless of whether they are presenting symptoms of respiratory infection.

Form is being revised.
This is a hospital to SNF/SNF to hospital form. It is not intended to be applied to ALFs.

10.) Under what circumstances, if any, would it be permissible to permit screened professional movers to remove a discharged resident's belongings? For example, a resident occupied a 2-bedroom apartment at a standard ALF and needed to be relocated to a higher level of care. The resident is unable to move the items, the resident's family is unable to enter the facility, and potential injury to facility staff should not be risked.

Kim.

11.) **Staffing guidance.** *** With screening procedures, illnesses, school closures, etc., it is a highly likely that it will become impossible for many facilities to meet the staffing standards prescribed by 59A-36.010. Additionally, some of the required staff training as prescribed by 59A-36.011 is becoming unavailable as in-person gatherings and activities are necessarily limited. What guidance and assistance is available to facilities and their staff? Should every facility be applying for variances or waivers from any rules they cannot comply with during this emergency?

12.) ***It has been reported that LabCorp and Quest have indicated that COVID-19 specimen collection may only occur at a physician's office or hospital. Assisted living facilities have been told by these entities that it would not be permissible for a physician to travel to the facility to do the collection. Is this accurate and is there any accommodation that can be made to more efficiently effectuate testing of multiple residents?
Contact local health officials.
Collecting in the ALFs confirmed.

AMERICAN OVERSIGHT

From: Mayhew, Mary
To: ""McKinstry"","" Molly; "" "Smoak"","" Kimberly; "" "Manzie"","" Mandi; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Mandi.Manzie@ahca.myflorida.com
Cc: Philpot, Toby
Subject: Re: facility list
Date: Tuesday, March 17, 2020 3:30:54 PM

Can I get this updated

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Tuesday, March 17, 2020 10:59:01 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: facility list

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pencing etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020	PHI	Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole			Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration

AMERICAN OVERSIGHT

850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 8:20 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: 3-10 CMS memos top points

CMS Memo - March 10 (QSO-20-17-ALL)

Guidance for use of Certain Industrial Respirators by Health Care Personnel

- Expands the types of facemasks healthcare workers may use in addition to respirators (due to recent CDC and FDA guidance)

CMS Memo – March 10 (QSO-20-19-ESRD)

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities

- Dialysis facilities should screen patients, staff and visitors for respiratory infection, contact with someone with COVID-19, international travel in the last 14 days to countries with widespread or ongoing community spread, resident of community with community-based spread.
- Patients with symptoms should be place in facemask; signs about screenings should be posted; facilities should enforce hand hygiene and cough hygiene.
-

CMS Memo – March 10 (QSO-20-18-HHA)

Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies

- Staff should screen patients for respiratory infection; contact with someone with COVID-19, under investigation or with respiratory illness in the last 14 days; international travel in the last 14 days to countries with sustained transmission; resident of community with community-based spread.
- Sick staff shouldn't report to work/leave work if they become sick.
- If illness is mild, patient should not be transferred to hospital, but must be able to properly self-isolate at home with support from HHA.

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Southerland, Ashleigh

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Subject: Fwd: Official Correspondence - Report from U.S. Department of Health and Human Services, Office of Inspector General (Report Number A-04-18-08065)
Attachments: 041808065_RO Signed.pdf

Mary C Mayhew
Secretary
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Subject: [External] Official Correspondence - Report from U.S. Department of Health and Human Services, Office of Inspector General (Report Number A-04-18-08065)

Attached is the Office of Inspector General final report entitled *Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness* (Report Number A-04-18-08065). The report will be available to the public at http://oig.hhs.gov.

If you have any questions or comments about the attached report, please do not hesitate to call Truman Mayfield at (850) 942-8976 or email him at Truman.Mayfield@oig.hhs.gov. To facilitate identification, please refer to the report number in all correspondence.

If you have trouble opening the attached report and need this email resent, please contact the staff listed below.
Ivy Collins
Office of Audit Services
Office of Inspector General
U.S. Department of Health and Human Services
Ivy.Collins@oig.hhs.gov
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Attachments – as stated

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

OFFICE OF AUDIT SERVICES, REGION IV
61 FORSYTH STREET, SW, SUITE 3T41
ATLANTA, GA 30303

March 6, 2020

Report Number: A-04-18-08065

Ms. Mary C. Mayhew
Secretary
Agency of Health Care Administration
2727 Mahan Drive, Mail Stop 1
Tallahassee, FL 32308

Dear Ms. Mayhew:

Enclosed is the Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report *Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness.* We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary. The HHS action official will make final determination as to actions taken on all matters reported.

Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG website. Accordingly, this report will be posted at https://oig.hhs.gov.

If you have any questions or comments about this report, please do not hesitate to contact Truman Mayfield, Assistant Regional Inspector General for Audit Services, at (850) 942-8976 or Truman.Mayfield@oig.hhs.gov. Please refer to report number A-04-18-08065 in all correspondence.

Sincerely,

Lori S. Pilcher
Regional Inspector General
for Audit Services

Enclosure

AMERICAN OVERSIGHT

Direct Reply to HHS Action Official:

Jean Moody-Williams
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AMERICAN OVERSIGHT

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

FLORIDA SHOULD IMPROVE ITS OVERSIGHT OF SELECTED NURSING HOMES' COMPLIANCE WITH FEDERAL REQUIREMENTS FOR LIFE SAFETY AND EMERGENCY PREPAREDNESS

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov.

Christi A. Grimm
Principal Deputy
Inspector General

March 2020
A-04-18-08065

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002336

Office of Inspector General

https://oig.hhs.gov

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Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

AMERICAN OVERSIGHT

Report in Brief
Date: March 2020
Report No. A-04-18-08065

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness

Why OIG Did This Audit

In 2016, the Centers for Medicare & Medicaid Services (CMS) updated its life safety and emergency preparedness regulations to improve protections for all Medicare and Medicaid beneficiaries, including residents of long-term-care facilities (commonly referred to as nursing homes). Updates included requirements that nursing homes have expanded sprinkler systems and smoke detector coverage; an emergency preparedness plan that is reviewed, trained on, tested, and updated at least annually; and provisions for sheltering in place and evacuation.

Our objective was to determine whether Florida ensured that selected nursing homes that participate in the Medicare or Medicaid programs complied with CMS and State requirements for life safety and emergency preparedness.

How OIG Did This Audit

Of the approximately 700 nursing homes in Florida that were enrolled in Medicare or Medicaid, we selected a nonstatistical sample of 20 nursing homes based on risk factors, including multiple high-risk deficiencies reported to CMS by Florida.

We conducted unannounced site visits at the 20 nursing homes from July through November 2018. During the site visits, we checked for life safety violations and reviewed the nursing homes' emergency preparedness plans.

What OIG Found

Florida did not ensure that selected nursing homes that participated in the Medicare or Medicaid programs complied with CMS and State requirements for life safety and emergency preparedness. All 20 nursing homes that we visited had deficiencies in areas related to life safety or emergency preparedness. Specifically, 19 nursing homes had 100 areas of noncompliance with life safety requirements related to building exits and smoke barriers, fire detection and suppression systems, hazardous storage areas, smoking policies and fire drills, and electrical equipment. Furthermore, 16 nursing homes had 87 areas of noncompliance with emergency preparedness requirements related to written emergency plans, emergency supplies and power, plans for sheltering in place and tracking residents and staff during and after an emergency, emergency communications plans, and emergency plan training.

The instances of noncompliance occurred because of several contributing factors, specifically inadequate management oversight and staff turnover at the nursing homes. In addition, Florida did not have a standard life safety training program for all nursing home staff and generally performed life safety surveys no more frequently than once every 12 to 15 months, even at these higher risk nursing homes.

What OIG Recommends and Florida Comments

We recommend that Florida (1) follow up with the 20 nursing homes to ensure that corrective actions have been taken regarding the deficiencies we identified, (2) work with CMS on developing life safety training for nursing home staff, and (3) conduct more frequent surveys at nursing homes with a history of multiple high-risk deficiencies and follow up to ensure that corrective actions have been taken. We also made other administrative recommendations.

In written comments on our draft report, Florida agreed with our first and fifth recommendations and partially agreed with our seventh recommendation. Florida did not agree with our remaining recommendations. In addition, Florida provided general comments and concerns on our three findings and provided additional steps they have taken to address those findings. After reviewing Florida's comments, we modified our first finding to remove errors related to resident call systems and to more clearly summarize the number of deficiencies at each nursing home. We maintain that our findings and recommendations, as revised, are correct.

The full report can be found at https://oig.hhs.gov/oas/reports/region4/41808065.asp.

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INTRODUCTION

WHY WE DID THIS AUDIT

In 2016, the Centers for Medicare & Medicaid Services (CMS) updated its life safety and emergency preparedness regulations to improve protections for all Medicare and Medicaid beneficiaries, including those residing in long-term-care facilities (commonly referred to as nursing homes). The updates included requirements that nursing homes have expanded sprinkler systems and smoke detector coverage; an emergency preparedness plan that is reviewed, trained on, tested, and updated at least annually; and provisions for sheltering in place and evacuation.

As part of its oversight activities, the Office of Inspector General (OIG) is conducting a series of audits nation-wide (Appendix B) to assess compliance with these new life safety and emergency preparedness requirements. This audit focuses on selected nursing homes in Florida.

OBJECTIVE

Our objective was to determine whether the Florida Agency for Health Care Administration (State agency) ensured that selected nursing homes in Florida that participate in the Medicare or Medicaid programs complied with CMS and State requirements for life safety and emergency preparedness.

BACKGROUND

Medicare and Medicaid Coverage of Nursing Homes

The Medicare and Medicaid programs cover care in nursing homes for eligible beneficiaries. Sections 1819 and 1919 of the Social Security Act (the Act) establish requirements for CMS and States to perform surveys of nursing homes to determine whether they meet Federal participation requirements. For Medicare and Medicaid, these statutory participation and survey requirements are implemented in Federal regulations at 42 CFR part 483, subpart B, and 42 CFR part 488, subpart E, respectively.

Requirements for Life Safety and Emergency Preparedness

Nursing homes are required to comply with all Federal, State, and local laws, regulations, and codes, as well as accepted professional standards and principles (42 CFR § 483.70). Federal regulations on life safety (42 CFR § 483.90) require nursing homes to comply with standards set forth in the *Life Safety Code* (National Fire Protection Association (NFPA) 101) and *Health Care Facilities Code* (NFPA 99).[1] CMS lists applicable requirements on Form CMS-2786R, Fire Safety

[1] CMS adopted the 2012 edition of both publications in a Final Rule published in 81 Fed. Reg. 26872 (May 4, 2016).

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Survey Report.[2] Federal regulations on emergency preparedness (42 CFR § 483.73) include specific requirements for nursing home emergency preparedness plans and reference the *Standard for Emergency and Standby Power Systems* (NFPA 110) as part of the requirements.[3] CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.[4]

The Fire Safety Survey Report and *Emergency Preparedness Surveyor Checklist* are used when CMS or a designated agency performs a nursing home survey. The results of each survey are reported and added to CMS's Automated Survey Processing Environment (ASPEN) system.

State Requirements for Emergency Preparedness

Florida Statute 400.23(2)(g) requires nursing homes to prepare and annually update a "comprehensive emergency management plan" (State emergency plan). The State emergency plan requirements preceded and significantly duplicate the Federal emergency preparedness requirements, but they are not identical. When preparing their State emergency plans, nursing homes must include risk assessment and planning, policies and procedures, a communication plan, and training and testing programs. The State emergency plan is subject to annual review and approval by the nursing home's county "local emergency management" (emergency management) agency. The State agency has provided guidance that the county emergency management agencies use to verify that nursing homes meet all State emergency plan requirements.

Florida Administrative Code (FAC) 59A-4.1265 mandates that each nursing home must prepare a detailed supplemental plan to its emergency plan to address emergency power in the event of the loss of primary electrical power.[5] FAC requires all nursing homes to maintain a safe indoor air temperature, not to exceed 81 degrees Fahrenheit, for a minimum of 96 hours in the event of the loss of primary electrical power. The nursing home's emergency management agency should review and approve all supplemental plans.

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[2] Form CMS-2786R is available online at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html.

[3] CMS adopted the 2010 edition of NFPA 110 in a Final Rule published in 81 Fed. Reg. 63860, 63929 (September 16, 2016).

[4] CMS provides online guidance for emergency preparedness at https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html.

[5] All nursing homes were required to implement their supplemental plans no later than June 1, 2018. The State agency granted an extension up to January 1, 2019, to providers who could show that necessary construction, delivery of ordered equipment, or zoning or other regulatory approval processes caused delays in implementing their plans.

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Responsibilities for Life Safety and Emergency Preparedness

In Florida, the State agency oversees nursing homes and is responsible for ensuring that nursing homes comply with Federal, State, and local regulations. Under an arrangement known as a "section 1864 agreement" with CMS, the State agency is responsible for completing life safety and emergency preparedness surveys at least once every 15 months at nursing homes that participate in the Medicare or Medicaid programs.[6] However, nursing homes with repeat deficiencies can be surveyed more frequently.[7]

Management and staff at nursing homes are ultimately responsible for ensuring the safety and well-being of nursing home residents and for complying with Federal, State, and local regulations. They are responsible for ensuring that facility systems such as furnaces, water heaters, kitchen equipment, generators, sprinkler and alarm systems, elevators, and other equipment are properly installed, tested, and maintained. They are also responsible for ensuring that the nursing home is free of hazards and for ensuring that emergency plans, including fire escape plans and disaster preparedness plans, are updated and tested on a regularly basis.

HOW WE CONDUCTED THIS AUDIT

As of November 2017, nearly 700 nursing homes in Florida participated in the Medicare or Medicaid programs. We selected for our audit a nonstatistical sample of 20 of these nursing homes based on various factors, including the number of high-risk deficiencies that the State agency reported to CMS's ASPEN system and the potential risk of environmental threat, such as hurricanes, ice, and extreme heat, taking into account the nursing homes' locations.[8]

We conducted unannounced site visits at the 20 nursing homes from July through November 2018. During the site visits, we checked for life safety violations and reviewed the nursing homes' emergency preparedness plans.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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[6] The Act §§ 1819(g)(2)(A)(iii) and 1919(g)(2)(A)(iii). Under the agreement, the State agency agrees to carry out the provisions of sections 1864, 1874, and related provisions of the Act.

[7] 42 CFR § 488.308(c). The State agency generally conducts full comprehensive surveys every 12 to 15 months and will follow up on deficiencies either through a site visit or documentation submission depending on the nature and severity of the deficiency. For 8 of the 20 nursing homes we visited, the State agency conducted its 3 most recent comprehensive surveys no more frequently than every 12 to 15 months.

[8] We defined high-risk deficiencies as those that had potential for more than minimal harm.

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Appendix A contains the details of our audit scope and methodology.

FINDINGS

The State agency did not ensure that selected nursing homes in Florida that participated in the Medicare or Medicaid programs complied with CMS and State requirements for life safety and emergency preparedness. During our site visits, we identified deficiencies in areas related to life safety and emergency preparedness at all 20 nursing homes that we reviewed:

- We found 100 instances of noncompliance with life safety requirements related to building exits, smoke barriers,[9] fire detection and suppression systems, hazardous storage areas, smoking policies and fire drills, and electrical equipment power cords.

- We found 87 instances of noncompliance with emergency preparedness requirements related to written emergency plans, emergency supplies and power, plans for sheltering in place and tracking residents and staff during and after an emergency, emergency communications plans, and emergency plan training and testing.

In addition, 4 of the 20 nursing homes had not fully complied with State requirements related to the review and approval of their State emergency plans, and 14 nursing homes had not yet met State supplemental emergency plan generator requirements. Finally, the State agency could improve its collaboration with county emergency management agencies.

As a result, nursing home residents at the 20 nursing homes were at increased risk of injury or death during a fire or other emergency.

The identified deficiencies occurred because nursing homes had inadequate management oversight and had high staff turnover. In addition, the State agency did not have a standard life safety training program for all nursing home staff (not currently required by CMS) and generally performed comprehensive life safety surveys no more frequently than once every 12 to 15 months, even at these higher risk nursing homes.

Appendix C summarizes the instances of noncompliance that we identified at each nursing home.

SELECTED NURSING HOMES DID NOT COMPLY WITH LIFE SAFETY REQUIREMENTS

CMS's *Fire Safety Survey Report*, described above, lists the Federal regulations on life safety with which nursing homes must comply and references each with an identification number referred to as a "K-Tag."

[9] Smoke barriers restrict the movement of smoke and have a fire-resistance rating. Smoke partitions are designed to limit the movement of smoke and are not as substantial as smoke barriers. Smoke partitions may not have a fire-resistance rating.

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Building Exits and Smoke Barriers

In case of fire or emergency, nursing homes are required to have unobstructed exits that must be continuously maintained free of all obstructions to full use, self-closing doors in exit passageways that do not require tools or keys to open and are not manually propped open, illuminated exit signs, and sealed smoke and fire barriers. In addition, corridor doors are required to latch and should seal the room from smoke or fire (K-Tags 211, 222, 223, 293, 363, and 372).

Of the 20 nursing homes we visited, 16 had 1 or more deficiencies related to building exits and fire barriers.[10] Specifically:

- 15 nursing homes had patient sleeping room doors that were impeded from closing, would not latch, or did not fully seal;
- 7 nursing homes had self-closing doors that were propped open or missing altogether;
- 5 nursing homes had a pathway leading to exit doors that was blocked or impeded.
- 3 nursing homes had areas, such as storage rooms and electrical closets, that were inaccessible in case of a fire;
- 3 nursing homes had non-illuminated exit signs; and
- 2 nursing homes had missing or damaged smoke and fire barriers, including broken ceiling tiles and openings that could contribute to the spread of smoke and fire.

The photographs on the next page show some of the deficiencies we identified during our site visits.

[10] Among the 16 nursing homes, 35 deficiencies related to building exits and fire barriers.

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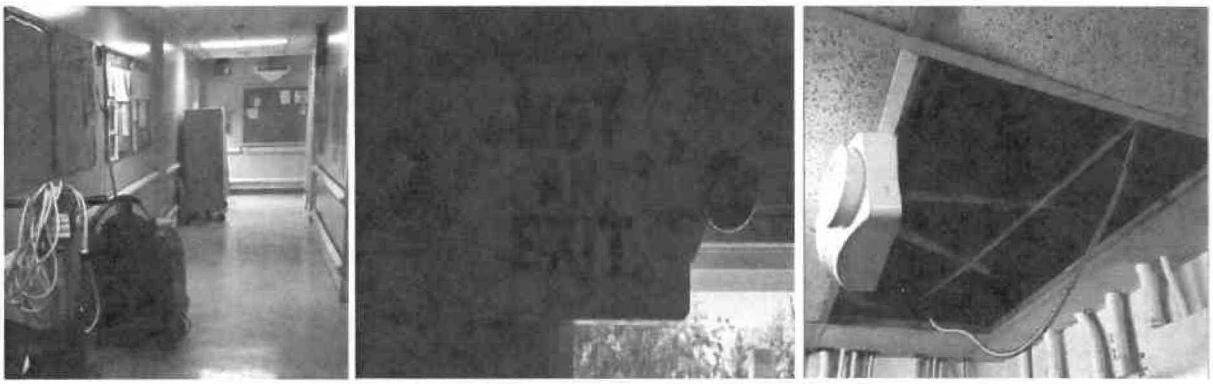
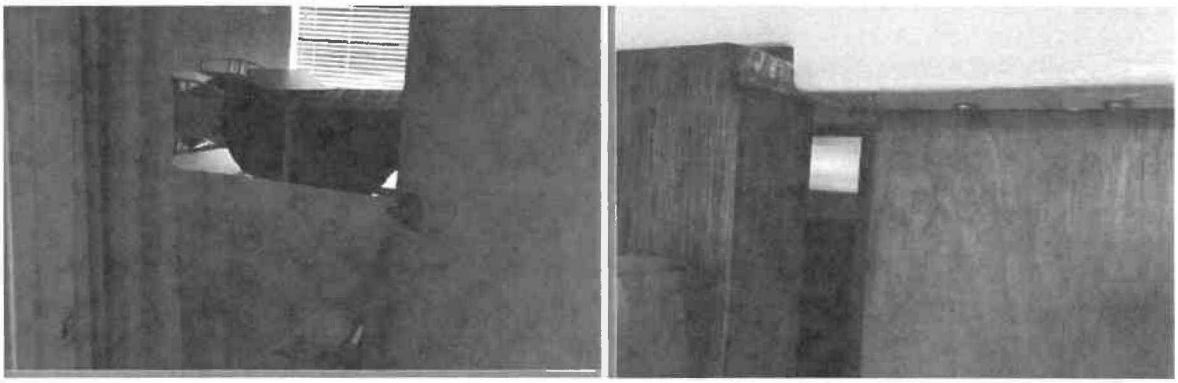


Photograph 1 (*left*): An emergency exit pathway was impeded.
Photograph 2 (*center*): An illuminated exit sign was covered by paper indicating that it was not an exit.
Photograph 3 (*right*): A missing ceiling tile resulted in no smoke or fire barrier.



Photograph 4 (*left*): A patient's bed blocked a room door from closing.
Photograph 5 (*right*): A patient's room door did not shut.

Fire Detection and Suppression Systems

Nursing homes are required to have sprinkler systems that must be installed, inspected, and maintained in accordance with NFPA requirements. Nursing homes must also evacuate or have fire watch procedures for times when the fire alarm or sprinkler system is out of service, and portable fire extinguishers must be inspected monthly. Smoke detectors are required in spaces open to corridors and other areas (K-Tags 346, 347, 351, 353–355).

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Of the 20 nursing homes we visited, 14 had 1 or more deficiencies related to their fire detection and suppression systems.[11] Specifically:

- 10 nursing homes had sprinkler system heads that were blocked or obstructed,
- 8 nursing homes failed to inspect their portable fire extinguishers monthly (see photograph below),
- 3 nursing homes had inadequate policies and procedures for fire watches,[12]
- 2 nursing homes failed to have their sprinkler system tested and maintained, and
- 1 nursing home failed to place a battery in a smoke detector.

The photographs below show some of the deficiencies we identified during our site visits.



Photograph 6 (*left*): A fire extinguisher lacked documentation of any monthly inspections. Photograph 7 (*right*): A laundry room smoke detector had no battery installed.

Hazardous Storage Areas

In hazardous storage areas, nursing homes must store hazardous chemicals in a safe manner. In addition, nursing homes must maintain and inspect oxygen systems, install signs or placards in rooms with oxygen cylinders that include a sign indicating that the room is used for oxygen storage, post a no-smoking sign, and separately label storage spaces for full and empty cylinders. Furthermore, nursing homes must store oxygen cylinders in a safe manner so as not

[11] Among the 14 nursing homes, 24 deficiencies related to fire detection and suppression systems.

[12] When fire alarms or sprinkler systems are out of service, individuals are assigned areas to patrol to watch for fire or smoke until the systems are back in service. If a fire watch is not done, the building must be evacuated.

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to damage or tip over the cylinders, which could cause a dangerous pressurized oxygen release. Finally, alcohol-based hand rub dispensers must be installed in a manner that adequately protects against inappropriate access (K-Tags 321, 325, 905, and 923).

Of the 20 nursing homes we visited, 11 had 1 or more deficiencies related to hazardous storage areas.[13] Specifically:

- seven nursing homes had oxygen cylinders stored in an unsecure manner or in rooms that were improperly placarded,
- three nursing homes had gasoline cans that were not stored in approved flammable storage cabinets,
- two nursing homes failed to lock their alcohol-based hand rub dispensers, and
- one nursing home failed to properly identify and label its gas and vacuum piped system.

The photographs below show some of the deficiencies we identified during our site visits.



Photograph 10 (*left*): Unsecured filled gasoline can was stored next to a generator. Photograph 11 (*center*): Oxygen cylinders were not labeled and not stored safely. Photograph 12 (*right*): An alcohol-based hand rub dispenser was unlocked.

[13] Among the 11 nursing homes, 13 deficiencies related to hazardous storage.

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Smoking Policies and Fire Drills

Nursing homes are required to establish smoking policies for residents and staff. Smoking is permitted only in authorized areas where ash receptacles are provided. Furthermore, signs must identify no-smoking areas. Nursing homes are also required to conduct fire drills each calendar quarter that cover each work shift. Participation by staff members is required, and the drills must be planned and conducted by a qualified individual designated by the nursing home. The drills may be announced or unannounced and must include the transmission of a fire alarm signal and simulation of emergency fire conditions (K-Tags 712 and 741).

Of the 20 nursing homes we visited, 12 had 1 or more deficiencies related to smoking policies or fire drills.[14] Specifically:

- 12 nursing homes were not following their smoking policies, such as banning smoking except in allowable marked areas, and

- 2 nursing homes did not ensure that fire drills were conducted each quarter covering all work shifts.

The photographs below show some of the deficiencies we identified during our site visits.



Photograph 13 (*left*): Cigarette butts (*circled*) were found in a designated no-smoking area.
Photograph 14 (*right*): More cigarette butts were found in a no-smoking area.

Electrical Equipment

If a nursing home uses power strips or extension cords, they must meet Underwriters Laboratories (UL) requirements and be used in a safe manner; they cannot be attached to other power strips. Extension cords can be used temporarily but must be removed immediately after use (K-Tag 920).

[14] Among the 12 nursing homes, 14 deficiencies related to smoking policies and fire drills.

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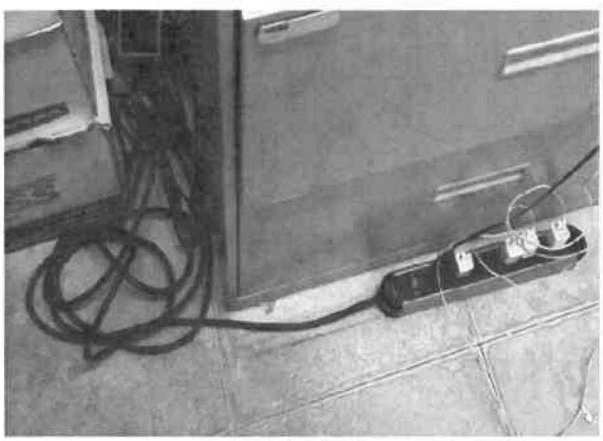
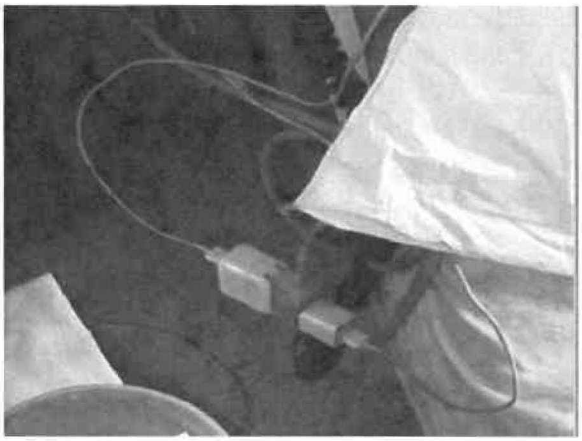
Of the 20 nursing homes we visited, 14 had 1 or more deficiencies related to electrical equipment power cords.[15] All 14 nursing homes used power strips that did not meet UL requirements. Specifically, the power strips were unsafely connected to appliances or other power strips, or extension cords were used to replace fixed wiring.

The photographs below show some of the deficiencies we identified during our site visits.





Photograph 15 (*left*): One power strip was daisy-chained with another power strip. Photograph 16 (*right*): A non-UL-approved extension cord was being used in an unsafe manner.

SELECTED NURSING HOMES DID NOT COMPLY WITH EMERGENCY PREPAREDNESS REQUIREMENTS

CMS's *Emergency Preparedness Surveyor Checklist*, described earlier, lists the Federal regulations on emergency preparedness that nursing homes must comply with and references each with an identification number referred to as an "E-Tag."

Emergency Plan

Nursing homes are required to have an emergency plan in place, and the plan must be easily located. Nursing homes are also required to update the plan at least annually; include a facility and community all-hazards risk assessment; address emergency events and resident population needs; include a continuity of operations plan; and address coordination with Federal, State, and local government emergency management officials (E-Tags 0001, 0004, 0006, 0007, and 0009).

[15] Among the 14 nursing homes, 14 deficiencies related to electrical equipment power cords.

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Of the 20 nursing homes we visited, 7 had 1 or more deficiencies related to their emergency plan.[16] Specifically:

- five did not include a facility and community all-hazards risk assessment in their plans,
- five did not address emergency events,
- three did not update their emergency plans annually,
- three did not address resident population needs,
- two did not have an official plan in place,
- one did not include a succession plan, and
- one did not provide for coordination with all government emergency management officials.

Emergency Supplies and Power

Nursing homes must have an emergency plan that addresses emergency supplies and power, and nursing homes are required to have adequate supplies of emergency food, water, and pharmaceuticals readily available. (As a best practice, the Federal Emergency Management Agency (FEMA) considers 3 days of emergency supplies to be sufficient.)[17] Nursing homes are also required to provide an alternate source of energy (usually a generator) to maintain temperatures to protect residents' health and safety, as well as for food storage, emergency lighting, fire protection, and sewage disposal (if applicable). Further, facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency situation, if there were a loss of the primary power source. Nursing homes that have generators must have them installed in a safe location and are required to perform weekly maintenance checks, monthly load tests, and annual fuel quality tests (if the generator operates on diesel fuel). Generators that operate on diesel fuel or propane gas are generally designed with a minimum fuel tank capacity to last for 3 days at half load, which factors in an emergency fuel stock and lead time for refueling with time built in for unanticipated delays. Nursing homes should also have a plan in place to keep generators

[16] Among the 7 nursing homes, 20 deficiencies related to emergency plan requirements.

[17] The 3-day standard is a best-practice recommendation, as CMS does not have a specific standard regarding what constitutes a sufficient amount of emergency supplies to have on hand. We did not audit compliance to this standard. Rather, our findings regarding a sufficient amount of generator fuel or other emergency supplies are based on a totality of the applicable criteria.

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fueled "as necessary" and an evacuation plan if emergency power is lost (E-Tags 0015 and 0041).

Of the 20 nursing homes we visited, 7 had 1 or more deficiencies related to emergency supplies and power.[18] Specifically:

- four had not properly tested and maintained their generators;
- three did not have sufficient generator fuel on hand to last 3 days, or sufficient plans to obtain emergency fuel or evacuate the nursing home when fuel levels reached a specified low level;
- one did not adequately address the availability of emergency supplies in its emergency plan; and
- one did not have sufficient water on hand (FEMA recommends 1 gallon per person, per day, for 3 days).[19]

Plans for Sheltering in Place and Tracking Residents and Staff During and After an Emergency

Nursing homes are required to have a plan for sheltering in place and tracking residents and staff during and after an emergency. Nursing homes must also have a plan for transferring medical records, using volunteers, and transferring residents, and procedures for waivers when providing care at alternate sites during emergencies (E-Tags 0018, 0022–0026, 0033).

Of the 20 nursing homes we visited, 9 had 1 or more deficiencies related to their emergency plans for sheltering in place and tracking residents and staff during and after emergencies.[20] Specifically:

- five did not address obtaining waivers when providing care at alternate sites during emergencies,
- three did not address sheltering in place,
- three did not address transferring medical records,
- three did not address using volunteers,

[18] Among the 7 nursing homes, 9 deficiencies related to emergency supplies and power.

[19] As noted earlier, this 3-day standard is a best-practice recommendation, as CMS does not have a specific standard regarding what constitutes a sufficient amount of water to have on hand.

[20] Among the 9 nursing homes, 17 deficiencies related to plans for evacuations, sheltering in place, and tracking residents and staff during an emergency.

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- two did not address tracking residents and staff, and
- one did not address transferring residents during disasters.

Emergency Communications Plan

Nursing homes are required to have a communications plan that includes names and contact information for staff, entities providing services, residents' physicians, other nearby nursing homes, government emergency management offices, and the State agency, among others. The plan must be updated at least annually. Nursing homes are also required to have primary and alternate means of communication, such as cell phones or radios; a means to communicate residents' condition information and location in the event of an evacuation; and methods to share emergency plan information with residents and their families (E-Tags 0029–0032, 0034, 0035).

Of the 20 nursing homes we visited, 11 had 1 or more deficiencies related to the adequacy of the emergency communications plans.[21] Specifically:

- 10 did not have required name and contact information,
- 4 did not have procedures for recording resident condition and location information,
- 2 did not update their plans annually,
- 2 had insufficient alternate means of communication,
- 2 did not have procedures for sharing emergency plan information with residents and their families, and
- 1 did not have an official emergency communications plan.

Emergency Plan Training

Nursing homes are required to have a training and testing program related to their emergency plan and to provide updated training annually. Initial training must be provided to new staff members, independent contractors (e.g., contracted cleaning staff), and volunteers. The training, as well as annual refresher training required for all staff, must be designed to demonstrate knowledge of emergency procedures and must be documented. Nursing homes

[21] Among the 11 nursing homes, 21 deficiencies related to emergency communications.

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must also conduct an annual community-based, full-scale testing exercise.[22] In addition, a second training exercise (full-scale testing exercise, facility-based exercise, or "tabletop" exercise) must be completed annually. An analysis of all training exercises (and actual events) must be completed and documented and the emergency plan revised, if necessary (E-Tags 0036, 0037, 0039).

Of the 20 nursing homes we visited, 8 had 1 or more deficiencies related to emergency plan training.[23] Specifically:

- six did not conduct annual full-scale training exercises,
- four did not conduct a second training exercise,
- three did not conduct analyses of their training exercises,
- three did not document that they provided initial training,
- two did not have training and testing programs,
- one did not update its training plan annually, and
- one did not provide annual training.

STATE AGENCY MONITORING, OVERSIGHT, AND COLLABORATION ON STATE EMERGENCY PREPAREDNESS REQUIREMENTS

Of the 20 nursing homes in our sample, 4 did not have an approved State emergency plan. All 20 either had an emergency generator in place or were planning to install a new generator and were operating under an approved extension to their supplemental emergency plan. Furthermore, county emergency management agencies reported several challenges in meeting their responsibilities for ensuring the safety and well-being of nursing home residents.

Nursing homes are required to comply with all applicable Federal, State, and local emergency preparedness requirements (42 CFR § 483.73). Florida's State emergency plan and supplemental emergency plan requirements, described earlier, list the State requirements on emergency preparedness and emergency power with which nursing homes must comply. The State agency requires county emergency management agencies to review and approve a

[22] The exercise can be facility-based if a community-based exercise is not possible. Furthermore, nursing homes are exempt from this requirement if they activated their emergency plan during the year.

[23] Among the 8 nursing homes, 20 deficiencies related to emergency plan training.

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nursing home's State emergency plan and supplemental emergency plan.[24] In addition, county emergency management agencies are responsible for performing emergency management functions within their county,[25] including the coordination and execution of a nursing home's State emergency plan in an actual emergency or natural disaster.

State Emergency Plan Monitoring

Four nursing homes did not have an approved State emergency plan because they failed to submit their State emergency plan to their county emergency management agency for review and approval before their previous plan expired. The nursing homes are responsible for providing their updated State emergency plans to their county emergency management agencies for review and approval before their current plan expires. Although the State agency verifies during its annual survey whether the State emergency plan is current and has been approved by the county emergency management agency, it does not track when a nursing home's State emergency plan is expiring or whether the State emergency plan has been reviewed by the county emergency management agency. Without a current State emergency plan, these nursing homes are exposing patients to increased risk of injury or death during an emergency or natural disaster.

State Supplemental Emergency Plan Oversight

All 20 of the nursing homes in our sample either had an emergency generator in place or were planning to install a new one, in accordance with their supplemental emergency plan. However, staff at 14 nursing homes indicated that a shortage of available generators combined with the engineering requirements to install a new generator to power the entire heating and cooling system required significant lead time. According to nursing home staff, shortages and engineering requirements have led to delays in receiving and installing generators to satisfy Florida supplemental emergency plan requirements. These 14 nursing homes were aware of the deadlines for their supplemental emergency plans and have been in contact with the State. After our fieldwork, the State agency granted each of these nursing homes a variance that allowed more time to comply with the supplemental emergency plan requirements. Until these 14 nursing homes install new generators, their residents will remain at increased risk in the event of a power failure.

State and County Emergency Management Collaboration

The State agency requires all nursing homes to submit and obtain approval of their State emergency plans and supplemental emergency plans through their county emergency

[24] Florida Statute 400.23(2)(g) and Florida Administrative Code 59A-4.1265.

[25] Florida Statute 252.38(1)(c).

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management agencies.[26] These county emergency management agencies described several challenges to ensuring that the emergency plans are reviewed and approved without unnecessary delay.[27] Specifically, county emergency management agencies said that the State agency:

- did not provide the county any additional resources to review and approve every nursing home's State emergency plan yearly when the statute requiring approval by county emergency management agencies went into effect;

- had not developed an effective tracking system to assist in identifying delinquent or nonexistent submissions;

- had not provided enough guidance on completing its review of the nursing homes' State emergency plans;

- provided guidance that requires the county emergency management agency to verify only State emergency plan requirements, which did not include all Federal requirements detailed in the Federal regulations on emergency preparedness (42 CFR § 483.73);

- did not provide to nursing homes the results of surveyors' work on their emergency management plans to make them aware of vulnerabilities; and

- had granted new licenses to nursing homes before the county emergency management agency completed its review and approval of their supplemental emergency plans.

In addition to the challenges of reviewing and approving emergency plans, county emergency management agencies discussed broader concerns regarding the extent of their responsibility. For example, various county emergency management agencies stated the following:

- One agency did not have the engineering and electrical expertise or resources to properly validate a supplemental emergency plan. The agency stated that it did not know what the county emergency management agency's responsibility was for obtaining this expertise.

- One agency indicated that all nursing homes were using the same transportation company. If these nursing homes needed to be evacuated at the same time, the transportation company would not be able to meet the combined demand. The agency

[26] We visited 20 nursing homes in 7 counties.

[27] The emergency management agency shall complete its emergency plan review within 60 days and either approve the plan or advise the facility of necessary revisions (Florida Statute 400.23(2)(g)). Nursing homes licensed prior to the effective date of the supplemental emergency plan rules must submit their supplemental emergency plans within 30 days of the effective date of the rule (June 1, 2018). All newly licensed nursing homes must submit their plans for review and approval prior to obtaining a license (FAC 59A-4.1265(2)(a) and (b)).

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stated that it did not know what the county emergency management agency's responsibility was for resolving this potential risk or for notifying the State agency.

- One county agency said that several nursing homes planned to evacuate to the same location. If these nursing homes all evacuated at the same time to the same nursing home, the receiving nursing home would not have the capacity to accommodate every evacuated resident. The agency stated that it did not know what the county emergency management agency's responsibility was for ensuring that the receiving nursing home can accommodate these patients or for notifying the State agency of this concern.

CONCLUSION

At the conclusion of our inspections, we shared the deficiencies we identified with nursing home management and staff so that they could take immediate corrective action. We also immediately shared the identified deficiencies with the State agency and CMS for followup, as appropriate. In addition, we discussed with the State agency the issues identified by the county emergency management agencies involving emergency preparedness oversight.
Although nursing home management and staff are ultimately responsible for ensuring resident safety, we maintain that the State agency can reduce the risk of resident injury or death by improving its oversight. For example, the State agency could conduct more frequent site surveys at nursing homes to follow up on deficiencies previously cited.

While conducting our onsite inspections, we found that there was frequent turnover of nursing home management and staff. In addition, although not required by CMS, the State agency did not have a standard life safety training program for all nursing home staff that management could use to educate newly hired staff on how to comply with CMS requirements for life safety. For example, there was no standardized training program to teach newly hired maintenance staff about fire extinguisher inspections, fire alarm and sprinkler maintenance, the proper way to conduct and document fire drills, or how to test and maintain electrical equipment. The State agency could explain CMS requirements for life safety and emergency preparedness to nursing homes by providing standardized life safety training.[28]

Furthermore, the State agency could improve its coordination with county emergency management agencies so that the State agency is in a better position to ensure nursing home compliance with both CMS and State requirements. We are also concerned that the State

[28] Although CMS does not specifically require this type of comprehensive life safety training, under the State agency's section 1864 agreement with CMS (described on page 3), the State agency agreed to perform certain functions, including explaining Federal requirements to providers to enable them to maintain standards of healthcare consistent with Medicare and Medicaid participation requirements (CMS *State Operations Manual* § 1010). Also, as mandated by §§ 1819(g)(1)(B) and 1919(g)(1)(B) of the Act, States must conduct periodic educational programs for the staff and residents of nursing homes to present current regulations, procedures, and policies.

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agency is not providing enough oversight or resources to ensure that nursing home residents are protected to the extent possible.

RECOMMENDATIONS

We recommend that the Florida Agency for Health Care Administration:

- follow up with the 20 nursing homes to ensure corrective actions have been taken regarding the life safety and emergency preparedness deficiencies identified in this report;
- work with CMS to develop standardized life safety training for nursing home staff;
- conduct more frequent surveys at nursing homes with a history of multiple high-risk deficiencies and follow up to ensure that corrective actions have been taken;
- provide additional training to nursing homes to ensure that their State emergency plan is submitted and approved without delay;
- continue to follow up with nursing homes to ensure that they implement their supplemental emergency plans;
- work with county emergency management agencies to develop a process to monitor the submission and approval of State emergency plans and supplemental emergency plans;
- expand State agency guidance to include all Federal emergency preparedness requirements in addition to the State emergency plan requirements; and
- increase communication and collaboration with the county emergency management agencies to:
    - clarify roles and responsibilities;
    - make them aware of pending, or newly licensed, nursing homes in their counties;
    - identify areas where additional expertise may be needed to ensure that nursing homes meet CMS and State requirements and to ensure the safety of nursing home residents; and
    - provide county emergency management agencies with survey results, to the extent possible, from individual nursing homes to identify specific vulnerabilities.

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STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency agreed with our first and fifth recommendations and partially agreed with our seventh recommendation. The State agency did not agree with our remaining recommendations. In addition, the State agency provided general comments and expressed concerns about our three findings and outlined additional steps it has taken.

State Agency Comments on Recommendations

The State agency did not concur with the following recommendations:

- For the second recommendation, the State agency indicated that there was an abundant amount of training in the public domain for providers regarding the Federal requirements.

- For the third recommendation, the State agency indicated it is funded and takes direction from CMS, and if OIG believes there is an opportunity for improvement with funding allocation and the survey prioritization process, this recommendation should be directed at the Federal Government.

- For the fourth recommendation, the State agency indicated that the State emergency plan was approved by the local authority having jurisdiction, and each local authority had its own perspective on plan approval.

- For the sixth recommendation, the State agency indicated training has already been provided.

- For the eighth recommendation, the State agency indicated the roles of the State agency and the counties are clearly defined, and the county emergency management offices have no authority related to CMS requirements. In addition, according to State agency officials, the State agency has had extensive communication and collaboration with county emergency management agencies through State-provided training, conferences, or actual emergency events. Lastly, the State agency said that it was unfair to allege that it was deficient on the basis of discussions held with county emergency agency staff when no representative of the State agency was present for those discussions.

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State Agency Comments on Findings

The State agency provided general comments on each of our three findings and raised the following concerns:

- The title of our report suggests that either the State agency should conduct more frequent reviews, or its current oversight is lacking.

- The audit team did not have the same qualifications as the State agency staff who conduct nursing home life safety surveys.

- The audit team did not necessarily obtain the same level of evidence during its site visits as qualified life safety surveyors use to determine facility compliance, provide enough detail on the deficiencies identified, or accurately report the number of deficiencies identified.

- The audit team inaccurately reported deficiencies related to self-closing doors, sprinkler heads, resident call systems, gas storage cans, and gas and vacuum piped systems.

State Agency Actions Taken

In its comments, the State agency described steps it has taken or plans to take to address our findings and recommendations, including:

- the continued monitoring of the efficacy of the State's survey processes and the provision of ongoing training and feedback to staff to ensure appropriate review of the implementation of Federal regulations related to emergency preparedness;

- the implementation of a new Quality Assurance plan, related to survey results, that includes requirements that certain staff will review Federal Emergency Preparedness findings and that training will address any concerns with trends; and

- proposing amendments to the Florida Administrative Code Rule regarding emergency plans to update the State emergency preparedness requirements to better align with the new Federal regulations, thereby providing better guidance to county emergency management officials.

OFFICE OF INSPECTOR GENERAL RESPONSE

After reviewing the State agency's comments, we modified our first finding to remove deficiencies related to resident call systems and to more clearly summarize the number of deficiencies at each nursing home. We maintain that our findings and recommendations, as revised, are correct.

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OIG Response to State Agency Comments on Recommendations

Regarding the development of life safety and State emergency plan training for nursing home staff,[29] we understand that training on Federal requirements is available for providers in the public domain. However, the State agency has not developed Florida-specific training that is required for nursing home staff. In addition, although joint training sessions, life safety presentations, and conferences have been provided throughout the State, attendance is not mandatory or tracked. Our audit found that many staff members have never been to a training session or conference related to life safety or emergency preparedness requirements.

As we stated in our third recommendation, the State agency should conduct more frequent surveys at high-risk facilities. The State agency acknowledges that it had not yet reviewed compliance for emergency preparedness at most of the nursing homes because the regulations only recently went into effect. The emergency preparedness rules were effective November 16, 2016, with an implementation date of November 17, 2017. We performed our site visits from July through November 2018, which was 8 months to a year after the rule was implemented. These regulations had been in effect for over 20 months at the start of our audit.

Our fourth recommendation is intended to encourage the State agency to take affirmative steps to ensure nursing home staff are knowledgeable about their life safety and emergency preparedness responsibilities.[30] We believe it is the State agency's responsibility to provide training throughout Florida to ensure compliance with Federal and State requirements and not to rely on local authorities to provide that training. Therefore, we maintain this recommendation is accurate.

Our sixth recommendation encourages the State agency to develop a process to monitor the submission and approval of State emergency plans and supplemental emergency plans. The State agency did not directly respond to this recommendation, but instead described training efforts previously undertaken. We reiterate that a process to monitor the submission and approval of emergency plans would potentially detect instances of delinquent or nonexistent plans and ensure that nursing home residents are protected to the greatest extent possible.

Our eighth recommendation is for increased communication and collaboration among all parties that play a crucial role in emergency planning and response. As we discussed with the State agency, one of the reasons for this audit was to address Congressional interest in the effectiveness of communication among county, State, and Federal authorities. Accordingly, our audit steps included discussions with all parties critical to emergency planning and response to identify potential weaknesses and areas for improvement. As reflected in our report, county

[29] Recommendations 2 and 4.

[30] Although the State agency did not concur with our fourth recommendation, it did note significant steps it is taking to amend the Florida Administrative Code. This was initiated to update the State emergency preparedness requirements to better align with the new Federal regulations, thereby providing better guidance to county emergency management officials in their reviews of the plans.

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emergency management agencies expressed concerns about some areas of communication related to their roles and responsibilities, or suggested areas for improvement. Although we are not suggesting a compliance failure on the part of the State agency with this recommendation, we maintain that the State agency could improve the effectiveness of its oversight, and this remains a valid recommendation.

OIG Response to State Agency Concerns and Comments on Findings

The title of our report accurately summarizes our opinion based on the evidence obtained during our audit. Specifically, we believe Florida should improve its oversight of selected nursing homes' compliance with Federal requirements for life safety and emergency preparedness.

Regarding the qualifications of the auditors performing the survey work, we conducted a performance audit in accordance with generally accepted government auditing standards. Such audits cover a wide range of topics and require the audit team to have a "general knowledge of the environment in which the audited entity operates and the subject matter." The audit team met the requirements as set forth in the auditing standards. In addition, the lead auditor, who designed these audits, is certified by the National Board on Fire Service Professional Qualifications as a Fire Fighter, Fire Instructor, Fire Officer, and Safety Officer. While this individual did not perform the audit in Florida, he developed our audit guide and provided guidance when needed. Finally, we were escorted during our first review by the State's life safety lead. This individual escorted us through our life safety review and noted what the State would observe for the various tags we were reviewing. Our reviews were not intended to be a replacement for State agency surveys, or a complete survey of each facility under State survey standards. Rather, we reviewed a limited number of K- and E-Tags for compliance with Federal regulations. Therefore, we maintain that the audit team was well qualified to conduct this audit.

Regarding the conduct of our review:

- As noted in the "Methodology" section of our report, as part of our audit we met with CMS program officials, State survey agency officials, and key personnel at each nursing home surveyed. For life safety violations, we obtained photographic evidence and concurrence from the nursing home administrators and facility managers who accompanied us during all site visits. At the conclusion of each site visit, we discussed our findings with the nursing home staff and offered them the opportunity to agree with or dispute our findings. We believe the evidence obtained provides a reasonable basis for our findings and recommendations as stated.

- Regarding the detail contained in our checklists, we provided all checklists to the State agency after we completed a site visit. In addition, we held multiple meetings with the State agency to discuss all documented findings and to provide any additional evidence

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needed to verify our findings. At no point during these meetings were any of our findings disputed.

- The State agency is correct in its comments that the number of deficiencies reported in our draft report did not clearly summarize the count of deficiencies. We revised our count of deficiencies at each nursing home to count numerous occurrences of a single instance of noncompliance as one deficiency rather than counting each instance separately. We updated our findings accordingly.

In response to the State agency's comments about inaccurately reported deficiencies, we have revised our findings related to self-closing doors where applicable and removed findings related to resident call systems. In addition, we have revised our language regarding sprinkler heads, gas storage cans, and gas and vacuum piped systems to clearly indicate the deficiencies identified. Regarding the remaining deficiencies, we met with the State agency on numerous occasions to discuss these items as well as to provide any photographic evidence needed to verify our findings. In addition, on the basis of our exit conferences with responsible staff at all nursing homes we visited, no findings were ever disputed as inaccurate. We maintain that our findings, as revised, are correct.

The State agency's comments are included in their entirety as Appendix D.

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APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

As of November 2017, approximately 700 nursing homes in Florida participated in the Medicare or Medicaid programs. Of these 700 nursing homes, we selected a nonstatistical sample of 20 nursing homes for our audit based on risk factors, including multiple high-risk deficiencies the State agency reported to CMS's ASPEN system.

We did not assess the State agency's or nursing homes' overall internal control structures. Rather, we limited our audit of internal controls to those applicable to our audit objective.

We performed our fieldwork at the State agency's offices in Tallahassee, Florida, and conducted unannounced site visits at the 20 nursing homes throughout Florida from July through November 2018.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements;
- held discussions with CMS and State agency officials to gain an understanding of the process for conducting nursing home life safety and emergency preparedness surveys;
- obtained from CMS a list of all 700 active nursing homes in Florida that participated in the Medicare or Medicaid programs as of November 2017;
- compared the list provided by CMS with the State agency *Directory of Nursing Homes* to verify completeness and accuracy;
- obtained from CMS's ASPEN system a list of 187 nursing homes that had more than 1 deficiency in the previous 3 years that were considered high risk as follows: (1) widespread and had the potential for more than minimal harm, (2) potential for actual harm, or (3) immediate jeopardy to resident life and safety;
- from the 187 nursing homes identified in ASPEN, selected 20 nursing homes for onsite inspection (all nursing homes had multiple high-risk deficiencies, and 13 had deficiencies related to sprinkler system coverage) and, for each:
    - reviewed the deficiency reports prepared by the State agency for the nursing home's 3 most recent surveys and

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- conducted unannounced onsite inspections to check for life safety violations and review the emergency preparedness plans;

- held discussions with the county emergency management agencies with oversight responsibilities over the 20 nursing homes in our sample; and

- discussed the results of our inspections with nursing home, State agency, and CMS officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
Life Safety and Emergency Preparedness Deficiencies Found at 18 of 20 Texas Nursing Homes	A-06-19-08001	2/6/2020
California Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness	A-09-18-02009	11/13/2019
New York Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness	A-02-17-01027	8/20/2019

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APPENDIX C: INSTANCES OF NONCOMPLIANCE AT EACH NURSING HOME

Life Safety Deficiencies

Nursing Home	Building Exits and Smoke Barriers	Fire Detection and Suppression Systems	Hazardous Storage	Smoking Policies and Fire Drills	Electrical Equipment	Total
1	3	2	1	1	1	**8**
2	2	3	1	1	1	**8**
3	5	4	2	1	1	**13**
4	3	1	0	0	1	**5**
5	1	1	0	0	0	**2**
6	2	2	1	2	1	**8**
7	1	3	1	1	0	**6**
8	1	0	0	0	1	**2**
9	0	0	0	1	1	**2**
10	4	2	1	1	1	**9**
11	1	1	0	1	0	**3**
12	0	0	0	0	1	**1**
13	2	1	1	1	1	**6**
14	2	0	1	1	1	**5**
15	1	1	1	1	1	**5**
16	2	0	0	0	0	**2**
17	2	1	0	2	1	**6**
18	0	0	0	0	0	**0**
19	3	1	2	0	1	**7**
20	0	1	1	0	0	**2**
Total	**35**	**24**	**13**	**14**	**14**	**100**

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Emergency Preparedness Deficiencies

Nursing Home	Emergency Plan	Emergency Supplies and Power	Plans for Sheltering in Place and Tracking Residents and Staff During and After an Emergency	Emergency Communications Plan	Emergency Plan Training and Testing	Total
1	6	3	4	6	6	**25**
2	2	1	3	3	5	**14**
3	0	1	1	2	1	**5**
4	0	0	1	0	0	**1**
5	0	0	0	0	0	**0**
6	2	1	3	1	2	**9**
7	3	0	2	3	1	**9**
8	0	0	0	1	0	**1**
9	0	0	0	1	0	**1**
10	2	1	0	1	0	**4**
11	0	0	1	0	0	**1**
12	0	1	0	1	0	**2**
13	0	0	0	1	0	**1**
14	0	0	0	0	1	**1**
15	0	0	0	0	0	**0**
16	0	0	0	0	0	**0**
17	2	0	0	0	2	**4**
18	0	0	1	0	0	**1**
19	0	0	0	0	0	**0**
20	3	1	1	1	2	**8**
Total	**20**	**9**	**17**	**21**	**20**	**87**

Notice: Under separate cover, we provided to the State agency and CMS the detailed inspection worksheets for each of the nursing homes we reviewed.

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APPENDIX D: STATE AGENCY COMMENTS



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

September 30, 2019

Lori S. Pilcher
Regional Inspector General for Audit Services
Office of Audit Services, Region IV
61 Forsyth Street, SW, Suite 3T41
Atlanta, Georgia 30303

Re: Report Number: A-04-18-08065

Dear Ms. Pilcher:

Enclosed is the Florida State Survey Agency's comments on the Department of Health and Human Services, Office of Inspector General (OIG), draft report, *Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance with Federal Requirements for Life Safety and Emergency Preparedness.*

Thank you for the opportunity to comment.

Sincerely,

Mary C. Mayhew
Secretary

MCM/mm

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Agency for Health Care Administration
Response to HHS/OIG Draft Report A-04-18-08065 dated August 2019
Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness

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Summary of Findings

Florida did not ensure that selected nursing homes that participated in the Medicare or Medicaid programs complied with CMS and State requirements for life safety and emergency preparedness. All 20 nursing homes that we visited had deficiencies in areas related to life safety and emergency preparedness.

State Agency (SSA) response

Staff of the Florida State Survey Agency (SSA) have reviewed the draft report entitled "Florida Should Improve its Oversight of Selected Nursing Homes' Compliance with Federal Requirements for Life Safety and Emergency Preparedness". Although we appreciate the professionalism of the staff of the Office of the Inspector General, we have concerns regarding the title of the report, and the qualifications of the auditors to evaluate the nursing home life safety survey process given their limited knowledge of the survey process.

Title of Document

The title "Florida Should Improve its Oversight of Selected Nursing Homes' Compliance with Federal Requirements for Life Safety and Emergency Preparedness" suggests that either the SSA should conduct more frequent reviews which would require federal direction and funding, or the current oversight is lacking. Based on the points made in our responses, we do not believe the SSA missed significant findings during its review of these nursing homes. Rather, many of the findings could happen at any time after a satisfactory review. In other cases, the SSA had not yet reviewed compliance at most of the nursing homes for emergency preparedness since the regulations only recently went into effect.

Qualifications

SSA life safety surveyors are required to have related experience prior to hire and are certified fire inspectors. To be certified as a Fire Safety Inspector I in the State of Florida, an individual must successfully complete a minimum of 200 hours of basic certification training for Fire Safety Inspectors, or have received equivalent training in another state, and pass a state written examination.

CMS requires all Fire Safety Inspectors to complete the NFPA 99 Health Care Facilities Code Course within 12 months of being hired. Our life safety surveyors must also complete the following courses prior to independently completing a nursing home life safety inspection:

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1. Basic Life Safety Code Training Online Course which provides basic knowledge of the LSC and associated CMS regulations, policy and knowledge on evaluating facilities for LSC compliance.
2. Basic Life Safety Code: The Survey Process.
3. Life Safety Code Transition Course which takes approximately 20 hours to complete. The course begins with a pre-test and concludes with a post-test that requires a passing score of 85 percent.
4. Orientation to Basic Life Safety Code.
5. Training on compliance with the Principles of Documentation for Life Safety Code.

Additionally, prior to independently completing a Federal Emergency Preparedness survey, SSA staff must complete the 16-hour Emergency Preparedness Basic Surveyor Training Course.

These courses are in addition to the extensive orientation program provided in Florida, including one on one coaching and classroom coursework. This coursework provides a unique skill set, including in-depth knowledge of the requirements and processes on critical thinking skills related to the life safety.

When we inquired about the qualifications of the auditors to conduct onsite compliance review, we learned the auditors did not have any of the education, experience, or training as the SSA staff who conduct nursing home life safety surveys and were working from a check list of criteria after reviewing the federal regulations.

Conduct of the Review

Although the report indicates "evidence obtained provides a reasonable basis" for findings, this is not necessarily the same level of evidence used to determine facility compliance, when assessed by qualified life safety surveyors, following guidance from the Centers for Medicare and Medicaid Services (CMS).

Comments within the report that certain requirements were not met, did not provide any detail of how the determination was made. The auditors also counted every occurrence and called it an area of non-compliance. For the purposes of CMS reporting, in a single facility, numerous occurrences of a single area of non-compliance (such as doors not latching) would be counted as findings for one deficiency rather than counting each separate instance observed separately. Thus, the results of the audit appear artificially inflated.

Also of note, is the audit timing. Many deficiencies observed may not have been present at the time of the most recent SSA survey. In 18 of the 20 cases, the facility life safety

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certification survey had been done months prior to the OIG audit, which explains the dissimilarities in observations.

Finding #1

Selected Nursing Homes Did Not Comply with Life Safety Requirements

Agency Response and Corrective Action Plan

A number of the areas of concern identified by the auditors may have been a result of timing. As noted, there was a significant time span between the SSA survey and the audit in 18 of the 20 facilities. The auditors used an abbreviated version of the fire safety survey report form to record their findings during a facility audit. Worksheets and procedures are designed to assist in the gathering information about the level of fire safety provided by the facility. The K-tags on the report form are referred to as data tags on the Fire Safety Survey Report form. For each item on the report form page indicates "Met" or "Not Met" or "Not Applicable." For each item marked "Not Met," you must enter the appropriate documentation in the Explanatory Remarks section explaining the nature of the deficiency and the degree of hazard it presents.

It appears the auditors did not follow the same procedures as the state agency is required to follow. The auditors counted each finding as a deficiency which inflated the number deficiencies they reported as noncompliance. An example is specific to K-221, the auditors identified 57 deficiencies in 15 facilities, however; the correct way would be15 facilities were identified to be out of compliance with K-221. Had the auditors followed the correct process for identification of non-compliance and principles of documentation as the SSA is required to follow the correct areas of non-compliance would have been 111-K-Tags and 69-E-Tags. However; per the draft report the auditors had 249 K-Tags and 106-E-Tags. This shows the auditors inflated their findings, which also supports the SSA's statement the auditors were not qualified.

Many of the observations have the potential to change at any time, even within a day. These would include patient sleeping doors (K0221), door self-closing devices (K0223), alcohol based hand rub dispensers (K0325), missing battery for smoke detector (K0347), smoking areas (K0741), clearance between storage and sprinkler heads (K351) and power cords (K0920).

Also of note, the auditor cited at least one double door with a self-closing device for not latching (K0223); the correct K Tag is K0222 for smoke doors that require latching. Double cross corridor doors are not required to latch. Also, there are exceptions in National Fire Protection Association (NFPA 13) Chapter 8 that will allow wall storage to be higher in relation to sprinkler heads. It is not clear how the auditors determined the distance. (Examples are in NFPA 13 section A.8.5.5.1.) OIG staff did not provide any

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photographic evidence or examples. The review cites items being 18 inches from ceiling but in the code the requirement is 18 inches from sprinkler deflector.

Furthermore, it was previously noted to the auditors that Per Appendix I (Survey Procedures for Life Safety Code Surveys) and CMS 2786R (Fire Safety Survey Report) do not address nurse call systems. In NFPA 99 Chapter 7 there are requirements for the nurse call system. CMS did not adopt this chapter for Life Safety (per Survey & Certification Letter 16-28-LSC). It seems inappropriate and invalid to note a SSA failed to inspect for a regulatory area under life safety when it is not a part of the life safety survey process, as adopted by the federal government. As with many of the findings, issues with a nurse call system can happen at any time after a satisfactory survey.

The auditors cited inappropriate gas storage for the cans outside of the facility near the generator. Auditors did not state if the cans contained fuel, which would pose a hazard. Gas may be stored outside in an approved dispensing container (gas can).

The auditors also cited one nursing home related to gas and vacuum piped systems. There was no documentation available to sufficiently explain the citation. The tag cited by the auditor is for a med-gas system; this facility does not have such a system. This observation appears to be related to the city gas line for the kitchen, which is not addressed in federal requirements, nor was it noted as a compliance issue for the city.

The SSA will review findings of the audit with field office managers, life safety staff and their supervisors. This will occur during the life safety staff and managers' meeting in October 2019, field office managers' meeting in December 2019, state life safety survey training meeting in March 2020, and upcoming routine life safety surveyor/ supervisor calls. The focus of the meetings will be the requirements identified as out of compliance.

Agency Contact

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Finding #2

Selected Nursing Homes Did Not Comply with Emergency Preparedness Requirements

Agency Response and Corrective Action Plan

Effective date of the Federal Emergency Preparedness Rule was November 16, 2016, with implementation date of November 17, 2017. A number of surveys were completed by the auditors prior to SSA review of compliance with Federal Emergency Preparedness. Therefore, our staff did not have an opportunity to review compliance with these regulations at the following facilities:

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1. Consulate Health Care of Tallahassee
2. Baya Pointe Nursing and Rehabilitation Center
3. Springs at Boca Ciega Bay
4. East Bay Rehabilitation Center
5. Coral Bay Healthcare and Rehabilitation Center
6. Jupiter Medical Center Pavilion Inc.
7. Laurelwood Nursing Center
8. Freedom Square Rehabilitation & Nursing Services
9. Manorcare Health Services of Dunedin

There were also facilities that had the SSA Federal Emergency Preparedness survey early on in the process, before a March 2018 life safety meeting wherein SSA quality assurance staff had already identified concerns with the survey process and completed additional training. These include:

1. Gardens of Port St. Lucie, The (11/15/2017)
2. Finnish-American Village (12/19/2017)
3. South Campus Care Center (1/26/2018)
4. Bay Center (2/22/2018)
5. Harbor Beach Nursing and Rehabilitation Center (2/28/2018)

The SSA will continue to monitor the efficacy of our survey processes and provide ongoing training and feedback to staff to ensure appropriate review of the implementation of federal regulations. The SSA will review findings of the audit with field office managers, life safety staff and their supervisors. This will occur during our meetings with life safety staff and managers in October 2019, all field office managers in a meeting December 2019 and upcoming routine life safety surveyor/supervisor calls. The focus of the meetings will be the requirements identified as out of compliance.

In addition, in July 2019 the Bureau of Field Operations implemented a new Quality Assurance (QA) plan related to survey results. This includes a requirement that quarterly designated staff will review Federal Emergency Preparedness findings. As needed, training will address any concerns with trends.

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Finding #3

State Agency Monitoring, Oversight, and Collaboration on State Emergency Preparedness Requirements

Agency Response and Corrective Action Plan

Regarding the OIG findings that four nursing homes did not have an approved State Emergency Management Plan, one of those noted by OIG had a plan, which expired after the SSA survey (Finnish-American) and another (Stratford Court of Palm Harbor) was cited by the SSA for that issue prior to the OIG audit. The two additional nursing homes, (Avante at Leesburg, and Jacaranda Manor) had submitted their State Emergency Management Plans prior to the SSA recertification surveys. Although the plans were submitted for local approval the plans were not approved at the time of the SSA survey. The SSA has verified that both these nursing homes have approved State Emergency Management Plans.

The SSA will continue to monitor the efficacy of our survey processes and provide ongoing training and feedback to staff to ensure appropriate implementation of federal regulations. The SSA will review findings of the audit with field office managers, life safety staff and their supervisors. This will occur during our meetings with life safety staff and managers in October 2019, all field office managers in a meeting December 2019 and upcoming routine life safety surveyor/ supervisor calls. The focus of the meetings will be the requirements identified as out of compliance.

Agency Contact

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Recommendation #1

Follow up with the 20 nursing homes in our sample to ensure that corrective actions have been taken regarding the life safety and emergency preparedness deficiencies identified in this report.

Agency Response and Corrective Action Plan

We concur with this recommendation. As of the date of this report, 16 of the facilities have had recertification surveys, which encompasses all life safety and emergency management requirements. The other four had monitoring surveys conducted which focused on the OIG findings, after receipt of this report. The SSA has verified correction of all issues identified in the report.

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Agency for Health Care Administration
Response to HHS/OIG Draft Report A-04-18-08065 dated August 2019
Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness

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Agency Contact

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Recommendation #2

Work with CMS to develop life safety training for nursing home staff;

Agency Response and Corrective Action Plan

We do not concur with this recommendation. Regarding comments the SSA should enhance provider training, please note there is already an abundant amount of training in the public domain for providers regarding the federal requirements.

All of the above noted courses for surveyors are available for providers at the Centers for Medicare & Medicaid Services (CMS) Integrated Surveyor Training Website (ITSW) https://surveyortraining.cms.hhs.gov/index.aspx free of charge.

Additionally, CMS provides on ISTW *Emergency Preparedness: Provider Readiness* which provides an overview of the Emergency Preparedness Final Rule as well as an overview of the 1135 Waiver Process.

The US Department of Health & Human Services sponsors the website for ASPR (Assistant Secretary for Preparedness & Response) Tracie (Technical Resources, Assistance Center, and Information Exchange) https://asprtracie.hhs.gov/technical-resources which provides free training and technical resources regarding emergency preparedness and the Federal Emergency Preparedness requirements.

Additionally, staff of the Florida SSA provided four Joint Training sessions (open to providers, state emergency management staff and survey staff) in 2018 which addressed the top ten life safety deficiencies cited in Florida, State Emergency Management Plans, Federal Emergency Preparedness (two sessions were presented by staff of the CMS Regional Office-IV).

Florida SSA staff also offered two (day-long) life safety presentations for providers; one in November 2018 and one in December 2018. In May 2019, Florida SSA staff also participated in an (all day) training offered to providers in Orlando related to life safety and emergency preparation. Previously, our staff also offered Joint Training to providers throughout the entire state in 2014 related to the Top Ten Life Safety Deficiencies, Survey Issues, CMS Survey & Certification Memos and the Life Safety Waiver Process.

Staff of the SSA also provided training at the Governor's Hurricane Conference (which is a national meeting) on emergency preparedness in May 2018 and May 2019

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including participation in a focused May 2018 focused session of nursing home providers, associations and emergency managers from Florida counties. This conference was attended by Florida emergency management officials, including county emergency operations staff and provider representatives. In November 2019, our life safety staff will be conducting training at a six hour workshop for nursing home maintenance staff and training at a Fire Fighter and Fire Inspector workshop.

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Recommendation #3
Conduct more frequent surveys at nursing homes with a history of multiple high-risk deficiencies;

Agency Response and Corrective Action Plan
We do not concur with this recommendation. Although there is an appreciation of the recommendation, the SSA is funded through the federal government to do work as outlined in the Mission & Priority Document, which is updated annually with SSA contractual obligations. If the auditors believe this is an opportunity for improvement with the CMS funding allocation and survey prioritization process, this recommendation should be directed at the federal government, from which the SSA takes its direction.

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Recommendation #4
Provide additional training to nursing homes to ensure that their State emergency plan is submitted and approved without delay;

Agency Response and Corrective Action Plan
We do not concur with this recommendation. The state emergency plan is approved by the local authority having jurisdiction. Since there are 67 counties in Florida, there are 67 local authorities, all of whom may have their own perspective on plan approval. The nursing homes may not be licensed initially without an approved plan.

It is incumbent for the providers to work with their local authority to ensure they are in compliance with these requirements. The SSA staff are actively working on amending the Florida Administrative Code Rule regarding emergency plans. This was initiated to

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update the state emergency preparedness requirements to better align with the new federal regulations which will provide better guidance to county emergency management officials in their reviews of the plans.

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Recommendation #5

Continue to follow up with nursing homes to ensure that they implement their supplemental emergency plans;

Agency Response and Corrective Action Plan

We concur with this recommendation. The SSA has knowledge of the status of each nursing home in Florida and will continue to enforce these requirements within our legal authority. Of the 688 nursing homes with a current license as of September 30, 2019; 294 have a fully implemented permanent generator; 261 have a temporary generator onsite; 131 have a plan to have a temporary generator delivered in the event of an emergency, and 2 plan to evacuate for any power outage. The SSA will continue to monitor state rule requirements regarding nursing homes compliance with supplemental emergency plans.

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Recommendation #6

Work with county emergency management agencies to develop a process to monitor the submission and approval of State emergency plans and supplemental emergency plans;

Agency Response and Corrective Action Plan

We do not concur with this recommendation. Staff of the SSA provided training at the Governor's Hurricane Conference (which is a national meeting) on emergency preparedness in May 2018 and May 2019. This conference was attended by Florida emergency management officials, including county emergency operations staff. In addition, emergency operations staff were invited to attend our Joint Training in four locations throughout Florida in 2018. This training included emergency preparedness for nursing homes. Thirty four emergency operations staff from throughout the state

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were in attendance. Additionally in 2018 key management staff in the SSA attended the Florida Emergency Preparedness Association conference. The SSA has been, and will continue to be available to work with county emergency management agencies to improve the process for submitting, and approval of each nursing homes' Comprehensive Emergency Management Plan.

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Recommendation #7
Expand State agency guidance to include all Federal emergency preparedness requirements in addition to the State emergency plan requirements; and

Agency Response and Corrective Action Plan
We partially concur with this recommendation. Since the State emergency plan requirements are based on state law, we are required to develop rules in accordance with, and under our state authority. There are some requirements that are similar between state and federal, however; there are not point by point. The SSA has recommended in the proposed rule amendments alignment of state criteria with much of the Federal emergency preparedness requirements.

As stated previously the SSA staff are actively working on amending the Florida Administrative Code Rule regarding emergency plans. This was initiated prior to the audit results and the intent is to develop more consistent and concise language, which will provide better guidance to county emergency management officials in their reviews of the plans. The SSA anticipates scheduling a rule workshop within the next six months to update state emergency plan requirements.

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Recommendation #8

Increase communication and collaboration with the county emergency management agencies to:

- clarify roles and responsibilities;
- make them aware of pending, or newly licensed, nursing homes in their counties;
- identify areas where additional expertise may be needed to ensure that nursing homes meet CMS and State requirements and to ensure the safety of nursing home residents; and
- provide county emergency management agencies with survey results, to the extent possible, from individual nursing homes to identify specific vulnerabilities.

Agency Response and Corrective Action Plan

We do not concur with this recommendation. The role of the Agency for Health Care Administration (AHCA) is clearly defined, as is the role of the County Emergency Management offices. Additionally, the county emergency management offices have no authority related to the CMS requirements, although, as stated above for providers, they are afforded the same training resources on both the ISTW and ASPR Tracie websites.

County emergency management offices are notified of new providers, in that nursing homes are required to have an approved comprehensive emergency management plan as a condition of licensure from the SSA. The SSA's website, Florida Health Finder, includes posting of newly licensed facilities created specifically for emergency managers, in addition to the online posting of survey results. This information is available to the county emergency management agencies, in addition to the public.

As previously stated staff of the SSA provided training at the Governor's Hurricane Conference (which is a national meeting) on emergency preparedness in May 2018 and May 2019. This conference was attended by Florida emergency management officials, including county emergency operations staff. In addition, emergency operations staff were invited to attend our Joint Training health in four locations throughout Florida in 2018. This training included emergency preparedness for nursing homes. Thirty four emergency operations staff from throughout the state were in attendance. Additionally in 2018 key management staff in the SSA attended the Florida Emergency Preparedness Association conference.

The SSA has had extensive communication, and collaboration with county emergency management agencies through the entire state. All eight field offices meet, as

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requested, with the county emergency management agencies, which encompasses all 67 counties. SSA staff attend the Health Care Coalition meetings, which are typically conducted on a quarterly basis. In addition to meetings, management in the eight SSA field offices communicate via email and phone calls with county emergency management agencies regarding comprehensive emergency management plan reviews and approvals.

During this past year, SSA staff conducted training on the SSA's Emergency Management System (ESS) to the following Health Care Coalition's, and/or county emergency management agencies:

-Emerald Coast Health Care Coalition-Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Liberty counties.

-Palm Beach County Healthcare Emergency Response Coalition.

-Palm Beach County Coalition for Health and Medical Preparedness.

-Marion county Central Florida Disaster Medical Coalition.

-Volusia, Lake Seminole, Orange, Brevard, Osceola, Indian River, St. Lucie, Martin counties.

-Big Bend Health Care Coalition-Gulf, Franklin, Wakulla, Leon, Gadsden, Jefferson, Madison, Taylor counties.

-Volusia County ESF8 Community Partners Meeting-Volusia county and other surrounding and Region 5 counties.

-FDEM Region 3 Quarterly Meeting; Northeast Florida Regional Council-Nassau, Duval, Baker, Clay St. Johns, Flagler, Putnam, Bradford, Union, Alachua, Gilchrist, Levy, Marion counties.

-St. Johns County Healthcare Facility Meeting; Northeast Florida Healthcare Coalition- Nassau, Baker, Duval, Clay, St. Johns, Flagler counties.

-ESF8 Staff Boot Camp- Region 1-Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Jackson, Washington, Bay, Calhoun, Gulf counties.

During the recent declared emergency event, Hurricane Dorian, staff of the SSA field offices staffed the following county Emergency Operation Centers; Volusia, Brevard,

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Palm Beach, Broward and Miami-Dade. Additionally, in two counties, Brevard and Palm Beach, staff were asked to stay overnight.

Lastly, as noted in the draft report, the auditors only held discussions with eight county emergency management agencies. It is unfair to allege that the SSA is deficient based on discussions held with county emergency agency staff when the SSA was not present for those discussions.

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FL-AHCA-20-0902-A-002383

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 2:49 PM
To: ""Brewer"","" Hannah; Hannah.Brewer@ahca.myflorida.com
Subject: FW: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes,_Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

From: Joint Information Center on COVID-19 for the State of Florida <FLSERT@public.govdelivery.com>
Sent: Wednesday, March 11, 2020 7:22 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: [External]
Florida_Division_of_Emergency_Management_Issues_Emergency_Order_to_Protect_Residents_in_Nursing_Homes,_Assisted_Living_Facilities_and_Other_Long-Term_Care_Facilities

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RELEASE

ormation Center on COVID-19 for the State of Florida
SF14@em.myflorida.com

sion of Emergency Management Issues Emergency Order to Protect Resident Homes, Assisted Living Facilities and Other Long-Term Care Facilities

la. – Today, at Governor DeSantis' direction, Florida Division of Emergency Management Director Jared Mosk emporarily restricting visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, long mes.

tion, the state is taking proactive measures to limit the potential of COVID-19 entering those facilities. This orde e fact that the elderly and those with underlying medical conditions are at higher risk for serious illness from CO n directions given by the Federal Centers for Medicare and Medicaid Services.

w be restricted from visiting nursing homes, ALFs, adult family-care homes, long-term care facilities and adult g

infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

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showing or presenting symptoms of cough, fever, shortness of breath, or sore throat;
who has or may have been in close contact with a person(s) infected with COVID-19 who has not tested negati
om visiting a facility until 14 days after their interaction with the person(s) who is infected with COVID-19;
who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United State
who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United Sta
who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for D
ion or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the co
spread; or
who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Dis
or a state public health agency, is prohibited from visiting a facility.

the full Emergency Order, click **HERE**.

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rickland@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of: Florida Division of Emergency Management · 2555 Shumard Oak Boulevard · Tallahassee,

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:36 PM
To: ""Kidder"","" Beth; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Grow"","" Stefan; " "Mayhew"","" Mary; " "Strickland"","" Katie; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

See below

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 9:01 PM
To: Miller, James
Subject: Fwd: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.

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- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida

How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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FL-AHCA-20-0902-A-002387

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 11:58 AM
To: ""Philpot"","" Toby; Toby.Philpot@ahca.myflorida.com
Subject: Internal Website
Attachments: CDC & DOH Update 3-9-20.docx

internal Coronavirus SharePoint site:

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CDC and DOH COVID-19 Update (as of 3.09.2020)			
Document Name*	**Document Type**	**Date Updated**	**Summary of Changes**
Interim Clinical Guidance for Management of Patients with Confirmed COVID-19	CDC Guidance for Healthcare Professionals, Clinical Care	3/7/2020	**Revisions were made on March 7, 2020 to reflect the following:** • Characteristics of patients with confirmed COVID-19 based on recent epidemiologic data from China, including characteristics of patients with COVID-19 admitted to the intensive care unit and data on pediatric cases. o Among the 44,000 confirmed cases in China, most occurred among patients aged 30-69 (77.8%) and approximately 19% were severely or critically ill. o Case fatality proportion among cases ≥ 60 years was ▪ 60-69: 3.6% ▪ 70-79 years: 8% ▪ ≥ 80 years: 14.8% o Patients who reported no underlying medical conditions had an overall fatality of 0.9%, but case fatality was higher for patients with comorbidities: ▪ Cardiovascular disease: 10.5% ▪ Diabetes: 7% ▪ Chronic respiratory disease, hypertension, and cancer: 6% o Case fatality for patients who developed respiratory failure, septic shock, or multiple organ dysfunction was 49%. o Limited data is available on children and COVID-19 ▪ As of Feb. 11, only 2.1% were aged < 20 years and no deaths were reported among those <10 years of age. ▪ From limited published reports, signs and symptoms among children with COVID-19 may be milder than adults. ▪ Most pediatric patients present with fever, cough, congestion, and rhinorrhea. ▪ Prolonged detection of SARS-CoV RNA has been reported in respiratory specimens (up to 22 days after illness onset) and stool specimens (at least 30 days after illness onset). Severe complications of acute respiratory distress syndrome and septic shock were reported in a 13-month old with COVID-19 in China. • Data regarding SARS-CoV-2 viral shedding among asymptomatic persons, and data from a recent report of viable SARS-CoV-2 isolation from stool.

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			• Accessibility of investigational drug therapies for COVID-19 treatment through clinical trial enrollment in the United States.
			  o No antiviral drugs licensed by FDA to treat COVID-19 patients.
			  o In China, multiple clinical trials of investigational therapeutics have been implemented, including 2 of remdesivir.
			  o An NIH adaptive randomized controlled clinical trial of investigational therapeutics for hospitalized COVID-19 patients in the U.S. was approved by the FDA. First to be studied is remdesivir.
			• Recently published pediatric surviving sepsis guidance.

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory – confirmed Cases	CDC Resources for Health Departments. Risk Assessment and Management Guidance	3/7/20	**Definitions for congregate settings and social distancing were revised.**
			• **Congregate Settings** are crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.
			  o The term, congregate settings, was used in this document to help define social distancing.
			• **Social Distancing** means remaining out of congregate settings, avoid mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
			  ▪ Social distancing is recommended to flight crew who have layovers in countries with sustained transmission.
			  ▪ Social distancing is a factor which helps determine a person's risk of carrying COVID-19.
			• Document Purpose: to help public health authorities assess and manage risk

Coronavirus Disease 2019 (COVID-19) in the U.S.	CDC COVID-19 Situation Summary. Cases in the U.S.	3/9/20	**Current statistics updated since noon on 3/9/20:**
			• Total cases: 423 (includes confirmed and presumptive positive cases)
			  o Travel-related: 72
			  o Person-Person: 29
			  o Under Investigation: 322
			• Total deaths: 19
			• States Reporting cases: 35 (includes District of Columbia)
			  o The names of the additional states reporting cases has not be updated.
			  o Previously disclosed states reporting cases: WA, OR, CA, NV, AZ, NV, TX, WI, IL, TN, NC, GA, FL, NH, NY, MA, RI, NJ, & MD.
			• Cases among Persons Repatriated to the United States:
			  o Wuhan, China – 3 positive
			  o Diamond Princess Cruise Ship – 46 positive

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COVID-19 Toolkit	FL DOH Information on COVID-19	3/9/20	Website was modified on 3/9/20, but it is unclear what was modified. The webpage is a listing of numerous, one-page flyers, each flyer being modified no later than 3/6/20. Examples of the flyers are below: COVID-19 Contract Tracing COVID-19 Infographic COVID-19 Respiratory Prevent Infectious Disease Response International Travel Self-Screening Should I get Tested Stay Home PSA Final Stop-The-Spread-of-Germs-FL Visitor Screening For Facilities

*All documents and webpages on the CDC and Florida DOH websites that pertained to COVID-19 were scanned for updates. Only documents that were revised after 3/6/20 are included in this table.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 1:01 PM
To: ""Evans"","" Stephanie; Stephanie.Evans@ahca.myflorida.com
Subject: Re: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

I think we just need to evaluate if we get anything and be flexible if we need to. I don't anticipate this being a major issue.

Get Outlook for iOS

From: Evans, Stephanie <Stephanie.Evans@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:54:47 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Also, the federal rules state the agency must allow the FFS recipient a reasonable timeframe "not to exceed 90 days" to request a hearing (42 CFR 431.221), and the SMMC recipient must request "no later than 120 calendar days" (42 CFR 438.408). So the notice language below would be appropriate if we receive a waiver of those federal rules, but not so sure without a waiver? I could see there being wiggle room with FFS cases what is "a reasonable timeframe" despite the fact it exceeds 90 days, but the SMMC rule doesn't use similar language. Ultimately, I don't think these deadlines are the thing anyone is going to complain about us extending, but just letting you know what the rules say.

Stephanie Evans - Chief

Office of Fair Hearings
Medikids State Review
Office: 407-420-2586
Cell: 850-228-5290
Fax: 850-487-1423
Stephanie.Evans@ahca.myflorida.com





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From: Evans, Stephanie
Sent: Monday, March 16, 2020 12:28 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

I am good with the request to feds & limiting to cases receiving COB.

The practical issue I see would be implementing "if needed . . . may be given more time to submit an appeal through their health plan or request a fair hearing". We often dismiss requests for FH because they are untimely. That language is vague, but I don't think we need to develop criteria/policy, as we could take a case by case approach as long as we are consistent with our considerations - whether there is need, whether the delay was impacted by the recent crisis, whether the time ran before or after the president issued a national emergency, etc.

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Also, I mentioned in the comments I sent the other day regarding State/Fed rules we may want to seek waiver on - technically, our current rule (59G-1.100) specific to our office only authorizes the Agency to waive untimeliness of a FFS FH request when AHCA fails to send a timely notice of action, or the Agency fails to act on the recipient's specific request for benefits (i.e., no notice was sent at all). There is no similar waiver provision for SMMC FH requests. However, I think we likely have discretion under the provision of the rule that allows the HO to render any decision consistent with the rule, including ensuring the hearing is conducted in a manner that "promotes the fair, just, and speedy resolution of the proceeding."

Stephanie Evans - Chief

Office of Fair Hearings
Medikids State Review
Office: 407-420-2586
Cell: 850-228-5290
Fax: 850-487-1423
Stephanie.Evans@ahca.myflorida.com

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 11:57 AM
To: Evans, Stephanie <Stephanie.Evans@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Thoughts?

From: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Sent: Monday, March 16, 2020 11:55 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Fwd: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Hi Stefan - see verbiage below on alert that will go out from Medicaid which includes the below paragraph on fair hearings. Let me know if you have questions or would like to discuss. My cell is: 264-4762. Working from home today.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the recipient is continuing to receive services pending the outcome of the fair hearing.

Shevaun Harris
Agency for Health Care Administration

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Office: 850-412-4264
Cell: 850-264-4762

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:17 AM
To: Sokoloski, Kristin; Manderfield, Patrick
Cc: Harris, Shevaun
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

This is good to go as long as the Secretary has also signed off. Thank you!

From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:46 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Cc: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Patrick- Shevaun sent a note to Katie earlier on this- The Secretary has approved all of the content We just wanted to see if you wanted to review quickly for language ect. THANKS – we know you guys are super busy ☺

From: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:12 AM
To: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Cc: Ward, Matthew <Matthew.Ward@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Draft provider alert for review and approval.

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:08 AM
To: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Subject: [External] Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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A Division of the Agency for Health Care Administration

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Florida Medicaid Health Care Alert

March 16, 2020

Provider Type(s): All

Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to facilitate testing and treatment of COVID-19.** The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications being made now. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for hospital services, physician services, advanced practice registered nursing services, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving all prior authorization requirements for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc.
- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.
- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid will allow mail order delivery of maintenance prescriptions in those instances when recipients are prohibited from going to a retail pharmacy. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

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Cost Sharing

Florida Medicaid is waiving all co-payments related to testing and diagnosing COVID-19 and treating Medicaid recipients diagnosed with COVID-19.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the enrollee is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at http://www.mymedicaid-florida.com. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in

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the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent from Florida Agency for Health Care Administration to clifford.schmidt@ahca.myflorida.com. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:46 PM
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please raise this circumstance to your bureau chief.

Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it becomes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

Mary

MARY C. MAYHEW – SECRETARY
Florida Agency for Health Care Administration

(850) 412-3603

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From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

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Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:55 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: Fwd: Greystone Health_Response#1_3/13/2020
Attachments: GHCM__IMPORTANT_INFORMATION___Coronavirus_(COVID-19)_-_March_12,_2020_Update__6___.zip

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Charlene Peters <Charlene.Peters@greystonehealth.com>
Sent: Friday, March 13, 2020 11:17:40 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Stephanie Handelson <Stephanie.Handelson@greystonehealth.com>; Charlene Peters <Charlene.Peters@greystonehealth.com>
Subject: [External] Greystone Health_Response#1_3/13/2020

Good morning Secretary Mayhew,

Please find the below and corresponding collaterals (attached zip file) for the communication and action items carried out through our organization in response to COVID-19. I believe this will satisfy the requested information however, please reach out directly with anything additional you may need, questions you may have or concerns.

Thank you for your continued leadership during this challenging industry time.

Respectfully,
Charlene

GHCM internal communication 3/12/20:

Good morning,

As we continue to carry out recommendations by our regulatory partners, the CDC, WHO, CMS, FDOH and IDPH, some great questions have come up post our recent decision to restrict visitors and vendors. Additional direction as follows....

- New admission tours will be suspended at this time

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- Non-essential resident external appointments are to be postponed and/or rescheduled – those requiring a medically necessary external provider follow up will be carried out while maintaining infection control practices
- New admission sign-in's will be restricted to the lobby; appropriate screening to be carried out with these new residents at the time of entry
- Outside paid-entertainment vendors will be suspended at this time
- We are avoiding all LOA practices unless medically necessary – if a family member is insistent on taking their loved one out of the facility, call me so we can walk through the next steps
- All deliveries will continue to be restricted to non-patient care areas; large bulk drop offs to dedicated O2 rooms will need to ensure transport is screened, temped and PPE provided
- The following situations will be allowed **pending** a negative screening has been completed, negative temp ***(below 100.4 – range we are monitoring)***, have demonstrated appropriate hand hygiene (documented via handwashing competency - attached) and are wearing appropriate PPE when in patient care areas:
    - Caregivers hired by families
    - Hospice and Psych Providers
    - Podiatry and Wound Care providers
    - Dental and Optometry providers
    - Physicians and physician extenders
    - Lab and X-Ray providers – please monitor these providers to ensure proper IC and PPE donning and doffing is to be carried out **in between** each resident
- Outside food – we do not recommend at this time
- We have family members who prefer to wash their loved one's laundry. Please make sure to complete an updated *personal inventory sheet* and ensure each item is labeled as we will need to launder their items at this time. Please notify this sample of resident families and communicate our plan with them
- Student clinical rotations and volunteers will be suspended at this time
- Staff who have recently gone on a cruise or return from a cruise will need to self-quarantine for 14 days upon return – a physician's note will be required prior to returning to the schedule
- Staff Temperatures – the best way to monitor staff temperatures is to record on our daily Smartlinx schedules. These schedules are kept for tracking purposes by our dedicating staffing coordinators. Review for compliance to be carried out by the DNS/ED of each center. If you have the ability to purchase Thermal Thermometers, go ahead and do so at this time. Our thermometers require probe covers which may result in exhaustion by our supplier eventually as well
- Please make sure all agency staff is screened and the same process is carried out as we do for our own employees – this includes handwashing competency (attached)
- Any/all correspondence requested from the Union, ACO's, Veterans Affairs (VA), etc. is to be forwarded to our Legal Team for review. They will assist with a response to these inquiries
- All media requests to be forwarded to Teri Marinko, SVP Customer Experience

We know this has and will continue to be a heavy lift for all of us. We are so proud of your continued efforts to ensure safety and protection to our most vulnerable...THANK YOU 🖤

With Sincere Gratitude,

The Clinical Team

Charlene Peters | Chief Clinical Officer
Greystone Healthcare Management | greystonehealth.com
4042 Park Oaks Blvd, Suite 300 | Tampa, FL 33610
m. 813-210-1650 | o. 813-675-2312

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FL-AHCA-20-0902-A-002403

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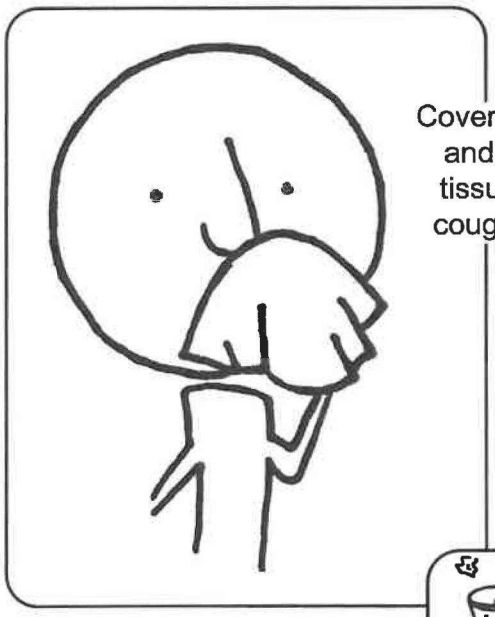
Stop the spread of germs that make you and others sick!

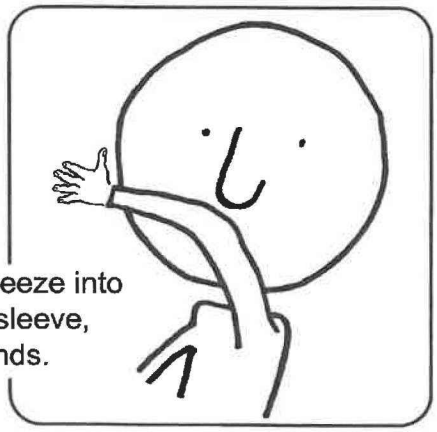
Cover your Cough

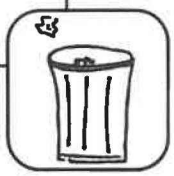


Cover your mouth and nose with a tissue when you cough or sneeze

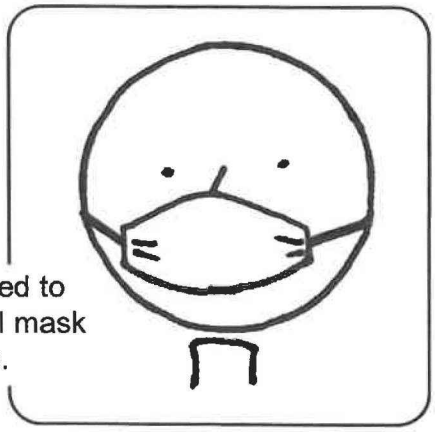
or

cough or sneeze into your upper sleeve, not your hands.





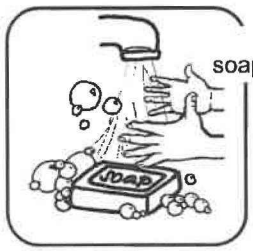
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

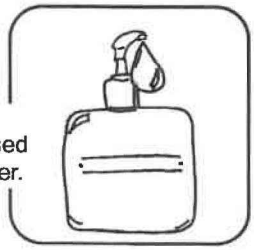
after coughing or sneezing.



Wash with soap and water

or

clean with alcohol-based hand cleaner.



MINNESOTA DEPARTMENT OF HEALTH
MDH
Minnesota Department of Health
625 N Robert Street, PO Box 64975
St. Paul, MN 55164-0975
651-201-5414 TDD/TTY 651-201-5797
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Minnesota Antibiotic Resistance Collaborative

APIC
ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC

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FL-AHCA-20-0902-A-002406

IC9141-1428

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COVID 19 CORONAVIRUS DISEASE

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: **www.cdc.gov/COVID19**

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COVID 19 ENFERMEDAD DEL CORONAVIRUS

Lo que necesita saber sobre la enfermedad del coronavirus 2019(COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

El COVID-19 se está propagando de persona a persona en China y se ha detectado propagación limitada entre contactos cercanos en algunos países fuera de China, incluso en los Estados Unidos. En la actualidad, sin embargo, este virus NO se está propagando en comunidades en los Estados Unidos. En estos momentos, el mayor riesgo de infección es para las personas en China o las personas que han viajado a China. El riesgo de infección depende de la exposición. Los contactos cercanos de las personas infectadas tienen un riesgo mayor de exposición, por ejemplo, los trabajadores del sector de la salud y los contactos cercanos de las personas infectadas por el virus que causa el COVID-19. Los CDC continúan vigilando de cerca la situación.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en https://www.cdc.gov/coronavirus/2019-ncov/ cases-in-us.html.

¿Cómo se propaga el COVID- 19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero parece que ahora se está propagando de persona a persona. Es importante notar que la propagación de persona a persona puede darse en un proceso continuo. Algunas enfermedades son altamente contagiosas (como el sarampión), mientras que otras enfermedades no lo son tanto. En estos momentos, no está claro qué tan fácil o con qué continuidad el virus que causa el COVID-19 se esté propagando entre las personas. Infórmese sobre lo que se sabe acerca de la propagación del coronavirus de reciente aparición en https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Muchos pacientes tienen neumonía en ambos pulmones.

¿Qué puedo hacer para ayudar a protegerme?

La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.
Hay medidas simples preventivas y cotidianas para ayudar a prevenir la propagación de virus respiratorios. Estas incluyen las siguientes:

- Evitar el contacto cercano con personas enfermas.
- Evitar tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lavarse frecuentemente las manos con agua y jabón por al menos 20 segundos. Usar un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.
- Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:
- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si recientemente viajé a China y me enfermé?

Si estuvo en China en los últimos 14 días, se siente enfermo y tiene fiebre, tos o dificultad para respirar, debería buscar atención médica. Llame al consultorio de su proveedor de atención médica antes de ir y dígales sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

CS 314937-1 02/24/2020

Para obtener más información: **www.cdc.gov/COVID19-es**

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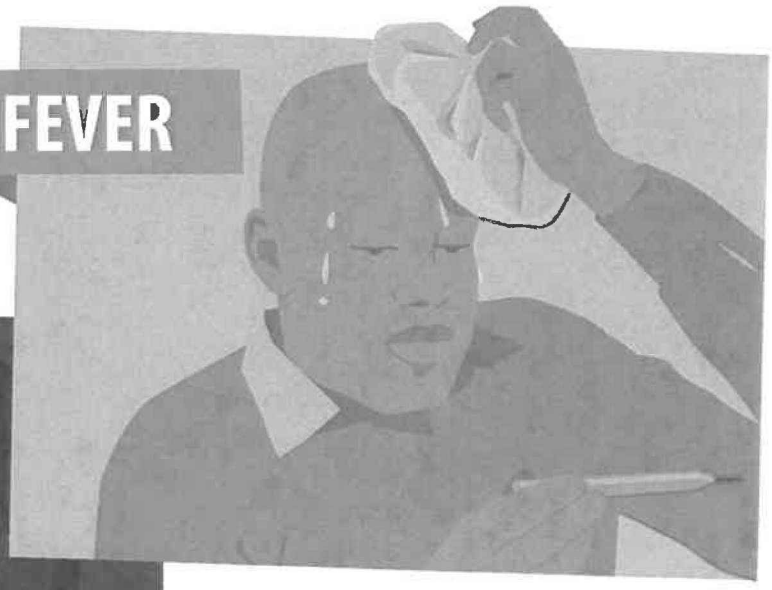
COVID 19
CORONAVIRUS DISEASE

SYMPTOMS OF CORONAVIRUS DISEASE 2019

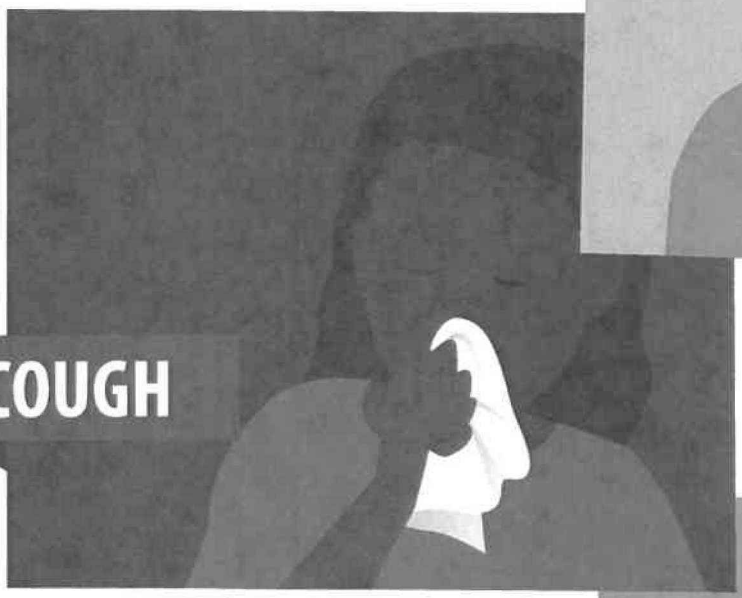
Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER

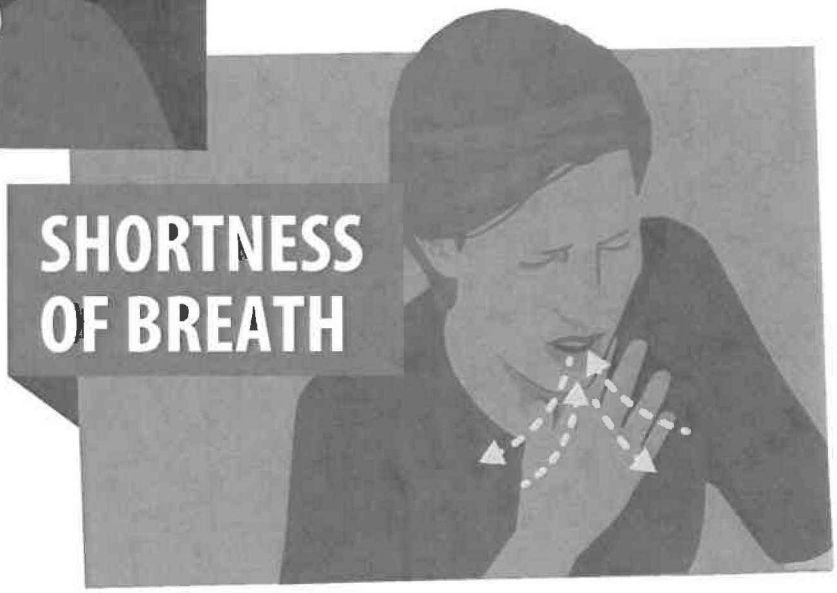


COUGH



*Symptoms may appear 2-14 days after exposure.

SHORTNESS OF BREATH



If you have been in China or in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, call your doctor.

For more information: **www.cdc.gov/COVID19**

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Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)

A. Identify

if in the ***past 14 days since first onset of symptoms*** a history of ***either***

Travel to China	← **OR** →	**Close contact with** a person known to have 2019-nCoV illness*

B. AND the person has

Fever or symptoms of lower respiratory illness
(e.g., cough or shortness of breath)

if both exposure and illness are present

↓

1. Isolate

- Place facemask on patient
- Isolate the patient in a private room or a separate area
- Wear appropriate personal protective equipment (PPE)

2. Assess clinical status

	Is fever present?	**Is respiratory illness present?**
EXAM	☐ Subjective?	☐ Cough?
	☐ Measured? _____°C/F	☐ Shortness of breath?

3. Inform

- Contact health department to report at-risk patients and their clinical status
- Assess need to collect specimens to test for 2019-nCoV
- Decide disposition

If discharged to home

↓

Instruct patient

As needed depending on severity of illness and health department consultation

- Home care guidance
- Home isolation guidance

Advise patient

If the patient develops new or worsening fever or respiratory illness

- Call clinic to determine if reevaluation is needed
- If reevaluation is needed call ahead and wear facemask

* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

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Florida Health Care Association

Florida Hospital Association

Mission to Care. Vision to Lead.

SNF to Hospital and Hospital to SNF COVID 19 Transfer Communication Tool

Use this tool to document an individual's medical status related to coronavirus disease 2019 (COVID-19) to help facilitate communication between skilled nursing facilities and hospitals during patient transfers and admissions.

Resident/Patient Name: _____

Transferring Facility: _____

Accepting Facility: _____

Date of Transfer: _____

1. **Has the patient tested positive for COVID-19?**
   ☐ Yes ☐ No

2. **Date of initial positive test:** _____

3. **If Yes, has the patient had 2 subsequent negative test results?** ☐ Yes ☐ No ☐ N/A

4. **Dates of subsequent negative tests:** _____

   If patient was positive and has subsequent negative testing STOP and call the receiving facility to have further discussion regarding current clinical status of the patient.

5. **Has the patient exhibited signs and symptoms of COVID-19 during admission to the facility** ***(Cough, Sneezing, Fever > 100, SOB, Sore Throat)?***
   ☐ Yes ☐ No

6. **Has the patient had a positive chest x-ray since admission?** ☐ Yes ☐ No ☐ N/A

7. **If answer to 6 is Yes, results:** _____

8. **Has the patient been in contact with anyone who has tested positive for COVID-19?**
   ☐ Yes ☐ No

9. **Date of Exposure:** _____

10. **Has the patient been to any of the restricted travel areas** ***(South Korea, Iran, China, Italy)*****, traveled internationally or traveled on a cruise ship in the last 14 days?** ☐ Yes ☐ No

11. **Dates and countries of travel:** _____
    _____

12. **Has anyone in your facility tested positive for COVID-19 or has been presumed positive?**
    ☐ Yes ☐ No

13. **If Yes to Question 12: Has the Department of Health Been Notified?**
    ☐ Yes ☐ No ☐ N/A

If the answer is "Yes" to question 12, STOP and have a conversation with receiving center regarding facility status.

Signature of Screener: _____

Title _____

Date: _____ **Time:** _____

Report Called in to: _____

Date: _____ **Time:** _____

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Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19)

Version 4.1 | March 10, 2020

The Florida Department of Health (Department) is prioritizing testing of symptomatic individuals who had close contact[1,2] with a laboratory-confirmed[3] COVID-19 case, are part of an outbreak, or have unexplained respiratory illness. Please see the Centers for Disease Control and Prevention (CDC) Health Alert Network 429 https://emergency.cdc.gov/han/2020/han00429.asp for additional guidance on prioritization of testing. The Department recommends other individuals be tested at a commercial laboratory (e.g., LabCorp and Quest). For all persons under investigation for COVID-19, take the following precautions:

- Ask the patient to wear a surgical mask.
- Evaluate the patient in a private room with the door closed, ideally an airborne isolation room, if available.
- Initiate contact and airborne precautions, including use of eye protection (e.g., goggles or a face shield) for all health care professionals and other staff entering the room.
- Visit **www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html** for additional recommendations on infection control recommendations for patients under investigation for COVID-19 in health care settings.

A. Person had **close contact**[1,2] with a laboratory-confirmed[3] COVID-19 case and fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

B. Person is part of an outbreak of suspected COVID-19.

C. Person hospitalized with **unexplained respiratory illness or person who died from unexplained respiratory illness.**

D. Person traveled to or from an **affected geographic area**[5] with widespread community transmission and has fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

→ **This patient meets the criteria for testing at the Florida Department of Health Bureau of Public Health Laboratories.** The Florida Department of Health asks that you **immediately** notify both infection control personnel at your health care facility and your county health department (CHD) (**FloridaHealth.gov/CHDEpiContact**).

E. Person had community contact (e.g., attended the same gathering or stayed on the same cruise ship) with a laboratory-confirmed[3] COVID-19 case and fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

F. Person is age ≥65 years, has chronic medical conditions, or is in an immunocompromised state and has fever[4] or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

→ **Consider testing at a commercial laboratory.** If commercial testing is not available, contact your CHD for patients that meet CDC priority criteria.

[1]Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case– or –b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings.

[2]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel.

[3]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

[4]Fever may be subjective or confirmed.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

Content source: CDC

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FL-AHCA-20-0902-A-002418

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Greystone
Health Network

Date: _____

Re: COVID-19 (Coronavirus)

Dear _____,

[NAME OF FACILITY] is diligently monitoring the development of COVID-19 (2019 novel Coronavirus) and taking all appropriate and necessary precautions for the safety and well-being of our community. We are working closely with local and state officials. We remain vigilant and continue to follow the Centers for Disease Control (CDC) and FLORIDA or ILLINOIS or MISSOURI Department of Health guidelines.

The care and safety of our residents and staff members are our number one priority. As such, we've taken the appropriate steps to address and prevent the exposure of the virus to anyone who may visit our facility. To further protect the health of our patients, workforce, and the community and prevent the potential spread of Coronavirus, [NAME OF FACILITY] is implementing a modified visitor policy effective March 11, 2020. This policy limits the number of visitors, restricts the number of entry points into the building, and implements screening for all visitors.

Specifically, in accordance with the Centers for Medicare & Medicaid Services (CMS) revised guidance to visitation for nursing homes, in coordination with the CDC and local health departments, and in order to protect unnecessary exposure among residents for reasonable clinical and safety reasons, NAME OF FACILITY has imposed the following visitation limitation:

Individuals are limited from visiting residents unless extenuating circumstances exist such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.

In lieu of visits, we welcome alternate forms of communication to maintain the supportive relationship and to reassure your loved ones that the precautions in effect are intended for their protection and well-being. Please know that NAME OF FACILITY has increased the frequency of surveillance on our residents for symptoms in order to ensure prompt detection, triage, and isolation of potentially affected residents, while still taking into account the individual needs and goals of care.

We will continuously monitor the information disseminated from CMS, CDC, and local governing agencies for further guidance. However, the current visitor limitation will remain in place until further notice. Do not hesitate to call us at [XXX-XXX-XXXX] before visiting your loved one to better understand the current visitor policy.

Sincerely,

[Name of Administrator], NHA
Executive Director
[_____] Health & Rehabilitation Center

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Talking Points preface for letter to families, involved parties....

- Introduce yourself
- I'm sure you have been following the news regarding the COVID-19 ("Corona virus") and it's spread and implications... (This will open conversation)
- I wanted to let you know that we have been diligent in protecting our residents since the onset
    - We have increased the frequency of our resident surveillance for symptoms, concerns, and any potential for exposure
    - We also enforced precautionary measures for visitors and staff, including increased education and signage, additional hand hygiene stations, and screening residents, vendors, and staff regarding symptoms, relevant travel, and updated potential exposure information in accordance with the CDC, WHO, and CMS recommendations
- This week CMS has revised guidance for visitation based on the vulnerability of residents in nursing homes.
- **We have chosen to adopt the CMS guidance to restrict visitation to our center unless extenuating circumstances occur.**
    - I understand this may be concerning, but the heightened risk of transmission supports this decision as being essential to keeping your loved one, and the other residents protected.
- We are sending out a letter that with further explain this precaution and of course, we will let you know immediately if there are any changes.
- In the meantime,
    - we want to let you know that we are communicating this same message to all of our residents, and updating them often regarding any developments.
    - We are continuing our vigilant surveillance and rigorous screening of staff prior to reporting to work each shift
    - We are encouraging and available to help you communicate with your loved ones by other means, such as Skype, email, facetime, phone calls. We have internet access and can assist with simple technology.
    - Non-essential appointments and LOAs will also be restricted and rescheduled at a later date
    - Care Plan meetings and IDT discussions will continue as planned, however your participation will need to be completed via telephone/skype/facetime etc
    - If you would like an assigned contact person so you receive consistent communication, that can also be arranged.
    - We are monitoring the CDC, WHO, and CMS guidance and live coverage and are hopeful that the restrictions can be lifted in the near future.
    - I know you will probably have questions after you digest this—here are some key people you can contact:
    - Here is my cell number
    - Do you have any questions right now?

Liz we should set up a recorded line with the visitation policy 24 hours –

Listserv—this would be nice for visitors who have email—unless it gets out of hand—may make it outbound only – no opportunity for reply

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Greystone Health Network

Handwashing

Employee Name:			Date :
			Hire Date :
	MET	NOT MET	COMMENTS
Stood so that clothing did not touch the sink.	☐	☐	
Turned on the water and adjusted temperature to warm; left the water running.	☐	☐	
Wet wrists and hands.	☐	☐	
At all times kept the level of the hands lower than that of the elbow.	☐	☐	
Applied soap or cleaning agent to hands using available products.	☐	☐	
Washed both hands and wrists using friction for at least 20 seconds.	☐	☐	
Rinsed both hands and wrists properly under running water with fingertips pointing down.	☐	☐	
Dried hands properly with paper towel(s) from fingertips to wrists.	☐	☐	
Properly disposed of used paper towels.	☐	☐	
Used dry paper towel between hand and faucet to turn off the water.	☐	☐	
Disposed of used paper towel.	☐	☐	
Alcohol handrubs			
Applied appropriate amount of alcohol handrub to palm of one hand.	☐	☐	
Rubbed hands together covering all surfaces.	☐	☐	
Let hands dry.	☐	☐	

Auditor: _____ Date: _____

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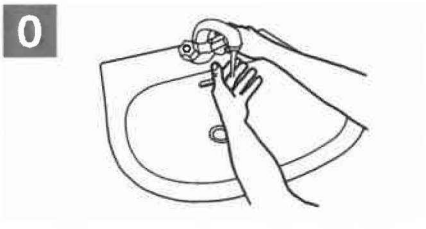
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

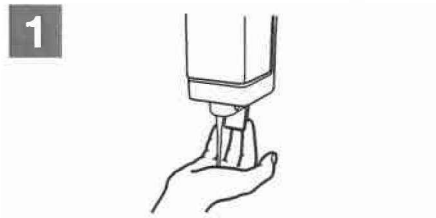
Duration of the entire procedure: 40-60 seconds

0



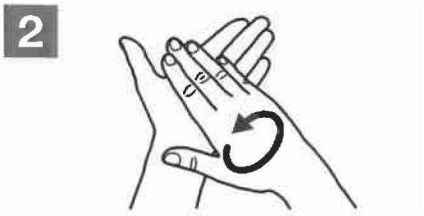
Wet hands with water;

1



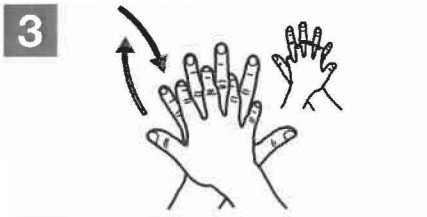
Apply enough soap to cover all hand surfaces;

2



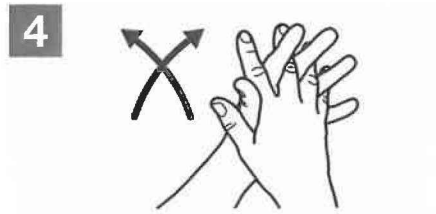
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



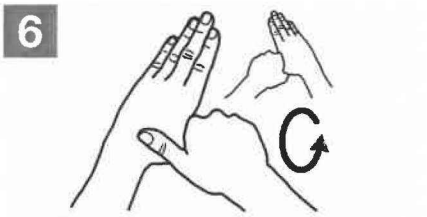
Palm to palm with fingers interlaced;

5



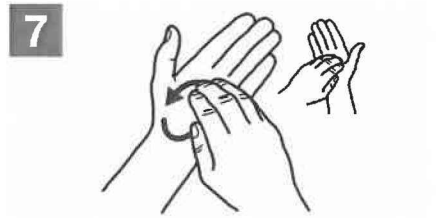
Backs of fingers to opposing palms with fingers interlocked;

6



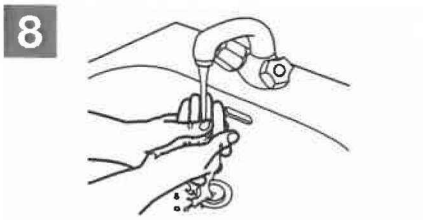
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



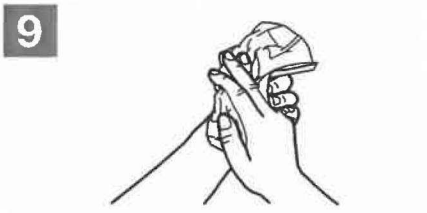
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



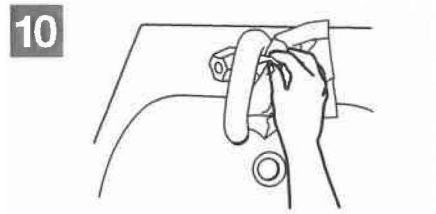
Rinse hands with water;

9



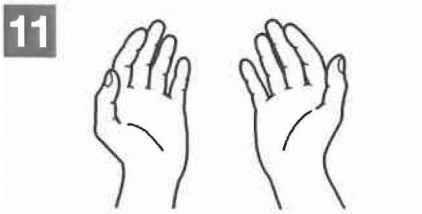
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their [illegible]

May 2009

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002426

AMERICAN OVERSIGHT

Greystone Health Network

ATTENTION VISITORS





Visitors and Vendors are Restricted at This Time

****Per recommendation by the Centers for Medicare and Medicaid Services*

If you have any questions, please call us at: _____

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Receptionist Q&A for Visitors/Vendors (Coronavirus)

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, sore throat, fever **OR** cough?
		8. Have you recently been on a cruise ship?

***** Visitors and Vendors have been restricted from the facility at this time.** Visitors **will only be allowed for residents who are receiving palliative care services (i.e. hospice) and only if cleared by screening above. PPE must be available for them while** visiting. **Visitors/Vendors will not be permitted to enter facility if any YES responses obtained.** Vendors **will not be allowed in resident care areas – drop off items (i.e. pharmacy, McKesson) should be delivered near exterior** doors.

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

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AHCA MEDIA INQUIRY
REPORTER: Mary Ellen Klas
OUTLET: The Miami Herald

INQUIRY:

We have heard from executives of nursing homes and ALFs have repeatedly told us that residents of these facilities continue to be exposed to COVID because of "staff and vendors."

Please provide us with an answer to the following questions:

** Is the state requiring the regular testing of vendors hired to provide work in nursing homes and ALFs? If not, why not?*

** Does the state require testing of staff of nursing staffing services used to provide backup service at nursing homes and ALFs? If not, why not?*

** Does AHCA require that its inspectors who enter nursing homes be tested? If not, why not?*

** Does AHCA require that its inspectors who enter nursing homes wear PPE? If so, what kind? If yes, please provide us with a copy of the guideline, or directive?*

** Does AHCA require that home health agencies that provide skilled nursing services, or unskilled nursing services have their staff regularly tested? If not, why not? If yes, please provide us with a copy of the guideline, or directive?*

** What is the current policy relating to transfer of patients from hospitals to LTC facilities? Has the agency changed the policy regarding a requirement that the patient have two negative tests before transfer?*

** Why are nursing home staff allowed to come to work while their tests are pending?*

** Why are staff who test positive allowed to come back when their symptoms subside but they have not yet tested negative? Aren't they considered still contagious?*

RESPONSE:

The Agency's emergency rule requires all staff entering the facility to be tested. This includes clinical, housekeeping, nutrition and food service, maintenance, administration, and contract staff. Vendors, such as plumbers or electricians, are not required to be tested but must be granted limited access to the facility; wear PPE in compliance with CDC guidance; and cannot have direct contact with residents.

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For the initial implementation of the rule, staff were permitted to work while testing results were pending. Any staff member who receives a positive result is not allowed to enter a facility.

The Agency is fully compliant with current CDC guidance regarding surveyors, including the appropriate usage of PPE when entering a facility. <<INSERT SENTENCE ABOUT PPE USAGE FROM KIM>> Additionally, the Agency will be requiring our inspectors to be regularly tested.

Home health agencies are required to have their staff tested if working in a nursing home or assisted living facility.

The Agency issued Emergency Rule 59AER20-6. A hospital is prohibited from discharging any resident who has tested positive for COVID-19 or is exhibiting symptoms consistent with COVID-19 to any long-term care facility until the resident has been cleared for discharge using either a test-based strategy or a symptom-based strategy, unless the receiving facility has a dedicated wing, unit, or building with dedicated staff to accept the COVID-19 positive resident.

Please reference the Criteria for Return to Work for Healthcare Personnel guidance from the CDC for your last question.

AMERICAN OVERSIGHT

Long-Term Care (LTC) Respiratory Surveillance Line List

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

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LTC Respiratory Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

For residents only: Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For resident only: Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

Additional documented s/s (*select all codes that apply*): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.
H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____

Section D: Diagnostics

Chest x-ray: Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

Type of specimen collected: (*Select all codes that apply*): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.
NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (*select all codes that apply*): In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.
0 – No test performed, 1 – Culture, 2 –Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify

Pathogen detected (*select all codes that apply*): In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.
0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*
Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. ***Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.***

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

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LTC Respiratory Surveillance Line List

Date:____/____/_____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics						B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics					E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify_____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify_____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																						
2.																						
3.																						
4.																						
5.																						

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

FL-AHCA-20-8002-A-002436

Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

Contents

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Section 2: Influenza Vaccination Status 5

Section 3: Pneumococcal Vaccination Status 5

Section 4: Case Definition 5

Section 5: Outbreak Period Information 5

Section 6: Staff Information 6

Section 7: Diagnostic and Laboratory Tests 6

Section 8: If Influenza Identified During Outbreak: 6

Section 9: Resident Outcome 6

Section 10: Facility Outbreak Control Interventions 6

Section 11: # of New Cases Per Day 6

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AMERICAN OVERSIGHT

LTC Respiratory Surveillance Outbreak Summary

Section 1: Facility Information

Health Dept. Contact Name and Phone Number: A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

Date First Notified Local Health Dept: Record the date you first contacted local or state public health during this outbreak at your facility.

Total # of residents at facility: Document the total number of residents in the facility at the time of the outbreak.

Total # of employees: Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

Summary Form Status: Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

Section 2: Influenza Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received the Flu Vaccine within the past year.

Total # of staff vaccinated: Record the total number of staff that received the Flu Vaccine within the past year.

Section 3:Pneumococcal Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.

Section 5: Outbreak Period Information

Outbreak start: (Date of symptom onset of first case): Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Average length of illness: Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

Outbreak end: (Symptom resolution date of last case): Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

Total # of Cases: Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

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LTC Respiratory Surveillance Outbreak Summary

Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

Section 7: Diagnostic and Laboratory Tests

Chest x-ray: Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae, Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

Diagnostic testing results: In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

Section 8: If Influenza Identified During Outbreak:

Antiviral Treatment: Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

Antiviral Prophylaxis Offered: Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

Section 9: Resident Outcome

Hospitalizations: During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

Deaths: During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
Facility Licensed by State: Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	**# of Licensed Beds:** Document the total number of licensed beds at the facility.
Facility Certified by CMS: Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	**# of staff employees:** Document the total number of facility employed staff working in the facility at the time of the outbreak.
Facility Type: Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	**# of contract employees:** Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

AMERICAN OVERSIGHT

LTC Respiratory Surveillance Outbreak Summary

1. Facility Information

Health Dept. Contact Name:_____ Health Dept. Contact Phone Number:_____
Health Dept. Fax Number:_____ Date First Notified Local Health Dept.:___/___/____
Total # of residents at facility: _____ Total # of employees (staff and contract personnel): _____
Summary Form Status: Date initiated:___/___/_____ Date completed:___/___/____

2. Influenza Vaccination Status

Total # of residents vaccinated: Total # of staff vaccinated:

3. Pneumococcal Vaccination Status

Total # of residents vaccinated:

4. Symptomatic Case Definition

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility:

5. Outbreak Period Information

Outbreak start: (Date of symptom onset of first case):___/___/_____
Average length of illness:_____ days
Outbreak end: (Symptom resolution date of last case):___/___/_____

Total # of Cases
Residents: Staff:

6. Staff Information

Were any ill staff delivering resident care at the beginning of the outbreak? ☐ Yes ☐ No If yes, how many:____
Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many:____
ED Visit: ☐ Yes ☐ No If yes, how many:____ Hospitalization: ☐ Yes ☐ No If yes, how many:____

7. Diagnostic and Laboratory Tests

Chest x-ray: ☐ Yes ☐ No # performed: # abnormal:

Which organisms were identified through laboratory testing:
Bacterial: Specify_____ **Viral**: Specify_____ **Other**: Specify_____

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 2 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 3 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____

8. If Influenza Identified During Outbreak:

Antiviral **treatment** offered: ☐ Yes ☐ No
If yes, indicate total # : Residents_____ Staff_____

Antiviral **prophylaxis** offered: ☐ Yes ☐ No
If yes, indicate total # : Residents_____ Staff_____

9. Resident Outcome

Hospitalizations: ☐ Yes ☐ No If yes, how many:_____
Deaths: ☐ Yes ☐ No If yes, how many:_____

10. Facility Outbreak Control Measures

☐ Educated on hand hygiene practices: Date:_____
☐ Implemented transmission-based precautions: Date_____
☐ Dedicate staff to care for only affected residents: Date: _____
☐ Suspend activities on affected unit: Date: _____
☐ Notified family/visitors about outbreak: If yes, Date: _____
☐ Other: _____

☐ Monitored appropriate HH and PPE use by staff: Date:_____
☐ Cohorted ill residents within unit/building: Date: _____
☐ Placed ill staff on furlough: Date: _____
☐ Restricted new admissions to affected unit: Date: _____
☐ Educated family/visitors about outbreak: If yes, Date: _____
☐ Other: _____

11. # of New Cases Per Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: ____/____/_____ **List units/floors involved in the outbreak:**_____

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Facility Licensed by State: ☐ Yes ☐ No Facility ID: _____
Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing home ☐ Assisted living ☐ Other (specify): _____
# of Licensed Beds: _____ # of staff employees: _____ # of contract employees: _____

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Staff Checklist (Coronavirus)

Newly Hired Staff and Staff who go out of the country on PTO and/or have close contact with a person(s) who have visited outside of the country.

Staff Name: _____ **Date:** _____

Reviewer: _____

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, sore throat, fever OR cough?
		8. Have you recently been on a cruise?

***YES answers will require return to work note from the physician

This document has been created for internal use only by Risk Management, Corporate Compliance, and Quality Assurance Committees, and pursuant to legal instruction, for improvement and evaluation of resident safety, quality of care, processes, and services, as well as litigation.

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Admissions/Home Health Checklist (Coronavirus)

Resident Name: _____ **Date:** _____

Facility Referral: _____ **Reviewer:** _____

YES	NO	
		1. Have you traveled to China in the last 30 days?
		2. Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?
		3. Have you traveled to Hong Kong, Italy, Japan, Iran, South Korea?
		4. Have you been in contact with someone who has traveled to Hong Kong, Italy, Japan, Iran, South Korea in the last 30 days who is now ill?
		5. Have you traveled outside of the country in the last 30 days?
		6. Have you been in contact with someone who has traveled out of the country in the last 30 days who is now ill?
		7. Have you exhibited shortness of breath, fever and cough?
		8. Have you recently been on a cruise?

***YES answers to be reviewed by the Director of Nursing at the referring facility prior to acceptance for admission - DON to consult Medical Director for clearance.

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Vista CLINICAL

3/2/2020

In an effort to provide the best service to our clients and our patients, Vista Clinical is currently researching various options to initiate COVID-19 (novel Coronavirus) PCR testing in our Clermont laboratory. As of right now, widespread testing for COVID-19 is not being performed by the CDC or the local county and state health departments. Patients must meet certain criteria to be considered for testing.

If you have a patient that is exhibiting signs and symptoms of respiratory illness we suggest that they first be tested for the respiratory pathogens that cause the majority of respiratory infection.

Vista Clinical offers a respiratory pathogens panel by PCR that tests for 14 viruses and 3 bacteria that can cause respiratory illness. The specimen for this testing is: a nasopharyngeal swab in universal transport media (UTM).

The test to order is the Respiratory Pathogens Panel. Please write this test in the notes and additional tests section of the requisition.

If more testing is necessary, contact your local County Health Department and follow their specific guidelines and instructions. The following is a link to the latest information for healthcare providers regarding COVID-19 from the Florida State Health Department. http://www.floridahealth.gov/diseases-and-conditions/COVID-19/providers/index.html

If you have any questions, please call the laboratory at 352-536-9270.

Thank you.

Robin Johnson
Director of Laboratory Operations
Vista Clinical
Robin.johnson@vista-clinical.com

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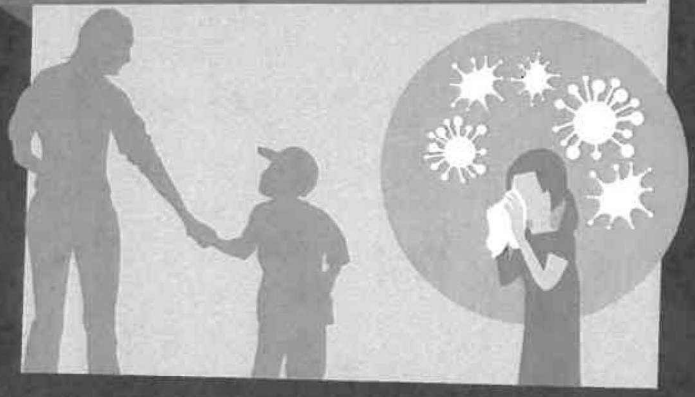
COVID 19
CORONAVIRUS DISEASE

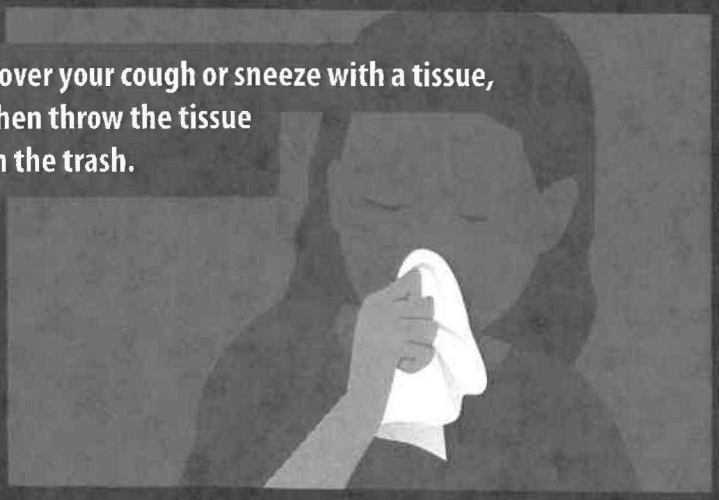
STOP THE SPREAD OF GERMS

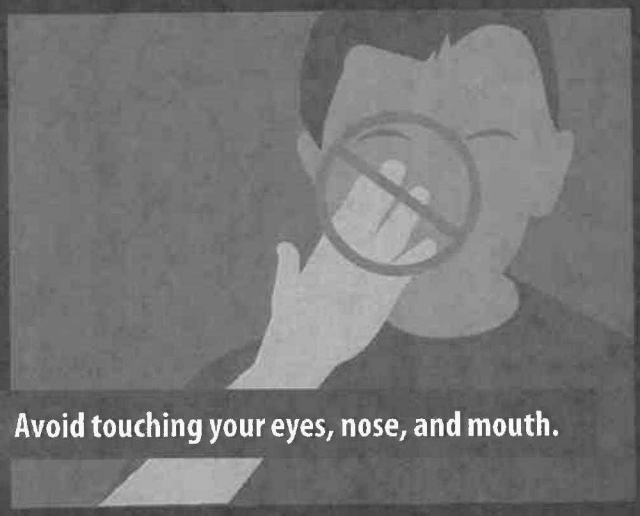
Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.





Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.





Wash your hands often with soap and water for at least 20 seconds.

For more information: **www.cdc.gov/COVID19**

CDC

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FL-AHCA-20-0902-A-002448

CS314915-A

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.

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Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

- ***Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*

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- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for*

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Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

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Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).***

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Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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FDOH: As of 7:55 a.m. ET 03/09/20

2019 Novel Coronavirus (COVID-19)

Positive Cases of COVID-19

12 – Florida Residents
5 – Florida Cases Repatriated*
1 – Non-Florida resident

Deaths

2 – Florida Residents

Number of Negative Test Results

140

Number of Pending Testing Results

115

Number of People Under Public Health Monitoring

302 – currently being monitored
1104 – people monitored to date

People Under Public Health Monitoring: The number of people under public health monitoring includes those at risk of having been exposed to COVID-19 who are monitoring their health under the supervision of public health officials.

***Florida Cases Repatriated**: The United States Department of State officially coordinated the return of a person living in Florida to the United States and those persons are isolated at a federally designated site until healthy. A repatriated case is when the United States Department of State officially coordinates the return of a Florida resident to the United States.

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Presumptive Positive: A Presumptive Positive is when a state health lab has a positive test without CDC confirmation.

Confirmed: A Confirmed status is given when the Presumptive Positive sample is then confirmed by the CDC.

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COVID-19 (Coronavirus)

Fleet Preparedness, Response & Education Overview

To include Tampa/NY Corporate Offices

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PREPAREDNESS

Skilled Nursing Facilities

- Education to be carried out with ALL STAFF
  - Symptoms/Prevention/Surveillance
  - Cough Etiquette ***(attachment #1)***
  - Hand Hygiene ***(attachment #2)***
  - Personal Protective Equipment
- Post signage
  - Visitor/Vendor entrances
    - Notify if cough, fever and/or shortness of breath present - will not allow visitors if symptoms present - *Greystone Visitor Sign* ***(attachment #3)***
    - Front Desk/Receptionist to receive education regarding this process ***(attachment #4)***
- Surveillance
  - Infection Control Preventionist (ICP) to track and trend all respiratory infections; pneumonia dx to be reviewed by respective RDCO *(CDC Line Listing - **attachment #5**)*
  - Those exhibiting s/s of cough, fever and/or shortness of breath will notify RDCO for review
  - Ongoing communication with local health department – each respective ED/DNS to make contact
- Housekeeping
  - High focus on cleaning with EPA in high risk areas; i.e. doorknobs, railings, therapy gym, mechanical lifts, visitor bathrooms, dining tables/chairs, telephones, keyboards, mouse, etc.
  - ED/DNS/ICP/HSK Director to conduct walking rounds daily
- Kitchen Sanitation
  - Meal tray carts to be disinfected after each meal service
  - Special caution of meat/poultry handling and cooking

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- Family/Resident Representative Communication
  - Approved mailing from home office to be sent out to resident representatives (*Communications Department to distribute*)

- Staffing
  - Education to be carried out with each staffing coordinator to report up any staff member out of the country on PTO – facility to review each with respective RDCO if they are identified in order to receive clearance to return to work (***attachment #6***)
  - New hires to be screened if they have been out of the country over the past 30 days or have had close contact with those who have been out of the country – will review each as they are identified with RDCO to clear for onboarding (***attachment #6***)

Admissions Team:

- Education – Hand Hygiene/Cough Etiquette
- Screening Criteria
  - Will not admit if resident/patient has been out of the country or has had close contact with anyone who has been out of the country – to follow screening criteria flowsheet (***attachment #7***)
  - Notify Director of Nursing prior to accepting resident for admission – DON to consult Medical Director for clearance

Home Health:

- Education - Hand Hygiene/Cough Etiquette
- Screening Criteria
  - Will not admit if resident/patient has been out of the country or has had close contact with anyone who has been out of the country – to follow screening criteria flowsheet (***attachment #7***)
  - Notify Director of Nursing prior to accepting resident for admission – DON to consult Medical Director for clearance

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FL-AHCA-20-0902-A-002462

Corporate Home Office:

- Town Hall to be held Wednesday 03/04/20 to educate on;
  - Hand Hygiene/Cough Etiquette
  - Symptoms/Prevention/Surveillance
  - Alert management if planning on going out of the country or have had close contact to anyone who has gone out of the country
- Front Desk at corporate office to receive screening questions for any visitor/vendor's – anyone exhibiting respiratory s/s/fever/SOB and/or has been out of the country will not be allowed to visit (***attachment #4***)
- Increase in housekeeping focus to ensure daily deep cleaning of high-risk areas are being carried out...i.e. keyboards, desks, mouse, doorknobs, bathrooms

RESPONSE

Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients with Confirmed or Possible COVID-19

- Assessment and triage of patients with acute respiratory symptoms
- Patient placement
- Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
- Visitor management and exclusion
- Source control measures for patients (e.g., put facemask on suspect patients)
- Requirements for performing aerosol generating procedures (avoid)
- Be alert for patients who meet the persons under investigation (PUI) definition
- Report a potential COVID-19 case or exposure to facility infection control leads and public health officials – know your local health department contact and immediately report for guidance
- Know who, when, and how to seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed coronavirus disease 2019 patient
- Know how to contact and receive information from your state or local public health agency

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EDUCATION OVERVIEW

What is COVID-19 (Coronavirus)

- Centers for Disease Control & Prevention (CDC) and the World Health Organization (WHO) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in 60 locations internationally, including in the United States
- The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19")

How Does it Spread...

- Person-to-person spread
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs or sneezes

  ***These droplets can land in the mouths or noses of people who are nearby or possibly by inhaled into the lungs

- Spread from contact with infected surfaces or objects
  - It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads

Symptoms...

May appear **2-14 days after exposure***

- Fever
- Cough
- Shortness of breath

Prevention...

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth

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- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- Follow CDC's recommendations for using a facemask
    - **CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19**
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty

Additional Attachments:

1. Vista Laboratories Letter to Facilities – (**attachment #8**)
2. Stop the Spread of Germs Poster – (**attachment #9**)
3. Coronavirus CDC Fact Sheet_English – (**attachment #10**)
4. Coronavirus CDC Fact Sheet_Spanish – (**attachment #11**)
5. CDC Symptoms Poster – (**attachment #12**)
6. CDC Flowchart to Identify and Assess – (**attachment #13**)

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:49 PM
To: ""Kidder"","" Beth; " "Bland"","" Shushan Gemora; " "McKinstry"","" Molly; " "Sheffield"","" Mary Beth; Molly.McKinstry@ahca.myflorida.com; MaryBeth.Sheffield@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; ShushanGemora.Bland@ahca.myflorida.com
Cc: Sims, Carla; Gerrell, Traci; McIntosh, Addison; Zaki, Pilar
Subject: RE: AG 18-19 Federal Awards Audit - SUBSEQUENT EVENTS

Yes, please. And also, I have discussed postponing this audit for at minimum of three weeks and the Auditor General has agreed.

We are very much at capacity. Knowing I just had this conversation with Susan I am sure she will be okay with this.

From: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:47 PM
To: Bland, Shushan Gemora <ShushanGemora.Bland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Sheffield, Mary Beth <MaryBeth.Sheffield@ahca.myflorida.com>
Cc: Sims, Carla <Carla.Sims@ahca.myflorida.com>; Gerrell, Traci <Traci.Gerrell@ahca.myflorida.com>; McIntosh, Addison <Addison.McIntosh@ahca.myflorida.com>; Zaki, Pilar <Pilar.Zaki@ahca.myflorida.com>
Subject: RE: AG 18-19 Federal Awards Audit - SUBSEQUENT EVENTS

Pilar and Shushan—Given how focused we all are on COVID response, could you please take a stab at pulling subsequent audit finding that would be relevant?

Beth Kidder | Deputy Secretary for Medicaid
Agency for Health Care Administration | 850.412.4000

From: Bland, Shushan Gemora <ShushanGemora.Bland@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:46 PM
To: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Sheffield, Mary Beth <MaryBeth.Sheffield@ahca.myflorida.com>
Cc: Sims, Carla <Carla.Sims@ahca.myflorida.com>; Gerrell, Traci <Traci.Gerrell@ahca.myflorida.com>; McIntosh, Addison <Addison.McIntosh@ahca.myflorida.com>; Zaki, Pilar <Pilar.Zaki@ahca.myflorida.com>
Subject: AG 18-19 Federal Awards Audit - SUBSEQUENT EVENTS
Importance: High

Please see below emails from Susan Phelan (AG).

Have there been any subsequent events (events that occurred after the end of the AG's audit period 6/30/19) that would affect the AG's audit? These would include issuance of internal auditors' reports, other auditors' reports, regulatory agencies' reports, etc.

Please email me your response on or before **Thursday, 3/19/20**. Thank you.

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From: SUSAN PHELAN <SUSANPHELAN@AUD.STATE.FL.US>
Sent: Tuesday, March 17, 2020 3:07 PM
To: Bland, Shushan Gemora <ShushanGemora.Bland@ahca.myflorida.com>
Cc: Zaki, Pilar <Pilar.Zaki@ahca.myflorida.com>
Subject: Statewide Federal Awards Audit for Fiscal Year 2018-19 - Subsequent Events Inquiry

Shushan,

We do not need anything lengthy as a response. Just a statement that thee were no applicable subsequent events or a statement that there were with a brief explanation.

Give me a call if you need clarification. Thanks.

Susan
(850) 412-2833

From: SUSAN PHELAN
Sent: Tuesday, March 17, 2020 3:03 PM
To: Bland, Shushan Gemora <ShushanGemora.Bland@ahca.myflorida.com>
Cc: Zaki, Pilar <Pilar.Zaki@ahca.myflorida.com>
Subject: Statewide Federal Awards Audit for Fiscal Year 2018-19 - Subsequent Events Inquiry

Shushan,

In a Uniform Guidance compliance audit, two types of subsequent events may occur. The first type consists of events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect the entity's compliance during the reporting period. The second type consists of events of noncompliance that did not exist at the end of the reporting period but arose subsequent to the reporting period.

Our primary consideration would be for events that provide additional evidence with respect to conditions that existed at June 30, 2019, that affect the entity's compliance during the 2018-19 fiscal year. Examples include:

- Relevant internal auditors' reports issued during the subsequent period.
- Other auditors' reports identifying noncompliance that were issued during the subsequent period. (Examples might include grantor agency Inspector General' audits and audits by the Executive Office of the Governor's Inspector General.
- Regulatory agencies' reports on the entity's noncompliance that were issued during the subsequent period. (Examples might include grantor agency monitoring or investigations.)

We are also concerned with events of noncompliance that occurred during the period subsequent to June 30, 2019. An example is the discovery of noncompliance in the subsequent period of such magnitude that it caused the grantor to stop funding the program.

As indicated in the Statewide Federal Awards engagement letter, dated May 2, 2019, the Federal Awards Programs and Activities included in this audit are:

- Medicaid Cluster (CFDA Nos. 93.775, 93.777, and 93.778)
- Children's Health Insurance Program (CFDA No. 93.767)
- Refugee and Entrant Assistance State/Replacement Designee Administered Programs (CFDA No. 93.566)

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As such, please provide information related to any subsequent events, as described above, related to these programs.

In order to timely release the Statewide Federal Awards Audit, **a response by March 20, 2020 is required**.

Please let me know if you have any additional questions. Thank you.

Susan
(850) 412-2833

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From: Mayhew, Mary
Sent: Monday, March 16, 2020 12:25 PM
To: \; \; \; \; \; \; \; \; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com; Shannon.Clary@ahca.myflorida.com
Subject: Re: Confidential information included

Please have someone put it in alphabetical order by county. I need this printed and included in a daily briefing binder.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:20:58 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Confidential information included

No positive cases confirmed in NH or ALF – I will turn the list over to maintenance and advice who will be managing. Thanks

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020	Have conflicting info so going to see - not alleged to have COVID testing
ALF	Beach House	140	Naples	Collier	3/14/2020	All tests negative
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020	Test pending
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15	COVID + in Independent - not ALF
ALF	Opal	100	Cape Coral	Lee	3/16/2020	[redacted] PHI
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	pending	Heard just person is being tested - Kim calling
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A	Hospitalized pt testing negative

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:30 PM
To: ""Harris"","" Shevaun; Shevaun.Harris@ahca.myflorida.com
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Giving more time to submit may be tricky, but I'm fine with it as -is.

From: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Sent: Monday, March 16, 2020 11:55 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: Fwd: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Hi Stefan - see verbiage below on alert that will go out from Medicaid which includes the below paragraph on fair hearings. Let me know if you have questions or would like to discuss. My cell is: 264-4762. Working from home today.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the recipient is continuing to receive services pending the outcome of the fair hearing.

Shevaun Harris
Agency for Health Care Administration
Office: 850-412-4264
Cell: 850-264-4762

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:17 AM
To: Sokoloski, Kristin; Manderfield, Patrick
Cc: Harris, Shevaun
Subject: RE: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

This is good to go as long as the Secretary has also signed off. Thank you!

From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:46 AM
To: Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>

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Cc: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Patrick- Shevaun sent a note to Katie earlier on this- The Secretary has approved all of the content We just wanted to see if you wanted to review quickly for language ect. THANKS – we know you guys are super busy ☺

From: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:12 AM
To: Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Cc: Ward, Matthew <Matthew.Ward@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: FW: Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19

Draft provider alert for review and approval.

From: State of Florida Agency for Health Care Administration <Medicaid_Alert@ahca.myflorida.com>
Sent: Monday, March 16, 2020 9:08 AM
To: Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>
Subject: [External] Test Message - Medicaid Coverage of Services During the State of Emergency Related to COVID-19



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 16, 2020

Provider Type(s): All

Medicaid Coverage of Services During the State of Emergency Related to COVID-19

The Agency for Health Care Administration (Agency) is committed to ensuring that Medicaid recipients diagnosed with the 2019 novel coronavirus (COVID-19) receive all the care needed to address their symptoms. **Florida Medicaid covers and will cover all medically necessary services required to**

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facilitate testing and treatment of COVID-19. The purpose of this alert is to provide guidance on the flexibilities offered to providers furnishing services to recipients impacted by COVID-19. This policy guidance applies to services rendered through both the fee-for-service (FFS) delivery system and the Statewide Medicaid Managed Care (SMMC) program.

Here is the list of modifications being made now. As the situation evolves, the Agency may make additional changes to assist providers and to meet the needs of recipients.

Prior Authorization Requirements

In order to reduce administrative burdens on key providers that are on the front line serving the populations most impacted by COVID-19, Florida Medicaid is waiving prior authorization requirements for hospital services, physician services, advanced practice registered nursing services, home health services, and durable medical equipment and supplies. This will allow these provider types to redeploy resources used to complete these functions, as needed. In addition to the services listed above, Florida Medicaid is waiving all prior authorization requirements for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

Limits on Services

- Florida Medicaid will waive limits on services (specifically related to frequency, duration, and scope) that need to be exceeded in order to maintain the health and safety of recipients diagnosed with COVID-19 or when it is necessary to maintain a recipient safely in their home. Examples of services include: the 45-day hospital inpatient limit, home health services, durable medical equipment, in-home physician visits, etc.
- Florida Medicaid lifted all limits on early prescription refills during the state of emergency for maintenance medications, except for controlled substances. The edits prohibiting early prescription refills will remain lifted until further notice by the Agency. This will assist recipients who may need to be self-quarantined for a period of time.
- Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid will allow mail order delivery of maintenance prescriptions in those instances when recipients are prohibited from going to a retail pharmacy. Florida Medicaid will also pay for a 90-day supply of maintenance prescriptions through mail order delivery.

Cost Sharing

Florida Medicaid is waiving all co-payments related to testing and diagnosing COVID-19 and treating Medicaid recipients diagnosed with COVID-19.

Health Plan Appeals and Fair Hearings

If needed, recipients impacted by COVID-19 may be given more time to submit an appeal through their health plan or request a fair hearing. In addition, the Agency has sought federal approval to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearing decisions during the emergency period if there are workforce shortages. The Agency would limit use of this flexibility to those instances where the enrollee is continuing to receive services pending the outcome of the fair hearing.

Preadmission Screening and Resident Reviews

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All Preadmission Screening and Resident Review (PASRR) processes may be postponed until further notice by the Agency.

- Retroactively performed screenings or resident reviews must document the reason for delay in the completion of PASRR requirements.

Provider Enrollment

Florida Medicaid will pay for medically necessary services provided to recipients diagnosed with COVID-19, regardless of whether the provider is located in-state or out-of-state. To be reimbursed for services rendered to eligible Florida Medicaid recipients, providers not already enrolled in Florida Medicaid (out-of-state or in-state) must complete a provisional (temporary) enrollment application. The process for provisional provider enrollment is located at http://www.mymedicaid-florida.com. In the event of workforce shortages in the State, practitioners that are not already enrolled in Florida can seek enrollment following the instructions above.

Face-to-Face Provider Site Visits

In order to reduce community-spread of the virus, the Agency (and its Medicaid health plans) will be postponing face-to-face provider-site visit requirements (e.g., enrollment, credentialing, etc.) until further notice. Whenever possible, these requirements will be met telephonically or through audio/visual technology.

Federal Authorities

The Centers for Medicare and Medicaid Services has issued a set of blanket waivers that states may utilize in response to COVID-19. The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements. The Agency is actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

The Agency will be issuing subsequent guidance related to additional flexibilities or service enhancements that will be enacted to ensure there is no disruption in care for Medicaid recipients in the event of workforce shortages or limitations in recipients seeking care in provider offices (e.g., telemedicine, expanding the participant directed option in the Long-Term Care program, etc.).

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
COMPLAINTS OR ISSUES? ON LINE http://ahca.myflorida.com/Medicaid/complaints/| **CALL** 1-877-254-1055

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube(/AHCAFlorida).

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This message was sent from Florida Agency for Health Care Administration to clifford.schmidt@ahca.myflorida.com. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.



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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:56 PM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: Facility list
Attachments: facilities.xlsx

Can't someone keep this running list at DOH.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:50:21 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: Facility list

We will be adding more but wanted to see if this is on track -thanks

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Provider Type	Name	City	County	Lic Beds
NH	MACCLENNY NURSING AND REHAB CENTER	MACCLENNY	BAKER	120
NH	WINDSOR HEALTH AND REHABILITATION CENTER	STARKE	BRADFORD	120
ALF	ATRIA WILLOW WOOD	FORT LAUDERDALE	BROWARD	180
ICF-DD	ANN STORCK CENTER, INC.	FT LAUDERDALE	BROWARD	48
NH	FT LAUDERDALE HEALTH AND REHABILITATION CENTER	FORT LAUDERDALE	BROWARD	169
ALF	HIGHLAND PLACE	INVERNESS	CITRUS	48
ALF	BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY CARE	NAPLES	COLLIER	140
ALF	CAMELLIA AT DEERWOOD	JACKSONVILLE	DUVAL	95
ALF	PELICAN GARDEN, LLC	SEBASTIAN	INDIAN RIVER	50
ALF	THE OPAL AT CAPE CORAL	CAPE CORAL	LEE	100
NH	ISLAND LAKE CENTER	LONGWOOD	SEMINOLE	120
NH	PONCE THERAPY CARE CENTER, THE	SAINT AUGUSTINE	ST. JOHNS	120
Totals	5 NHs, 6 ALFs, 1 ICF			

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		LTC Residents			Independent Resi	
COVID Testing Results	**AHCA Visit**	**Negative**	**Positive**	**Pending**	**Negative**	**Positive**
2 Negative	3/17/2020	2				
1 Pending	3/17/2020			1		
1 positive ALF (exp) 1 pending Ind (exp) 5 pending Ind 2 staff pending	3/17/2020		1			
Visting to clarify	3/16/2020					
2 Pending				2		
1 Pending				1		
14 Negative	3/14/2020	14				
1 Positive ALF 3 Postive Ind	3/13/2020 and 3/15/2020		1			3
1 Negative	3/15/2020	1				
1 Pending	3/16/2020			1		
2 Pending				2		
1 Negative	N/A	1				
		18	**2**	**7**	**0**	**3**

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idents	Location of affected residents		
Pending	LTC Fac	Hospital	Expired
	1		
6	Verifying		2
	Verifying		
	Verifying		
		1	
	1		
		1	
		2	
6	**2**	**4**	**2**

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 8:45 AM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com); " "Ferre"","" Helen; meredith.m.beatrice@eog.myflorida.com; helen.ferre@eog.myflorida.com
Cc: Strickland, Katie
Subject: Fwd: [External] CMS_Approves_First_State_Request_for_1135 _Medicaid_Waiver_in_Florida

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>
Sent: Tuesday, March 17, 2020 8:39:28 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] CMS_Approves_First_State_Request_for_1135_Medicaid_Waiver_in_Florida

View in browser | Distributed by Center for Medicaid and CHIP Services (CMCS)

CMS Approves First State Request for 1135 Medicaid Waiver in Florida

Action gives state greater flexibility for its COVID-19 response efforts

On March 13, 2020, President Trump declared the rapidly evolving COVID-19 situation a national emergency. This bold action enables the Centers for Medicare and Medicaid Services (CMS) to waive certain requirements in Medicare, Medicaid, and CHIP under Section 1135 authority. This includes the ability to grant state and territorial Medicaid agencies a wider range of flexibilities, and states may now submit Section 1135 waiver requests for CMS approval that will remove administrative burdens and expand access to needed services.

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Shortly after the President's declaration, Florida became the first state to submit a Section 1135 waiver request in response to the COVID-19 national emergency. In keeping with CMS's commitment to ensure our state partners have the tools they need to combat COVID-19, the agency acted within days to approve a wide variety of appropriate Medicaid flexibilities.

"I want to thank Governor DeSantis for his leadership in Medicaid and for taking full advantage of federal flexibilities," said CMS Administrator Seema Verma. "CMS is committed to removing all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests."

The state's approval letter can be found here, and includes flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests. These flexibilities will enable the state to focus its resources on combatting this outbreak and provide the best possible care to Medicaid beneficiaries in their state.

"Florida is acutely focused on eliminating unnecessary barriers on our health care providers who are on the front lines serving our communities most impacted by COVID-19," said Florida Governor Ron DeSantis. "President Trump recognizes this need and Administrator Seema Verma is providing Florida the critical flexibility for our state's Medicaid program by waiving prior authorization requirements for essential health care services and expedited provider enrollment."

CMS provides guidance to states on how to apply for Section 1135 waivers through the Medicaid Disaster Response Tool Kit, which can be found here. CMS will continue to expeditiously review and approve as appropriate all Section 1135 waivers and other requests that the agency receives to ensure that we are providing our state partners with the maximum flexibility they need to care for their Medicaid beneficiaries during the public health emergency. To support these efforts, CMS is developing checklists and tools to expedite requests and approvals for waivers and other commonly requested flexibilities.

While Florida is the first state to apply for this waiver authority, CMS expects more states will also submit similar requests. Additional Section 1135 approval letters will be posted here as they are issued.

This action, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.

Here is a summary of CMS Public Health Action on COVID-19 to date:

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March 13, 2020: CMS announced a series of blanket waivers and action taken across the agency's programs following the President's declaration of a national emergency. https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency

March 13: CMS announced new measures to protect nursing home residents by significantly restricting visitors and nonessential personnel. https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19

March 13, 2020: CMS issued Frequently Asked Questions (FAQs) on Essential Health Benefits (EHB) Coverage in response to the 2019 Novel Coronavirus (COVID-19) outbreak. The FAQs detail existing federal rules governing health coverage provided through the individual and small group insurance markets that apply to the diagnosis and treatment of COVID-19. https://www.cms.gov/newsroom/press-releases/cms-publishes-faqs-ensure-individuals-issuers-and-states-have-clear-information-coverage-benefits

March 12, 2020: CMS issued Frequently Asked Questions (FAQs) to aid state Medicaid and Children's Health Insurance Program (CHIP) agencies in their response to the 2019 Novel Coronavirus (COVID-19) outbreak. https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health

March 12, 2020: CMS posted the payment amounts determined by Local Medicare Administrative Contractors (MACs) for claims they receive for COVID-19 Test Pricing in their respective jurisdictions until Medicare establishes national payment rates. https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf

March 10, 2020: CMS issued guidance to home health agencies and dialysis facilities with actionable information for healthcare workers on screening, treatment and transfer procedures to follow when interacting with patients in response to the 2019 Novel Coronavirus (COVID-19) outbreak. https://www.cms.gov/newsroom/press-releases/cms-sends-more-detailed-guidance-providers-about-covid-19

March 10, 2020: CMS issued a frequently asked questions to ensure State Survey Agencies and accrediting organizations charged with inspecting nursing homes and other health care facilities, understand that non-emergency survey inspections are suspended. https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-guidance-state-survey-agencies

March 10, 2020: CMS issued guidance on Medicare Advantage (MA) and Part D health and prescription drug plans informing them of the flexibilities they have to provide healthcare coverage for testing, treatments, and prevention of 2019 Novel Coronavirus Disease (COVID-19). https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-help-medicare-advantage-and-part-d-plans-respond-covid-19

March 10, 2020: CMS issued guidance on the range of facemasks that can be temporarily used based on recent changes to CDC and FDA facemask and respirator guidance in light of COVID-

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19 and supply demands. https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-key-protective-mask-guidance-healthcare-workers

On March 9, 2020: CMS delivered detailed guidance on the screening, treatment and transfer procedures healthcare workers must follow when interacting with patients to prevent the spread of COVID-19 in a hospice setting. CMS also issued additional guidance specific to nursing homes to help control and prevent the spread of the virus. https://www.cms.gov/newsroom/press-releases/cms-issues-clear-actionable-guidance-providers-about-covid-19-virus

On March 9, 2020: CMS issued a fact sheet with additional guidance for healthcare providers and patients about the telehealth benefits in the agency's Medicare program. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus. https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak

On March 9, 2020: CMS published guidance to hospitals with emergency departments (EDs) on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. Medicare-participating hospitals are to follow both CDC guidance for infection control and Emergency Medical Treatment and Labor Act (EMTALA) requirements. https://www.cms.gov/newsroom/press-releases/cms-issues-call-action-hospital-emergency-departments-screen-patients-coronavirus

March 6, 2020: CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19). https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers

March 5, 2020: CMS issued a second Healthcare Common Procedure Coding System (HCPCS) code for certain COVID-19 laboratory tests, in addition to three fact sheets about coverage and benefits for medical services related to COVID-19 for CMS programs. https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests

March 4, 2020: CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their inspections of healthcare. https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus

February 13, 2020: CMS issued a new HCPCS code for providers and laboratories to test patients for COVID-19. https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test

February 6, 2020: CMS gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt

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February 6, 2020: CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov

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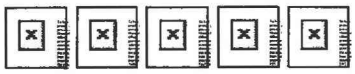
Stay connected with Medicaid.gov and CMS:



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This e-mail was sent to mary.mayhew@ahca.myflorida.com using GovDelivery Communications Cloud on behalf of the Centers for Medicare & Medicaid Services (410-786-5473) · 7500 Security Boulevard · Baltimore MD 21244

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Mayhew, Mary
To: ""Philpot"", "" Toby; Toby.Philpot@ahca.myflorida.com
Subject: Fwd: facility list
Date: Tuesday, March 17, 2020 3:57:01 PM

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Mayhew, Mary
Sent: Tuesday, March 17, 2020 10:59:01 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Subject: FW: facility list

Can we get these headers refined: COVID Results in one block: 1 positive, 2 negative, 3 pending etc. Get rid of next two columns; status of residents: 1 hospitalized, 2 in SNF, 1 fatality, etc. get ride of last two columns.

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:16 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: RE: facility list

latest: new info yellow

Provider Type	Facility Name	Lic Beds	City	County	AHCA Visit	Details	COVID +	# Res + Test	# Res test pending	Affected Res in NH or ALF	Affected Res in Hosp
NH	MacClenny Nursing and Rehab	120	MacClenny	Baker	3/17/2020		Negative	n/a	n/a		
ICF	Ann Storck Center	48	Ft Lauderdale	Broward	3/16/2020		Visiting to clarify	none			
ALF	Beach House	140	Naples	Collier	3/14/2020		Negative	n/a	n/a		
IL/ALF	Camellia at Deerwood	IL only	Jacksonville	Duval	3/13 and 3/15		Independent	2 Ind 1 ALF		Yes (1)	yes - 2 Independ
ALF	Opal	100	Cape Coral	Lee	3/16/2020		Pending		1	No	Yes (1)
NH	Ponce Therapy Care Center	120	St Augustine	St Johns	N/A		Negative	n/a	n/a	No	
ALF	Pelican Garden	50	Sebastian	St Lucie	3/15/2020		Negative	n/a	n/a		
NH	Island Lake Care Center	120	Longwood	Seminole		PHI	Pending		3	No	Yes (3)
NH	Windsor	120	Starke	Bradford			Pending		1	?	?
??	Orlando Health			Seminole					?	?	?
ALF	Atria Willow Wood	ALF 180	Ft Lauderdale	Broward			1 positive (exp) 1 pending (exp) 4 pending 2 staff pending	1	5	?	?

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 9:10 AM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject:

Can you make sure I have updated list of facilities with cases.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration

AMERICAN OVERSIGHT

850-412-3603
850-228-7093 (cell)

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 2:20 PM
To: ""Smoak"","" Kimberly; Kimberly.Smoak@ahca.myflorida.com
Cc: McKinstry, Molly
Subject: FW: [External] CMS Waiver Request 3.14.20 - COVID-19
Attachments: CMS Waiver Request 3.14.20 - COVID-19 .docx

Kim,

FHA sent me these CMS waivers and suggested they could waive CMS regulations for expanding hospital beds to unlicensed facilities or locations. Nothing here seems to address that for me. What do you think?

Stefan

From: Crystal Stickle <crystals@fha.org>
Sent: Saturday, March 14, 2020 2:08 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] CMS Waiver Request 3.14.20 - COVID-19

Stefan –

I pulled the waivers we have requested from CMS in the past for Hurricanes. I edited the language to reflect COVID-19. I looked through the CMS docs from last night and the question I have is do we need to submit all of these or did we get them blanketed on the whole country. American Hospital Association is working on getting an answer from the administration on this right now.

I can send to the CMS Regional Office which is what we usually do. Just let me know what you'd like me to do.

One state issues we are having is with the AHCA observation form, it's causing a lot of issues with the patients we are holding and is causing us to have to send in additional staff to do the notification which increases risk and burns through PPE. Can we get a waiver on that ?

Thank you,

Crystal Stickle
Interim President
Florida Hospital Association
850.445.4544 – cell

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Florida CMS Waiver Requests March 14, 2020

COVID-19 Response:

Pursuant to the federal declaration of sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), Florida Hospital Association is requesting the following waivers from the Centers for Medicare & Medicaid Services (CMS) to respond to COVID-19.

Florida Waiver Requests
Saturday, March 14, 2020 1:00 PM EST

1. **Treatment of Medical/Surgical patients in non-PPS hospitals and/or units:**
We respectfully request a blanket waiver be issued allowing hospitals the ability to treat medical/surgical patients in non-PPS hospitals and/or units (e.g. Rehabilitation, LTCH).

2. **Waiver of Three-Day Prior hospitalization for Skilled Nursing Facility Coverage:**
We respectfully request a blanket waiver be issued allowing skilled nursing facility coverage of hospital transfers absent a qualifying three day inpatient admission and for people who are evacuated, transferred, or otherwise dislocated due to COVID -19 response efforts

3. **Waiver of Conditions of Participation and Certification:**
We respectfully request a blanket waiver be issued allowing certain conditions of participation, certification requirements, program participation or similar requirements for individual health care providers or types of health care providers, including as applicable, a hospital or provider of services, a physician or other health care practitioner or professional, a health care facility, or a supplier of health care items or services, and pre-approval requirements.

4. **Out of State Physician Practice**
We respectfully request a blanket waiver be issued allowing requirements that physicians or other health care professionals hold licenses in the State in which they provide services, if they have an equivalent license from another State (and are not affirmatively barred from practice in that State or any State a part of which is included in the emergency area).

5. **EMTALA Waiver**
We respectfully request a blanket waiver be issued for sanctions under section 1867 of the Act (the Emergency Medical Treatment and Labor Act, or EMTALA) for the direction or relocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency for COVID-19.

6. **Physician Self-Referral**
We respectfully request a blanket waiver be issued for sanctions under section 1877(g) (relating to limitations on physician referral) under such conditions and in such circumstances as the Centers for Medicare & Medicaid Services determines appropriate.

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7. **Medicare Advantage Plans**
We respectfully request a blanket waiver be issued for limitations on payments under section 1851(i) of the Act for health care items and services furnished to individuals enrolled in a Medicare Advantage plan by health care professionals or facilities not included in the plan's network.

8. **CAH Hospitals Exceeding 25-beds**
We respectfully request a blanket waiver be issued for requirements that Critical Access Hospitals (CAH) limit the number of beds to 25, and that the length of stay be limited to 96 hours. This waiver request is limited to identified impacted counties and geographical areas. The State or impacted provider (i.e. CAH) should still forward provider information and waiver requests to the CMS Atlanta RO for tracking purposes.

9. **MDS and OASIS**
We respectfully request a blanket waiver be issued for timeframe requirements for OASIS and Minimum Data Set (MDS) assessments and transmission. The State or impacted provider (i.e. home health agencies and skilled nursing facilities, respectively) should still forward provider information and waiver requests to the CMS Atlanta RO for tracking purposes.

10. **Medicare Contractor Requirements**
We respectfully request a blanket waiver be issued for providing for the temporary suspension of Medicare contractor requirements regarding medical review and some benefit integrity responsibilities. This includes the following:
- Assurances that future retrospective denials based on inappropriate place of service will take into account the period of time and circumstances when the disaster occurred;
- Assurances that future medical review audits and denials will take into account the period of time and circumstances when the disaster occurred;
- Assurances that Medicare's two day payment policy used in determining whether an inpatient admission is reasonable and payable under Medicare Part A will take into account the period of time and circumstances when the disaster occurred;
- A delay in requests by Medicare contractors (e.g. MACs, RACs, ZPICs, CERTs) for additional documentation requests/medical records from hospitals;
- A delay in the amount of time a hospital has to appeal audit findings;
- A delay in any hearings to challenge RAC determinations; and
- A delay in the 30 day period before the RAC sends the results of their audit to the MAC for recoupment.

We are not requesting a lapse of enforcement for actions relating to fraud and abuse.

11. **Suspension of Enforcement Activities**
We respectfully request a blanket waiver be issued for the temporary suspension of survey agency requirements of plans of correction and/or other survey enforcement timelines that were in process for hospitals. We are not requesting a lapse of enforcement for actions of ill intentions.

12. **Quality Reporting and Value Based Purchasing Programs:**
We respectfully request a blanket waiver be issued for the exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, Renal Dialysis Facilities, long-term care hospitals, and ambulatory surgical centers.

We ask that this waiver apply to all counties based on the declaration of a Public Health Emergency by the Secretary of Health and Human Services applicable to the entire state of Florida.

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13. **CMS-13 Requirements**

We respectfully request a blanket waiver be issued allowing rehab hospitals the ability to treat medical/surgical patients and receive an exemption from the requirements of CMS-13 which requires that 60 percent of the patients treated at a facility paid under the rehab prospective payment system be treated for one of 13 specified conditions.

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:46 PM
To: Ken.Baugh@ahca.myflorida.com; Caitlin.Roberts@ahca.myflorida.com; Clay.Meenan@ahca.myflorida.com; Ashleigh.Southerland@ahca.myflorida.com; Sarah.Hamman@ahca.myflorida.com; Shantrice.Greene@ahca.myflorida.com; Sidney.Montalvo@ahca.myflorida.com; Rebecca.Nelcy@ahca.myflorida.com; Brandi.Smith@ahca.myflorida.com; Sarah.Shelton@ahca.myflorida.com; William.Tripp@ahca.myflorida.com; Taimour.Chaudhry@ahca.myflorida.com; Tamiko.Christophe@ahca.myflorida.com; Sairam.Nallamouthu@ahca.myflorida.com; Jacqueline.Taylor@ahca.myflorida.com; Daneka.Veira@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Sam.Keshavarzi@ahca.myflorida.com; Amelia.Fields@ahca.myflorida.com; Laura.Neel@ahca.myflorida.com; Kimberly.Burch@ahca.myflorida.com; Johnalyn.Bryant@ahca.myflorida.com; Jordan.Garcia@ahca.myflorida.com; Mary.Kahn@ahca.myflorida.com; Stephen.Buckingham@ahca.myflorida.com; Dana.Hines@ahca.myflorida.com; Rebecca.Etienne@ahca.myflorida.com; Justin.Donald@ahca.myflorida.com; Meagan.Owens@ahca.myflorida.com; Joseph.Schimming@ahca.myflorida.com; Brittney.Moulton@ahca.myflorida.com; Marjorie.Brewer@ahca.myflorida.com; Brooke.Haire@ahca.myflorida.com; Ashley.Johnson@ahca.myflorida.com; Charles.Volz@ahca.myflorida.com; Benjamin.Fullington@ahca.myflorida.com; Gianna.Hernandez@ahca.myflorida.com; Heather.Morris@ahca.myflorida.com; Cynthia.Wright@ahca.myflorida.com; Tiffany.Mion-Adams@ahca.myflorida.com; Kelly.Prida@ahca.myflorida.com; Ahreum.Han@ahca.myflorida.com; John.Mattson@ahca.myflorida.com; Macy.Brown@ahca.myflorida.com; Dawn.Ashworth@ahca.myflorida.com; Annetta.Reatherford@ahca.myflorida.com; Alyssa.Quigley@ahca.myflorida.com; Rajeev.Dhand@ahca.myflorida.com; Porsha.Brown@ahca.myflorida.com; Marcus.Richartz@ahca.myflorida.com; Latonya.Riley@ahca.myflorida.com; AREAHQ@ahca.myflorida.com; William.Lovett@ahca.myflorida.com; Swapna.Pakam@ahca.myflorida.com; Keyana.Thomas@ahca.myflorida.com; Alexandria.Padgett@ahca.myflorida.com; Joe.Pierini@ahca.myflorida.com; Henry.Wu@ahca.myflorida.com; Takeira.Lewis@ahca.myflorida.com; Brandy.Berry@ahca.myflorida.com; Gerald.Adams@ahca.myflorida.com; Donna.Young@ahca.myflorida.com; Tyrell.Moorer@ahca.myflorida.com; Porsche.Scott@ahca.myflorida.com
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please raise this circumstance to your bureau chief.

Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it becomes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

AMERICAN OVERSIGHT

Mary

MARY C. MAYHEW – SECRETARY
Florida Agency for Health Care Administration

(850) 412-3603

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTE FRAUDE DE MEDICAID

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From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.
- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

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Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 9:00 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

I was told to put AHCA actions so I don't know how to word it that includes us until we send it.

Get Outlook for iOS

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:58:03 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

I think it needs to included because it is in effect now.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:57:00 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

We can add to tomorrow's once we get it sent out today to providers.

Get Outlook for iOS

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 8:50:51 AM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Should this be in roll up

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603

AMERICAN OVERSIGHT

850-228-7093 (cell)

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 7:09:24 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

CMS memo issued March 13, 2020, QSO-20-14-NH
Revised guidance for nursing home visitation/ access

Short bullets:

- Only end of life (EOL)/compassionate care visitors may enter the facility if they meet screening and wear a mask
- Health care workers who enter (hospice, EMS, etc) must meet CDC guidelines
- Comment on surveyors (see quote below) – Must allow surveyors in (meeting screening requirements)- Wear PPE per CDC guidelines when entering a facility with COVID cases
- Facilities should cancel communal dining and group activities, take staff temps, proactively communicate visitor restrictions, and restrict ombudsman (except EOL) but enable communication.

Long bullets:

Surveyors:
"CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to of transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever."

Visitors:

- Facilities SHOULD restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, eg: end of life (EOL).
- For these compassionate care visits (permitted visitors):
  - Visitors will be limited to a specific room only
  - Facilities should require visitors to perform hand hygiene frequently
  - Must wear a face mask
- Decisions about visits for EOL should be made case-by-case and include careful screening of visitors for fever and respiratory symptoms.
- Permitted visitors must wear a face mask and limit
- Facilities are expected to notify potential visitors with signs, calls, letters, etc.

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- If a state implements stricter requirements, (such as through a Governor's order) a facility will not be considered out of compliance with federal visitation requirements.

Health care workers:

- Follow CDC guidelines for restricting access
- Including hospice, EMS, dialysis techs that provide care to residents
- Health care workers should be permitted to enter the facility as long as they meet CDC guidelines
- Facilities should contact their local county health department for questions and review CDC guidelines.

Additional guidance:

- Adds practices facilities should implement such as cancelling communal dining and group activities
- Actively screen residents and staff for fever and respiratory symptom
- Remind residents of social distancing and hand hygiene
- Take staff temperature and document absence of SOB, new of change in cough/sore throat. If they are ill, have them put on a face mask and self-isolate at home.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately
- Residents still have the right to access the Ombudsman program - Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

From: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Sent: Friday, March 13, 2020 8:25 PM
To: CMS QSED Web Team <qsedWebTeam@cms.hhs.gov>
Subject: [External] March 13, 2020: Memo Release: (REVISED) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

Greetings,

Please see attached memo and distribute to staff as appropriate.

Memo Number	Memo Name	Contact or Reference	Memo Posting:

AMERICAN OVERSIGHT

QSO-20-14-NH Revised	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***	Email DNH_TriageTeam@cms.hhs.gov	Memo: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised

Previously issued memos:

- QSO Memos are posted on the S&C website: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html
- Admin Info memos are posted on the S&C website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Administrative-Information-Memos-to-the-States-and-Regions.html

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 6:35 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; " "Strickland"","" Katie; " "Philpot"","" Toby; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Fwd: Florida Assisted Living Association Provider Request for Direction
Attachments: TRF AHCA Form.pdf; 59A-36.doc

We need to address

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
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Subject: [External] Florida Assisted Living Association Provider Request for Direction

Dear Emergency Response Leaders,

On behalf of our members and providers, we are asking for assistance to provide appropriate direction to providers. As you are aware: DEM Order No. 20-002 restricted visitation for certain persons presenting risk factors (enumerated as a through g). DEM Order No. 20-005 prohibited ALL individuals from visiting facilities in Broward County for 30 days. DEM Order No. 20-006 limited entry to facilities to certain individuals (described in Section 1), and provided screening criteria (a through e) which otherwise authorized entrants must meet in order to enter the facility. All of these orders remain in effect and none expressly supersedes the others as currently written.

We have compiled the following list of questions for your review and direction.

1.) Can further consideration be given to prohibiting residents from leaving and returning to facilities? This presents a tremendous risk of infection to all residents. It also places a burden on thinning staff resources to screen and re-screen returning residents. Finally, it is demoralizing to other residents who are unable to safely leave the facility and are not able to visit friends and family at the facility. Suspension of 429.28(1)(e) and 429.85(1)(e) and, suspension of 429.28(1)(k) and 429.28(1)(l) for residents who choose to leave the facility is advised.

2.) Are screening criteria f. and g. from DEM Order No. 20-002 (prohibiting persons who have been in or reside in a community with confirmed community spread) to be asked of all entrants, only end-of-life family and friend visitors (DEM Order No. 20-006, 1. a.), or not at all?

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FL-AHCA-20-0902-A-002506

3.) What guidance/direction is available to assisted living facilities regarding limiting communal meals and activities?

4.) The screening requirements of DEM Order No. 20-006 2.b., strictly applied, would prohibit staff and residents from entering the facility if they exhibit or report signs of a respiratory infection, even in cases where a physician has diagnosed the cause of the infection to be non-communicable (allergies, etc.). Is this intended?

5.) Does DEM Order No. 20-005 prohibit end-of-life family and friend visitors in Broward County (which would otherwise be permitted by DEM Order No. 20-006, 1. a.)?

6.) Are facilities authorized to restrict visitation in end-of-life situations when the patient is in a shared room and unable to provide alternative space? In one particular end-of-life case, friends and family are attempting to visit very frequently, placing the other resident at risk. Hospice does not have an inpatient bed available and the family is unwilling/unable to care for the affected resident at home.

7.) Under what circumstances may non-healthcare providers of essential services (AC/plumbing repair services) and local authorities that are not law enforcement or emergency medical personnel (ex. county fire marshal) admissible to the facility? See DEM Order No. 20-006, 1. g. Would the service providers qualify as "facility staff" for purposes of DEM Order No. 20.006, 1. d. See also Rule 59A-36.001(37) (definition of "staff"). Recognizing that the fewer entrants the better, a plumbing or AC failure, etc. can necessitate the transfer of all residents if it cannot be addressed by qualified personnel.

8.) Under what circumstances are facilities permitted to admit new residents (are prospective residents considered "facility residents" as used in DEM Order No. 20-006, 1. a.)?

9.) It has been reported that some AHCA surveyors have indicated that assisted living facilities are to use the attached Hospital to Post-Acute Care Facility Transfer – COVID- 19 Assessment (3/15/20) to determine whether a resident may be transferred from a hospital to an assisted living facility. The proposed analysis is entirely inconsistent with the screening requirements provided under DEM Order No. 20-006. For example, under the assessment on the form, a patient may be transferred to an assisted living facility if they have NOT been tested for COVID-19, regardless of whether they are presenting symptoms of respiratory infection.

10.) Under what circumstances, if any, would it be permissible to permit screened professional movers to remove a discharged resident's belongings? For example, a resident occupied a 2-bedroom apartment at a standard ALF and needed to be relocated to a higher level of care. The resident is unable to move the items, the resident's family is unable to enter the facility, and potential injury to facility staff should not be risked.

11.) With screening procedures, illnesses, school closures, etc., it is a highly likely that it will become impossible for many facilities to meet the staffing standards prescribed by 59A-36.010. Additionally, some of the required staff training as prescribed by 59A-36.011 is becoming unavailable as in-person gatherings and activities are necessarily limited. What guidance and assistance is available to facilities and their staff? Should every facility be applying for variances or waivers from any rules they cannot comply with during this emergency?

12.) It has been reported that LabCorp and Quest have indicated that COVID-19 specimen collection may only occur at a physician's office or hospital. Assisted living facilities have been told by these entities that it would not be permissible for a physician to travel to the facility to do the collection. Is this accurate and is there any accommodation that can be made to more efficiently effectuate testing of multiple residents?

We thank you in advance and look forward to your response.

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My best,

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Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility. This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. **CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:**

Patient Name: _____

Transferring Facility: _____ Accepting Facility: _____

Has patient been laboratory tested for COVID-19?

☐ **YES, Patient tested for COVID-19**
Date of test_____
What was the indication for testing?

☐ **NO, Test was NOT INDICATED per CDC testing criteria. May transfer.**

☐ **Travel/Exposure** In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, or exposed to a person who has been lab tested positive for COVID-19?
Dates of travel_____ Date(s) of exposure_____

☐ **Respiratory** Signs/symptoms of a respiratory illness (cough, sneezing, fever>100, shortness of breath, sore throat).

☐ **Negative test**

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ **YES** ☐ **NO/Not Applicable**

→ MAY NOT TRANSFER

→ MAY TRANSFER

☐ **Positive test**

Does patient meet criteria outlined in *CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19?*

☐ **YES** ☐ **NO**

→ MAY NOT TRANSFER

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ **YES** ☐ **NO**

→ MAY NOT TRANSFER

→ MAY TRANSFER

Clinical Assessment Completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time

Florida Health Care Association

Florida Hospital Association — Mission to Care. Vision to Lead

LeadingAge Florida

Form updated as of 3/15/20

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CHAPTER 59A-36
ASSISTED LIVING FACILITY

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59A-36.001 Standards and Criteria for Determining Compliance with Facility Standards and Resident Rights.

(1) DEFINITIONS.

In addition to the terms defined in section 429.02, F.S., and rule 59A-36.002, F.A.C., the following definitions are applicable in this rule chapter.

(a) "Core Survey Task" means tasks conducted by Agency survey staff that focus on core areas of regulations.

(b) "Timely Manner" means as soon as possible, but not to exceed 24 hours of Agency staff having requested materials.

(2) SURVEY PROCESS FOR RESIDENT RIGHTS.

The following core survey tasks shall be utilized during survey activities in order to determine the facility's compliance with resident rights pursuant to section 429.28, F.S., and rule 59A-36.007, F.A.C.

(a) The surveyor(s) conducts a tour of the facility to determine if the residents' health, safety, and welfare are maintained. The tour includes observations and assessments of the following:

1. Resident behavior and demeanor;
2. Adherence to facility abuse prohibition policy and procedure;
3. Adherence to infection control policy and procedure;
4. General physical plant standards in accordance with rule 59A-36.014, F.A.C.;
5. Overall appearance of residents and observations of any special care needs;

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6. Posting of Resident Bill of Rights and required phone numbers in accordance with rule 59A-36.007, F.A.C.;

7. Resident access to phones and unrestricted private communication;

8. Resident opportunity to exercise;

9. Staff availability and responsiveness to resident care needs;

10. Medication storage and security;

11. Chemical and physical restraint use;

12. Positioning/transferring processes utilized by staff;

13. Any specialized care provided by the facility with a specialty license;

14. Any license conditions or restrictions as a result of Agency action.

(b) The surveyor(s) conducts interviews with residents, family members/representatives, staff, and any other persons the surveyor(s) deems relevant to the survey.

1. The facility may not restrict Agency staff from conducting confidential interviews pursuant to section 429.14(6), F.S.

2. Interviews may be conducted both in person and telephonically.

(c) The surveyor(s) reviews facility records to determine compliance with:

1. Licensure requirements in accordance with rule 59A-36.004, F.A.C.;

2. Inspection responsibilities in accordance with rule 59A-36.005, F.A.C.;

3. Admissions procedures and appropriateness of placement and continued residency criteria in accordance with rule 59A-36.007, F.A.C.;

4. Resident care standards in accordance with rule 59A-36.007, F.A.C.;

5. Medication practices in accordance with rule 59A-36.008, F.A.C.;

6. Do not resuscitate orders (DNROs) in accordance with rule 59A-36.009, F.A.C.;

7. Staffing standards in accordance with rule 59A-36.010, F.A.C.;

8. Staff training requirements and competency training in accordance with rule 59A-36.011, F.A.C.;

9. Alzheimer's Disease or Related Disorders training provider and curriculum approval in accordance with rule 58A-5.0194, F.A.C.;

10. Food service standards in accordance with rule 59A-36.012, F.A.C.;

11. Fiscal standards in accordance with rule 59A-36.013, F.A.C.;

12. Physical plant standards in accordance with rule 59A-36.014, F.A.C.;

13. Records in accordance with rule 59A-36.015, F.A.C.;

14. Resident contracts in accordance with rule 59A-36.018, F.A.C.;

15. Emergency management in accordance with rule 59A-36.019, F.A.C.

(d) The facility must provide agency staff with requested documents in a timely manner and allow the agency staff to obtain copies.

(e) Surveyor(s) conducts specific and general observations throughout the survey to determine compliance with: dietary standards, medication standards, infection control standards, resident activities, assistance with activities of daily living, facility practices, and resident daily routines.

(f) For facilities licensed to provide specialty services such as Limited Mental Health, Extended Congregate Care, and Limited Nursing Services: the surveyor(s) reviews the required components in accordance with rules 59A-36.020, 59A-36.021, and 59A-36.021, F.A.C.

Rulemaking Authority 429.28(3)(a) FS. Law Implemented 429.28 FS. History–New 11-28-16.

59A-36.002 Definitions.

In addition to the terms defined in section 429.02, F.S., the following definitions are applicable in this rule chapter:

(1) "Advertise" means any written, printed, oral, visual, or electronic promotion, statement of availability, qualifications, services offered, or other similar communication appearing in or on television, radio, the Internet, billboards, newspapers, magazines, business cards, flyers, brochures or other medium for the purpose of attracting potential residents to an assisted living facility. A complimentary listing of a licensed facility's name, address, and telephone number in the telephone directory is not considered advertising.

(2) "Agency Central Office" means the Agency for Health Care Administration Assisted Living Unit (ALU), located at 2727

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Mahan Drive, Mail Stop 30, Tallahassee, FL 32308-5403. The ALU telephone number and website address are (850)412-4304, and http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml.

(3) "Agency Field Office" means the Agency for Health Care Administration's Office in a particular geographic area. Information regarding local offices is available online at: http://ahca.myflorida.com/mchq/index.shtml#six.

(4) "Apartment" means a self-contained dwelling unit with a bathroom, kitchen area, and living and sleeping space that is contracted for use as a residence by one or more persons who maintain a common household.

(5) "Anti-Embolism Stockings and Hosiery" means prescribed close-fitting elastic-type coverings for therapeutic treatment of the legs. They may be knee high or thigh high length and have transparent, open-toe, or similar foot design.

(6) "Assistance with Activities of Daily Living" means individual assistance with the following:

(a) Ambulation – Providing physical support to enable the resident to move about within or outside the facility. Physical support includes supporting or holding the resident's hand, elbow, or arm; holding on to a support belt worn by the resident to assist in providing stability or direction while the resident ambulates; or pushing the resident's wheelchair. The term does not include assistance with transfer.

(b) Bathing – Assembling towels, soaps, or other necessary supplies; helping the resident in and out of the bathtub or shower; turning the water on and off; adjusting water temperatures; washing and drying portions of the body that are difficult for the resident to reach; or being available while the resident is bathing.

(c) Dressing – Helping residents to choose, put on, and remove clothing.

(d) Eating – Helping residents with or by cutting food, pouring beverages, or feeding residents who are unable to feed themselves.

(e) Grooming – Helping residents with shaving, oral care, care of the hair, or nail care.

(f) Toileting – Assisting the resident to the bathroom, helping the resident to undress, positioning the resident on the commode, and helping the resident with related personal hygiene including assistance with changing an adult brief and assistance with the routine emptying of a catheter or ostomy bag.

(7) "Assistance With Transfer" means providing verbal and physical cuing or physical assistance or both while the resident moves between bed and a standing position or between bed and chair or wheelchair. The term does not include total physical assistance with transfer provided by staff to residents.

(8) "Bedridden" means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or physical restraint.

(9) "Capacity" means the number of residents for which a facility has been licensed to provide residential care.

(10) "Case Manager" means an individual employed by or under contract with any agency or organization, public or private, who has the responsibility for assessing resident needs; planning services for the resident; coordinating and assisting residents with gaining access to needed medical, mental health, social, housing, educational or other services; monitoring service delivery; and evaluating the effects of service delivery.

(11) "Certified Nursing Assistant (CNA)" means an individual certified under chapter 464, part II, F.S.

(12) "Day Care Participant" means an individual who receives services at a facility for less than 24 hours per day.

(13) "Deficiency" means an instance of non-compliance with the requirements of part II of chapter 408, F.S., part I of chapter 429, F.S., rule chapter 59A-35, F.A.C., and this rule chapter.

(14) "Direct Care Staff" means Staff in Regular Contact or Staff in Direct Contact with residents who provide personal or nursing services to residents, including administrators and managers providing such services.

(15) "Distinct Part" means designated bedrooms or apartments, bathrooms and a living area; or a separately identified wing, floor, or building that includes bedrooms or apartments, bathrooms and a living area. The distinct part may include a separate dining area, or meals may be served in another part of the facility.

(16) "Elopement" means an occurrence in which a resident leaves a facility without following facility policy and procedures.

(17) "Food Service" means the storage, preparation, service, and clean up of food intended for consumption in a facility either by facility staff or through a formal agreement that meals will be regularly catered by a third party.

(18) "Glucose Meter" or "glucometer" means a medical device that determines the approximate concentration of glucose in the blood.

(19) "Health Care Provider" means a physician or physician's assistant licensed under chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under chapter 464, F.S.

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(20) "Licensed Dietitian or Nutritionist" means a dietitian or nutritionist licensed under chapter 468, part X, F.S.

(21) "Local fire safety authority" means the authority having jurisdiction as defined in rule chapter 69A-40, F.A.C.

(22) "Long-term Care Ombudsman Program (LTCOP)" means the long-term care ombudsman program established under chapter 400, Part I, F.S.

(23) "Manager" means an individual who is authorized to perform the same functions as a facility administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility. A manager does not include staff authorized to perform limited administrative functions during an administrator's temporary absence.

(24) "Mental Disorder" for the purposes of identifying a mental health resident, means schizophrenia and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental disorder does not include residents with a primary diagnosis of Alzheimer's disease, other dementias, or mental retardation.

(25) "Mental Health Care Provider" means an individual, agency, or organization providing mental health services to clients of the Department of Children and Families; an individual licensed by the state to provide mental health services; or an entity employing or contracting with individuals licensed by the state to provide mental health services.

(26) "Mental Health Case Manager" means a case manager employed by or under contract to a mental health care provider to assist mental health residents residing in a facility holding a limited mental health license.

(27) "Nurse" means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under chapter 464, F.S.

(28) "Nursing Assessment" means a written review of information collected from observation and interaction with a resident, including the resident's record and any other relevant sources of information, the analysis of the information, and recommendations for modification of the resident's care, if warranted. The assessment must contain the signature and credential initials of the person who conducted the assessment.

(29) "Nursing Progress Notes" or "Progress Report" means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services in a facility with a limited nursing or extended congregate care license. The progress notes must be completed by the nurse who delivered the service; must describe the date, type, scope, amount, duration, and outcome of services that are rendered; must describe the general status of the resident's health; must describe any deviations in the residents health; must describe any contact with the resident's physician; and must contain the signature and credential initials of the person rendering the service.

(30) "Optional State Supplementation (OSS)" means the state program providing monthly payments to eligible residents pursuant to section 409.212, F.S., and rule chapter 65A-2, F.A.C.

(31) "Owner" means a person, partnership, association, limited liability company, or corporation, that owns or leases the facility that is licensed by the agency. The term does not include a person, partnership, association, limited liability company, or corporation that contracts only to manage or operate the facility.

(32) "Physician" means an individual licensed under chapter 458 or 459, F.S.

(33) "Pill organizer" means a container that is designed to hold solid doses of medication and is divided according to day or time increments.

(34) "Registered Dietitian" means an individual registered with the Commission on Dietetic Registration, the accrediting body of the Academy of Nutrition and Dietetics.

(35) "Respite Care" means facility-based supervision of an impaired adult for the purpose of relieving the primary caregiver.

(36) "Significant Change" means either a sudden or major shift in the behavior or mood of a resident that is inconsistent with the resident's diagnosis, or a deterioration in the resident's health status such as unplanned weight change, stroke, heart condition, enrollment in hospice, or stage 2, 3 or 4 pressure sore. Ordinary day-to-day fluctuations in a resident's functioning and behavior, short-term illnesses such as colds, or the gradual deterioration in the resident's ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.

(37) "Staff" means any individual employed by a facility, contracting with a facility to provide direct or indirect services to residents, or employed by a firm under contract with a facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service that counts toward meeting any staffing requirement of this rule chapter.

(38) "Staff in Regular Contact" or "Staff in Direct Contact" mean all staff whose duties may require them to interact with

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residents on a daily basis.

(39) "Third Party" means any individual or business entity providing services to residents in a facility that is not staff of the facility.

(40) "Universal Precautions" are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Universal precautions require that the blood and certain body fluids of all residents be considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

(41) "Unscheduled Service Need" means a need for a personal service, nursing service, or mental health intervention that cannot be predicted in advance and that must be met promptly to ensure that the health, safety, and welfare of residents is preserved.

Rulemaking Authority 429.41, 429.929 FS. Law Implemented 429.07, 429.075, 429.11, 429.14, 429.19, 429.41, 429.47, 429.52, 429.905 FS. History–New 9-30-92, Formerly 10A-5.0131, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 1-9-02, 7-30-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.0131, 7-1-19.

59A-36.003 Licensing and Change of Ownership.

(1) LICENSE APPLICATION. An applicant for a standard assisted living facility license, a limited mental health license, an extended congregate care license, or a limited nursing services license may apply for licensure pursuant to the requirements of chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C.

(2) CHANGE OF OWNERSHIP. In addition to the requirements for a change of ownership contained in chapter 408, part II, F.S., section 429.12, F.S., and rule chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to section 429.27, F.S.:

(a) At the time of transfer of ownership, all resident funds on deposit, advance payments of resident rents, resident security deposits, and resident trust funds held by the current licensee must be transferred to the applicant. Proof of such transfer must be provided to the agency at the time of the agency survey and before the issuance of a standard license. This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in section 651.024, F.S.

(b) The transferor must provide to each resident a statement detailing the amount and type of funds held by the facility and credited to the resident.

(c) The transferee must notify each resident in writing of the manner in which the transferee is holding the resident's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited.

(3) CONDITIONAL LICENSE. Except as provided in section 429.14, F.S., the agency may issue a conditional license to a facility if, at the time of license renewal the facility is found to have uncorrected violations that the facility has had an opportunity to correct. The issuance of a conditional license does not change the biennial license expiration date.

(4) OSS RESIDENT DETERMINATION. With respect to the fee per bed required for a standard license, the number of OSS recipients claimed shall be the average number per month residing in the facility during the previous license period. An additional per bed charge shall be added to the bed fee for facilities whose average number of OSS residents per month was less than the number of beds designated for OSS recipients during the previous license period.

Rulemaking Authority 429.17, 429.27, 429.41 FS. Law Implemented 429.04, 429.07, 429.075, 429.11, 429.12, 429.17, 429.27, 429.41 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.14, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.014, Amended 10-30-95, 4-20-98, 10-17-99, 7-30-06, 4-17-14, 5-10-18, Formerly 58A-5.014, 7-1-19.

59A-36.004 License Requirements.

(1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide.

(2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in rule 59A-36.005, F.A.C.

(3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in rule

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59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in rule 59A-36.005, F.A.C.

(4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of chapters 408, Part II, 429, Part I, F.S. and rule chapter 59A-35, F.A.C., and this rule chapter.

(5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to chapter 408, part II, and section 429.14, F.S., and rule chapter 59A-35, F.A.C.

(6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws.

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.44 FS. History–New 5-15-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.16, Amended 6-21-88, 9-30-92, Formerly 10A-5.016, Amended 10-30-95, 10-17-99, 7-30-06, 4-15-10, 4-17-14, Formerly 58A-5.016, 7-1-19.

59A-36.005 Inspection Responsibilities.

(1) County health departments are responsible for inspecting all license applicants and licensed facilities in matters regulated by:

(a) Rule 64E-12.004, F.A.C., and rule chapter 64E-11, F.A.C., relating to food hygiene.

(b) Chapter 64E-12, F.A.C., relating to sanitary practices in community-based residential facilities.

(c) Chapter 64E-16, F.A.C., relating to biomedical waste.

(2) The local authority having jurisdiction over fire safety or State Fire Marshal is responsible for inspecting all license applicants and licensed facilities in matters regulated by section 429.41, F.S., relating to uniform fire safety standards and chapter 69A-40, F.A.C., Uniform Fire Safety Standards for Assisted Living Facilities.

(3) The agency is responsible for inspecting all license applicants and licensed facilities in all other matters regulated by this rule chapter.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History–New 8-15-90, Formerly 10A-5.0161, Amended 10-30-95, 10-17-99, 3-13-14, Formerly 58A-5.0161, 7-1-19.

59A-36.006 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria.

(1) ADMISSION CRITERIA.

(a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license:

1. Be at least 18 years of age.

2. Be free from signs and symptoms of any communicable disease that is likely to be transmitted to other residents or staff. An individual who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule.

3. Be able to perform the activities of daily living, with supervision or assistance if necessary.

4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.

5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication.

a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact.

b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.

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6. Not have any special dietary needs that cannot be met by the facility.

7. Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under chapter 490 or 491, F.S.

8. Not require 24-hour licensed professional mental health treatment.

9. Not be bedridden.

10. Not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted provided that:

a. The resident either:

(I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or

(II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care provider;

b. The condition is documented in the resident's record and admission and discharge logs; and,

c. If the resident's condition fails to improve within 30 days as documented by a health care provider, the resident must be discharged from the facility.

11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services:

a. Artificial airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine;

b. Assistance with tube feeding,

c. Monitoring of blood gases,

d. Management of post-surgical drainage tubes and wound vacuum devices;

e. The administration of blood products in the facility; or

f. Treatment of surgical incisions or wounds, unless the surgical incision or wound and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record.

12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services:

a. Hemodialysis and peritoneal dialysis performed in the facility;

b. Intravenous therapy performed in the facility.

13. Not require 24-hour nursing supervision.

14. Not require skilled rehabilitative services as described in rule 59G-4.290, F.A.C.

15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on:

a. An assessment of the strengths, needs, and preferences of the individual;

b. The medical examination report required by section 429.26, F.S., and subsection (2) of this rule, if available;

c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and,

d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C.

(b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable oxygen or assistance with routine colostomy care of stoma site flange placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves.

(c) Nursing staff may not provide training to unlicensed persons, as defined in section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from contracting with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.

(d) An individual enrolled in and receiving hospice services may be admitted to an assisted living facility as long as the individual otherwise meets resident admission criteria.

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(e) Resident admission criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.

(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.

(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:

1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,

2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,

3. Any nursing or therapy services required by the individual,

4. Any special diet required by the individual,

5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,

6. Whether the individual has signs or symptoms of Tuberculosis, Methicillin Resistant Staphylococcus Aureus, Scabies or any other communicable disease, which are likely to be transmitted to other residents or staff,

7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and,

8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.

(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, March 2017, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.

1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.

2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.

3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.

(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.

(d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).

(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule.

(f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Do Not Resuscitate Order Form, for residents who do not wish cardiopulmonary resuscitation to be administered in the case of cardiac or respiratory arrest.

(g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

(3) ADMISSION PACKAGE.

(a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this

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requirement.

1. The facility's admission and continued residency criteria;

2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate;

3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any;

4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any;

5. Food service and the ability of the facility to accommodate special diets;

6. The availability of transportation and additional costs to the resident, if any;

7. Any other special services that are provided by the facility and additional cost if any;

8. Social and leisure activities generally offered by the facility;

9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;

10. The facility rules and regulations that residents must follow as described in rule 59A-36.007, F.A.C.;

11. The facility policy concerning Do Not Resuscitate Orders pursuant to section 429.255, F.S., and rule 59A-36.009, F.A.C., and Advance Directives pursuant to chapter 765, F.S.;

12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 59A-36.021, F.A.C.;

13. If the facility advertises that it provides special care for individuals with Alzheimer's disease and related disorders, a written description of those special services as required in section 429.177, F.S.; and,

14. The facility's resident elopement response policies and procedures.

(b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following:

1. A copy of the resident's contract that meets the requirements of rule 59A-36.018, F.A.C.,

2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided,

3. A copy of the resident's bill of rights as required by rule 59A-36.007, F.A.C.; and,

4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office.

(c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident.

(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:

(a) The resident may be bedridden for no more than 7 consecutive days.

(b) A resident requiring care of a stage 2 pressure sore may be retained provided that:

1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,

2. The condition is documented in the resident's record; and,

3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.

(c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;

2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;

3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the

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services being provided by hospice and those being provided by the facility; and,

4. Documentation of the requirements of this paragraph is maintained in the resident's file.

(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.

(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.

(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.

(g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.

(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with section 429.28, F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.26, 429.28, 429.41 FS. History–New 9-17-84, Formerly 10A-5.181, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0181, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 10-14-10, 4-17-14, 5-10-18, Formerly 58A-5.0181, 7-1-19.

59A-36.007 Resident Care Standards.

An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.

(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:

(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.

(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.

(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.

(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.

(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.

(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

(2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.

(a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

(b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.

(c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate.

(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time.

(3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must:

(a) Assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services.

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(b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation.

(c) The facility may not require residents to receive services from a particular health care provider.

(4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living.

(5) NURSING SERVICES.

(a) Pursuant to section 429.255, F.S., the facility may employ or contract with a nurse to:

1. Take or supervise the taking of vital signs,
2. Manage pill-organizers and administer medications as described in rule 59A-36.008, F.A.C.,
3. Give prepackaged enemas pursuant to a physician's order; and,
4. Maintain nursing progress notes.

(b) Pursuant to section 429.255(2), F.S., the nursing services listed in paragraph (a), may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services.

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.

(a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C.

(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.

(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.

(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:

1. Resident responsibilities;
2. Alcohol and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident abuse, neglect, and exploitation;
6. Administrative and housekeeping schedules and requirements;
7. Infection control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.

(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.

(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical restraints by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical restraint.

(7) THIRD PARTY SERVICES.

(a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, contracting, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued

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residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided.

(b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the particular resident's needs.

(c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.

(8) ELOPEMENT STANDARDS.

(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.

1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.

2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.

(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:

1. An immediate search of the facility and premises,

2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,

3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,

4. The continued care of all residents within the facility in the event of an elopement.

(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

(9) OTHER STANDARDS. Additional care standards for residents residing in a facility holding a limited mental health, extended congregate care or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.

Rulemaking Authority 429.41 FS. Law Implemented 429.255, 429.26, 429.28, 429.41 FS. History–New 9-17-84, Formerly 10A-5.182, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0182, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.0182, 7-1-19.

59A-36.008 Medication Practices.

Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) SELF ADMINISTERED MEDICATIONS.

(a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do

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so.

(b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the resident's records.

(2) PILL ORGANIZERS.

(a) Only a resident who self-administers medications may maintain a pill organizer.

(b) Unlicensed staff may not provide assistance with the contents of pill organizers.

(c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner:

1. Obtain the labeled medication container from the storage area or the resident,

2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed,

3. Return the medication container to the storage area or resident; and,

4. Document the date and time the pill organizer was filled in the resident's record.

(d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication must be documented in the resident's record.

(3) ASSISTANCE WITH SELF-ADMINISTRATION.

(a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule.

(b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed.

(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.

(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.

(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,

2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,

3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or

4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.

(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.

1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

(g) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the self-administration of medication.

(4) MEDICATION ADMINISTRATION.

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(a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.

(b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record.

(c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff.

(d) A facility that performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500.

(5) MEDICATION RECORDS.

(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.

(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:

1. The name of the resident and any known allergies the resident may have;

2. The name of the resident's health care provider and the health care provider's telephone number;

3. The name, strength, and directions for use of each medication; and,

4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.

(c) For medications that serve as chemical restraints, the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.

(6) MEDICATION STORAGE AND DISPOSAL.

(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.

(b) Both prescription and over-the-counter medications for residents must be centrally stored if:

1. The facility administers the medication;

2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;

3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;

4. The resident fails to maintain the medication in a safe manner as described in this paragraph;

5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or

6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C.

(c) Centrally stored medications must be:

1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;

2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the

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refrigerator locked, or by keeping the area in which the refrigerator is located locked;

3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,

4. Kept separately from the medications of other residents and properly closed or sealed.

(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.

(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).

(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.

(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C.

(7) MEDICATION LABELING AND ORDERS.

(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:

1. The resident's name; and,

2. The identification of each medicinal drug in the container.

(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.

(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.

(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.

(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.

(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.

(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:

1. Practitioner's name,

2. Resident's name,

3. Date dispensed,

4. Name and strength of the drug,

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5. Directions for use; and,

6. Expiration date.

(h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

(8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription.

(a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply.

(b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required.

(c) Residents or their representatives may purchase OTC products from an establishment of their choice.

(d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications.

Rulemaking Authority 429.256, 429.41 FS. Law Implemented 429.255, 429.256, 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-15-10, 10-14-10, 3-13-14, 5-10-18, Formerly 58A-5.0185, 7-1-19.

59A-36.009 Do Not Resuscitate Orders (DNROs).

(1) POLICIES AND PROCEDURES.

(a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to Do Not Resuscitate Orders (DNROs). An assisted living facility may not require execution of a DNRO as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission:

1. Form SCHS-4-2006, "Health Care Advance Directives – The Patient's Right to Decide," April 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and,

2. DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005.

(b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy.

(c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency.

(2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896.

(3) DNRO PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows:

(a) In the event a resident experiences cardiac or pulmonary arrest, staff trained in cardiopulmonary resuscitation (CPR) or a health care provider present in the facility, may withhold cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation).

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(b) In the event a resident is receiving hospice services and experiences cardiac or pulmonary arrest, facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility.

Rulemaking Authority 429.255 FS. Law Implemented 429.255 FS. History–New 4-15-10, Amended 4-17-14, Formerly 58A-5.0186, 7-1-19.

59A-36.010 Staffing Standards.

(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.

(a) An administrator must:

1. Be at least 21 years of age;

2. If employed on or after October 30, 1995, have, at a minimum, a high school diploma or G.E.D.;

3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;

4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule; and,

5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.

(b) In the event of extenuating circumstances, such as the death of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:

1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,

2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.

(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile radius of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.

(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to April 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not simultaneously serve as an administrator of any other facility.

(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, June 2016, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393.

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.

1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis.

2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed

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from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.

(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility must:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,

2. Maintain time sheets for all staff.

(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

(3) STAFFING STANDARDS.

(a) Minimum staffing:

1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week
0-5	168
6-15	212
16- 25	253
26-35	294
36-45	335
46-55	375
56- 65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.

2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.

3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.

5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses must be in the facility at all times.

a. Documentation of attendance at First Aid or CPR courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.

b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and CPR.

6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least 21 years of age must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.

7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards

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meeting the minimum staffing hours requirement.

8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.

9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.

(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.

(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.

(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.

(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.

Rulemaking Authority 429.41, 429.52, 429.929 FS. Law Implemented 429.174, 429.176, 429.41, 429.52, 429.905 FS. History–New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.019, 7-1-19.

59A-36.011 Staff Training Requirements and Competency Test.

(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.

(a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.

(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to July 1, 1997, and managers who attended the core training program prior to April 20, 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement.

(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years.

(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new

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administrator or manager for the purposes of the core training requirements and must:

1. Retake the assisted living facility core training; and,

2. Retake and pass the competency test.

(e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

(2) STAFF PRESERVICE ORIENTATION.

(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).

(b) New staff must complete the preservice orientation prior to interacting with residents.

(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.

(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:

1. Resident's rights; and,

2. The facility's license type and services offered by the facility.

(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:

(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.

(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Reporting adverse incidents.

2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Resident rights in an assisted living facility.

2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use its abuse prevention policies and procedures when offering this training.

(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:

1. Resident behavior and needs.

2. Providing assistance with the activities of daily living.

(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.

2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

(4) HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on HIV and AIDS, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.

(5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times.

(a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person,

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that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.

(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.

(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:

(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for infection control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.

(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:

1. Read and understand a prescription label;

2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:

a. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic and nasal dosage forms;

b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;

c. Recognize the need to obtain clarification of an "as needed" prescription order;

d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;

e. Complete a medication observation record;

f. Retrieve and store medication;

g. Recognize the general signs of adverse reactions to medications and report such reactions;

h. Assist residents with insulin syringes that are prefilled with the proper dosage by a pharmacist and insulin pens that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;

i. Assist with nebulizers;

j. Use a glucometer to perform blood glucose testing;

k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels;

l. Apply and remove anti-embolism stockings and hosiery;

m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and,

n. Measurement of blood pressure, heart rate, temperature, and respiratory rate.

(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.

(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.

(7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing

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education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service.

(8) EXTENDED CONGREGATE CARE (ECC) TRAINING.

(a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to April 20, 1998, shall not be required to take the assisted living facility core training competency test.

(b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, psychological, or social needs of frail elderly and disabled persons, or persons with Alzheimer's disease or related disorders.

(c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.

(9) LIMITED MENTAL HEALTH TRAINING.

(a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:

1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.

a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.

b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule.

2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:

a. Mental health diagnoses; and,

b. Mental health treatment such as:

(I) Mental health needs, services, behaviors and appropriate interventions;

(II) Resident progress in achieving treatment goals;

(III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,

(IV) Crisis services and the Baker Act procedures.

3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule.

4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.

(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.

(10) ALZHEIMER'S DISEASE AND RELATED DISORDERS ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.

(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between April 20, 1998 and July 1, 2003 shall satisfy this requirement. Facility staff who

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meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "Alzheimer's Disease and Related Disorders Level I Training," must address the following subject areas:

1. Understanding Alzheimer's disease and related disorders;
2. Characteristics of Alzheimer's disease;
3. Communicating with residents with Alzheimer's disease;
4. Family issues;
5. Resident environment; and,
6. Ethical issues.

(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility Alzheimer's Disease and Related Disorders Level I Training.

(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled "Alzheimer's Disease and Related Disorders Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Alzheimer's Disease and Related Disorders Level II Training must address the following subject areas as they apply to these disorders:

1. Behavior management,
2. Assistance with ADLs,
3. Activities for residents,
4. Stress management for the care giver; and,
5. Medical information.

(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with Alzheimer's Disease and Related Disorders," dated March 1999, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.

(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.

(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.

(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:

1. Have 1 year teaching experience as an educator of caregivers for persons with Alzheimer's disease or related disorders, or
2. Three years of practical experience in a program providing care to persons with Alzheimer's disease or related disorders, or
3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with Alzheimer's disease or related disorders.

(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).

(11) DO NOT RESUSCITATE ORDERS TRAINING.

(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders.

(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding DNROs within 30 days after employment.

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(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.

(12) TRAINING DOCUMENTATION AND MONITORING.

(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following:

1. The title of the training program,
2. The subject matter of the training program,
3. The training program agenda,
4. The number of hours of the training program,
5. The trainee's name, dates of participation, and location of the training program,
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.

(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.

(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

Rulemaking Authority 429.178, 429.41, 429.52 FS. Law Implemented 429.07, 429.075, 429.178, 429.41, 429.52 FS. History–New 9-30-92, Formerly 10A-5.0191, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-5-05, 7-30-06, 10-9-06, 7-1-08, 4-15-10, 5-10-18, Formerly 58A-5.0191, 7-1-19.

59A-36.012 Food Service Standards.

(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply:

(a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices.

(b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule.

(c) An administrator or designee must perform his or her duties in a safe and sanitary manner.

(d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets.

(e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C.

(2) DIETARY STANDARDS.

(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible.

(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.

(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to

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ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.

1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.

2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.

(e) Therapeutic diets must be prepared and served as ordered by the health care provider.

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.

2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.

(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals.

(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on hand.

(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

(3) FOOD HYGIENE. Copies of inspection reports issued by the county health department for the last 2 years pursuant to rule 64E-12.004, or chapter 64E-11, F.A.C., as applicable, depending on the licensed capacity of the assisted living facility, must be on file in the facility.

(4) CONTRACTED FOOD SERVICE. When food service is contracted by the facility, the facility must ensure that the contracted food service meets all dietary standards imposed by this rule and is adequately protected upon delivery to the facility pursuant to subsection 64E-12.004(4), F.A.C. The facility must maintain:

(a) A copy of the current contract between the facility and the food service contractor.

(b) A copy of the annually issued certificate or license authorizing the operation of the food service contractor issued by the applicable regulating agency. The license or certificate must provide documentation of the food service contractor's compliance with food service regulatory requirements.

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.52 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.20, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.020, Amended 10-30-95, 6-2-96, 10-17-99, 4-17-14, Formerly 58A-5.020, 7-1-19.

59A-36.013 Fiscal Standards.

(1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.

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(2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds.

(3) SURETY BONDS. Pursuant to the requirements of section 429.27(2), F.S.:

(a) For entities that own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entities.

(b) The following additional bonding requirements apply to facilities serving residents receiving OSS:

1. If serving as representative payee for a resident receiving OSS, the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security disability income plus the OSS payments, including the personal needs allowance.

2. If holding a power of attorney for a resident receiving OSS, the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security disability income; the OSS payments, including the personal allowance; plus the value of any property belonging to a resident held at the facility.

(c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office.

(4) LIABILITY INSURANCE. Pursuant to section 429.275, F.S., facilities must maintain liability insurance coverage, as defined in section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage.

Rulemaking Authority 429.24, 429.27, 429.275, 429.41 FS. Law Implemented 429.27, 429.275 FS. History–New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.21, Amended 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.021, Amended 10-30-95, 6-2-96, 10-17-99, 4-17-14, Formerly 58A-5.021, 7-1-19.

59A-36.014 Physical Plant Standards.

(1) NEW FACILITIES. Newly constructed facilities to be licensed as assisted living facilities, and existing structures, not previously licensed as assisted living facilities, to be converted to assisted living facilities, as well as any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities, are required by governmental entities other than the Department of Elder Affairs to adhere to certain building code and fire safety standards. Such standards may be found in:

(a) Chapter 4, Section 464, of the Florida Building Code as adopted in rule 61G20-1.001, F.A.C.;

(b) Section 633.022, F.S., Uniform Firesafety Standards and rule chapter 69A-40, F.A.C. The Uniform Fire Safety Standards for Assisted Living Facilities; and,

(c) The National Fire Protection Association codes described in section 429.41, F.S.

(2) EXISTING FACILITIES.

(a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S.

(b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule.

(3) OTHER REQUIREMENTS.

(a) All facilities must:

1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;

2. Be maintained free of hazards; and,

3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:

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1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident,

2. A closet or wardrobe space for hanging clothes,

3. A dresser, chest or other furniture designed for storage of clothing or personal effects,

4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,

5. A comfortable chair, if requested.

(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.

(d) Residents who use portable bedside commodes must be provided with privacy during use.

(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be threadbare.

Rulemaking Authority 429.41 FS. Law Implemented 429.27, 429.28, 429.41 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.23, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.023, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 4-15-10, 4-17-14, Formerly 58A-5.023, 7-1-19.

59A-36.015 Records.

The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.

(1) FACILITY RECORDS. Facility records must include:

(a) The facility's license displayed in a conspicuous and public place within the facility.

(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:

1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a stage 2 pressure sore; and,

2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of death.

(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).

(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.

(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.

(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.

(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.

(h) If the facility advertises that it provides special care for persons with Alzheimer's disease or related disorders, a copy of all such facility advertisements as required by section 429.177, F.S.

(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.

(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.

(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.

(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.

(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.

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(n) The facility's resident elopement response policies and procedures.

(o) The facility's documented resident elopement response drills.

(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.

(2) STAFF RECORDS.

(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable disease. In addition, records must contain the following, as applicable:

1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C.,

2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,

3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C.,

4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C.,

5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.

(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.

(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.

(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:

(a) Resident demographic data as follows:

1. Name,

2. Sex,

3. Race,

4. Date of birth,

5. Place of birth, if known,

6. Social security number,

7. Medicaid and/or Medicare number, or name of other health insurance carrier,

8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,

9. Name, address, and telephone number of the health care provider and case manager, if applicable.

(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.

(c) Any orders for medications, nursing services, therapeutic diets, do not resuscitate orders, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.

(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.

(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.

(f) A weight record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their weight recorded semi-annually.

(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.

(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C.

(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.

(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.

(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy

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of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S.

(l) If the resident is an OSS recipient, a copy of the Department of Children and Families form Alternate Care Certification for Optional State Supplementation (OSS), CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.

(m) Documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.

(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.

(o) The resident's Do Not Resuscitate Order, DH Form 1896, if applicable.

(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:

1. A log listing the names of residents participating in this arrangement,
2. The resident demographic data required in this paragraph,
3. The health assessment described in rule 59A-36.006, F.A.C.,
4. The resident's contract described in rule 59A-36.018, F.A.C.; and,
5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.

(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.

(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.

(4) RECORD INSPECTION.

(a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law.

(b) Pursuant to section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report.

Rulemaking Authority 429.41, 429.275 FS. Law Implemented 429.24, 429.255, 429.256, 429.26, 429.27, 429.275, 429.35, 429.41, 429.52 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.24, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.024, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-17-14, Formerly 58A-5.024, 7-1-19.

59A-36.016 Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting.

(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.

Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History–New 1-9-02, Amended 7-30-06, 4-17-14, Formerly 58A-5.0241, 7-1-19.

59A-36.017 Liability Claim Report.

(1) MONTHLY LIABILITY CLAIM REPORT. Each assisted living facility must report monthly any liability claim filed against the facility pursuant to rule 59A-35.110, F.A.C., which requires online reporting. Each facility must comply with the reporting time frames and transmission requirements specified in section 429.23(5), F.S.

(2) If a liability claim has not been filed against the facility in a given month, no report is required.

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Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History–New 1-9-02, Amended 3-13-14, Formerly 58A-5.0242, 7-1-19.

59A-36.018 Resident Contracts.

(1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions:

(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;

(b) The daily, weekly, or monthly rate;

(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;

(d) A provision stating that at least 30 days written notice will be given before any rate increase;

(e) Any rights, duties, or obligations of residents, other than those specified in section 429.28, F.S.;

(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;

(g) A refund policy that must conform to section 429.24(3), F.S.;

(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or psychiatric facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;

(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;

(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;

(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;

(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,

(m) The facility's policies and procedures related to a properly executed DH Form 1896, Do Not Resuscitate Order.

(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.

(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.

Rulemaking Authority 429.24, 429.41 FS. Law Implemented 429.24, 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-15-10, 3-13-14, Formerly 58A-5.025, 7-1-19.

59A-36.019 Emergency Management.

(1) EMERGENCY PLAN COMPONENTS. Pursuant to section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated October 1995, which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-04010. This document is available from the local emergency management

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agency. The emergency management plan must, at a minimum, address the following:

(a) Provision for all hazards;

(b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment;

(c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications;

(d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies;

(e) Identification of residents with Alzheimer's disease or related disorders, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation;

(f) Identification of and coordination with the local emergency management agency;

(g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and,

(h) The identification of staff responsible for implementing each part of the plan.

(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.

(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.

(b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.

1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.

2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.

(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.

(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.

(3) PLAN IMPLEMENTATION.

(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.

(b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication.

(4) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

(a) The facility must report the evacuation to the local office of emergency management or designee and to the agency within 6 hours of the evacuation order. If the evacuation takes more than 6 hours, the facility must report when the evacuation is completed.

(b) The facility must not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents.

(c) A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.

(d) The facility is responsible for knowing the location of all residents until the residents have been relocated to another facility.

(e) The facility must provide the agency with the name of a contact person who must be available by telephone 24 hours a day, seven days a week, until the facility is re-occupied.

(f) The facility must assist in the relocation of residents, and must cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences must be considered to the extent possible in any relocation decision.

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(5) EMERGENCY SHELTER. In the event a state of emergency has been declared and the facility is not required to evacuate the premises, the facility may provide emergency shelter above the facility's licensed capacity provided the following conditions are met:

(a) Life safety will not be jeopardized for any individual;

(b) The immediate needs of residents and other individuals sheltered at the facility can be met by the facility;

(c) The facility reports the number of individuals over its licensed capacity and the conditions causing it to the Agency Field Office within 48 hours or as soon as practical. As an alternative, the facility may report to the Agency Central Office at (850)412-4304. If the facility will continue to be over capacity after the declared emergency ends, the agency will review requests for excess capacity on a case-by-case basis; and,

(d) The facility maintains a log of the additional individuals being housed in the facility. The log must include the individual's name, usual address, and the dates of arrival and departure. The log must be available for review by representatives of the agency, the department, the local emergency management agency or its designee. The admissions and discharge log maintained by the facility may be used for this purpose provided the information is maintained in a manner that is easily accessible.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-17-14, Formerly 58A-5.026, 7-1-19.

59A-36.020 Limited Mental Health.

(1) LICENSE APPLICATION.

(a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident.

(b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.

(2) RECORDS.

(a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified.

(b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C.

(c) Resident records must include:

1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security disability or supplemental security income and optional state supplementation as follows:

a. An affirmative statement on the Alternate Care Certification for Optional State Supplementation (OSS) form, CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental disorder,

b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental disorder. Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or

c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental disorder. The case manager or other mental health care provider must consider the following minimum criteria in making that determination:

(I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or

(II) The resident has been diagnosed as having a severe or persistent mental disorder.

2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, psychiatric nurse, or an individual supervised by one of these professionals.

a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement:

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(I) Completed Alternate Care Certification for Optional State Supplementation (OSS) form, CF-ES Form 1006,

(II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or

(III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.

b. A mental health resident returning to a facility from treatment in a hopsital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment.

3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that:

a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community,

b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services,

c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities,

d. Includes the obligations of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager,

e. Includes a description of other services to be provided or arranged by the facility,

f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms particular to the resident that indicate the immediate need for professional mental health services,

g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan,

h. Is updated at least annually or if there is a significant change in the resident's behavioral health,

i. May include the Cooperative Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and,

j. Must be available for inspection to those who have legal authority to review the document.

4. Cooperative Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement:

a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number;

b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.;

c. May cover all mental health residents of the facility who are clients of the same provider; and,

d. May be included in the Community Living Support Plan described in subparagraph (2)(c)3.

5. Missing documentation will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file.

(3) RESPONSIBILITIES OF FACILITY. In addition to the staffing and care standards of this rule chapter to provide for the welfare of residents in an assisted living facility, a facility holding a limited mental health license must:

(a) Meet the facility's obligation to assist the resident in carrying out the activities identified in the Community Living Support Plan;

(b) Provide an opportunity for private face-to-face contact between the mental health resident and the resident's mental health

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case manager or other treatment personnel of the resident's mental health care provider;

(c) Observe resident behavior and functioning in the facility, and record and communicate observations to the resident's mental health case manager or mental health care provider regarding any significant behavioral or situational changes that may signify the need for a change in the resident's professional mental health services, supports, and services described in the community living support plan, or that the resident is no longer appropriate for residency in the facility;

(d) If the facility initiates an involuntary mental health examination pursuant to section 394.463, F.S., the facility must document the circumstances leading to the initiation of the examination;

(e) Ensure that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C.; and,

(f) Maintain facility, staff, and resident records in accordance with the requirements of this rule chapter.

Rulemaking Authority 429.41 FS. Law Implemented 429.075, 429.26, 429.41 FS. History–New 8-15-90, Amended 9-30-92, Formerly 10A-5.029, Repromulgated 10-30-95, Amended 6-2-96, 11-2-98, 7-30-06, Amended 4-17-14, 5-10-18, Formerly 58A-5.029, 7-1-19.

59A-36.021 Extended Congregate Care Services.

(1) LICENSING.

(a) Any facility intending to establish extended congregate care services must obtain a license from the agency before accepting residents needing extended congregate care services.

(b) Only the portion of a facility that meets the physical requirements of subsection (3), and is staffed in accordance with subsection (4), is considered licensed to provide extended congregate care services to residents who meet the admission and continued residency requirements of this rule.

(2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through extended congregate care services must promote resident independence, dignity, choice, and decision-making. The facility must develop and implement specific written policies and procedures that address:

(a) Aging in place;

(b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5), and extended congregate care services listed in subsection (8);

(c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility;

(d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff;

(e) Identifying potential unscheduled resident service needs and mechanisms for meeting those needs including the identification of resources to meet those needs;

(f) A process for mediating conflicts among residents regarding choice of room or apartment and roommate; and,

(g) How to involve residents in decisions concerning the resident. The services must provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative must be consulted. Choices must include at a minimum whether:

1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan,

2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care services may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed,

3. To select among social and leisure activities,

4. To participate in activities in the community. At a minimum the facility must arrange transportation to such activities if requested by the resident; and,

5. To provide input with respect to the adoption and amendment of facility policies and procedures.

(3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services:

(a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or disabled persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C.

1. A baccalaureate degree may be substituted for one year of the required experience.

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2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph.

(b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents.

(c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan.

(d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents.

(e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C.

(f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C.

(4) ADMISSION AND CONTINUED RESIDENCY.

(a) An individual must meet the following minimum criteria in order to receive extended congregate care services:

1. Be at least 18 years of age;

2. Be free from signs and symptoms of a communicable disease that is likely to be transmitted to other residents or staff; however, an individual who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that he or she would otherwise be eligible for admission according to this rule;

3. Be able to transfer, with assistance if necessary. The assistance of more than one individual is permitted;

4. Not be a danger to self or others as determined by a health care provider or mental health practitioner licensed under chapter 490 or 491, F.S.;

5. Not be bedridden;

6. Not have any stage 3 or 4 pressure sores;

7. Not require any of the following nursing services:

a. Artificial airway management of any kind except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine,

b. Nasogastric tube feeding,

c. Monitoring of blood gases,

d. Management of post-surgical drainage tubes or wound vacuums,

e. Skilled rehabilitative services as described in rule 59G-4.290, F.A.C., or

f. Treatment of a surgical incision, unless the surgical incision and the condition that caused it have been stabilized and a plan of care developed. The plan of care must be maintained in the resident's record at the facility.

8. Not require 24-hour nursing supervision; and,

9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager must base his or her decision on:

a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed in subsection (7),

b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and,

c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C.

(b) Criteria for continued residency in an extended congregate care services must be the same as the criteria for admission, except as specified below.

1. A resident may be bedridden for up to 14 consecutive days.

2. A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice that coordinates and ensures the provision of any additional care and services that may be needed,

b. Continued residency is agreeable to the resident and the facility,

c. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility; and,

d. Documentation of the requirements of subparagraph (5)(b)2., is maintained in the resident's file.

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3. The extended congregate care administrator or manager is responsible for monitoring the appropriateness of continued residency of a resident in extended congregate care services at all times.

4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license.

5. Staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice. Staff may not exceed the scope of their professional licensure or training in any licensed assisted living facility.

(5) HEALTH ASSESSMENT. Before receiving extended congregate care services, all persons. including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care provider pursuant to rule 59A-36.006, F.A.C. A health assessment conducted no more than 60 days before receiving extended congregate care services meets this requirement. Once receiving services, a new health assessment must be obtained at least annually.

(6) SERVICE PLANS.

(a) Before receiving services, the extended congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, psychological and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.

(b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (6); the resident's unique physical, psychological and social needs and preferences; and how the facility will meet the resident's needs including the following if required:

1. Health monitoring,
2. Assistance with personal care services,
3. Nursing services,
4. Supervision,
5. Special diets,
6. Ancillary services,
7. The provision of other services such as transportation and supportive services; and,
8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.

(c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences.

(d) The service plan must be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.

(7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity.

(a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan.

(b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan:

1. Total help with bathing, dressing, grooming and toileting,
2. Nursing assessments conducted more frequently than monthly,
3. Measurement and recording of basic vital functions and weight,
4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid

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intake and output,

5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S.,

6. Supervision of residents with dementia and cognitive impairments,

7. Health education and counseling and the implementation of health-promoting programs and preventive regimes,

8. Provision or arrangement for rehabilitative services; and,

9. Provision of escort services to health-related appointments.

(c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are:

1. Authorized by a health care provider's order and pursuant to a plan of care,

2. Medically necessary and appropriate for treatment of the resident's condition,

3. In accordance with the prevailing standard of practice in the nursing community,

4. A service that can be safely, effectively, and efficiently provided in the facility,

5. Recorded in nursing progress notes; and,

6. In accordance with the resident's service plan.

(d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted.

(8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following:

(a) The service plans for each resident receiving extended congregate care services;

(b) The nursing progress notes for each resident receiving nursing services;

(c) Nursing assessments; and,

(d) The facility's extended congregate care policies and procedures.

(9) DISCHARGE. If the facility and the resident are unable to agree on a service plan, the facility is unable to meet the resident's needs as identified in the service plan, or the resident no longer meets the criteria for continued residency, the resident must be discharged or relocated in accordance with sections 429.26 and 429.28, F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.28, 429.41 FS. History–New 9-30-92, Formerly 10A-5.030, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-17-14, 5-10-18, Formerly 58A-5.030, 7-1-19.

59A-36.022 Limited Nursing Services.

Any facility intending to provide limited nursing services must obtain a license from the agency.

(1) NURSING SERVICES. In addition to any nursing service permitted under a standard license pursuant to section 429.255, F.S., a facility with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision and to residents who do require 24-hour nursing care and are enrolled in hospice.

(2) RESIDENT CARE STANDARDS.

(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C.

(b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.

(c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file.

(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or contracted nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

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(e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community.

(3) RECORDS.

(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.

(b) Nursing progress notes must be maintained for each resident who receives limited nursing services.

(c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.

Rulemaking Authority 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.41 FS. History–New 9-30-92, Formerly 10A-5.031, Amended 10-30-95, 10-17-99, 7-30-06, 3-13-14, 5-10-18, Formerly 58A-5.031, 7-1-19.

59A-36.023 Administrative Enforcement.

Facility staff must cooperate with agency personnel during surveys, complaint investigations, monitoring visits, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.

(1) Abbreviated Survey.

(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman program complaints, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date, is eligible for an abbreviated biennial survey by the agency. For the purpose of this rule, a confirmed long-term care ombudsman program complaint is a complaint that is verified and referred to a regulatory agency for further action. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency must inform the facility that it is eligible for an abbreviated survey, and that an abbreviated survey will be conducted.

(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:

1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria;

2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;

3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights;

4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with the activities of daily living, and arrangement for appointments and transportation to appointments;

5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications;

6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs;

7. Section 429.41, F.S., and Rule 58A-5.020, F.A.C., relating to minimum dietary requirements and proper food hygiene;

8. Section 429.075, F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents' community support living plan;

9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and

10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing services license.

(c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or welfare of residents are identified during the abbreviated survey. The facility must be informed when a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted:

1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident;

2. Violations relating to staffing standards or resident care standards that adversely affect the health, safety, or welfare of a resident;

3. Violations relating to facility staff rendering services for which the facility is not licensed; or

4. Violations relating to facility medication practices that are a threat to the health, safety, or welfare of a resident.

(2) Survey Deficiency.

(a) Before or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S., the

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agency shall issue a statement of deficiency for class I, II, III, and IV violations which are observed by agency personnel during any inspection of the facility. The deficiency statement must be issued within 10 working days of the agency's inspection and must include:

1. A description of the deficiency;

2. A citation to the statute or rule violated; and

3. A time frame for the correction of the deficiency.

(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency before the expiration of the time frame included in the agency's statement.

(3) Employment of A Consultant.

(a) Medication Deficiencies.

1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.

2. After developing and imprementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of a class I or class II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

(b) Dietary Deficiencies.

1. If a class I, class II, or uncorrected class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a registered or licensed dietitian, or a licensed nutritionist.

2. The initial on-site consultant visit must take place within seven working days of the notice of a class I or II deficiency or within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license or registration of the consultant dietitian or nutritionist and the consultant's signed and dated review of the facility's corrective action plan, if a plan is required by the agency, no later than 10 working days after the initial on-site consultant visit.

3. If a corrective action plan is required, the facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator, that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and consultant services are no longer required. The agency must provide the facility with written notification of such determination.

Rulemaking Authority 429.41, 429.42 FS. Law Implemented 429.19, 429.34, 429.41, 429.42 FS. History–New 9-30-92, Formerly 10A-5.033, Amended 10-30-95, 10-17-99, 1-9-02, 7-30-06, 4-15-10, 3-13-14, Formerly 58A-5.033, 7-1-19.

59A-36.024 Waivers.

The agency, in consultation with the department, may waive rules promulgated pursuant to part I, chapter 429, F.S., if the waiver request meets the conditions set forth in section 429.41(4), F.S., and demonstrates and evaluates innovative or cost-effective congregate care alternatives which will enable individuals to age in place.

(1) Application Process.

(a) Licensed assisted living facilities proposing a waiver under this statute must submit the request in writing. All requests must include the facility name and address, license number, administrator's name and contact information for the requestor, or its attorney. Petitions for waiver of rules other than for the objectives detailed in section 429.41(4), F.S., including emergency waivers, will not be considered under this section but should follow the petition for waiver provisions of section 120.542, F.S., and rule chapter 28-104, Variance or Waiver, F.A.C.

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(b) The written request must address the elements required in section 429.41(4), F.S. In addition, the following information must be included in order to demonstrate how a waiver of the stated rule will permit development of a concept that will achieve the purpose of the underlying statute:

1. The rule or rules for which the waiver is requested.

2. The licensee's anticipated date or dates for implementation of the concept.

3. If applying based on cost-effectiveness or cost-savings, a cost-benefit analysis of the proposed alternative to both residents or potential residents as well as facility operations.

4. An analysis of the impact the alternative will have on the relevant local community, including any barriers such as zoning or use issues, which may need resolution prior to implementation.

5. Specific performance measures with an annual projection of objectives and goals to be achieved broken into quarterly increments or an annual projection of outcome measures, if the concept will be implemented in less than 90 days.

6. If applying based on cost-effectiveness or cost-savings, an annual budget projection for the proposed alternative broken into quarterly increments.

(c) A waiver can be requested at the time of the initial license application, relicensure, or any time during the licensure period.

(d) Waiver requests must be submitted to the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, Florida 32308-5403.

(2) In accordance with section 120.542(6), F.S., the agency shall post notice of the request within fifteen (15) days of receipt of the request. The agency shall make any requests for additional information within 30 days of receipt of the request. If additional information is provided, the agency may request clarification of only that information no later than 30 days following receipt of the information. The agency shall process the waiver request pursuant to the time frame referenced in section 120.542(8), F.S.

(3) The agency, in consultation with the department, will evaluate all requests in light of the likelihood the concept, as described in detail, will achieve the underlying statutory objectives of innovative or cost effective congregate care alternatives to enable individuals to age in place, as provided in section 429.41(4), F.S. Waivers may be granted only so long as there is reasonable assurance that the health, safety or welfare of residents will not be endangered by the waiver.

(4) The agency shall grant or deny the request for waiver and enter an order summarizing the facts it relied on and reasons supporting its decision. The agency must provide notice of its order as described in section 120.542(8), F.S. The requestor shall be advised that a denial of the request may be reviewed as provided in subsection (5) of this rule.

(5) Report of Findings. A facility that has been granted a waiver must submit an annual report within 12 months of the order granting the waiver as specified in section 429.41(4), F.S. If the report is not submitted as required, the agency may revoke the waiver.

(a) The agency will review the report of findings to determine whether the waiver shall be renewed or revoked. The agency shall make the determination based on whether the facility has met the requirements outlined in subparagraph (1)(b) of this rule. The agency shall enter an order providing the general basis for making its decision and notify the licensee of its opportunity to seek review of a revocation in accordance with sections 120.569 and 120.57, F.S. and rule 28-106.111, F.A.C.

(b) The agency may also consider other material which is available relative to this review.

(c) A waiver is effective unless revoked by the agency or superseded by statutory or regulatory change.

(d) In reviewing the report of findings, the agency, in consultation with the department, shall assess whether statutory or regulatory changes should be pursued to enable other facilities to adopt the same practices.

Rulemaking Authority 429.41 FS. Law Implemented 120.542, 429.41 FS. History–New 9-30-92, Formerly 10A-5.035, Amended 10-30-95, 7-1-08, 4-17-14, Formerly 58A-5.035, 7-1-19.

59A-36.025 Emergency Environmental Control for Assisted Living Facilities.

(1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:

(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure ambient air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.

1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size

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to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square feet per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the calculation to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.

2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.

3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve ambient temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.

a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.

b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.

c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.

(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain ambient temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.

1. Facilities must store minimum amounts of fuel onsite as follows:

a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.

b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.

2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.

3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.

4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.

(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.

(d) The acquisition and maintenance of a carbon monoxide alarm.

(2) SUBMISSION OF THE PLAN.

(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency rule 58AER17-1 will require resubmission only if changes are made to the plan.

(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.

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(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.

(3) APPROVED PLANS.

(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.

(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.

(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.

(4) IMPLEMENTATION OF THE PLAN.

(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than June 1, 2018, have implemented the plan required under this rule.

(b) The Agency shall allow an extension up to January 1, 2019 to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S.

(c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours.

1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.

2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:

a. Fully and safely evacuate its residents prior to the arrival of the event; or

b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.

(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.

(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.

(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.

(5) POLICIES AND PROCEDURES.

(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in ambient air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:

1. The use of cooling devices and equipment;

2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring

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refrigeration;

3. Wellness checks by assisted living facility staff to monitor for signs of dehydration and heat injury; and

4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.

(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.

(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.

(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.

(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.

(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.

(8) NOTIFICATION.

(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:

1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;

2. Upon final implementation of the plan by the assisted living facility.

(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.

Rulemaking Authority 429.41, FS. Law Implemented 429.19, 429.41, FS. History–New 3-26-18, Formerly 58A-5.036, 7-1-19.

59A-36.027 ALF Core Training Provider Qualifications.

(1) PRIMARY REQUIREMENTS. In order to register as an assisted living facility core training provider (hereafter referred to as "core training provider," "training provider," or "provider"), all applicants must meet the requirements outlined in Section 429.52(10), F.S. The requirements are as follows:

(a) Completion of the minimum core training requirements developed by the Agency pursuant to Section 429.52(9), F.S., and Rule 59A-36.028, F.A.C.;

(b) Successful passage of the competency test, which requires a minimum score of 75%; and,

(c) Compliance with the minimum of 12 contact hours of continuing education in topics related to assisted living every 2 years pursuant to Section 429.52(5), F.S., and paragraph 59A-36.011(1)(c), F.A.C.

(2) ADDITIONAL REQUIREMENTS. In addition to meeting the 3 primary requirements set forth in subsection (1), of this rule, applicants must meet one of the requirements outlined in Section 429.52(11), F.S., or one of the requirements established in this subsection. The requirements are as follows:

(a) A minimum of 5 years of employment with the Agency for Health Care Administration (AHCA), or formerly the Department of Health and Rehabilitative Services, as a surveyor of assisted living facilities; or

(b) A minimum of 5 years of employment in a professional position in the AHCA Assisted Living Unit; or

(c) A minimum of 5 years of employment as an educator or staff trainer for persons working in an ALF or other long-term care (LTC) settings; or

(d) A minimum of 5 years of employment as an assisted living facility core trainer, which was not directly associated with the

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department; or

(e) A minimum of a 4-year degree from an accredited college or university in areas of healthcare, gerontology, social work, education or human services; and a minimum of 3 years experience as an educator or staff trainer for persons working in an ALF or other LTC settings after core certification.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.203, 7-1-19.

59A-36.028 ALF Minimum Core Training Curriculum Requirements.

(1) CURRICULUM REQUIREMENTS. An approved core training provider must conduct core training using the curriculum outlined in AHCA Form 3180-1038, September 2019, which is incorporated by reference in this rule. The curriculum is available from the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Tallahassee, FL 32308-5403 or the Agency's website at: http://acha.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml.

(2) MONITORING. The Agency reserves the right to do the following:

(a) Attend and monitor core training courses;

(b) Review provider records and course materials pursuant to this rule; and,

(c) Conduct on-site monitoring, follow-up monitoring, and require implementation of a corrective action plan if the provider does not adhere to the approved curriculum.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.205, 7-1-19.

59A-36.029 ALF Core Training Provider Initial Registration Process.

(1) REGISTRATION PROCESS.

(a) Before core training can be conducted, an applicant must meet the training provider qualifications outlined in section 429.52(10), F.S., and rule 59A-36.027, F.A.C. Additionally, an applicant must register with, and obtain from, the Agency a unique provider registration number as set forth in this subsection.

(b) An applicant must complete ACHA Form 3180-1039, Application for Assisting Living Facility (ALF) Core Training Provider Registration, September, 2019. The form is hereby incorporated by reference and may be obtained from the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Tallahassee, FL 32308-5403 or the Agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml.

(2) APPROVAL PROCESS. Within 30 calendar days after receiving a core training provider application, the Agency must submit written notification approving or denying the application, or requesting supplemental information or clarification.

(a) If the application is approved, the Agency must include a unique provider registration number in the notice.

(b) If the application is denied, the Agency must provide the reason or reasons for denial in the notice.

(c) If the application is determined to require supplemental information or clarification, the Agency must state the supplemental information or clarification that is being requested.

1. If the Agency does not receive the requested information within 30 calendar days of the request, the application will be deemed incomplete and closed.

2. If the Agency receives the requested information within 30 calendar days of the request, the Agency must process the training provider application within 30 calendar days after all required information is received.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.207, 7-1-19.

59A-36.030 Process for Maintaining ALF Core Training Provider Registration.

(1) MAINTAINING ALF CORE TRAINING PROVIDER REGISTRATION.

(a) After receiving the initial core training provider registration, the approved provider must re-register with the Agency every 2 years by submitting documentation of his or her compliance with the continuing education requirement as specified in section 429.52(5), F.S., and this rule.

(b) The provider must submit the documentation to the address referenced on AHCA Form 3180-1038. It must be submitted no later than 30 calendar days after each two-year continuing education cycle. The 2-year cycle begins on the date of the initial training provider registration. Documentation must include the following:

1. Title of the training program;

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2. Subject matter of the training program;

3. The training program agenda including topics discussed;

4. The core training provider's name and registration number;

5. Date(s) of participation;

6. Number of hours of the training program; and

7. The continuing education training provider's name, signature, credentials, and professional license number, if applicable.

(2) APPROVAL PROCESS.

(a) Within 30 calendar days after receiving the required continuing education documentation, the Agency must notify the provider in writing that the continuing education requirement:

1. Has been met; or

2. Has not been met and the reasons why; or

3. Has omissions or additional information is requested.

a. If the Agency does not receive the omitted or additional information within 30 calendar days of the request, the provider's registration shall be cancelled. The Agency must provide written notification of its decision, including the reason for the cancellation, no later than 30 calendar days after the deadline for the request for the omitted or additional information.

b. If the Agency receives the omitted or additional information as requested within the 30 calendar day time period, the Agency must process the core training provider's registration within 30 calendar days after all required information is received. The Agency must provide written notification to the provider of its decision.

(b) Failure to submit proof of the continuing education requirement as specified in this rule shall result in cancellation of the core training provider's registration. The Agency must provide written notification of such action no later than 30 calendar days after the information was due.

(c) If the provider's registration is cancelled under paragraphs (a) and (b) of this subsection, and the provider subsequently meets the continuing education requirement, he or she may re-apply for registration as specified in rule 59A-36.029, F.A.C., and include documentation that the continuing education requirement has been met pursuant to this rule.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.209, 7-1-19.

59A-36.031 Registered ALF Core Training Provider Responsibilities.

The following are the responsibilities of a registered core training provider:

(1) USE OF MINIMUM CORE TRAINING CURRICULUM. A registered core training provider is responsible for the following:

(a) Conducting core training using the minimum core training curriculum required by rule 59A-36.028, F.A.C.; and

(b) Ensuring that all changes in ALF statutes and rules are immediately incorporated into the contents of his or her core training curriculum.

(2) CERTIFICATES. After a trainee successfully completes core training, the approved training provider must issue a certificate to him or her. In addition to the provider's unique registration number, the certificate must include the information referenced in paragraph 59A-36.011(12)(a), F.A.C. The provider's signature and registration number shall serve as documentation that the trainee has completed the required training.

(3) RECORDS. Approved providers must maintain records of each course taught for a minimum of 5 years. Course records must include the following information:

(a) The title of the training program;

(b) The agenda;

(c) The curriculum and any accompanying documentation and training aids;

(d) The training provider's name and registration number;

(e) The trainees' names, dates of participation and training location; and

(f) Training evaluations and roster signed by trainees.

(4) COMPETENCY EXAM.

(a) Approved training providers must submit the names of trainees completing core training to the testing authority within 10 calendar days after completion of the course. Names must be submitted to the following address: ALF at The MacDonald Research Institute, 28953 SR 54, Wesley Chapel, FL 33543. Names may be alternately submitted via email to alftest.tmri@gmail.com.

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(b) The testing authority shall not process any requests for the competency exam, nor sit any individual for the exam, unless proper notice is submitted by an approved training provider pursuant to paragraph (a), of this subsection.

(5) GUEST SPEAKERS. If a core training provider uses guest trainers to teach or participate in specific training modules covered in the minimum core training curriculum referenced in rule 59A-36.028, F.A.C., the core trainer is responsible to ensure that the guest speaker meets the following minimum conditions:

(a) Has expertise in the specific subject matter; and

(b) Covers all components of the subject matter if he or she provides the module or portion of the module instruction.

Rulemaking Authority 429.52 FS. Law Implemented 429.52 FS. History–New 6-15-09, Formerly 58T-1.211, 7-1-19.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 5:28 PM
To: ""Grow"","" Stefan; Stefan.Grow@ahca.myflorida.com
Subject: Fwd: Nursing Home Guidance Going Out Tonight

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:59:07 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Fwd: Nursing Home Guidance Going Out Tonight

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>
Sent: Tuesday, March 17, 2020 3:52:13 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] RE: Nursing Home Guidance Going Out Tonight

Understand and Thank You.

Blessings,
Diane L. Godfrey

AdventHealth
Executive Director | Regulatory Administration
407-200-2929

Diane.Godfrey@AdventHealth.com

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:48 PM
To: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [EXTERNAL] Re: Nursing Home Guidance Going Out Tonight

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It will be coming out later tonight. But this is our high risk population and we need to be extremely comprehensive in our assessment about COVID 19 for this population before transfer back to long term care facilities.

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Godfrey, Diane <Diane.Godfrey@AdventHealth.com>
Sent: Tuesday, March 17, 2020 3:45:14 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] Nursing Home Guidance Going Out Tonight

Good afternoon,

I hope you both are getting some rest and staying well! I was going to ask the below question on the 3:00 call, however, we ran out of time.

We have nursing homes requesting a resident receive a COVID-19 negative test, even when they are not symptomatic or do not fit the criteria to be tested, before they will accept the patient/resident. Hospitals are expressing concern with the inability to discharge patients due to shortages of testing supplies and creating shortages in hospital beds. Is there specific guidance that can be provided to help eliminate the refusals to accept patients without first testing a patient who does not meet criteria and providing proof of the negative test?

Thank you in advance for the additional guidance coming out around staff. Will there be any additional guidance as it related to domestic travel for end-of-life situations, even including requiring the use of masks or other infection controls?

Blessings,
Diane L. Godfrey

AdventHealth
Executive Director | Regulatory Administration
407-200-2929

Diane.Godfrey@AdventHealth.com

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This message (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is non-public, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute as attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received

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this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication. Thank you.

This message (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is non-public, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute as attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication. Thank you.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 13, 2020 3:36 PM
To: MacLafferty, Laura; McKinstry, Molly
Cc: Stewart, Kimberly
Subject: RE: Emergency Rule
Attachments: Notice of Emergency Rule Screening.srg edits.docx

Looks great to me.

See edit in response to your note.

From: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Sent: Friday, March 13, 2020 3:02 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: RE: Emergency Rule

Does this work?

Sincerely,

Laura Mac...

412-4340

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Friday, March 13, 2020 2:06 PM
To: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Cc: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: RE: Emergency Rule

Thanks, Laura. I'm reviewing. The new directive is to prohibit entry by anyone except in those three exception situations or staff. Can you take a stab at that?

Thank you!

From: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Sent: Friday, March 13, 2020 1:50 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: RE: Emergency Rule

I massaged the rule language a little. Let me know what you think and who all needs to see it. Comments are welcomed

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 6:26 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>
Subject: Emergency Rule

Molly, Laura, Kim,

Attached is a (very rough) draft of an emergency rule which incorporates the Governor's Emergency Order. In addition, it also includes the ability to restrict any access, with some exceptions. Can you please review and make any changes to the rule you think necessary? Any suggestions are welcome.

We need to do individual rules for: nursing homes, assisted living facilities, adult family-care homes, adult group homes, and any other facilities we think need to be included.

In addition, I also included the required statement of emergency. The statement of emergency should be tailored to fit each facility type. (Number of facilities, residents, and so on.) Can you help gather that information so we can plug it in to each rule? Some of the things, like number of counties, will just need to be plugged in depending on what day we publish the rule to ensure accuracy.

Kim – heads up, I think this is coming soon. We'll need your help formatting and publishing.

Please let me know if you have any questions.

Thanks,

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:
59AER20-1 Facility Screening Requirements for Non-Residents
SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 13, 2020, eighteen counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders and residents live in over 4,200 assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services in Florida. Ensuring these facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities, nursing homes, adult family care homes, intermediate care facilities, transitional living facilities, and homes for special services.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule prohibits entry of all individuals to assisted living facility, nursing home, adult family care home, intermediate care facility, transitional living facility, and homes for special services staff and visitors. The rule allows for limited exceptions to this prohibition to avoid the spreading of COIVD-19 to health care facilities.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59AER20-1 Facility Screening Requirements for Non-Residents.

(1) Applicability. The requirements of this emergency rule apply to the following facilities:

(a) Nursing Homes, as provided under Chapter 400, Part II, F.S.;

(b) Homes for Special Services as provided under Chapter 400, Part V, F.S.;

(c) Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S.;

(d) Intermediate Care Facilities for the Developmentally Disabled, as provided under Chapter 400, Part VIII, F.S.;

(e) Assisted Living Facilities, as provided under Chapter 429, Part I, F.S.; and

(f) Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.;

(2) Limited Facility Entry.

(a) Every facility must prohibit the entry of any non-resident individual, to the facility except in the following circumstances:

1. Family members, friends, and visiting residents in end-of-life situations;

2. Hospice or palliative care workers caring for residents in end-of-life situations;

3. Any third-party providing necessary health care to a resident; or

4. Facility staff; or

5. Any representative of the federal or state government seeking entry as part of their official duties, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any emergency medical personnel; and any representative of the State Long-Term Care Ombudsman Program.

(b) Individuals seeking entry to the facility under the above circumstances in (a) must comply with the screening requirements in (3).

(c) The facility may require any individual entering the facility to wear personal protective equipment.

(3) Screening Requirements. Any non-resident individual, including staff, seeking entry to a facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.

(a) The screening criteria must include the following:

1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours;

2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;

3. Any person who has been in contact with any person(s) infected with COVID-19 who has not yet tested negative for COVID-19 within the past 14 days;

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4. Any person who traveled internationally within the past 14 days;

5. Any person who traveled on a cruise ship within the past 14 days;

6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, within the past 14 days; and

7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.

(4) Documentation.

(a) Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation.

(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include:

1. Name of the individual;

2. Date and time of entry; and

3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

Rulemaking authority 408.819, 408.821(4), FS Law Implemented 408.819, 408.821(4) FS

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 10:21 PM
To: Scanlon, Stephanie; Austin, La-Shonna
Subject: Fwd: Budget Conference Report Filed / 72 Hour "Cooling Off" Has Begun
Attachments: HB 5003 (Implementing) - Amendment 35067 CR.pdf; Medicaid Hospital Funding Programs - Conference Report.pdf; HB 5001 (GAA) - Amendment 752213 CR.pdf

$5.924M for Molly's QLTC issue
$5M in reserve.

I would like to use our high level doc to indicate wins. Then, I would like to share with EOG ASAP.
The above is a win.

From: Scanlon, Stephanie <Stephanie.Scanlon@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 9:57:44 PM
To: Austin, La-Shonna <La-Shonna.Austin@ahca.myflorida.com>
Cc: Miller, James <James.Miller@ahca.myflorida.com>
Subject: Fw: Budget Conference Report Filed / 72 Hour "Cooling Off" Has Begun

Let's get our our final side by side tomorrow. I can help you with the budget issues. We will probably need to read the GAA to confirm anything buried in the language.

From: Keenan, Lauren <lauren.keenan@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 9:53:01 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Kotas, James <James.Kotas@ahca.myflorida.com>; Miller, James <James.Miller@ahca.myflorida.com>; Scanlon, Stephanie <Stephanie.Scanlon@ahca.myflorida.com>; Austin, La-Shonna <La-Shonna.Austin@ahca.myflorida.com>; Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Wallace, Thomas J. <Thomas.Wallace@ahca.myflorida.com>; Ward, Matthew <Matthew.Ward@ahca.myflorida.com>; Eugene, Bianca <Bianca.Eugene@ahca.myflorida.com>; Gibson, Lucy <Lucy.Gibson@ahca.myflorida.com>; Meenan, Clay <Clay.Meenan@ahca.myflorida.com>; Brewer, Hannah <Hannah.Brewer@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: Budget Conference Report Filed / 72 Hour "Cooling Off" Has Begun

Good Evening, Team -

At 7:00 PM this evening, the conference report on HB 5001 has been filed and will be distributed to members shortly. Once on the members' desks, the mandatory 72-hour "cooling off" period before the report can be adopted by both chambers will begin.

The House scheduled a Floor Session for 12:00 PM on Thursday, March 20th. House Speaker Oliva also announced logistics and special procedures for Thursday's Budget debate and vote amid Coronavirus.

Attached are the relevant documents released from the conference report. Additional information from the conference report can be found here.

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As always, if you have any questions, please let me or someone from the Legislative Affairs team know.

Thank you & have a great night.

Best,

Lauren

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Amendment No.

CHAMBER ACTION

Senate House

The Conference Committee on HB 5003 offered the following:

Conference Committee Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. It is the intent of the Legislature that the implementing and administering provisions of this act apply to the General Appropriations Act for the 2020-2021 fiscal year.

Section 2. In order to implement Specific Appropriations 8, 9, 10, 92, and 93 of the 2020-2021 General Appropriations Act, the calculations of the Florida Education Finance Program for the 2020-2021 fiscal year included in the document titled "Public School Funding: The Florida Education Finance Program," dated March 15, 2020, and filed with the Clerk of the House of

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FL-AHCA-20-0902-A-002570

Representatives, are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Florida Education Finance Program. This section expires July 1, 2021.

Section 3. In order to implement Specific Appropriations 8 and 92 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 1002.20, 1003.02, 1006.28-1006.42, 1011.62(6)(b)3., and 1011.67, Florida Statutes, relating to the expenditure of funds provided for instructional materials, for the 2020-2021 fiscal year, funds provided for instructional materials shall be released and expended as required in the proviso language for Specific Appropriation 92 of the 2020-2021 General Appropriations Act. This section expires July 1, 2021.

Section 4. In order to implement Specific Appropriations 8 and 92 of the 2020-2021 General Appropriations Act, subsections (8) and (17) of section 1011.62, Florida Statutes, are amended to read:

1011.62 Funds for operation of schools.—If the annual allocation from the Florida Education Finance Program to each district for operation of schools is not determined in the annual appropriations act or the substantive bill implementing the annual appropriations act, it shall be determined as follows:

(8) DECLINE IN FULL-TIME EQUIVALENT STUDENTS.—

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FL-AHCA-20-0902-A-002571

(a) In those districts where there is a decline between prior year and current year unweighted FTE students, a percentage of the decline in the unweighted FTE students as determined by the Legislature shall be multiplied by the prior year calculated FEFP per unweighted FTE student and shall be added to the allocation for that district. For this purpose, the calculated FEFP shall be computed by multiplying the weighted FTE students by the base student allocation and then by the district cost differential. If a district transfers a program to another institution not under the authority of the district's school board, including a charter technical career center, the decline is to be multiplied by a factor of 0.15. However, if the funds provided for the Florida Education Finance Program in the General Appropriations Act for any fiscal year are reduced by a subsequent appropriation for that fiscal year, the percent of the decline in the unweighted FTE students to be funded shall be determined by the Legislature and designated in the subsequent appropriation.

(b) The allocation authorized in this paragraph (a) is suspended for the 2020-2021 fiscal year and does not apply during such fiscal year. This paragraph expires July 1, 2021.

(17)(a) FUNDING COMPRESSION AND HOLD HARMLESS ALLOCATION.—The Legislature may provide an annual funding compression and hold harmless allocation in the General Appropriations Act. The allocation is created to provide additional funding to school

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FL-AHCA-20-0902-A-002572

districts if the school district's ~~and developmental research schools whose~~ total funds per FTE in the prior year were less than the statewide average or if the school district's district cost differential in the current year is less than the prior year. The total allocation shall be distributed to eligible school districts as follows:

(b) Using the most recent prior year FEFP calculation for each eligible school district, subtract the total school district funds per FTE ~~shall be subtracted~~ from the state average funds per FTE, not including any adjustments made pursuant to paragraph (19)(b). The resulting funds per FTE difference, or a portion thereof, as designated in the General Appropriations Act, shall then be multiplied by the school district's total unweighted FTE ~~to provide the allocation~~.

(c) Multiply the absolute value of the difference between the eligible school district's current year district cost differential and the prior year district cost differential by a hold harmless factor as designated in the General Appropriations Act. The result is the district cost differential hold harmless index. Multiply the index by the eligible school district's weighted FTE and by the base student allocation as designated in the General Appropriations Act.

(d) Add the amounts calculated in paragraphs (b) and (c) and if the amount is ~~calculated funds are~~ greater than the amount included in the General Appropriations Act, the

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FL-AHCA-20-0902-A-002573

allocation shall ~~they must~~ be prorated to the appropriation amount based on each participating school district's share. This subsection expires July 1, 2021 ~~2020~~.

Section 5. In order to implement Specific Appropriation 21 of the 2020-2021 General Appropriations Act, subsection (1) of section 1013.62, Florida Statutes, is amended to read:

1013.62 Charter schools capital outlay funding.—

(1) For the 2020-2021 ~~2018-2019~~ fiscal year, charter school capital outlay funding shall consist of state funds appropriated in the 2020-2021 ~~2018-2019~~ General Appropriations Act. Beginning in fiscal year 2021-2022 ~~2019-2020~~, charter school capital outlay funding shall consist of state funds when such funds are appropriated in the General Appropriations Act and revenue resulting from the discretionary millage authorized in s. 1011.71(2) if the amount of state funds appropriated for charter school capital outlay in any fiscal year is less than the average charter school capital outlay funds per unweighted full-time equivalent student for the 2018-2019 fiscal year, multiplied by the estimated number of charter school students for the applicable fiscal year, and adjusted by changes in the Consumer Price Index issued by the United States Department of Labor from the previous fiscal year. Nothing in this subsection prohibits a school district from distributing to charter schools funds resulting from the discretionary millage authorized in s. 1011.71(2).

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FL-AHCA-20-0902-A-002574

(a) To be eligible to receive capital outlay funds, a charter school must:

1.a. Have been in operation for 2 or more years;

b. Be governed by a governing board established in the state for 2 or more years which operates both charter schools and conversion charter schools within the state;

c. Be an expanded feeder chain of a charter school within the same school district that is currently receiving charter school capital outlay funds;

d. Have been accredited by a regional accrediting association as defined by State Board of Education rule; or

e. Serve students in facilities that are provided by a business partner for a charter school-in-the-workplace pursuant to s. 1002.33(15)(b).

2. Have an annual audit that does not reveal any of the financial emergency conditions provided in s. 218.503(1) for the most recent fiscal year for which such audit results are available.

3. Have satisfactory student achievement based on state accountability standards applicable to the charter school.

4. Have received final approval from its sponsor pursuant to s. 1002.33 for operation during that fiscal year.

5. Serve students in facilities that are not provided by the charter school's sponsor.

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FL-AHCA-20-0902-A-002575

(b) A charter school is not eligible to receive capital outlay funds if it was created by the conversion of a public school and operates in facilities provided by the charter school's sponsor for a nominal fee, or at no charge, or if it is directly or indirectly operated by the school district.

Section 6. The amendments to s. 1013.62(1), Florida Statutes, by this act expire July 1, 2021, and the text of that subsection shall revert to that in existence on June 30, 2020, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 7. In order to implement Specific Appropriation 123 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 8 of chapter 2019-116, Laws of Florida, subsection (1) of section 1001.26, Florida Statutes, is reenacted to read:

1001.26 Public broadcasting program system.—

(1) There is created a public broadcasting program system for the state. The department shall provide funds, as specifically appropriated in the General Appropriations Act, to educational television stations qualified by the Corporation for Public Broadcasting or public colleges and universities that are part of the public broadcasting program system. The program system must include:

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(a) Support for existing Corporation for Public Broadcasting qualified program system educational television stations.

(b) Maintenance of quality broadcast capability for educational stations that are part of the program system.

(c) Interconnection of all educational stations that are part of the program system for simultaneous broadcast and of such stations with all universities and other institutions as necessary for sharing of resources and delivery of programming.

(d) Establishment and maintenance of a capability for statewide program distribution with facilities and staff, provided such facilities and staff complement and strengthen existing educational television stations.

(e) Provision of both statewide programming funds and station programming support for educational television to meet statewide priorities. Priorities for station programming need not be the same as priorities for programming to be used statewide. Station programming may include, but shall not be limited to, citizens' participation programs, music and fine arts programs, coverage of public hearings and governmental meetings, equal air time for political candidates, and other public interest programming.

Section 8. The text of s. 1001.26(1), Florida Statutes, as carried forward from chapter 2019-116, Laws of Florida, by this act expires July 1, 2021, and the text of that subsection shall

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revert to that in existence on June 30, 2018, except that any amendment enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 9. In order to implement Specific Appropriation 150 of the 2020-2021 General Appropriations Act, section 1004.6499, Florida Statutes, is created to read:

1004.6499 Florida Institute of Politics.—

(1) The Florida Institute of Politics is established at the Florida State University within the College of Social Sciences and Public Policy. The purpose of the institute is to provide the southeastern region of the United States with a world class, bipartisan, nationally renowned institute of politics.

(2) The goals of the institute are to:

(a) Motivate students across the Florida State University to become aware of the significance of government and civic engagement at all levels and politics in general.

(b) Provide students with an opportunity to be politically active and civically engaged.

(c) Nurture a state of consciousness and passion for public service and politics.

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(d) Plan and host forums to allow students and guests to hear from and interact with experts from government, politics, policy, and journalism on a frequent basis.

(e) Become a national and state resource on polling information and survey methodology.

(f) Provide fellowships and internship opportunities to students in government, non-profit organizations, and community organizations.

(g) Provide training sessions for newly elected state and local public officials.

(h) Organize and sponsor conferences, symposia, and workshops throughout Florida to educate and inform citizens, elected officials, and appointed policymakers regarding effective policymaking techniques and processes.

(i) Create and promote research and awareness regarding politics, citizen involvement, and public service.

(j) Collaborate with related policy institutes and research activities at Florida State University and other institutions of higher education to motivate, increase, and sustain citizen involvement in public affairs.

(3) This section expires July 1, 2021.

Section 10. In order to implement Specific Appropriations 207, 208, 211, and 215 of the 2020-2021 General Appropriations Act, the calculations for the Medicaid Hospital Funding programs for the 2020-2021 fiscal year contained in the document titled

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"Medicaid Hospital Funding Programs, Fiscal Year 2020-2021," dated March 15, 2020, and filed with the Clerk of the House of Representatives, are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Medicaid Hospital Funding programs. This section expires July 1, 2021.

Section 11. In order to implement Specific Appropriations 201 through 228 and 526 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Agency for Health Care Administration, in consultation with the Department of Health, may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign funding within and between agencies based on implementation of the Managed Medical Assistance component of the Statewide Medicaid Managed Care program for the Children's Medical Services program of the Department of Health. The funding realignment shall reflect the actual enrollment changes due to the transfer of beneficiaries from fee-for-service to the capitated Children's Medical Services Network. The Agency for Health Care Administration may submit a request for nonoperating budget authority to transfer the federal funds to the Department of Health pursuant to s. 216.181(12), Florida Statutes. This section expires July 1, 2021.

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Section 12. In order to implement Specific Appropriations 225 and 226 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 19 of chapter 2019-116, Laws of Florida, subsection (23) of section 409.908, Florida Statutes, is reenacted to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions

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provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(23)(a) The agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs for county health departments effective July 1, 2011. Reimbursement rates shall be as provided in the General Appropriations Act.

(b)1. Base rate reimbursement for inpatient services under a diagnosis-related group payment methodology shall be provided in the General Appropriations Act.

2. Base rate reimbursement for outpatient services under an enhanced ambulatory payment group methodology shall be provided in the General Appropriations Act.

3. Prospective payment system reimbursement for nursing home services shall be as provided in subsection (2) and in the General Appropriations Act.

Section 13. The text of s. 409.908(23), Florida Statutes, as carried forward from chapter 2019-116, Laws of Florida, by this act expires July 1, 2021, and the text of that subsection

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shall revert to that in existence on October 1, 2018, not including any amendments made by chapter 2019-116, Laws of Florida, except that any amendments to such text enacted other than by this act and chapters 2019-116 and 2018-10, Laws of Florida, shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 14. In order to implement Specific Appropriation 209 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 21 of chapter 2019-116, Laws of Florida, subsection (26) of section 409.908, Florida Statutes, is reenacted and amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester

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shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(26) The agency may receive funds from state entities, including, but not limited to, the Department of Health, local governments, and other local political subdivisions, for the purpose of making special exception payments and Low Income Pool Program payments, including federal matching funds. Funds received for this purpose shall be separately accounted for and may not be commingled with other state or local funds in any manner. The agency may certify all local governmental funds used as state match under Title XIX of the Social Security Act to the extent and in the manner authorized under the General

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Appropriations Act and pursuant to an agreement between the agency and the local governmental entity. In order for the agency to certify such local governmental funds, a local governmental entity must submit a final, executed letter of agreement to the agency, which must be received by October 1 of each fiscal year and provide the total amount of local governmental funds authorized by the entity for that fiscal year under the General Appropriations Act. The local governmental entity shall use a certification form prescribed by the agency. At a minimum, the certification form must identify the amount being certified and describe the relationship between the certifying local governmental entity and the local health care provider. Local governmental funds outlined in the letters of agreement must be received by the agency no later than October 31 of each fiscal year in which such funds are pledged, unless an alternative plan is specifically approved by the agency. To be eligible for low-income pool funding or other forms of supplemental payments funded by intergovernmental transfers, and in addition to any other applicable requirements, essential providers under s. 409.975(1)(a)2. must offer to contract with each managed care plan in their region and essential providers under s. 409.975(1)(b)1. and 3. must offer to contract with each managed care plan in the state. Before releasing such supplemental payments, in the event the parties have not executed network contracts, the agency shall evaluate the

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parties' efforts to complete negotiations. If such efforts continue to fail, the agency shall withhold such supplemental payments beginning in the third quarter of the fiscal year if it determines that, based upon the totality of the circumstances, the essential provider has negotiated with the managed care plan in bad faith. If the agency determines that an essential provider has negotiated in bad faith, it must notify the essential provider at least 90 days in advance of the start of the third quarter of the fiscal year, and afford the essential provider hearing rights in accordance with chapter 120.

Section 15. The amendments to s. 409.908(26), Florida Statutes, made by this act and carried forward from chapter 2019-116, Laws of Florida, by this act expire July 1, 2021, and the text of that subsection shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 16. In order to implement Specific Appropriations 207, 211, 212, 214, 216, and 225 of the 2020-2021 General Appropriations Act, subsection (12) of section 409.904, Florida Statutes, is amended to read:

409.904 Optional payments for eligible persons.—The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be

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eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(12) Effective July 1, 2020 ~~2019~~, the agency shall make payments to Medicaid-covered services:

(a) For eligible children and pregnant women, retroactive for a period of no more than 90 days before the month in which an application for Medicaid is submitted.

(b) For eligible nonpregnant adults, retroactive to the first day of the month in which an application for Medicaid is submitted.

This subsection expires July 1, 2021 ~~2020~~.

Section 17. In order to implement Specific Appropriations 207, 211, 212, 214, 216, and 225 of the 2020-2021 General Appropriations Act, by March 1, 2021, the Agency for Health Care Administration shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives the Medicaid Managed Care waiver independent evaluation regarding the impact of the waiver of Medicaid retroactive eligibility on beneficiaries and providers. The evaluation shall include, but is not limited to:

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(1) Analysis of how the waiver of Medicaid retroactive eligibility impacted enrollment continuity.

(2) Information on how hospitals and nursing facilities have changed their enrollment procedures following the waiver of Medicaid retroactive eligibility.

(3) The impact of the waiver of retroactive eligibility on enrollee financial burden.

(4) The impact of the waiver of retroactive eligibility on provider uncompensated care.

(5) The impact of the waiver of retroactive eligibility on provider financial performance.

(6) Additional recommendations to improve outreach to nonpregnant adults who would be eligible for Medicaid if they applied before an event that requires hospital or nursing facility care.

This section expires July 1, 2021.

Section 18. In order to implement Specific Appropriations 181 through 184 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 31 of chapter 2019-116, Laws of Florida, paragraph (b) of subsection (5) of section 624.91, Florida Statutes, is reenacted to read:

624.91 The Florida Healthy Kids Corporation Act.—

(5) CORPORATION AUTHORIZATION, DUTIES, POWERS.—

(b) The Florida Healthy Kids Corporation shall:

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1. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses.

2. Arrange for the collection of any voluntary contributions to provide for payment of Florida Kidcare program premiums for children who are not eligible for medical assistance under Title XIX or Title XXI of the Social Security Act.

3. Subject to the provisions of s. 409.8134, accept voluntary supplemental local match contributions that comply with the requirements of Title XXI of the Social Security Act for the purpose of providing additional Florida Kidcare coverage in contributing counties under Title XXI.

4. Establish the administrative and accounting procedures for the operation of the corporation.

5. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children, provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians.

6. Determine eligibility for children seeking to participate in the Title XXI-funded components of the Florida

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Kidcare program consistent with the requirements specified in s. 409.814, as well as the non-Title-XXI-eligible children as provided in subsection (3).

7. Establish procedures under which providers of local match to, applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation.

8. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or third-party administrator to provide administrative services to the corporation.

9. Establish enrollment criteria that include penalties or waiting periods of 30 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums.

10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent.

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For health care contracts, the minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. For dental contracts, the remaining compensation to be paid to the authorized insurer or provider under a Florida Healthy Kids Corporation contract shall be no less than an amount which is 85 percent of premium; to the extent any contract provision does not provide for this minimum compensation, this section shall prevail. For an insurer or any provider of health care services which achieves an annual medical loss ratio below 85 percent, the Florida Healthy Kids Corporation shall validate the medical loss ratio and calculate an amount to be refunded by the insurer or any provider of health care services to the state which shall be deposited into the General Revenue Fund unallocated. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.

11. Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.

12. Develop and implement a plan to publicize the Florida Kidcare program, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program.

13. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become

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available. The board of directors shall determine the number of staff members necessary to administer the corporation.

14. In consultation with the partner agencies, provide a report on the Florida Kidcare program annually to the Governor, the Chief Financial Officer, the Commissioner of Education, the President of the Senate, the Speaker of the House of Representatives, and the Minority Leaders of the Senate and the House of Representatives.

15. Provide information on a quarterly basis to the Legislature and the Governor which compares the costs and utilization of the full-pay enrolled population and the Title XXI-subsidized enrolled population in the Florida Kidcare program. The information, at a minimum, must include:

a. The monthly enrollment and expenditure for full-pay enrollees in the Medikids and Florida Healthy Kids programs compared to the Title XXI-subsidized enrolled population; and

b. The costs and utilization by service of the full-pay enrollees in the Medikids and Florida Healthy Kids programs and the Title XXI-subsidized enrolled population.

16. Establish benefit packages that conform to the provisions of the Florida Kidcare program, as created in ss. 409.810-409.821.

Section 19. The text of s. 624.91(5)(b), Florida Statutes, as carried forward from chapter 2019-116, Laws of Florida, by this act expires July 1, 2021, and the text of that paragraph

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shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 20. In order to implement Specific Appropriation 458 of the 2020-2021 General Appropriations Act, subsection (4) of section 381.915, Florida Statutes, is amended to read:

381.915 Florida Consortium of National Cancer Institute Centers Program.—

(4) Tier designations and corresponding weights within the Florida Consortium of National Cancer Institute Centers Program are as follows:

(a) Tier 1: Florida-based NCI-designated comprehensive cancer centers, which shall be weighted at 1.5.

(b) Tier 2: Florida-based NCI-designated cancer centers, which shall be weighted at 1.25.

(c) Tier 3: Florida-based cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.

1. A cancer center shall meet the following minimum criteria to be considered eligible for Tier 3 designation in any given fiscal year:

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584 a. Conducting cancer-related basic scientific research and
585 cancer-related population scientific research;
586 b. Offering and providing the full range of diagnostic and
587 treatment services on site, as determined by the Commission on
588 Cancer of the American College of Surgeons;
589 c. Hosting or conducting cancer-related interventional
590 clinical trials that are registered with the NCI's Clinical
591 Trials Reporting Program;
592 d. Offering degree-granting programs or affiliating with
593 universities through degree-granting programs accredited or
594 approved by a nationally recognized agency and offered through
595 the center or through the center in conjunction with another
596 institution accredited by the Commission on Colleges of the
597 Southern Association of Colleges and Schools;
598 e. Providing training to clinical trainees, medical
599 trainees accredited by the Accreditation Council for Graduate
600 Medical Education or the American Osteopathic Association, and
601 postdoctoral fellows recently awarded a doctorate degree; and
602 f. Having more than $5 million in annual direct costs
603 associated with their total NCI peer-reviewed grant funding.
604 2. The General Appropriations Act or accompanying
605 legislation may limit the number of cancer centers which shall
606 receive Tier 3 designations or provide additional criteria for
607 such designation.

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3. A cancer center's participation in Tier 3 may not extend beyond July 1, 2021 ~~shall be limited to 6 years~~.

4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center until July 1, 2021 ~~for 6 years after qualification~~.

Section 21. The amendments to s. 381.915(4), Florida Statutes, by this act expire July 1, 2021, and the text of that subsection shall revert to that in existence on June 30, 2020, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 22. In order to implement Specific Appropriations 536, 537, 542, and 545 of the 2020-2021 General Appropriations Act, subsection (17) of section 893.055, Florida Statutes, is amended to read:

893.055 Prescription drug monitoring program.—

(17) For the 2020-2021 ~~2019-2020~~ fiscal year only, neither the Attorney General nor the department may use funds received as part of a settlement agreement to administer the prescription drug monitoring program. This subsection expires July 1, 2021 ~~2020~~.

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Section 23. In order to implement Specific Appropriation 208 of the 2020-2021 General Appropriations Act, subsections (2) and (10) of section 409.911, Florida Statutes, are amended to read:

409.911 Disproportionate share program.—Subject to specific allocations established within the General Appropriations Act and any limitations established pursuant to chapter 216, the agency shall distribute, pursuant to this section, moneys to hospitals providing a disproportionate share of Medicaid or charity care services by making quarterly Medicaid payments as required. Notwithstanding the provisions of s. 409.915, counties are exempt from contributing toward the cost of this special reimbursement for hospitals serving a disproportionate share of low-income patients.

(2) The Agency for Health Care Administration shall use the following actual audited data to determine the Medicaid days and charity care to be used in calculating the disproportionate share payment:

(a) The average of the 2012, 2013, and 2014 ~~2011, 2012, and 2013~~ audited disproportionate share data to determine each hospital's Medicaid days and charity care for the 2020-2021 ~~2019-2020~~ state fiscal year.

(b) If the Agency for Health Care Administration does not have the prescribed 3 years of audited disproportionate share data as noted in paragraph (a) for a hospital, the agency shall

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use the average of the years of the audited disproportionate share data as noted in paragraph (a) which is available.

(c) In accordance with s. 1923(b) of the Social Security Act, a hospital with a Medicaid inpatient utilization rate greater than one standard deviation above the statewide mean or a hospital with a low-income utilization rate of 25 percent or greater shall qualify for reimbursement.

(10) Notwithstanding any provision of this section to the contrary, for the 2020-2021 ~~2019-2020~~ state fiscal year, the agency shall distribute moneys to hospitals providing a disproportionate share of Medicaid or charity care services as provided in the 2020-2021 ~~2019-2020~~ General Appropriations Act. This subsection expires July 1, 2021 ~~2020~~.

Section 24. In order to implement Specific Appropriation 208 of the 2020-2021 General Appropriations Act, subsection (3) of section 409.9113, Florida Statutes, is amended to read:

409.9113 Disproportionate share program for teaching hospitals.—In addition to the payments made under s. 409.911, the agency shall make disproportionate share payments to teaching hospitals, as defined in s. 408.07, for their increased costs associated with medical education programs and for tertiary health care services provided to the indigent. This system of payments must conform to federal requirements and distribute funds in each fiscal year for which an appropriation is made by making quarterly Medicaid payments. Notwithstanding

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s. 409.915, counties are exempt from contributing toward the cost of this special reimbursement for hospitals serving a disproportionate share of low-income patients. The agency shall distribute the moneys provided in the General Appropriations Act to statutorily defined teaching hospitals and family practice teaching hospitals, as defined in s. 395.805, pursuant to this section. The funds provided for statutorily defined teaching hospitals shall be distributed as provided in the General Appropriations Act. The funds provided for family practice teaching hospitals shall be distributed equally among family practice teaching hospitals.

(3) Notwithstanding any provision of this section to the contrary, for the 2020-2021 ~~2019-2020~~ state fiscal year, the agency shall make disproportionate share payments to teaching hospitals, as defined in s. 408.07, as provided in the 2020-2021 ~~2019-2020~~ General Appropriations Act. This subsection expires July 1, 2021 ~~2020~~.

Section 25. In order to implement Specific Appropriation 208 of the 2020-2021 General Appropriations Act, subsection (4) of section 409.9119, Florida Statutes, is amended to read:

409.9119 Disproportionate share program for specialty hospitals for children.—In addition to the payments made under s. 409.911, the Agency for Health Care Administration shall develop and implement a system under which disproportionate share payments are made to those hospitals that are separately

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licensed by the state as specialty hospitals for children, have a federal Centers for Medicare and Medicaid Services certification number in the 3300-3399 range, have Medicaid days that exceed 55 percent of their total days and Medicare days that are less than 5 percent of their total days, and were licensed on January 1, 2013, as specialty hospitals for children. This system of payments must conform to federal requirements and must distribute funds in each fiscal year for which an appropriation is made by making quarterly Medicaid payments. Notwithstanding s. 409.915, counties are exempt from contributing toward the cost of this special reimbursement for hospitals that serve a disproportionate share of low-income patients. The agency may make disproportionate share payments to specialty hospitals for children as provided for in the General Appropriations Act.

(4) Notwithstanding any provision of this section to the contrary, for the 2020-2021 ~~2019-2020~~ state fiscal year, for hospitals achieving full compliance under subsection (3), the agency shall make disproportionate share payments to specialty hospitals for children as provided in the 2020-2021 ~~2019-2020~~ General Appropriations Act. This subsection expires July 1, 2021 ~~2020~~.

Section 26. In order to implement Specific Appropriations 201 through 228 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the

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Agency for Health Care Administration may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign funding within the Medicaid program appropriation categories to address projected surpluses and deficits within the program and to maximize the use of state trust funds. A single budget amendment shall be submitted in the last quarter of the 2020-2021 fiscal year only. This section expires July 1, 2021.

Section 27. In order to implement Specific Appropriation 406 of the 2020-2021 General Appropriations Act, and subject to federal approval of the application to be a site for the Program of All-Inclusive Care for the Elderly, the Agency for Health Care Administration shall contract with one private health care organization, the sole member of which is a private, not-for-profit corporation that owns and manages health care organizations that provide comprehensive long-term care services, including nursing home, assisted living, independent housing, home care, adult day care, and care management. This organization shall provide these services to frail and elderly persons who reside in Escambia, Okaloosa, and Santa Rosa Counties. The organization is exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elderly Affairs and subject to an appropriation, shall approve up to 200 initial enrollees in the Program of All-Inclusive Care for the Elderly established by

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this organization to serve elderly persons who reside in Escambia, Okaloosa, and Santa Rosa Counties. This section expires July 1, 2021.

Section 28. In order to implement Specific Appropriation 406 of the 2020-2021 General Appropriations Act, subject to federal approval of the application to be a site for the Program of All-inclusive Care for the Elderly (PACE), the Agency for Health Care Administration shall contract with one private, not-for-profit hospital located in Miami-Dade County to provide comprehensive services to frail and elderly persons residing in Northwest Miami-Dade County, as defined by the agency. The hospital is exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elderly Affairs and subject to appropriation, shall approve up to 100 initial enrollees in the Program of All-inclusive Care for the Elderly established by this hospital to serve persons in Northwest Miami-Dade County. This section is repealed July 1, 2021.

Section 29. In order to implement Specific Appropriation 406 of the 2020-2021 General Appropriations Act, subject to federal approval of an application to be a provider of the Program of All-inclusive Care for the Elderly (PACE), the Agency for Health Care Administration shall contract with a private organization that has demonstrated the ability to operate PACE centers in more than one state and that serves more than 500

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eligible PACE participants, to provide PACE services to frail and elderly persons who reside in Hillsborough, Hernando or Pasco Counties. The organization is exempt from the requirements of chapter 641, Florida Statutes. The agency, in consultation with the Department of Elderly Affairs and subject to the appropriation of funds by the Legislature, shall approve up to 500 initial enrollees in the PACE program established by the organization to serve frail and elderly persons who reside in Hillsborough, Hernando, or Pasco Counties. This section expires July 1, 2021.

Section 30. In order to implement Specific Appropriations 181 through 186 and 526 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Agency for Health Care Administration and the Department of Health may each submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign funding within the Florida Kidcare program appropriation categories, or to increase budget authority in the Children's Medical Services Network category, to address projected surpluses and deficits within the program or to maximize the use of state trust funds. A single budget amendment must be submitted by each agency in the last quarter of the 2020-2021 fiscal year only. This section expires July 1, 2021.

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Section 31. In order to implement Specific Appropriations 468 through 470, 475, and 482 of the 2020-2021 General Appropriations Act, subsection (17) of section 381.986, Florida Statutes, is amended to read:

381.986 Medical use of marijuana.—

(17) Rules adopted pursuant to this section before July 1, 2021 ~~2020~~, are not subject to ss. 120.54(3)(b) and 120.541. ~~Notwithstanding paragraph (8)(e), a medical marijuana treatment center may use a laboratory that has not been certified by the department under s. 381.988 until such time as at least one laboratory holds the required certification pursuant to s. 381.988, but in no event later than July 1, 2020.~~ This subsection expires July 1, 2021 ~~2020~~.

Section 32. In order to implement Specific Appropriations 468 through 470, 475, and 482 of the 2020-2021 General Appropriations Act, subsection (11) of section 381.988, Florida Statutes, is amended to read:

381.988 Medical marijuana testing laboratories; marijuana tests conducted by a certified laboratory.—

(11) Rules adopted under subsection (9) before July 1, 2021 ~~2020~~, are not subject to ss. 120.54(3)(b) and 120.541. This subsection expires July 1, 2021 ~~2020~~.

Section 33. Effective July 1, 2020, upon the expiration and reversion of the amendments made to subsection (1) of section 14 of chapter 2017-232, Laws of Florida, pursuant to

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section 42 of chapter 2019-116, Laws of Florida, and in order to implement Specific Appropriations 468 through 470, 475, and 482 of the 2020-2021 General Appropriations Act, subsection (1) of section 14 of chapter 2017-232, Laws of Florida, is amended to read:

Section 14. Department of Health; authority to adopt rules; cause of action.—

(1) EMERGENCY RULEMAKING.—

(a) The Department of Health and the applicable boards shall adopt emergency rules pursuant to s. 120.54(4), Florida Statutes, and this section necessary to implement ss. 381.986 and 381.988, Florida Statutes. If an emergency rule adopted under this section is held to be unconstitutional or an invalid exercise of delegated legislative authority, and becomes void, the department or the applicable boards may adopt an emergency rule pursuant to this section to replace the rule that has become void. If the emergency rule adopted to replace the void emergency rule is also held to be unconstitutional or an invalid exercise of delegated legislative authority and becomes void, the department and the applicable boards must follow the nonemergency rulemaking procedures of the Administrative Procedures Act to replace the rule that has become void.

(b) For emergency rules adopted under this section, the department and the applicable boards need not make the findings required by s. 120.54(4)(a), Florida Statutes. Emergency rules

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adopted under this section are exempt from ss. 120.54(3)(b) and 120.541, Florida Statutes. The department and the applicable boards shall meet the procedural requirements in s. 120.54(4)(a) ~~s. 120.54(a)~~, Florida Statutes, if the department or the applicable boards have, before July 1, 2019 ~~the effective date of this act~~, held any public workshops or hearings on the subject matter of the emergency rules adopted under this subsection. Challenges to emergency rules adopted under this subsection are subject to the time schedules provided in s. 120.56(5), Florida Statutes.

(c) Emergency rules adopted under this section are exempt from s. 120.54(4)(c), Florida Statutes, and shall remain in effect until replaced by rules adopted under the nonemergency rulemaking procedures of the Administrative Procedures Act. Rules adopted under the nonemergency rulemaking procedures of the Administrative Procedures Act to replace emergency rules adopted under this section are exempt from ss. 120.54(3)(b) and 120.541, Florida Statutes. By July 1, 2021 ~~January 1, 2018~~, the department and the applicable boards shall initiate nonemergency rulemaking pursuant to the Administrative Procedures Act to replace all emergency rules adopted under this section by publishing a notice of rule development in the Florida Administrative Register. Except as provided in paragraph (a), after July 1, 2021 ~~January 1, 2018~~, the department and

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applicable boards may not adopt rules pursuant to the emergency rulemaking procedures provided in this section.

Section 34. The amendment to s. 14(1) of chapter 2017-232, Laws of Florida, by this act expires July 1, 2021, and the text of that subsection shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 35. In order to implement Specific Appropriations 330 and 332 of the 2020-2021 General Appropriations Act, the Department of Children and Families shall establish a formula to distribute the recurring sums of $19,627,812 from the General Revenue Fund and $15,668,869 from the Federal Grants Trust Fund for actual and direct costs to implement the Guardianship Assistance Program, including Level 1 foster care board payments, licensing staff for community-based care lead agencies, and guardianship assistance payments. This section expires July 1, 2021.

Section 36. In order to implement Specific Appropriations 330, 332, 361, and 362 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Children and Families may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign funding

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within the department based on the implementation of the Guardianship Assistance Program, between and among the specific appropriations for guardianship assistance payments, foster care Level 1 room and board payments, relative caregiver payments, and nonrelative caregiver payments. This section expires July 1, 2021.

Section 37. In order to implement Specific Appropriations 554 through 560 and 562 of the 2020-2021 General Appropriations Act, subsection (3) of section 296.37, Florida Statutes, is amended to read:

296.37 Residents; contribution to support.—

(3) Notwithstanding subsection (1), each resident of the home who receives a pension, compensation, or gratuity from the United States Government, or income from any other source, of more than $130 per month shall contribute to his or her maintenance and support while a resident of the home in accordance with a payment schedule determined by the administrator and approved by the director. The total amount of such contributions shall be to the fullest extent possible, but, in no case, shall exceed the actual cost of operating and maintaining the home. This subsection expires July 1, 2021 ~~2020~~.

Section 38. In order to implement Specific Appropriations 471 and 510 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Health may submit a budget amendment, subject to

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the notice, review, and objection procedures of s. 216.177, Florida Statutes, to increase budget authority for the HIV/AIDS Prevention and Treatment Program if additional federal revenues specific to HIV/AIDS prevention and treatment become available in the 2020-2021 fiscal year. This section expires July 1, 2021.

Section 39. In order to implement Specific Appropriations 348, 353, and 354 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Children and Families may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to increase budget authority for the Supplemental Nutrition Assistance Program if additional federal revenue specific to the program becomes available for the program in the 2020-2021 fiscal year. This section expires July 1, 2021.

Section 40. In order to implement Specific Appropriations 312 through 315, 319, 320, 323, 328 through 330, and 332 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Children and Families may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign funding within the Family Safety Program to maximize the use of Title IV-E and other federal funds. This section expires July 1, 2021.

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Section 41. In order to implement Specific Appropriations 215 and 226 of the 2020-2021 General Appropriations Act, subsection (6) is added to section 409.968, Florida Statutes, to read:

409.968 Managed care plan payments.—

(6) The agency shall withhold and set aside a portion of the managed care rates from the rate cells for special needs and home health services in the managed medical assistance and managed long-term care programs to implement a home health performance incentive program. The agency shall direct Medicaid managed care plans to submit to the agency proposals to ensure all covered and authorized home health services are provided to recipients, methods for measuring provider compliance, and mechanisms for documenting compliance to the agency. The plans must implement a method for families and caregivers to report provider failures to provide services in real time. The agency may disburse the withheld portion of rate in the last quarter of the fiscal year only if the agency documents in writing that the plans ensured all covered and authorized home health services were provided. This subsection expires July 1, 2021.

Section 42. In order to implement Specific Appropriation 195 of the 2020-2021 General Appropriations Act:

(1) The Agency for Health Care Administration shall replace the current Florida Medicaid Management Information System (FMMIS) and fiscal agent operations with a system that is

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modular, interoperable, and scalable for the Florida Medicaid program that complies with all applicable federal and state laws and requirements. The agency may not include in the project to replace the current FMMIS and fiscal agent contract:

(a) Functionality that duplicates any of the information systems of the other health and human services state agencies; or

(b) Procurement for agency requirements external to Medicaid programs with the intent to leverage the Medicaid technology infrastructure for other purposes without legislative appropriation or legislative authorization to procure these requirements.

The new system, the Florida Health Care Connection (FX) system, must provide better integration with subsystems supporting Florida's Medicaid program; uniformity, consistency, and improved access to data; and compatibility with the Centers for Medicare and Medicaid Services' Medicaid Information Technology Architecture (MITA) as the system matures and expands its functionality.

(2) For purposes of replacing FMMIS and the current Medicaid fiscal agent, the Agency for Health Care Administration shall:

(a) Prioritize procurements for the replacement of the current functions of FMMIS and the responsibilities of the

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current Medicaid fiscal agent, to minimize the need to extend all or portions of the current fiscal agent contract.

(b) Comply with and not exceed the Centers for Medicare and Medicaid Services funding authorizations for the FX system.

(c) Ensure compliance and uniformity with published MITA framework and guidelines.

(d) Ensure that all business requirements and technical specifications have been provided to all affected state agencies for their review and input and approved by the executive steering committee established in paragraph (g).

(e) Consult with the Executive Office of the Governor's working group for interagency information technology integration for the development of competitive solicitations that provide for data interoperability and shared information technology services across the state's health and human services agencies.

(f) Implement a data governance structure for the project to coordinate data sharing and interoperability across state healthcare entities.

(g) Implement a project governance structure that includes an executive steering committee composed of:

1. The Secretary of Health Care Administration, or the executive sponsor of the project.

2. The Assistant Secretary for Child Welfare of the Department of Children and Families, or his or her designee.

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3. The Assistant Secretary for Economic Self-Sufficiency of the Department of Children and Families, or his or her designee.

4. Two employees from the Division of Medicaid of the Agency for Health Care Administration, appointed by the Secretary of Health Care Administration.

5. A representative of the Division of Health Quality Assurance of the Agency for Health Care Administration, appointed by the Secretary of Health Care Administration.

6. A representative of the Florida Center for Health Information and Transparency of the Agency for Health Care Administration, appointed by the Secretary of Health Care Administration.

7. A representative of the Division of Operations of the Agency for Health Care Administration, appointed by the Secretary of Health Care Administration.

8. The Chief Information Officer of the Agency for Health Care Administration, or his or her designee.

9. The state chief information officer or designee.

10. The Deputy Secretary for Children's Medical Services of the Department of Health, or his or her designee.

11. A representative of the Agency for Persons with Disabilities who has experience with the preparation and submission of waivers to the Centers for Medicare and Medicaid

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Services, appointed by the director of the Agency for Persons with Disabilities.

12. A representative from the Florida Healthy Kids Corporation.

13. A representative from the Department of Elderly Affairs who has experience with the Medicaid Program within that department, appointed by the Secretary of Elderly Affairs.

14. A representative of the Department of Financial Services who has experience with the state's financial processes including development of the PALM system, appointed by the Chief Financial Officer.

(3) The Secretary of Health Care Administration or the executive sponsor of the project shall serve as chair of the executive steering committee, and the committee shall take action by a vote of at least 10 affirmative votes with the chair voting on the prevailing side. A quorum of the executive steering committee consists of at least 11 members.

(4) The executive steering committee has the overall responsibility for ensuring that the project to replace FMMIS and the Medicaid fiscal agent meets its primary business objectives and shall:

(a) Identify and recommend to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the modular replacement to standardize, to the fullest

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extent possible, the state's healthcare data and business processes.

(b) Review and approve any changes to the project's scope, schedule, and budget which do not conflict with the requirements of subsections (1) and (2).

(c) Ensure that adequate resources are provided throughout all phases of the project.

(d) Approve all major project deliverables.

(e) Approve all solicitation-related documents associated with the replacement of the current FMMIS and Medicaid fiscal agent.

(5) This section expires July 1, 2021.

Section 43. Effective upon this act becoming a law, in order to implement Specific Appropriation 316 of section 3 of chapter 2019-115, Laws of Florida, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Children and Families may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign use of the funds appropriated in Specific Appropriation 316 to implement programs and to manage and deliver services for the state's domestic violence program, including implementing statutory directives contained in chapter 39, Florida Statutes, as amended by chapter 2020-6, Laws of Florida, implementing special projects, coordinating a strong families and domestic violence campaign, implementing the child

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welfare and domestic violence co-location projects, and conducting training and providing technical assistance to certified domestic violence centers and allied professionals and which remain unobligated and unexpended as of April 29, 2020, within, among, and between budget categories in the Family Safety Program. This section expires July 1, 2020.

Section 44. In order to implement Specific Appropriation 321 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Children and Families may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to realign use of the funds appropriated in Specific Appropriation 321 to implement programs and manage and deliver services for the state's domestic violence program, including implementing statutory directives contained in chapter 39, Florida Statutes, as amended by chapter 2020-6, Laws of Florida, implementing special projects, coordinating a strong families and domestic violence campaign, implementing the child welfare and domestic violence co-location projects, and conducting training and providing technical assistance to certified domestic violence centers and allied professionals, within, among, and between budget categories in the Family Safety Program. This section expires July 1, 2021.

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Section 45. In order to implement Specific Appropriation 226 of the 2020-2021 General Appropriations Act, subsection (1) of section 409.984, Florida Statutes, is amended to read:

409.984 Enrollment in a long-term care managed care plan.—

(1) The agency shall automatically enroll into a long-term care managed care plan those Medicaid recipients who do not voluntarily choose a plan pursuant to s. 409.969. The agency shall automatically enroll recipients in plans that meet or exceed the performance or quality standards established pursuant to s. 409.967 and may not automatically enroll recipients in a plan that is deficient in those performance or quality standards. If a recipient is deemed dually eligible for Medicaid and Medicare services and is currently receiving Medicare services from an entity qualified under 42 C.F.R. part 422 as a Medicare Advantage Preferred Provider Organization, Medicare Advantage Provider-sponsored Organization, or Medicare Advantage Special Needs Plan, the agency shall automatically enroll the recipient in such plan for Medicaid services if the plan is currently participating in the long-term care managed care program. For a dually eligible recipient receiving Medicare services from an entity qualified under 42 C.F.R. part 422 who is not participating in the long-term care managed care program, the agency shall automatically enroll the dually eligible recipient in a long-term care plan that has established a collaboration and coordination agreement with that

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nonparticipating entity, if the agency determines the agreement is sufficient to ensure provision of all required services in a manner consistent with state and federal requirements. Except as otherwise provided in this part, the agency may not engage in practices that are designed to favor one managed care plan over another.

Section 46. The amendments to s. 409.984(1), Florida Statutes, by this act expire July 1, 2021, and the text of that subsection shall revert to that in existence on June 30, 2020, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portion of text which expires pursuant to this section.

Section 47. In order to implement Specific Appropriations 225 and 226 of the 2020-2021 General Appropriations Act, paragraph (b) of subsection (2) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency

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considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(2)

(b) Subject to any limitations or directions in the General Appropriations Act, the agency shall establish and implement a state Title XIX Long-Term Care Reimbursement Plan for nursing home care in order to provide care and services in

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conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.

1. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate prices shall be calculated for each patient care subcomponent, initially based on the September 2016 rate setting cost reports and subsequently based on the most recently audited cost report used during a rebasing year. The direct care subcomponent of the per diem rate for any providers still being reimbursed on a cost basis shall be limited by the cost-based class ceiling, and the indirect care subcomponent may be limited by the lower of the cost-based class ceiling, the target rate class ceiling, or the individual provider target. The ceilings and targets apply only to providers being reimbursed on a cost-based system. Effective October 1, 2018, a prospective payment methodology shall be implemented for rate setting purposes with the following parameters:

a. Peer Groups, including:

(I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee Counties; and

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(II) South-SMMC Regions 10-11, plus Palm Beach and Okeechobee Counties.

b. Percentage of Median Costs based on the cost reports used for September 2016 rate setting:

(I) Direct Care Costs.....100 percent.

(II) Indirect Care Costs.....92 percent.

(III) Operating Costs.....86 percent.

c. Floors:

(I) Direct Care Component.....95 percent.

(II) Indirect Care Component.....92.5 percent.

(III) Operating Component.....None.

d. Pass-through Payments.....Real Estate and Personal Property Taxes and Property Insurance.

e. Quality Incentive Program Payment Pool....6.5 percent of September 2016 non-property related payments of included facilities.

f. Quality Score Threshold to Quality for Quality Incentive Payment.....20th percentile of included facilities.

g. Fair Rental Value System Payment Parameters:

(I) Building Value per Square Foot based on 2018 RS Means.

(II) Land Valuation.....10 percent of Gross Building value.

(III) Facility Square Footage.....Actual Square Footage.

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(IV) Moveable Equipment Allowance.....$8,000 per bed.
(V) Obsolescence Factor.....1.5 percent.
(VI) Fair Rental Rate of Return.....8 percent.
(VII) Minimum Occupancy.....90 percent.
(VIII) Maximum Facility Age.....40 years.
(IX) Minimum Square Footage per Bed.....350.
(X) Maximum Square Footage for Bed.....500.
(XI) Minimum Cost of a renovation/replacements.....$500 per bed.

h. Ventilator Supplemental payment of $200 per Medicaid day of 40,000 ventilator Medicaid days per fiscal year.

2. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, and certified nursing assistants who deliver care directly to residents in the nursing home facility, allowable therapy costs, and dietary costs. This excludes nursing administration, staff development, the staffing coordinator, and the administrative portion of the minimum data set and care plan coordinators. The direct care subcomponent also includes medically necessary dental care, vision care, hearing care, and podiatric care.

3. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem rate, including complex medical equipment, medical supplies, and other allowable ancillary costs. Costs may not be allocated

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directly or indirectly to the direct care subcomponent from a home office or management company.

4. On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility.

5. Every fourth year, the agency shall rebase nursing home prospective payment rates to reflect changes in cost based on the most recently audited cost report for each participating provider.

6. A direct care supplemental payment may be made to providers whose direct care hours per patient day are above the 80th percentile and who provide Medicaid services to a larger percentage of Medicaid patients than the state average.

7. For the period beginning July 1, 2020, the agency shall establish a unit cost increase as an equal percentage for each nursing home.

8.~~7.~~ For the period beginning on October 1, 2018, and ending on September 30, 2021, the agency shall reimburse providers the greater of their September 2016 cost-based rate plus the July 1, 2020, unit cost increase or their prospective payment rate plus the July 1, 2020, unit cost increase. Effective October 1, 2021, the agency shall reimburse providers the greater of 95 percent of their cost-based rate plus the July

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1, 2020, unit cost increase or their rebased prospective payment rate plus the July 1, 2020, unit cost increase, using the most recently audited cost report for each facility. This subparagraph shall expire September 30, 2023.

9.~~8.~~ Pediatric, Florida Department of Veterans Affairs, and government-owned facilities are exempt from the pricing model established in this subsection and shall remain on a cost-based prospective payment system. Effective October 1, 2018, the agency shall set rates for all facilities remaining on a cost-based prospective payment system using each facility's most recently audited cost report, eliminating retroactive settlements.

It is the intent of the Legislature that the reimbursement plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any maximum rate of payment, whether overall or component, on the available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the results of scientifically valid analysis and conclusions derived from objective statistical data pertinent to the particular maximum rate of payment.

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Section 48. The amendments to s. 409.908(2)(b), Florida Statutes, by this act expire July 1, 2021, and the text of that paragraph shall revert to that in existence on July 1, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 49. Effective upon becoming law, in order to implement Specific Appropriations 426 through 545 of the 2019-2020 General Appropriations Act and Specific Appropriations 426 through 545 of the 2020-2021 General Appropriations Act, and notwithstanding ss. 216.181 and 216.292, Florida Statutes, the Department of Health may submit a budget amendment, subject to the notice, review, and objection procedures of s. 216.177, Florida Statutes, to increase budget authority for public health emergencies declared pursuant to s. 381.00315, Florida Statutes, if additional federal revenues specific to response to a declared public health emergency become available in the 2019-2020 or 2020-2021 fiscal year. This section expires July 1, 2021.

Section 50. In order to implement Specific Appropriations 225 and 226 of the 2020-2021 General Appropriations Act, upon the expiration and reversion of the amendment made to section 400.179, Florida Statutes, pursuant to section 29 of chapter

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2019-116, Laws of Florida, paragraph (d) of subsection (2) of section 400.179, Florida Statutes, is amended to read:

400.179 Liability for Medicaid underpayments and overpayments.—

(2) Because any transfer of a nursing facility may expose the fact that Medicaid may have underpaid or overpaid the transferor, and because in most instances, any such underpayment or overpayment can only be determined following a formal field audit, the liabilities for any such underpayments or overpayments shall be as follows:

(d) Where the transfer involves a facility that has been leased by the transferor:

1. The transferee shall, as a condition to being issued a license by the agency, acquire, maintain, and provide proof to the agency of a bond with a term of 30 months, renewable annually, in an amount not less than the total of 3 months' Medicaid payments to the facility computed on the basis of the preceding 12-month average Medicaid payments to the facility.

2. A leasehold licensee may meet the requirements of subparagraph 1. by payment of a nonrefundable fee, paid at initial licensure, paid at the time of any subsequent change of ownership, and paid annually thereafter, in the amount of 1 percent of the total of 3 months' Medicaid payments to the facility computed on the basis of the preceding 12-month average Medicaid payments to the facility. If a preceding 12-month

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average is not available, projected Medicaid payments may be used. The fee shall be deposited into the Grants and Donations Trust Fund and shall be accounted for separately as a Medicaid nursing home overpayment account. These fees shall be used at the sole discretion of the agency to repay nursing home Medicaid overpayments or for enhanced payments to nursing facilities as specified in the General Appropriations Act or other law. Payment of this fee shall not release the licensee from any liability for any Medicaid overpayments, nor shall payment bar the agency from seeking to recoup overpayments from the licensee and any other liable party. As a condition of exercising this lease bond alternative, licensees paying this fee must maintain an existing lease bond through the end of the 30-month term period of that bond. The agency is herein granted specific authority to promulgate all rules pertaining to the administration and management of this account, including withdrawals from the account, subject to federal review and approval. This provision shall take effect upon becoming law and shall apply to any leasehold license application. The financial viability of the Medicaid nursing home overpayment account shall be determined by the agency through annual review of the account balance and the amount of total outstanding, unpaid Medicaid overpayments owing from leasehold licensees to the agency as determined by final agency audits. By March 31 of each year, the agency shall assess the cumulative fees collected under this

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subparagraph, minus any amounts used to repay nursing home Medicaid overpayments and amounts transferred to contribute to the General Revenue Fund pursuant to s. 215.20. If the net cumulative collections, minus amounts utilized to repay nursing home Medicaid overpayments, exceed $10 ~~$25~~ million, the provisions of this subparagraph shall not apply for the subsequent fiscal year.

3. The leasehold licensee may meet the bond requirement through other arrangements acceptable to the agency. The agency is herein granted specific authority to promulgate rules pertaining to lease bond arrangements.

4. All existing nursing facility licensees, operating the facility as a leasehold, shall acquire, maintain, and provide proof to the agency of the 30-month bond required in subparagraph 1., above, on and after July 1, 1993, for each license renewal.

5. It shall be the responsibility of all nursing facility operators, operating the facility as a leasehold, to renew the 30-month bond and to provide proof of such renewal to the agency annually.

6. Any failure of the nursing facility operator to acquire, maintain, renew annually, or provide proof to the agency shall be grounds for the agency to deny, revoke, and suspend the facility license to operate such facility and to take any further action, including, but not limited to,

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enjoining the facility, asserting a moratorium pursuant to part II of chapter 408, or applying for a receiver, deemed necessary to ensure compliance with this section and to safeguard and protect the health, safety, and welfare of the facility's residents. A lease agreement required as a condition of bond financing or refinancing under s. 154.213 by a health facilities authority or required under s. 159.30 by a county or municipality is not a leasehold for purposes of this paragraph and is not subject to the bond requirement of this paragraph.

Section 51. The amendment to s. 400.179(2)(d), Florida Statutes, by this act expires July 1, 2021, and the text of that paragraph shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 52. In order to implement Specific Appropriations 582 through 673 and 685 through 720 of the 2020-2021 General Appropriations Act, subsection (4) of section 216.262, Florida Statutes, is amended to read:

216.262 Authorized positions.—

(4) Notwithstanding the provisions of this chapter relating to increasing the number of authorized positions, and for the 2020-2021 ~~2019-2020~~ fiscal year only, if the actual inmate population of the Department of Corrections exceeds the

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inmate population projections of the December 17 ~~February 22~~, 2019, Criminal Justice Estimating Conference by 1 percent for 2 consecutive months or 2 percent for any month, the Executive Office of the Governor, with the approval of the Legislative Budget Commission, shall immediately notify the Criminal Justice Estimating Conference, which shall convene as soon as possible to revise the estimates. The Department of Corrections may then submit a budget amendment requesting the establishment of positions in excess of the number authorized by the Legislature and additional appropriations from unallocated general revenue sufficient to provide for essential staff, fixed capital improvements, and other resources to provide classification, security, food services, health services, and other variable expenses within the institutions to accommodate the estimated increase in the inmate population. All actions taken pursuant to this subsection are subject to review and approval by the Legislative Budget Commission. This subsection expires July 1, 2021 ~~2020~~.

Section 53. In order to implement Specific Appropriation 707 of the 2020-2021 General Appropriations Act, and upon the expiration and reversion of the amendments made by section 52 of chapter 2019-116, Laws of Florida, paragraph (b) of subsection (8) of section 1011.80, Florida Statutes, is amended to read:

1011.80 Funds for operation of workforce education programs.—

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(8)

(b) State funds provided for the operation of postsecondary workforce programs may not be expended for the education of state or federal inmates, except to the extent that such funds are specifically appropriated for such purpose in the 2020-2021 General Appropriations Act ~~with more than 24 months of time remaining to serve on their sentences or federal inmates.~~

Section 54. The amendment made to s. 1011.80(8)(b), Florida Statutes, by this act expires July 1, 2021, and the text of that paragraph shall revert to that in existence on July 1, 2019, but not including any amendments made by this act or chapters 2019-116 and 2018-10, Laws of Florida, and any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 55. In order to implement Specific Appropriations 3187 through 3253 of the 2020-2021 General Appropriations Act, subsection (2) of section 215.18, Florida Statutes, is amended to read:

215.18 Transfers between funds; limitation.—

(2) The Chief Justice of the Supreme Court may receive one or more trust fund loans to ensure that the state court system has funds sufficient to meet its appropriations in the 2020-2021 ~~2019-2020~~ General Appropriations Act. If the Chief Justice

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accesses the loan, he or she must notify the Governor and the chairs of the legislative appropriations committees in writing. The loan must come from other funds in the State Treasury which are for the time being or otherwise in excess of the amounts necessary to meet the just requirements of such last-mentioned funds. The Governor shall order the transfer of funds within 5 days after the written notification from the Chief Justice. If the Governor does not order the transfer, the Chief Financial Officer shall transfer the requested funds. The loan of funds from which any money is temporarily transferred must be repaid by the end of the 2020-2021 ~~2019-2020~~ fiscal year. This subsection expires July 1, 2021 ~~2020~~.

Section 56. (1) In order to implement Specific Appropriations 1120 through 1131 of the 2020-2021 General Appropriations Act, the Department of Juvenile Justice is required to review county juvenile detention payments to ensure that counties fulfill their financial responsibilities required in s. 985.6865, Florida Statutes. If the Department of Juvenile Justice determines that a county has not met its obligations, the department shall direct the Department of Revenue to deduct the amount owed to the Department of Juvenile Justice from the funds provided to the county under s. 218.23, Florida Statutes. The Department of Revenue shall transfer the funds withheld to the Shared County/State Juvenile Detention Trust Fund.

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(2) As an assurance to holders of bonds issued by counties before July 1, 2020, for which distributions made pursuant to s. 218.23, Florida Statutes, are pledged, or bonds issued to refund such bonds which mature no later than the bonds they refunded and which result in a reduction of debt service payable in each fiscal year, the amount available for distribution to a county shall remain as provided by law and continue to be subject to any lien or claim on behalf of the bondholders. The Department of Revenue must ensure, based on information provided by an affected county, that any reduction in amounts distributed pursuant to subsection (1) does not reduce the amount of distribution to a county below the amount necessary for the timely payment of principal and interest when due on the bonds and the amount necessary to comply with any covenant under the bond resolution or other documents relating to the issuance of the bonds. If a reduction to a county's monthly distribution must be decreased in order to comply with this section, the Department of Revenue must notify the Department of Juvenile Justice of the amount of the decrease, and the Department of Juvenile Justice must send a bill for payment of such amount to the affected county.

(3) This section expires July 1, 2021.

Section 57. In order to implement Specific Appropriations 731 through 752, 916 through 1062, and 1083 through 1119 of the 2020-2021 General Appropriations Act, and notwithstanding the

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expiration date in section 57 of chapter 2019-116, Laws of Florida, subsection (1), paragraph (a) of subsection (2), paragraph (a) of subsection (3), and subsections (5), (6), and (7) of that section are reenacted, to read:

27.40 Court-appointed counsel; circuit registries; minimum requirements; appointment by court.—

(1) Counsel shall be appointed to represent any individual in a criminal or civil proceeding entitled to court-appointed counsel under the Federal or State Constitution or as authorized by general law. The court shall appoint a public defender to represent indigent persons as authorized in s. 27.51. The office of criminal conflict and civil regional counsel shall be appointed to represent persons in those cases in which provision is made for court-appointed counsel, but only after the public defender has certified to the court in writing that the public defender is unable to provide representation due to a conflict of interest or is not authorized to provide representation. The public defender shall report, in the aggregate, the specific basis of all conflicts of interest certified to the court. On a quarterly basis, the public defender shall submit this information to the Justice Administrative Commission.

(2)(a) Private counsel shall be appointed to represent persons in those cases in which provision is made for court-appointed counsel but only after the office of criminal conflict and civil regional counsel has been appointed and has certified

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to the court in writing that the criminal conflict and civil regional counsel is unable to provide representation due to a conflict of interest. The criminal conflict and civil regional counsel shall report, in the aggregate, the specific basis of all conflicts of interest certified to the court. On a quarterly basis, the criminal conflict and civil regional counsel shall submit this information to the Justice Administrative Commission.

(3) In using a registry:

(a) The chief judge of the circuit shall compile a list of attorneys in private practice, by county and by category of cases, and provide the list to the clerk of court in each county. The chief judge of the circuit may restrict the number of attorneys on the general registry list. To be included on a registry, an attorney must certify that he or she:

1. Meets any minimum requirements established by the chief judge and by general law for court appointment;

2. Is available to represent indigent defendants in cases requiring court appointment of private counsel; and

3. Is willing to abide by the terms of the contract for services, s. 27.5304, and this section.

To be included on a registry, an attorney must enter into a contract for services with the Justice Administrative Commission. Failure to comply with the terms of the contract for

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services may result in termination of the contract and removal from the registry. Each attorney on the registry is responsible for notifying the clerk of the court and the Justice Administrative Commission of any change in his or her status. Failure to comply with this requirement is cause for termination of the contract for services and removal from the registry until the requirement is fulfilled.

(5) The Justice Administrative Commission shall approve uniform contract forms for use in procuring the services of private court-appointed counsel and uniform procedures and forms for use by a court-appointed attorney in support of billing for attorney's fees, costs, and related expenses to demonstrate the attorney's completion of specified duties. Such uniform contracts and forms for use in billing must be consistent with s. 27.5304, s. 216.311, and the General Appropriations Act and must contain the following statement: "The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature."

(6) After court appointment, the attorney must immediately file a notice of appearance with the court indicating acceptance of the appointment to represent the defendant and of the terms of the uniform contract as specified in subsection (5).

(7)(a) A private attorney appointed by the court from the registry to represent a client is entitled to payment as provided in s. 27.5304 so long as the requirements of subsection

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(1) and paragraph (2)(a) are met. An attorney appointed by the court who is not on the registry list may be compensated under s. 27.5304 only if the court finds in the order of appointment that there were no registry attorneys available for representation for that case and only if the requirements of subsection (1) and paragraph (2)(a) are met.

(b)1. The flat fee established in s. 27.5304 and the General Appropriations Act shall be presumed by the court to be sufficient compensation. The attorney shall maintain appropriate documentation, including contemporaneous and detailed hourly accounting of time spent representing the client. If the attorney fails to maintain such contemporaneous and detailed hourly records, the attorney waives the right to seek compensation in excess of the flat fee established in s. 27.5304 and the General Appropriations Act. These records and documents are subject to review by the Justice Administrative Commission and audit by the Auditor General, subject to the attorney-client privilege and work-product privilege. The attorney shall maintain the records and documents in a manner that enables the attorney to redact any information subject to a privilege in order to facilitate the commission's review of the records and documents and not to impede such review. The attorney may redact information from the records and documents only to the extent necessary to comply with the privilege. The Justice Administrative Commission shall review such records and shall

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contemporaneously document such review before authorizing payment to an attorney. Objections by or on behalf of the Justice Administrative Commission to records or documents or to claims for payment by the attorney shall be presumed correct by the court unless the court determines, in writing, that competent and substantial evidence exists to justify overcoming the presumption.

2. If an attorney fails, refuses, or declines to permit the commission or the Auditor General to review documentation for a case as provided in this paragraph, the attorney waives the right to seek, and the commission may not pay, compensation in excess of the flat fee established in s. 27.5304 and the General Appropriations Act for that case.

3. A finding by the commission that an attorney has waived the right to seek compensation in excess of the flat fee established in s. 27.5304 and the General Appropriations Act, as provided in this paragraph, shall be presumed to be correct, unless the court determines, in writing, that competent and substantial evidence exists to justify overcoming the presumption.

Section 58. In order to implement Specific Appropriations 731 through 752, 916 through 1062, and 1083 through 1119 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 59 of chapter 2019-116, Laws of Florida, subsection (13) of section 27.5304, Florida Statutes,

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is amended, and subsections (1), (3), (7), and (11), and paragraphs (a) through (e) of subsection (12), are reenacted, to read:

27.5304 Private court-appointed counsel; compensation; notice.—

(1) Private court-appointed counsel appointed in the manner prescribed in s. 27.40(1) and (2)(a) shall be compensated by the Justice Administrative Commission only as provided in this section and the General Appropriations Act. The flat fees prescribed in this section are limitations on compensation. The specific flat fee amounts for compensation shall be established annually in the General Appropriations Act. The attorney also shall be reimbursed for reasonable and necessary expenses in accordance with s. 29.007. If the attorney is representing a defendant charged with more than one offense in the same case, the attorney shall be compensated at the rate provided for the most serious offense for which he or she represented the defendant. This section does not allow stacking of the fee limits established by this section.

(3) The court retains primary authority and responsibility for determining the reasonableness of all billings for attorney fees, costs, and related expenses, subject to statutory limitations and the requirements of s. 27.40(7). Private court-appointed counsel is entitled to compensation upon final disposition of a case.

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(7) Counsel eligible to receive compensation from the state for representation pursuant to court appointment made in accordance with the requirements of s. 27.40(1) and (2)(a) in a proceeding under chapter 384, chapter 390, chapter 392, chapter 393, chapter 394, chapter 397, chapter 415, chapter 743, chapter 744, or chapter 984 shall receive compensation not to exceed the limits prescribed in the General Appropriations Act. Any such compensation must be determined as provided in s. 27.40(7).

(11) It is the intent of the Legislature that the flat fees prescribed under this section and the General Appropriations Act comprise the full and complete compensation for private court-appointed counsel. It is further the intent of the Legislature that the fees in this section are prescribed for the purpose of providing counsel with notice of the limit on the amount of compensation for representation in particular proceedings and the sole procedure and requirements for obtaining payment for the same.

(a) If court-appointed counsel moves to withdraw prior to the full performance of his or her duties through the completion of the case, the court shall presume that the attorney is not entitled to the payment of the full flat fee established under this section and the General Appropriations Act.

(b) If court-appointed counsel is allowed to withdraw from representation prior to the full performance of his or her duties through the completion of the case and the court appoints

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a subsequent attorney, the total compensation for the initial and any and all subsequent attorneys may not exceed the flat fee established under this section and the General Appropriations Act, except as provided in subsection (12).

This subsection constitutes notice to any subsequently appointed attorney that he or she will not be compensated the full flat fee.

(12) The Legislature recognizes that on rare occasions an attorney may receive a case that requires extraordinary and unusual effort.

(a) If counsel seeks compensation that exceeds the limits prescribed by law, he or she must file a motion with the chief judge for an order approving payment of attorney fees in excess of these limits.

1. Before filing the motion, the counsel shall deliver a copy of the intended billing, together with supporting affidavits and all other necessary documentation, to the Justice Administrative Commission.

2. The Justice Administrative Commission shall review the billings, affidavit, and documentation for completeness and compliance with contractual and statutory requirements and shall contemporaneously document such review before authorizing payment to an attorney. If the Justice Administrative Commission objects to any portion of the proposed billing, the objection

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and supporting reasons must be communicated in writing to the private court-appointed counsel. The counsel may thereafter file his or her motion, which must specify whether the commission objects to any portion of the billing or the sufficiency of documentation, and shall attach the commission's letter stating its objection.

(b) Following receipt of the motion to exceed the fee limits, the chief judge or a single designee shall hold an evidentiary hearing. The chief judge may select only one judge per circuit to hear and determine motions pursuant to this subsection, except multicounty circuits and the eleventh circuit may have up to two designees.

1. At the hearing, the attorney seeking compensation must prove by competent and substantial evidence that the case required extraordinary and unusual efforts. The chief judge or single designee shall consider criteria such as the number of witnesses, the complexity of the factual and legal issues, and the length of trial. The fact that a trial was conducted in a case does not, by itself, constitute competent substantial evidence of an extraordinary and unusual effort. In a criminal case, relief under this section may not be granted if the number of work hours does not exceed 75 or the number of the state's witnesses deposed does not exceed 20.

2. Objections by or on behalf of the Justice Administrative Commission to records or documents or to claims

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for payment by the attorney shall be presumed correct by the court unless the court determines, in writing, that competent and substantial evidence exists to justify overcoming the presumption. The chief judge or single designee shall enter a written order detailing his or her findings and identifying the extraordinary nature of the time and efforts of the attorney in the case which warrant exceeding the flat fee established by this section and the General Appropriations Act.

(c) A copy of the motion and attachments shall be served on the Justice Administrative Commission at least 20 business days before the date of a hearing. The Justice Administrative Commission has standing to appear before the court, and may appear in person or telephonically, including at the hearing under paragraph (b), to contest any motion for an order approving payment of attorney fees, costs, or related expenses and may participate in a hearing on the motion by use of telephonic or other communication equipment. The Justice Administrative Commission may contract with other public or private entities or individuals to appear before the court for the purpose of contesting any motion for an order approving payment of attorney fees, costs, or related expenses. The fact that the Justice Administrative Commission has not objected to any portion of the billing or to the sufficiency of the documentation is not binding on the court.

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(d) If the chief judge or a single designee finds that counsel has proved by competent and substantial evidence that the case required extraordinary and unusual efforts, the chief judge or single designee shall order the compensation to be paid to the attorney at a percentage above the flat fee rate, depending on the extent of the unusual and extraordinary effort required. The percentage must be only the rate necessary to ensure that the fees paid are not confiscatory under common law. The percentage may not exceed 200 percent of the established flat fee, absent a specific finding that 200 percent of the flat fee in the case would be confiscatory. If the chief judge or single designee determines that 200 percent of the flat fee would be confiscatory, he or she shall order the amount of compensation using an hourly rate not to exceed $75 per hour for a noncapital case and $100 per hour for a capital case. However, the compensation calculated by using the hourly rate shall be only that amount necessary to ensure that the total fees paid are not confiscatory, subject to the requirements of s. 27.40(7).

(e) Any order granting relief under this subsection must be attached to the final request for a payment submitted to the Justice Administrative Commission and must satisfy the requirements of subparagraph (b)2.

(13) Notwithstanding the limitation set forth in subsection (5) and for the 2020-2021 ~~2019-2020~~ fiscal year only,

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the compensation for representation in a criminal proceeding may not exceed the following:

(a) For misdemeanors and juveniles represented at the trial level: $1,000.

(b) For noncapital, nonlife felonies represented at the trial level: $15,000.

(c) For life felonies represented at the trial level: $15,000.

(d) For capital cases represented at the trial level: $25,000. For purposes of this paragraph, a "capital case" is any offense for which the potential sentence is death and the state has not waived seeking the death penalty.

(e) For representation on appeal: $9,000.

(f) This subsection expires July 1, 2021 ~~2019~~.

Section 59. The amendments to s. 27.40(1), (2)(a), (3)(a), (5), (6), and (7), Florida Statutes, and s. 27.5304(1), (3), (7), (11), and (12)(a)-(e), Florida Statutes, as carried forward from chapter 2019-116, Laws of Florida, by this act expire July 1, 2021, and the text of those subsections and paragraphs, as applicable, shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

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Section 60. In order to implement Specific Appropriation 736 of the 2020-2021 General Appropriations Act, and notwithstanding s. 28.35, Florida Statutes, the clerks of the circuit court are responsible for any costs of compensation to jurors, for meals or lodging provided to jurors, and for jury-related personnel costs that exceed the funding provided in the General Appropriations Act for these purposes. This section expires July 1, 2021.

Section 61. In order to implement Specific Appropriations 916 through 1062 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 63 of chapter 2019-116, Laws of Florida, paragraph (c) of subsection (19) of section 318.18, Florida Statutes, is reenacted to read:

318.18 Amount of penalties.—The penalties required for a noncriminal disposition pursuant to s. 318.14 or a criminal offense listed in s. 318.17 are as follows:

(19) In addition to any penalties imposed, an Article V assessment of $10 must be paid for all noncriminal moving and nonmoving violations under chapters 316, 320, and 322. The assessment is not revenue for purposes of s. 28.36 and may not be used in establishing the budget of the clerk of the court under that section or s. 28.35. Of the funds collected under this subsection:

(c) The sum of $1.67 shall be deposited in the Indigent Criminal Defense Trust Fund for use by the public defenders.

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Section 62. In order to implement Specific Appropriations 916 through 1062 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 63 of chapter 2019-116, Laws of Florida, paragraph (b) of subsection (12) of section 817.568, Florida Statutes, is reenacted to read:

817.568 Criminal use of personal identification information.—

(12) In addition to any sanction imposed when a person pleads guilty or nolo contendere to, or is found guilty of, regardless of adjudication, a violation of this section, the court shall impose a surcharge of $1,001.

(b) The sum of $250 of the surcharge shall be deposited into the State Attorneys Revenue Trust Fund for the purpose of funding prosecutions of offenses relating to the criminal use of personal identification information. The sum of $250 of the surcharge shall be deposited into the Indigent Criminal Defense Trust Fund for the purposes of indigent criminal defense related to the criminal use of personal identification information.

Section 63. The text of ss. 318.18(19)(c) and 817.568(12)(b), Florida Statutes, as carried forward from chapter 2019-116, Laws of Florida, by this act expires July 1, 2021, and the text of those paragraphs shall revert to that in existence on June 30, 2018, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not

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dependent upon the portions of text which expire pursuant to this section.

Section 64. In order to implement Specific Appropriation 1120 through 1203B of the 2020-2021 General Appropriations Act, subsections (2) and (3) of section 20.316, Florida Statutes, are amended to read:

20.316 Department of Juvenile Justice.—There is created a Department of Juvenile Justice.

(2) DEPARTMENT PROGRAMS.—The following programs are established within the Department of Juvenile Justice:

(a) Accountability and Program Support.

(d)~~(a)~~ Prevention ~~and Victim Services~~.

(c)~~(b)~~ Intake and Detention.

(f)~~(c)~~ Residential and Correctional Facilities.

(e)~~(d)~~ Probation and Community Corrections.

(b)~~(e)~~ Administration.

The secretary may establish assistant secretary positions and a chief of staff position as necessary to administer the requirements of this section.

(3) JUVENILE JUSTICE OPERATING CIRCUITS.—The department shall plan and administer its programs through a substate structure that conforms to the boundaries of the judicial circuits prescribed in s. 26.021. A county may seek placement in a juvenile justice operating circuit other than as prescribed in

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s. 26.021 for participation in the Prevention ~~and Victim Services~~ Program and the Probation and Community Corrections Program by making a request of the chief circuit judge in each judicial circuit affected by such request. Upon a showing that geographic proximity, community identity, or other legitimate concern for efficiency of operations merits alternative placement, each affected chief circuit judge may authorize the execution of an interagency agreement specifying the alternative juvenile justice operating circuit in which the county is to be placed and the basis for the alternative placement. Upon the execution of said interagency agreement by each affected chief circuit judge, the secretary may administratively place a county in an alternative juvenile justice operating circuit pursuant to the agreement.

Section 65. The amendments to s. 20.316(2) and (3), Florida Statutes, by this act expire July 1, 2021, and the text of those subsections shall revert to that in existence on June 30, 2020, except that any amendments to such text enacted other than this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 66. In order to implement appropriations used to pay existing lease contracts for private lease space in excess of 2,000 square feet in the 2020-2021 General Appropriations Act, the Department of Management Services, with the cooperation

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of the agencies having the existing lease contracts for office or storage space, shall use tenant broker services to renegotiate or reprocure all private lease agreements for office or storage space expiring between July 1, 2021, and June 30, 2023, in order to reduce costs in future years. The department shall incorporate this initiative into its 2020 master leasing report required under s. 255.249(7), Florida Statutes, and may use tenant broker services to explore the possibilities of collocating office or storage space, to review the space needs of each agency, and to review the length and terms of potential renewals or renegotiations. The department shall provide a report to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2020, which lists each lease contract for private office or storage space, the status of renegotiations, and the savings achieved. This section expires July 1, 2021.

Section 67. In order to implement Specific Appropriations 2820 through 2832 of the 2020-2021 General Appropriations Act, and notwithstanding rule 60A-1.031, Florida Administrative Code, the transaction fee collected for use of the online procurement system, authorized in ss. 287.042(1)(h)1. and 287.057(22)(c), Florida Statutes, is seven-tenths of 1 percent for the 2020-2021 fiscal year only. This section expires July 1, 2021.

Section 68. In order to implement appropriations authorized in the 2020-2021 General Appropriations Act for data

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center services, and notwithstanding s. 216.292(2)(a), Florida Statutes, an agency may not transfer funds from a data processing category to a category other than another data processing category. This section expires July 1, 2021.

Section 69. In order to implement the appropriation of funds in the appropriation category "Data Processing Assessment-Department of Management Services" in the 2020-2021 General Appropriations Act, and pursuant to the notice, review, and objection procedures of s. 216.177, Florida Statutes, the Executive Office of the Governor may transfer funds appropriated in that category between departments in order to align the budget authority granted based on the estimated billing cycle and methodology used by the Department of Management Services for data processing services provided. This section expires July 1, 2021.

Section 70. In order to implement the appropriation of funds in the appropriation category "Special Categories-Risk Management Insurance" in the 2020-2021 General Appropriations Act, and pursuant to the notice, review, and objection procedures of s. 216.177, Florida Statutes, the Executive Office of the Governor may transfer funds appropriated in that category between departments in order to align the budget authority granted with the premiums paid by each department for risk management insurance. This section expires July 1, 2021.

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Section 71. In order to implement the appropriation of funds in the appropriation category "Special Categories-Transfer to Department of Management Services-Human Resources Services Purchased per Statewide Contract" in the 2020-2021 General Appropriations Act, and pursuant to the notice, review, and objection procedures of s. 216.177, Florida Statutes, the Executive Office of the Governor may transfer funds appropriated in that category between departments in order to align the budget authority granted with the assessments that must be paid by each agency to the Department of Management Services for human resource management services. This section expires July 1, 2021.

Section 72. In order to implement Specific Appropriations 2388 through 2391 of the 2020-2021 General Appropriations Act:

(1) The Department of Financial Services shall replace the four main components of the Florida Accounting Information Resource Subsystem (FLAIR), which include central FLAIR, departmental FLAIR, payroll, and information warehouse, and shall replace the cash management and accounting management components of the Cash Management Subsystem (CMS) with an integrated enterprise system that allows the state to organize, define, and standardize its financial management business processes and that complies with ss. 215.90-215.96, Florida Statutes. The department may not include in the replacement of FLAIR and CMS:

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(a) Functionality that duplicates any of the other information subsystems of the Florida Financial Management Information System; or

(b) Agency business processes related to any of the functions included in the Personnel Information System, the Purchasing Subsystem, or the Legislative Appropriations System/Planning and Budgeting Subsystem.

(2) For purposes of replacing FLAIR and CMS, the Department of Financial Services shall:

(a) Take into consideration the cost and implementation data identified for Option 3 as recommended in the March 31, 2014, Florida Department of Financial Services FLAIR Study, version 031.

(b) Ensure that all business requirements and technical specifications have been provided to all state agencies for their review and input and approved by the executive steering committee established in paragraph (c).

(c) Implement a project governance structure that includes an executive steering committee composed of:

1. The Chief Financial Officer or the executive sponsor of the project.

2. A representative of the Division of Treasury of the Department of Financial Services, appointed by the Chief Financial Officer.

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3. A representative of the Division of Information Systems of the Department of Financial Services, appointed by the Chief Financial Officer.

4. Four employees from the Division of Accounting and Auditing of the Department of Financial Services, appointed by the Chief Financial Officer. Each employee must have experience relating to at least one of the four main components that compose FLAIR.

5. Two employees from the Executive Office of the Governor, appointed by the Governor. One employee must have experience relating to the Legislative Appropriations System/Planning and Budgeting Subsystem.

6. One employee from the Department of Revenue, appointed by the executive director, who has experience relating to the department's SUNTAX system.

7. Two employees from the Department of Management Services, appointed by the Secretary of Management Services. One employee must have experience relating to the department's personnel information subsystem and one employee must have experience relating to the department's purchasing subsystem.

8. Three state agency administrative services directors, appointed by the Governor. One director must represent a regulatory and licensing state agency and one director must represent a health care-related state agency.

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(3) The Chief Financial Officer or the executive sponsor of the project shall serve as chair of the executive steering committee, and the committee shall take action by a vote of at least eight affirmative votes with the Chief Financial Officer or the executive sponsor of the project voting on the prevailing side. A quorum of the executive steering committee consists of at least 10 members.

(4) The executive steering committee has the overall responsibility for ensuring that the project to replace FLAIR and CMS meets its primary business objectives and shall:

(a) Identify and recommend to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the replacement subsystem that will standardize, to the fullest extent possible, the state's financial management business processes.

(b) Review and approve any changes to the project's scope, schedule, and budget which do not conflict with the requirements of subsection (1).

(c) Ensure that adequate resources are provided throughout all phases of the project.

(d) Approve all major project deliverables.

(e) Approve all solicitation-related documents associated with the replacement of FLAIR and CMS.

(5) This section expires July 1, 2021.

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Section 73. In order to implement Specific Appropriations 2900 through 2946 of the 2020-2021 General Appropriations Act, section 29 of chapter 2019-118, Laws of Florida, is amended to read:

Section 29. Florida Cybersecurity Task Force.—

(1) The Florida Cybersecurity Task Force, a task force as defined in s. 20.03(8), Florida Statutes, is created adjunct to the Department of Management Services to review and conduct an assessment of the state's cybersecurity infrastructure, governance, and operations. Except as otherwise provided in this section, the task force shall operate in a manner consistent with s. 20.052, Florida Statutes.

(2) The task force consists of the following members:

(a) The Lieutenant Governor, or his or her designee, who shall serve as chair of the task force.

(b) A representative of the computer crime center of the Department of Law Enforcement, appointed by the executive director of the department.

(c) A representative of the fusion center of the Department of Law Enforcement, appointed by the executive director of the department.

(d) The state chief information officer.

(e) The state chief information security officer.

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(f) A representative of the Division of Emergency Management within the Executive Office of the Governor, appointed by the director of the division.

(g) A representative of the Office of the Chief Inspector General in the Executive Office of the Governor, appointed by the Chief Inspector General.

(h) An individual appointed by the President of the Senate.

(i) An individual appointed by the Speaker of the House of Representatives.

(j) Members of the private sector appointed by the Governor.

(3) The task force shall convene by October 1, 2019, and shall meet as necessary, but at least quarterly, at the call of the chair. The Division of State Technology within the Department of Management Services shall provide staffing and administrative support to the task force.

(4) The task force shall:

(a) Recommend methods to secure the state's network systems and data, including standardized plans and procedures to identify developing threats and to prevent unauthorized access and destruction of data.

(b) Identify and recommend remediation, if necessary, of high-risk cybersecurity issues facing state government.

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(c) Recommend a process to regularly assess cybersecurity infrastructure and activities of executive branch agencies.

(d) Identify gaps in the state's overall cybersecurity infrastructure, governance, and current operations. Based on any findings of gaps or deficiencies, the task force shall make recommendations for improvement.

(e) Recommend cybersecurity improvements for the state's emergency management and disaster response systems.

(f) Recommend cybersecurity improvements of the state data center.

(g) Review and recommend improvements relating to the state's current operational plans for the response, coordination, and recovery from a cybersecurity attack.

(5) All executive branch departments and agencies shall cooperate fully with requests for information made by the task force.

(6) On or before February 1, 2021 ~~November 1, 2020~~, the task force shall submit a final report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

(7) This section expires May ~~January~~ 1, 2021.

Section 74. In order to implement Specific Appropriation 1633 of the 2020-2021 General Appropriations Act, paragraph (d) of subsection (11) of section 216.181, Florida Statutes, is amended to read:

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216.181 Approved budgets for operations and fixed capital outlay.—

(11)

(d) Notwithstanding paragraph (b) and paragraph (2)(b), and for the 2020-2021 ~~2019-2020~~ fiscal year only, the Legislative Budget Commission may increase the amounts appropriated to the Fish and Wildlife Conservation Commission or the Department of Environmental Protection for fixed capital outlay projects, including additional fixed capital outlay projects, using funds provided to the state from the Gulf Environmental Benefit Fund administered by the National Fish and Wildlife Foundation; funds provided to the state from the Gulf Coast Restoration Trust Fund related to the Resources and Ecosystems Sustainability, Tourist Opportunities, and Revived Economies of the Gulf Coast Act of 2012 (RESTORE Act); or funds provided by the British Petroleum Corporation (BP) for natural resource damage assessment restoration projects. Concurrent with submission of an amendment to the Legislative Budget Commission pursuant to this paragraph, any project that carries a continuing commitment for future appropriations by the Legislature must be specifically identified, together with the projected amount of the future commitment associated with the project and the fiscal years in which the commitment is expected to commence. This paragraph expires July 1, 2021 ~~2020~~.

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The provisions of this subsection are subject to the notice and objection procedures set forth in s. 216.177.

Section 75. In order to implement specific appropriations from the land acquisition trust funds within the Department of Agriculture and Consumer Services, the Department of Environmental Protection, the Department of State, and the Fish and Wildlife Conservation Commission, which are contained in the 2020-2021 General Appropriations Act, subsection (3) of section 215.18, Florida Statutes, is amended to read:

215.18 Transfers between funds; limitation.—

(3) Notwithstanding subsection (1) and only with respect to a land acquisition trust fund in the Department of Agriculture and Consumer Services, the Department of Environmental Protection, the Department of State, or the Fish and Wildlife Conservation Commission, whenever there is a deficiency in a land acquisition trust fund which would render that trust fund temporarily insufficient to meet its just requirements, including the timely payment of appropriations from that trust fund, and other trust funds in the State Treasury have moneys that are for the time being or otherwise in excess of the amounts necessary to meet the just requirements, including appropriated obligations, of those other trust funds, the Governor may order a temporary transfer of moneys from one or more of the other trust funds to a land acquisition trust fund in the Department of Agriculture and Consumer Services, the

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Department of Environmental Protection, the Department of State, or the Fish and Wildlife Conservation Commission. Any action proposed pursuant to this subsection is subject to the notice, review, and objection procedures of s. 216.177, and the Governor shall provide notice of such action at least 7 days before the effective date of the transfer of trust funds, except that during July 2020 ~~2019~~, notice of such action shall be provided at least 3 days before the effective date of a transfer unless such 3-day notice is waived by the chair and vice-chair of the Legislative Budget Commission. Any transfer of trust funds to a land acquisition trust fund in the Department of Agriculture and Consumer Services, the Department of Environmental Protection, the Department of State, or the Fish and Wildlife Conservation Commission must be repaid to the trust funds from which the moneys were loaned by the end of the 2020-2021 ~~2019-2020~~ fiscal year. The Legislature has determined that the repayment of the other trust fund moneys temporarily loaned to a land acquisition trust fund in the Department of Agriculture and Consumer Services, the Department of Environmental Protection, the Department of State, or the Fish and Wildlife Conservation Commission pursuant to this subsection is an allowable use of the moneys in a land acquisition trust fund because the moneys from other trust funds temporarily loaned to a land acquisition trust fund shall be expended solely and exclusively in

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accordance with s. 28, Art. X of the State Constitution. This subsection expires July 1, 2021 ~~2020~~.

Section 76. (1) In order to implement specific appropriations from the land acquisition trust funds within the Department of Agriculture and Consumer Services, the Department of Environmental Protection, the Department of State, and the Fish and Wildlife Conservation Commission, which are contained in the 2020-2021 General Appropriations Act, the Department of Environmental Protection shall transfer revenues from the Land Acquisition Trust Fund within the department to the land acquisition trust funds within the Department of Agriculture and Consumer Services, the Department of State, and the Fish and Wildlife Conservation Commission, as provided in this section. As used in this section, the term "department" means the Department of Environmental Protection.

(2) After subtracting any required debt service payments, the proportionate share of revenues to be transferred to each land acquisition trust fund shall be calculated by dividing the appropriations from each of the land acquisition trust funds for the fiscal year by the total appropriations from the Land Acquisition Trust Fund within the department and the land acquisition trust funds within the Department of Agriculture and Consumer Services, the Department of State, and the Fish and Wildlife Conservation Commission for the fiscal year. The department shall transfer the proportionate share of the

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revenues in the Land Acquisition Trust Fund within the department on a monthly basis to the appropriate land acquisition trust funds within the Department of Agriculture and Consumer Services, the Department of State, and the Fish and Wildlife Conservation Commission and shall retain its proportionate share of the revenues in the Land Acquisition Trust Fund within the department. Total distributions to a land acquisition trust fund within the Department of Agriculture and Consumer Services, the Department of State, and the Fish and Wildlife Conservation Commission may not exceed the total appropriations from such trust fund for the fiscal year.

(3) In addition, the department shall transfer from the Land Acquisition Trust Fund to land acquisition trust funds within the Department of Agriculture and Consumer Services, the Department of State, and the Fish and Wildlife Conservation Commission amounts equal to the difference between the amounts appropriated in chapter 2019-115, Laws of Florida, to the department's Land Acquisition Trust Fund and the other land acquisition trust funds, and the amounts actually transferred between those trust funds during the 2019-2020 fiscal year.

(4) The department may advance funds from the beginning unobligated fund balance in the Land Acquisition Trust Fund to the Land Acquisition Trust Fund within the Fish and Wildlife Conservation Commission needed for cash flow purposes based on a detailed expenditure plan. The department shall prorate amounts

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transferred quarterly to the Fish and Wildlife Conservation Commission to recoup the amount of funds advanced by June 30, 2021.

(5) This section expires July 1, 2021.

Section 77. In order to implement appropriations from the Land Acquisition Trust Fund within the Department of Environmental Protection in the 2020-2021 General Appropriations Act, paragraph (b) of subsection (3) of section 375.041, Florida Statutes, is amended to read:

375.041 Land Acquisition Trust Fund.—

(3) Funds distributed into the Land Acquisition Trust Fund pursuant to s. 201.15 shall be applied:

(b) Of the funds remaining after the payments required under paragraph (a), but before funds may be appropriated, pledged, or dedicated for other uses:

1. A minimum of the lesser of 25 percent or $200 million shall be appropriated annually for Everglades projects that implement the Comprehensive Everglades Restoration Plan as set forth in s. 373.470, including the Central Everglades Planning Project subject to Congressional authorization; the Long-Term Plan as defined in s. 373.4592(2); and the Northern Everglades and Estuaries Protection Program as set forth in s. 373.4595. From these funds, $32 million shall be distributed each fiscal year through the 2023-2024 fiscal year to the South Florida Water Management District for the Long-Term Plan as defined in

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s. 373.4592(2). After deducting the $32 million distributed under this subparagraph, from the funds remaining, a minimum of the lesser of 76.5 percent or $100 million shall be appropriated each fiscal year through the 2025-2026 fiscal year for the planning, design, engineering, and construction of the Comprehensive Everglades Restoration Plan as set forth in s. 373.470, including the Central Everglades Planning Project, the Everglades Agricultural Area Storage Reservoir Project, the Lake Okeechobee Watershed Project, the C-43 West Basin Storage Reservoir Project, the Indian River Lagoon-South Project, the Western Everglades Restoration Project, and the Picayune Strand Restoration Project. The Department of Environmental Protection and the South Florida Water Management District shall give preference to those Everglades restoration projects that reduce harmful discharges of water from Lake Okeechobee to the St. Lucie or Caloosahatchee estuaries in a timely manner. For the purpose of performing the calculation provided in this subparagraph, the amount of debt service paid pursuant to paragraph (a) for bonds issued after July 1, 2016, for the purposes set forth under paragraph (b) shall be added to the amount remaining after the payments required under paragraph (a). The amount of the distribution calculated shall then be reduced by an amount equal to the debt service paid pursuant to paragraph (a) on bonds issued after July 1, 2016, for the purposes set forth under this subparagraph.

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2. A minimum of the lesser of 7.6 percent or $50 million shall be appropriated annually for spring restoration, protection, and management projects. For the purpose of performing the calculation provided in this subparagraph, the amount of debt service paid pursuant to paragraph (a) for bonds issued after July 1, 2016, for the purposes set forth under paragraph (b) shall be added to the amount remaining after the payments required under paragraph (a). The amount of the distribution calculated shall then be reduced by an amount equal to the debt service paid pursuant to paragraph (a) on bonds issued after July 1, 2016, for the purposes set forth under this subparagraph.

3. The sum of $5 million shall be appropriated annually each fiscal year through the 2025-2026 fiscal year to the St. Johns River Water Management District for projects dedicated to the restoration of Lake Apopka. This distribution shall be reduced by an amount equal to the debt service paid pursuant to paragraph (a) on bonds issued after July 1, 2016, for the purposes set forth in this subparagraph.

4. The sum of $64 million is appropriated and shall be transferred to the Everglades Trust Fund for the 2018-2019 fiscal year, and each fiscal year thereafter, for the EAA reservoir project pursuant to s. 373.4598. Any funds remaining in any fiscal year shall be made available only for Phase II of the C-51 reservoir project or projects identified in

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subparagraph 1. and must be used in accordance with laws relating to such projects. Any funds made available for such purposes in a fiscal year are in addition to the amount appropriated under subparagraph 1. This distribution shall be reduced by an amount equal to the debt service paid pursuant to paragraph (a) on bonds issued after July 1, 2017, for the purposes set forth in this subparagraph.

5. Notwithstanding subparagraph 3., for the 2020-2021 ~~2019-2020~~ fiscal year, funds shall be appropriated as provided in the General Appropriations Act. This subparagraph expires July 1, 2021 ~~2020~~.

Section 78. In order to implement Specific Appropriations 1443 through 1452 of the 2020-2021 General Appropriations Act, subsection (4) of section 570.441, Florida Statutes, is amended to read:

570.441 Pest Control Trust Fund.—

(4) In addition to the uses authorized under subsection (2), moneys collected or received by the department under chapter 482 may be used to carry out the provisions of s. 570.44. This subsection expires July 1, 2021 ~~June 30, 2020~~.

Section 79. In order to implement Specific Appropriation 1380 of the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 91 of chapter 2019-116, Laws of Florida, paragraph (a) of subsection (1) of section 570.93, Florida Statutes, is reenacted to read:

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570.93 Department of Agriculture and Consumer Services; agricultural water conservation and agricultural water supply planning.—

(1) The department shall establish an agricultural water conservation program that includes the following:

(a) A cost-share program, coordinated with the United States Department of Agriculture and other federal, state, regional, and local agencies when appropriate, for irrigation system retrofit and application of mobile irrigation laboratory evaluations, and for water conservation and water quality improvement pursuant to s. 403.067(7)(c).

Section 80. The amendment to s. 570.93(1)(a), Florida Statutes, as carried forward from chapter 2019-116, Laws of Florida, by this act expires July 1, 2021, and the text of that paragraph shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 81. In order to implement Specific Appropriations 1453 through 1459 of the 2020-2021 General Appropriations Act, upon the expiration and reversion of the amendment made to section 525.07, Florida Statutes, pursuant to section 93 of chapter 2019-116, Laws of Florida, subsection (1) of section 525.07, Florida Statutes, is amended to read:

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525.07 Powers and duties of department; inspections; unlawful acts.—

(1)(a) The department shall inspect all measuring devices used in selling or distributing petroleum fuel at wholesale and retail.

(b) The department may affix a sticker to each petroleum measuring device. Using only a combination of lettering, numbering, words, or the department logo, the sticker must signify that the device has been inspected by the department and that the device owner is responsible for its proper use and maintenance. Any sticker which has been affixed to a petroleum measuring device by the department which does not meet the specifications of this paragraph must be removed by September 15, 2020. This paragraph expires July 1, 2021.

Section 82. In order to implement Specific Appropriation 1728 of the 2020-2021 General Appropriations Act, paragraph (m) of subsection (3) of section 259.105, Florida Statutes, is amended to read:

259.105 The Florida Forever Act.—

(3) Less the costs of issuing and the costs of funding reserve accounts and other costs associated with bonds, the proceeds of cash payments or bonds issued pursuant to this section shall be deposited into the Florida Forever Trust Fund created by s. 259.1051. The proceeds shall be distributed by the Department of Environmental Protection in the following manner:

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(m) Notwithstanding paragraphs (a)-(j) and for the 2020-2021 ~~2019-2020~~ fiscal year, the amount of $6 ~~$33~~ million to only ~~the Division of State Lands within~~ the Department of Environmental Protection for grants pursuant to s. 375.075 ~~the Board of Trustees Florida Forever Priority List land acquisition projects~~. This paragraph expires July 1, 2021 ~~2020.~~

Section 83. In order to implement Specific Appropriation 1701 of the 2020-2021 General Appropriations Act, paragraph (g) of subsection (15) of section 376.3071, Florida Statutes, as created by CS/SB 702 during the 2020 Regular Session, is amended to read:

376.3071 Inland Protection Trust Fund; creation; purposes; funding.—

(15) ETHANOL OR BIODIESEL DAMAGE; PREVENTIVE MEASURES.—The department shall pay, pursuant to this subsection, up to $10 million each fiscal year from the fund for the costs of labor and equipment to repair or replace petroleum storage systems that may have been damaged due to the storage of fuels blended with ethanol or biodiesel, or for preventive measures to reduce the potential for such damage.

(g) Payments may not be made for the following:

1. Proposal costs or costs related to preparation of the application and required documentation;

2. Certified public accountant costs;

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3. Except as provided in paragraph (j) ~~subsection (k)~~, any costs in excess of the amount approved by the department under paragraph (b) or which are not in substantial compliance with the purchase order;

4. Costs associated with storage tanks, piping, or ancillary equipment that has previously been repaired or replaced for which costs have been paid under this section;

5. Facilities that are not in compliance with department storage tank rules, until the noncompliance issues have been resolved; or

6. Costs associated with damage to petroleum storage systems caused in whole or in part by causes other than the storage of fuels blended with ethanol or biodiesel.

Section 84. The amendment to s. 376.3071(15)(g), Florida Statutes, by this act expires July 1, 2021, and the text of that paragraph shall revert to that in existence on June 30, 2020, except that any amendments to such text enacted other than this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portion of text which expire pursuant to this section.

Section 85. In order to implement Specific Appropriation 1620 of the 2020-2021 General Appropriations Act and to provide a unified procedure to verify implementation of water quality monitoring pursuant to s. 403.067(7)(d)2.a., Florida Statutes, the rulemaking required by s. 373.4595(3)(b)21., (4)(b)8., and

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(4)(d)8., Florida Statutes, are limited to procedures to implement water quality monitoring required in lieu of implementation of best management practices or other measures and replace existing rule 40E-61, Florida Administrative Code. This section expires July 1, 2021.

Section 86. In order to implement Specific Appropriation 2659 of the 2020-2021 General Appropriations Act, paragraph (b) of subsection (3) and subsection (5) of section 321.04, Florida Statutes, are amended to read:

321.04 Personnel of the highway patrol; rank classifications; probationary status of new patrol officers; subsistence; special assignments.—

(3)(b) For the 2020-2021 ~~2019-2020~~ fiscal year only, upon the request of the Governor, the Department of Highway Safety and Motor Vehicles shall assign one or more patrol officers to the office of the Lieutenant Governor for security services. This paragraph expires July 1, 2021 ~~2020~~.

(5) For the 2020-2021 ~~2019-2020~~ fiscal year only, the assignment of a patrol officer by the department shall include a Cabinet member specified in s. 4, Art. IV of the State Constitution if deemed appropriate by the department or in response to a threat and upon written request of such Cabinet member. This subsection expires July 1, 2021 ~~2020~~.

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Section 87. In order to implement Specific Appropriation 2282A of the 2020-2021 General Appropriations Act, subsection (3) of section 420.9079, Florida Statutes, is amended to read:

420.9079 Local Government Housing Trust Fund.—

(3) For the 2020-2021 ~~2019-2020~~ fiscal year, funds may be used as provided in the General Appropriations Act. This subsection expires July 1, 2021 ~~2020~~.

Section 88. In order to implement Specific Appropriation 2281 of the 2020-2021 General Appropriations Act, subsection (2) of section 420.0005, Florida Statutes, is amended to read:

420.0005 State Housing Trust Fund; State Housing Fund.—

(2) For the 2020-2021 ~~2019-2020~~ fiscal year, funds may be used as provided in the General Appropriations Act. This subsection expires July 1, 2021 ~~2020~~.

Section 89. In order to implement Specific Appropriation 2280 of the 2020-2021 General Appropriations Act, subsection (7) is added to section 288.0655, Florida Statutes, to read:

288.0655 Rural Infrastructure Fund.—

(7) For the 2020-2021 fiscal year, the funds appropriated for the grant program for Florida Panhandle counties shall be distributed pursuant to and for the purposes described in the proviso language associated with Specific Appropriation 2280 of the 2020-2021 General Appropriations Act. This subsection expires July 1, 2021.

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Section 90. In order to implement Specific Appropriation 1915 through 1929, 1929F through 1929J, 1943 through 1951, 1953 through 1962, and 1999A through 2011 of the 2020-2021 General Appropriations Act, paragraph (c) of subsection (3) and paragraph (g) of subsection (8) of section 338.2278, Florida Statutes, are amended to read:

338.2278 Multi-use Corridors of Regional Economic Significance Program.—

(3)

(c)1. During the project development phase, the department shall utilize an inclusive, consensus-building mechanism for each proposed multiuse corridor identified in subsection (2). For each multiuse corridor identified in subsection (2), the department shall convene a corridor task force composed of appropriate representatives of:

a. The Department of Environmental Protection;

b. The Department of Economic Opportunity;

c. The Department of Education;

d. The Department of Health;

e. The Fish and Wildlife Conservation Commission;

f. The Department of Agriculture and Consumer Services;

g. The local water management district or districts;

h. A local government official from each local government within a proposed corridor;

i. Metropolitan planning organizations;

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j. Regional planning councils;

k. The community, who may be an individual or a member of a nonprofit community organization, as determined by the department; and

l. Appropriate environmental groups, such as 1000 Friends of Florida, Audubon Florida, the Everglades Foundation, The Nature Conservancy, the Florida Sierra Club, and the Florida Wildlife Corridor, as determined by the department.

2. The secretary of the department shall appoint the members of the respective corridor task forces by August 1, 2019.

3. Each corridor task force shall coordinate with the department on pertinent aspects of corridor analysis, including accommodation or colocation of multiple types of infrastructure, addressing issues such as those identified in subsection (1), within or adjacent to the corridor.

4. Each corridor task force shall evaluate the need for, and the economic and environmental impacts of, hurricane evacuation impacts of, and land use impacts of, the related corridor as identified in subsection (2).

5. Each corridor task force shall hold a public meeting in accordance with chapter 286 in each local government jurisdiction in which a project within an identified corridor is being considered.

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6. To the maximum extent feasible, the department shall adhere to the recommendations of the task force created for each corridor in the design of the multiple modes of transportation and multiple types of infrastructure associated with the corridor. The task force for each corridor may consider and recommend innovative concepts to combine right-of-way acquisition with the acquisition of lands or easements to facilitate environmental mitigation or ecosystem, wildlife habitat, or water quality protection or restoration. The department, in consultation with the Department of Environmental Protection, may incorporate those features into each corridor during the project development phase.

7. The Southwest-Central Florida Connector corridor task force shall:

a. Address the impacts of the construction of a project within the corridor on panther and other critical wildlife habitat and evaluate in its final report the need for acquisition of lands for state conservation or as mitigation for project construction; and

b. Evaluate wildlife crossing design features to protect panther and other critical wildlife habitat corridor connections.

8. The Suncoast Connector corridor task force and the Northern Turnpike Connector corridor task force shall evaluate design features and the need for acquisition of state

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conservation lands that mitigate the impact of project construction within the respective corridors on:

a. The water quality and quantity of springs, rivers, and aquifer recharge areas;

b. Agricultural land uses; and

c. Wildlife habitat.

9. Each corridor task force shall issue its evaluations in a final report that must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 15, 2020 ~~October 1, 2020~~.

10. The department shall provide affected local governments with a copy of the applicable task force report and project alignments. Not later than December 31, 2023, a local government that has an interchange within its jurisdiction shall review the applicable task force report and its local comprehensive plan as adopted under chapter 163. The local government review must include consideration of whether the area in and around the interchange contains appropriate land uses and natural resource protections and whether the comprehensive plan should be amended to provide such appropriate uses and protections.

(8) The amounts identified in subsection (7) by fiscal year shall be allocated as follows:

(g)1. Except as provided in subparagraph 2., in each fiscal year in which funding provided under this subsection for

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the Small County Road Assistance Program, the Small County Outreach Program, the Transportation Disadvantaged Trust Fund, or the workforce development program is not committed by the end of each fiscal year, such uncommitted funds shall be used by the department to fund Multi-use Corridors of Regional Economic Significance Program projects. As provided in s. 339.135(7), the adopted work program may be amended to transfer funds between appropriations categories or to increase an appropriation category to implement this paragraph.

2. For the 2020-2021 fiscal year, funding provided under this subsection for the Transportation Disadvantaged Trust Fund under paragraph (a) which is uncommitted at the end of the 2019-2020 fiscal year may be used as provided in the General Appropriations Act.

Section 91. The amendments to s. 338.2278(3)(c) and (8)(g), Florida Statutes, by this act expire July 1, 2021, and the texts of those paragraphs shall revert to that in existence on June 30, 2020, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 92. In order to implement Specific Appropriation 2267 of the 2020-2021 General Appropriations Act, subsection (4) is added to section 288.80125, Florida Statutes, to read:

288.80125 Triumph Gulf Coast Trust Fund.—

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(4) For the 2020-2021 fiscal year, funds shall be used for the Rebuild Florida Revolving Loan Fund program to provide assistance to businesses impacted by Hurricane Michael as provided in the General Appropriations Act. This subsection expires July 1, 2021.

Section 93. In order to implement Specific Appropriations 1916 through 1929, 1929F through 1929J, 1943 through 1951, 1953 through 1962, and 1999A through 2011 of the 2020-2021 General Appropriations Act, paragraphs (g) and (h) of subsection (7) of section 339.135, Florida Statutes, are amended to read:

339.135 Work program; legislative budget request; definitions; preparation, adoption, execution, and amendment.—

(7) AMENDMENT OF THE ADOPTED WORK PROGRAM.—

(g)1. Any work program amendment which also requires the transfer of fixed capital outlay appropriations between categories within the department or the increase of an appropriation category is subject to the approval of the Legislative Budget Commission.

2. If a meeting of the Legislative Budget Commission cannot be held within 30 days after the department submits an amendment to the Legislative Budget Commission, the chair and vice chair of the Legislative Budget Commission may authorize such amendment to be approved pursuant to s. 216.177. This subparagraph expires July 1, 2021 ~~2020~~.

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(h)1. Any work program amendment that also adds a new project, or phase thereof, to the adopted work program in excess of $3 million is subject to approval by the Legislative Budget Commission. Any work program amendment submitted under this paragraph must include, as supplemental information, a list of projects, or phases thereof, in the current 5-year adopted work program which are eligible for the funds within the appropriation category being used for the proposed amendment. The department shall provide a narrative with the rationale for not advancing an existing project, or phase thereof, in lieu of the proposed amendment.

2. If a meeting of the Legislative Budget Commission cannot be held within 30 days after the department submits an amendment to the commission, the chair and vice chair of the commission may authorize the amendment to be approved pursuant to s. 216.177. This subparagraph expires July 1, 2021.

Section 94. In order to implement Specific Appropriations 1916 through 1929, 1929F through 1929J, 1943 through 1951, 1953 through 1962, and 1999A through 2011 of the 2020-2021 General Appropriations Act, subsection (6) is added to section 339.63, Florida Statutes, to read:

339.63 System facilities designated; additions and deletions.—

(6) Notwithstanding any provision of law to the contrary, the department is directed to fully fund projects on facilities

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that were designated as part of the Strategic Intermodal System before the most recent designation change, which were approved by the Secretary of Transportation in May 2019, and for which the construction has commenced but is not completed. The funding of such projects shall take precedence over all nonhighway Strategic Intermodal System capacity improvement projects funded pursuant to s. 339.61(1). Such funding includes, but is not limited to, any amendments or supplemental agreements that were being contemplated by the department to make the projects safe and functional and for which funding was appropriated as part of the department's adopted work program for Fiscal Years 2018-2019, 2019-2020, and the ensuing 5-year period. This subsection expires July 1, 2021.

Section 95. In order to implement Specific Appropriations 2599 of the 2020-2021 General Appropriations Act, paragraph (d) of subsection (4) of section 112.061, Florida Statutes, is amended to read:

112.061 Per diem and travel expenses of public officers, employees, and authorized persons; statewide travel management system.—

(4) OFFICIAL HEADQUARTERS.—The official headquarters of an officer or employee assigned to an office shall be the city or town in which the office is located except that:

(d) A Lieutenant Governor who permanently resides outside of Leon County, may, if he or she so requests, have an

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appropriate facility in his or her county designated as his or her official headquarters for purposes of this section. This official headquarters may only serve as the Lieutenant Governor's personal office. The Lieutenant Governor may not use state funds to lease space in any facility for his or her official headquarters.

1. A Lieutenant Governor for whom an official headquarters is established in his or her county of residence pursuant to this paragraph is eligible for subsistence at a rate to be established by the Governor for each day or partial day that the Lieutenant Governor is at the State Capitol to conduct official state business. In addition to the subsistence allowance, a Lieutenant Governor is eligible for reimbursement for transportation expenses as provided in subsection (7) for travel between the Lieutenant Governor's official headquarters and the State Capitol to conduct state business.

2. Payment of subsistence and reimbursement for transportation between a Lieutenant Governor's official headquarters and the State Capitol shall be made to the extent appropriated funds are available, as determined by the Governor.

3. This paragraph expires July 1, 2021 ~~2020~~.

Section 96. In order to implement the salaries and benefits, expenses, other personal services, contracted services, special categories, and operating capital outlay categories of the 2020-2021 General Appropriations Act,

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paragraph (a) of subsection (2) of section 216.292, Florida Statutes, is amended to read:

216.292 Appropriations nontransferable; exceptions.—

(2) The following transfers are authorized to be made by the head of each department or the Chief Justice of the Supreme Court whenever it is deemed necessary by reason of changed conditions:

(a) The transfer of appropriations funded from identical funding sources, except appropriations for fixed capital outlay, and the transfer of amounts included within the total original approved budget and plans of releases of appropriations as furnished pursuant to ss. 216.181 and 216.192, as follows:

1. Between categories of appropriations within a budget entity, if no category of appropriation is increased or decreased by more than 5 percent of the original approved budget or $250,000, whichever is greater, by all action taken under this subsection.

2. Between budget entities within identical categories of appropriations, if no category of appropriation is increased or decreased by more than 5 percent of the original approved budget or $250,000, whichever is greater, by all action taken under this subsection.

3. Any agency exceeding salary rate established pursuant to s. 216.181(8) on June 30th of any fiscal year shall not be

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authorized to make transfers pursuant to subparagraphs 1. and 2. in the subsequent fiscal year.

4. Notice of proposed transfers under subparagraphs 1. and 2. shall be provided to the Executive Office of the Governor and the chairs of the legislative appropriations committees at least 3 days prior to agency implementation in order to provide an opportunity for review. The review shall be limited to ensuring that the transfer is in compliance with the requirements of this paragraph.

5. For the 2020-2021 ~~2019-2020~~ fiscal year, the review shall ensure that transfers proposed pursuant to this paragraph comply with this chapter, maximize the use of available and appropriate trust funds, and are not contrary to legislative policy and intent. This subparagraph expires July 1, 2021 ~~2020~~.

Section 97. In order to implement section 8 of the 2020-2021 General Appropriations Act, notwithstanding s. 110.123(3)(f) and (j), Florida Statutes, the Department of Management Services shall maintain and offer the same PPO and HMO health plan alternatives to the participants of the State Group Health Insurance Program during the 2020-2021 fiscal year which were in effect for the 2019-2020 fiscal year. This section expires July 1, 2021.

Section 98. In order to implement the appropriation of funds in the special categories, contracted services, and expenses categories of the 2020-2021 General Appropriations Act,

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a state agency may not initiate a competitive solicitation for a product or service if the completion of such competitive solicitation would:

(1) Require a change in law; or

(2) Require a change to the agency's budget other than a transfer authorized in s. 216.292(2) or (3), Florida Statutes, unless the initiation of such competitive solicitation is specifically authorized in law, in the General Appropriations Act, or by the Legislative Budget Commission.

This section does not apply to a competitive solicitation for which the agency head certifies that a valid emergency exists. This section expires July 1, 2021.

Section 99. In order to implement appropriations for salaries and benefits of the 2020-2021 General Appropriations Act, subsection (6) of section 112.24, Florida Statutes, is amended to read:

112.24 Intergovernmental interchange of public employees.—To encourage economical and effective utilization of public employees in this state, the temporary assignment of employees among agencies of government, both state and local, and including school districts and public institutions of higher education is authorized under terms and conditions set forth in this section. State agencies, municipalities, and political subdivisions are authorized to enter into employee interchange

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agreements with other state agencies, the Federal Government, another state, a municipality, or a political subdivision including a school district, or with a public institution of higher education. State agencies are also authorized to enter into employee interchange agreements with private institutions of higher education and other nonprofit organizations under the terms and conditions provided in this section. In addition, the Governor or the Governor and Cabinet may enter into employee interchange agreements with a state agency, the Federal Government, another state, a municipality, or a political subdivision including a school district, or with a public institution of higher learning to fill, subject to the requirements of chapter 20, appointive offices which are within the executive branch of government and which are filled by appointment by the Governor or the Governor and Cabinet. Under no circumstances shall employee interchange agreements be utilized for the purpose of assigning individuals to participate in political campaigns. Duties and responsibilities of interchange employees shall be limited to the mission and goals of the agencies of government.

(6) For the 2020-2021 ~~2019-2020~~ fiscal year only, the assignment of an employee of a state agency as provided in this section may be made if recommended by the Governor or Chief Justice, as appropriate, and approved by the chairs of the legislative appropriations committees. Such actions shall be

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deemed approved if neither chair provides written notice of objection within 14 days after receiving notice of the action pursuant to s. 216.177. This subsection expires July 1, 2021 ~~2020~~.

Section 100. In order to implement Specific Appropriations 2727 and 2728 of the 2020-2021 General Appropriations Act, and notwithstanding s. 11.13(1), Florida Statutes, the authorized salaries for members of the Legislature for the 2020-2021 fiscal year shall be set at the same level in effect on July 1, 2010. This section expires July 1, 2021.

Section 101. In order to implement the transfer of funds from the General Revenue Fund from trust funds for the 2020-2021 General Appropriations Act, and notwithstanding the expiration date in section 110 of chapter 2019-116, Laws of Florida, paragraph (b) of subsection (2) of section 215.32, Florida Statutes, is reenacted to read:

215.32 State funds; segregation.—

(2) The source and use of each of these funds shall be as follows:

(b)1. The trust funds shall consist of moneys received by the state which under law or under trust agreement are segregated for a purpose authorized by law. The state agency or branch of state government receiving or collecting such moneys is responsible for their proper expenditure as provided by law. Upon the request of the state agency or branch of state

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government responsible for the administration of the trust fund, the Chief Financial Officer may establish accounts within the trust fund at a level considered necessary for proper accountability. Once an account is established, the Chief Financial Officer may authorize payment from that account only upon determining that there is sufficient cash and releases at the level of the account.

2. In addition to other trust funds created by law, to the extent possible, each agency shall use the following trust funds as described in this subparagraph for day-to-day operations:

a. Operations or operating trust fund, for use as a depository for funds to be used for program operations funded by program revenues, with the exception of administrative activities when the operations or operating trust fund is a proprietary fund.

b. Operations and maintenance trust fund, for use as a depository for client services funded by third-party payors.

c. Administrative trust fund, for use as a depository for funds to be used for management activities that are departmental in nature and funded by indirect cost earnings and assessments against trust funds. Proprietary funds are excluded from the requirement of using an administrative trust fund.

d. Grants and donations trust fund, for use as a depository for funds to be used for allowable grant or donor

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agreement activities funded by restricted contractual revenue from private and public nonfederal sources.

e. Agency working capital trust fund, for use as a depository for funds to be used pursuant to s. 216.272.

f. Clearing funds trust fund, for use as a depository for funds to account for collections pending distribution to lawful recipients.

g. Federal grant trust fund, for use as a depository for funds to be used for allowable grant activities funded by restricted program revenues from federal sources.

To the extent possible, each agency must adjust its internal accounting to use existing trust funds consistent with the requirements of this subparagraph. If an agency does not have trust funds listed in this subparagraph and cannot make such adjustment, the agency must recommend the creation of the necessary trust funds to the Legislature no later than the next scheduled review of the agency's trust funds pursuant to s. 215.3206.

3. All such moneys are hereby appropriated to be expended in accordance with the law or trust agreement under which they were received, subject always to the provisions of chapter 216 relating to the appropriation of funds and to the applicable laws relating to the deposit or expenditure of moneys in the State Treasury.

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4.a. Notwithstanding any provision of law restricting the use of trust funds to specific purposes, unappropriated cash balances from selected trust funds may be authorized by the Legislature for transfer to the Budget Stabilization Fund and General Revenue Fund in the General Appropriations Act.

b. This subparagraph does not apply to trust funds required by federal programs or mandates; trust funds established for bond covenants, indentures, or resolutions whose revenues are legally pledged by the state or public body to meet debt service or other financial requirements of any debt obligations of the state or any public body; the Division of Licensing Trust Fund in the Department of Agriculture and Consumer Services; the State Transportation Trust Fund; the trust fund containing the net annual proceeds from the Florida Education Lotteries; the Florida Retirement System Trust Fund; trust funds under the management of the State Board of Education or the Board of Governors of the State University System, where such trust funds are for auxiliary enterprises, self-insurance, and contracts, grants, and donations, as those terms are defined by general law; trust funds that serve as clearing funds or accounts for the Chief Financial Officer or state agencies; trust funds that account for assets held by the state in a trustee capacity as an agent or fiduciary for individuals, private organizations, or other governmental units; and other trust funds authorized by the State Constitution.

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Section 102. The text of s. 215.32(2)(b), Florida Statutes, as carried forward from chapter 2011-47, Laws of Florida, by this act expires July 1, 2021, and the text of that paragraph shall revert to that in existence on June 30, 2011, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.

Section 103. In order to implement appropriations in the 2020-2021 General Appropriations Act for state employee travel, the funds appropriated to each state agency which may be used for travel by state employees are limited during the 2020-2021 fiscal year to travel for activities that are critical to each state agency's mission. Funds may not be used for travel by state employees to foreign countries, other states, conferences, staff training activities, or other administrative functions unless the agency head has approved, in writing, that such activities are critical to the agency's mission. The agency head shall consider using teleconferencing and other forms of electronic communication to meet the needs of the proposed activity before approving mission-critical travel. This section does not apply to travel for law enforcement purposes, military purposes, emergency management activities, or public health activities. This section expires July 1, 2021.

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Section 104. In order to implement appropriations in the 2020-2021 General Appropriations Act for state employee travel and notwithstanding s. 112.061, Florida Statutes, costs for lodging associated with a meeting, conference, or convention organized or sponsored in whole or in part by a state agency or the judicial branch may not exceed $175 per day. An employee may expend his or her own funds for any lodging expenses in excess of $175 per day. For purposes of this section, a meeting does not include travel activities for conducting an audit, examination, inspection, or investigation or travel activities related to a litigation or emergency response. This section expires July 1, 2021.

Section 105. In order to implement the appropriation of funds in the special categories, contracted services, and expenses categories of the 2020-2021 General Appropriations Act, a state agency may not enter into a contract containing a nondisclosure clause that prohibits the contractor from disclosing information relevant to the performance of the contract to members or staff of the Senate or the House of Representatives. This section expires July 1, 2021.

Section 106. In order to implement the appropriation of funds in the special categories, contracted services, and expenses categories of the 2020-2021 General Appropriations Act, section 216.1366, Florida Statutes, is created to read:

216.1366 Contract terms.—

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(1) In order to preserve the interest of the state in the prudent expenditure of state funds, each public agency contract for services entered into or amended on or after July 1, 2020, shall authorize the public agency to inspect the:

(a) Financial records, papers, and documents of the contractor that are directly related to the performance of the contract or the expenditure of state funds.

(b) Programmatic records, papers, and documents of the contractor which the public agency determines are necessary to monitor the performance of the contract or to ensure that the terms of the contract are being met.

(2) The contract shall require the contractor to provide such records, papers, and documents requested by the public agency within 10 business days after the request is made.

(3) This section expires July 1, 2021.

Section 107. In order to implement Specific Appropriation 2598 and 2599 of the 2020-2021 General Appropriations Act, section 14.35, Florida Statutes, is created to read:

14.35 Governor's Medal of Freedom.—

(1) The Governor may present, in the name of the State of Florida, a medal to be known as the "Governor's Medal of Freedom," which shall bear a suitable inscription and ribbon of appropriate design, to any person who has made an especially meritorious contribution to the interests and citizens of the

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state, its culture, or other significant public or private endeavor.

(2)(a) In the event of the death of an individual who has been chosen to receive the Governor's Medal of Freedom, the medal may be presented to a designated representative of the chosen recipient.

(b) The Governor's Medal of Freedom may only be presented to an individual once.

(3) This section expires July 1, 2021.

Section 108. In order to implement Specific Appropriations 2729 and 2730 of the 2020-2021 General Appropriations Act:

(1) The Local Government Efficiency Task Force, a task force as defined in s. 20.03, Florida Statutes, is established within the Legislature. The task force shall be supported by research services of the Office of Program Policy Analysis and Governmental Accountability.

(2)(a) The task force shall consist of six members with the Governor, the President of the Senate, and the Speaker of the House of Representatives each appointing two members. Members must be appointed no later than September 1, 2020.

(b) A vacancy on the task force shall be filled in the same manner as the original appointment for the unexpired term.

(c) The task force shall elect a chair from among its members.

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(3) Members of the task force shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061, Florida Statutes. The task force shall convene its first meeting by November 15, 2020, and shall meet as often as necessary to fulfill its responsibilities under this section. Meetings may be conducted in person or by teleconference or other electronic means.

(4) The task force shall review the governance structure and function of local governments and whether any changes are necessary to make such governments more efficient.

(5) The task force shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by June 1, 2021.

(6) This section expires June 30, 2021.

Section 109. Any section of this act which implements a specific appropriation or specifically identified proviso language in the 2020-2021 General Appropriations Act is void if the specific appropriation or specifically identified proviso language is vetoed. Any section of this act which implements more than one specific appropriation or more than one portion of specifically identified proviso language in the 2020-2021 General Appropriations Act is void if all the specific appropriations or portions of specifically identified proviso language are vetoed.

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Section 110. If any other act passed during the 2020 Regular Session of the Legislature contains a provision that is substantively the same as a provision in this act, but that removes or is otherwise not subject to the future repeal applied to such provision by this act, the Legislature intends that the provision in the other act takes precedence and continues to operate, notwithstanding the future repeal provided by this act.

Section 111. If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Section 112. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2020, or, if this act fails to become a law until after that date, it shall take effect upon becoming a law and shall operate retroactively to July 1, 2020.

T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert:

A bill to be entitled

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An act implementing the 2020-2021 General Appropriations Act; providing legislative intent; incorporating by reference certain calculations of the Florida Education Finance Program; providing that funds for instructional materials must be released and expended as required in specified proviso language; amending s. 1011.62, F.S.; suspending an allocation related to determining full-time equivalent students for 1 fiscal year; authoring the Legislature to provide a funding compression and hold harmless allocation; specifying purpose and distribution of allocations; amending s. 1013.62, F.S.; specifying the source of charter school capital outlay funding; providing for the expiration and reversion of specified statutory text; reenacting s. 1001.26(1), F.S., relating to the public broadcasting program system; extending for 1 fiscal year authorization for the Department of Education to provide certain appropriated funds to certain education television stations and public colleges and universities for public broadcasting; providing for the expiration and reversion of specified statutory text; creating s. 1004.6499, F.S.; establishing the Florida Institute of Politics at the Florida State University; providing the purpose and goals of the institute; incorporating

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by reference certain calculations for the Medicaid Hospital Funding programs; authorizing the Agency for Health Care Administration to contract with a private, not-for-profit hospital in Miami-Dade County to provide specified services t frail and elderly persons in designated locations if certain conditions are met; exempting such hospital from certain statutory requirements; requiring the approval of up to 100 initial enrollees into such program; authorizing the Agency for Health Care Administration to contract with a private organization that meets specified criteria to provide specified services to frail and elderly persons in designated counties if certain conditions are met; exempting such hospital from certain statutory requirements; requiring the approval of up to 500 initial enrollees into such program; authorizing the Agency for Health Care Administration, in consultation with the Department of Health, to submit a budget amendment to realign funding for a component of the Children's Medical Services program to reflect actual enrollment changes; specifying requirements for such realignment; authorizing the agency to request nonoperating budget authority for transferring certain federal funds to the Department of Health; reenacting s. 409.908(23), F.S., relating

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to the reimbursement of Medicaid providers; extending for 1 fiscal year provisions regarding reimbursement rates; providing for the expiration and reversion of specified statutory text; reenacting and amending s. 409.908(26), F.S., relating to the reimbursement of Medicaid providers; extending for 1 fiscal year a provision regarding the receipt of funds to be used for Low Income Pool Program payments; providing criteria that must be met for essential providers to be eligible for specified supplemental payments; providing requirements that must be met before the Agency for Health Care Administration may release or withhold supplemental payments; providing for the expiration and reversion of specified statutory text; amending s. 409.904, F.S.; extending for 1 fiscal year a provision requiring the Agency for Health Care Administration to make payments to Medicaid-covered services; requiring the Agency for Health Care Administration to submit to the Governor and the Legislature by a specified date an evaluation regarding the impact of certain Medicaid waivers; specifying items to be included; specifying requirements for the report; reenacting s. 624.91(5)(b), F.S., relating to the Florida Healthy Kids Corporation; extending for 1 fiscal year a

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provision requiring the corporation to validate the medical loss ratio and calculate a refund amount for insurers and providers of health care services who meet certain criteria; providing for the expiration and reversion of specified statutory text; amending s. 381.915, F.S.; revising limitations regarding a cancer center's participation under Tier 3 of the Florida Consortium of National Cancer Institute Centers Program and authorization for centers to pursue certain designations by the institute; providing for the expiration and reversion of specified statutory text; amending s. 893.055, F.S.; extending for 1 fiscal year a provision prohibiting the Attorney General and the Department of Health from using certain settlement agreement funds to administer the prescription drug monitoring program; amending s. 409.911, F.S.; updating the average of audited disproportionate share data for purposes of calculating disproportionate share payments; updating the average of audited disproportionate share data for purposes of calculating disproportionate share payments; extending for 1 fiscal year the requirement that the Agency for Health Care Administration distribute moneys to hospitals that provide a disproportionate share of Medicaid or charity care

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services, as provided in the General Appropriations Act; amending s. 409.9113, F.S.; extending for 1 fiscal year the requirement that the Agency for Health Care Administration make disproportionate share payments to teaching hospitals as provided in the General Appropriations Act; amending s. 409.9119, F.S.; extending for 1 fiscal year the requirement that the Agency for Health Care Administration make disproportionate share payments to certain specialty hospitals for children; authorizing the Agency for Health Care Administration to submit a budget amendment to realign Medicaid funding for specified purposes, subject to certain limitations; requiring the Agency for Health Care Administration to contract with an organization for the provision of elder care services in specified counties if certain conditions are met; authorizing the Agency for Health Care Administration and the Department of Health to each submit a budget amendment to realign funding within the Florida Kidcare program appropriation categories or increase budget authority for certain purposes; specifying the time period within each such budget amendment must be submitted; amending ss. 381.986 and 381.988, F.S.; extending for 1 year the exemption of certain rules pertaining to the medical use of

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marijuana from certain rulemaking requirements; removing a provision that authorized medical marijuana treatment centers to use uncertified laboratories under certain circumstances; amending s. 14(1), chapter 2017-232, Laws of Florida; exempting certain rules pertaining to medical marijuana adopted to replace emergency rules from specified rulemaking requirements; providing for the expiration and reversion of specified law; authorizing the Department of Children and Families to submit a budget amendment to realign funding for implementation of the Guardianship Assistance Program; requiring the Department of Children and Families to establish a formula for the distribution of funds to implement the Guardianship Assistance Program; authorizing the Department of Children and Families to submit a budget amendment to realign funding within the department based on the implementation of the Guardianship Assistance Program; amending s. 296.37, F.S.; extending for 1 fiscal year a provision specifying the monthly contribution to residents of a state veterans' nursing home; authorizing the Department of Health to submit a budget amendment to increase budget authority for the HIV/AIDS Prevention and Treatment Program if certain conditions are met; authorizing the Department

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of Children and Families to submit a budget amendment to increase budget authority for the Supplemental Nutrition Assistance Program if certain conditions are met; authorizing the Department of Children and Families to submit a budget amendment to realign funding within the Family Safety Program for specified purposes; amending s. 409.968, F.S.; requiring the Agency for Health Care Administration to withhold and set aside portions of the managed care rates from the rate cells for a certain purpose; directing the agency to require Medicaid managed care plans to submit proposals in a specified manner; specifying items the plans must implement; providing a timeframe to allow the agency to disburse specified portions of rate; requiring the agency to replace the Florida Medicaid Management Information System (FMMIS) and fiscal agent operations with a specified new system; specifying items that may not be included in the new system; providing directives to the agency related to the new system, the Florida Health Care Connection (FX) system; requiring the agency to meet certain requirements in replacing FMMIS and the current Medicaid fiscal agent; requiring the agency to implement a project governance structure that includes an executive steering committee; providing procedures

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for use by the executive steering committee; providing responsibilities of the executive steering committee; authorizing the Department of Children and Families to submit a budget amendment for specified purposes related to the state's domestic violence program to realign use of certain unexpended funds from an appropriation from the 2019-2020 General Appropriations Act for use in the Family Safety Program; authorizing the Department of Children and Families to submit a budget amendment for specified purposes related to the state's domestic violence program to realign use of certain funds from an appropriation from the 2020-2021 General Appropriations Act for use in the Family Safety Program; amending s. 409.984, F.S.; specifying the type of long-term care managed care program in which certain dually eligible recipients of care shall become enrolled in under certain circumstances; providing for the expiration and reversion of specified statutory text; amending s. 409.908, F.S.; requiring the Agency for Health Care Administration to establish a specified unit cost increase for each nursing home; specifying a methodology for reimbursing certain providers during a specified period; providing for the expiration and reversion of specified

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statutory text; authorizing the Department of Health to submit a budget amending to increase certain budget authority for public health emergencies if certain conditions are met; amending s. 400.179, F.S.; specifying that if net cumulative collections exceed a specified amount, that certain leasehold license provisions do not apply; amending s. 216.262, F.S.; extending for 1 fiscal year the authority of the Department of Corrections to submit a budget amendment for additional positions and appropriations under certain circumstances; requiring review and approval by the Legislative Budget Commission; amending s. 1011.80, F.S.; specifying the manner by which state funds for postsecondary workforce programs may be used for inmate education; providing for the expiration and reversion of specified statutory text; amending s. 215.18, F.S.; extending for 1 fiscal year the authority and related repayment requirements for temporary trust fund loans to the state court system which are sufficient to meet the system's appropriation; requiring the Department of Juvenile Justice to review county juvenile detention payments to determine whether a county has met specified financial responsibilities; requiring amounts owed by the county for such financial responsibilities to be

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deducted from certain county funds; requiring the Department of Revenue to transfer withheld funds to a specified trust fund; requiring the Department of Revenue to ensure that such reductions in amounts distributed do not reduce distributions below amounts necessary for certain payments due on bonds and to comply with bond covenants; requiring the Department of Revenue to notify the Department of Juvenile Justice if bond payment requirements mandate a reduction in deductions for amounts owed by a county; reenacting s. 27.40(1), (2)(a), (3)(a), (5), (6), and (7), F.S., relating to court-appointed counsel; extending for 1 fiscal year provisions governing the appointment of court-appointed counsel; reenacting and amending s. 27.5304, F.S., relating to private court-appointed counsel; extending for 1 fiscal year limitations on compensation for representation in criminal proceedings; providing for the expiration and reversion of specified statutory text; specifying that clerks of the circuit court are responsible for certain costs related to juries which exceed a certain funding level; reenacting s. 318.18(19)(c), F.S., relating to penalty amounts for traffic infractions; extending for 1 fiscal year the redirection of revenues from the Public Defenders Revenue Trust Fund

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to the Indigent Criminal Defense Trust Fund; reenacting s. 817.568(12)(b), F.S., relating to the criminal use of personal identification information; extending for 1 fiscal year the redirection of revenues from the Public Defenders Revenue Trust Fund to the Indigent Criminal Defense Trust Fund; providing for the expiration and reversion of specified statutory text; amending s. 20.316, F.S.; creating the Accountability and Program Support program within the Department of Juvenile Justice; providing for the expiration and reversion of specified statutory text; requiring the Department of Management Services to use tenant broker services to renegotiate or reprocure certain private lease agreements for office or storage space; requiring the Department of Management Services to provide a report to the Governor and the Legislature by a specified date; specifying the amount of the transaction fee to be collected for use of the online procurement system; prohibiting an agency from transferring funds from a data processing category to another category that is not a data processing category; authorizing the Executive Office of the Governor to transfer funds appropriated for data processing assessment between departments for a specified purpose; authorizing the Executive Office of

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the Governor to transfer funds between departments for purposes of aligning amounts paid for risk management insurance and for human resources services purchased per statewide contract; requiring the Department of Financial Services to replace specified components of the Florida Accounting Information Resource Subsystem (FLAIR) and the Cash Management Subsystem (CMS); specifying certain actions to be taken by the Department of Financial Services regarding FLAIR and CMS replacement; providing for the composition of an executive steering committee to oversee FLAIR and CMS replacement; prescribing duties and responsibilities of the executive steering committee; amending s. 29 of chapter 2019-118, Laws of Florida; extending the expiration of the Florida Cybersecurity Task Force and its duties; extending the date by which the Florida Cybersecurity Task Force must submit a final report to specified entities; amending s. 216.181, F.S.; extending for 1 fiscal year the authority for the Legislative Budget Commission to increase amounts appropriated to the Fish and Wildlife Conservation Commission or the Department of Environmental Protection for certain fixed capital outlay projects from specified sources; amending s. 215.18, F.S.; extending for 1 fiscal year the authority of the

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Governor, if there is a specified temporary deficiency in a land acquisition trust fund in the Department of Agriculture and Consumer Services, the Department of Environmental Protection, the Department of State, or the Fish and Wildlife Conservation Commission, to transfer funds from other trust funds in the State Treasury as a temporary loan to such trust fund; providing a deadline for the repayment of a temporary loan; requiring the Department of Environmental Protection to transfer designated proportions of the revenues deposited in the Land Acquisition Trust Fund within the department to land acquisition trust funds in the Department of Agriculture and Consumer Services, the Department of State, and the Fish and Wildlife Conservation Commission according to specified parameters and calculations; defining the term "department"; requiring the Department of Environmental Protection to make transfers to land acquisition trust funds monthly; specifying the method of determining transfer amounts; authorizing the Department of Environmental Protection to advance funds from its land acquisition trust fund to the Fish and Wildlife Conservation Commission's land acquisition trust fund for specified purposes; amending s. 375.041, F.S.; specifying that certain

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funds for projects dedicated to restoring Lake Apopka shall be appropriated as provided in the General Appropriations Act; amending s. 570.441, F.S.; extending for 1 year a provision authorizing the Department of Agriculture and Consumer Services to use certain funds for purposes related to the Division of Agricultural Environmental Services; reenacting s. 570.93(1)(a), F.S., relating to the agricultural water conservation program of the Department of Agriculture and Consumer Services; extending for 1 fiscal year provisions governing a cost-share program; providing for the expiration and reversion of specified statutory text; amending s. 525.07, F.S.; authorizing the Department of Agriculture and Consumer Services to affix an inspection sticker meeting specified requirements to any petroleum measuring device; requiring the removal of stickers that do not meet specified requirements; amending s. 259.105, F.S.; providing for the distribution of proceeds from the Florida Forever Trust Fund for the 2020-2021 fiscal year; amending s. 376.3071, F.S.; exempting specified costs incurred by certain petroleum storage system owners or operators during a specified period from the prohibition against making payments in excess of amounts approved by the Department of Environmental

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Protection; replacing certain water quality monitoring rules with other water quality monitoring requirements under law for specified purposes; amending s. 321.04, F.S.; extending for 1 fiscal year the requirement that the Department of Highway Safety and Motor Vehicles assign one or more patrol officers to the office of Lieutenant Governor for security purposes, upon request of the Governor; extending for 1 fiscal year the requirement that the Department of Highway Safety and Motor Vehicles assign a patrol officer to a Cabinet member under certain circumstances; amending s. 420.9079, F.S.; authorizing funds in the Local Government Housing Trust Fund to be used as provided in the General Appropriations Act; amending s. 420.0005, F.S.; extending for 1 fiscal year the authorization for certain funds related to state housing to be used as provided in the General Appropriations Act; amending s. 288.0655, F.S.; extending for 1 fiscal year the specification of how funds appropriated for the grant program under the Rural Infrastructure Fund for Florida Panhandle counties are to be distributed; amending s. 338.2278, F.S.; authorizing certain uncommitted funding for the Transportation Disadvantaged Trust Fund to be used as provided in the General Appropriations Act; amending

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FL-AHCA-20-0902-A-002710

s. 288.80125, F.S.; requiring funds in the Triumph Gulf Coast Trust Fund to be used for the Rebuild Florida Revolving Loan Fund program for specified purposes; providing an expiration date; amending s. 339.135, F.S.; extending for 1 year the authorization for the chair and vice chair of the Legislative Budget Commission to approve the Department of Transportation's budget amendment under specified circumstances; authorizing the chair and vice chair of the Legislative Budget Commission for 1 year to approve budget amendments that exceed a specified monetary threshold; amending s. 339.63, F.S.; requiring the Department of Transportation to fully fund projects on facilities that meet specified criteria; specifying that funding for such projects takes precedence over other specified projects; specifying items that are included in the funding; amending s. 112.061, F.S.; extending for 1 year the authorization for the Lieutenant Governor to designate an alternative official headquarters under certain conditions; specifying restrictions, limitations, eligibility for the subsistence allowance, reimbursement of transportation expenses, and payment thereof; amending s. 216.292, F.S.; extending for 1 fiscal year a provision prescribing requirements for

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FL-AHCA-20-0902-A-002711

the review of certain transfers of appropriations; requiring the Department of Management Services to maintain and offer the same health insurance options for participants of the State Group Health Insurance Program for the 2020-2021 fiscal year as applied in certain previous fiscal year; prohibiting a state agency from initiating a competitive solicitation for a product or service under certain circumstances; providing an exception; amending s. 112.24, F.S.; extending for 1 fiscal year the authorization, subject to specified requirements, for the assignment of an employee of a state agency under an employee interchange agreement; providing that the annual salaries of the members of the Legislature be maintained at a specified level; limiting the use of travel funds to activities that are critical to an agency's mission; providing exceptions; reenacting s. 215.32(2)(b), F.S., relating to the source and use of certain trust funds; providing for the future expiration and reversion of statutory text; specifying the types of travel which may be used with state employee travel funds; providing exceptions; providing a monetary cap on lodging costs for state employees travel to certain meetings organized or sponsored by a state agency or the judicial branch; authorizing

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FL-AHCA-20-0902-A-002712

employees to expend their own funds for lodging expenses in excess of the monetary caps; prohibiting a state agency from entering into a contract containing certain nondisclosure agreement; creating s. 216.1366, F.S.; requiring each public agency contract for services after a certain date to authorize public agencies to inspect specified information related to such contract; specifying timeframe for providing such information after a request is made; creating s. 14.35, F.S.; authorizing the Governor to present the Governor's Medal of Freedom to certain persons; providing for the medal to be presented to a designated representative in the event of the death of a chosen recipient; establishing and appointing members of the Local Government Efficiency Task Force; specifying duties and meeting schedules; requiring a report by a specified date; providing conditions under which the veto of certain appropriations or proviso language in the General Appropriations Act voids language that implements such appropriation; providing for the continued operation of certain provisions notwithstanding a future repeal or expiration provided by the act; providing severability; providing effective dates.

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FL-AHCA-20-0902-A-002713





Medicaid Hospital Funding Programs

Fiscal Year 2020-2021

Final Conference Report

for House Bill 5001

March 15, 2020

AMERICAN OVERSIGHT

The Florida House of Representatives

Appropriations Committee

W. Travis Cummings, Chair

MEMORANDUM

To: Jeff Takacs, Clerk

From: Representative W. Travis Cummings
Appropriations Committee

Date: March 15, 2020

Re: Medicaid Hospital Funding Programs

For the 2020-2021 fiscal year, we intend to incorporate by reference in House Bill 5001, the document titled "Medicaid Hospital Funding Programs," dated March 15, 2020.

The purpose of the document is to display the calculations used by the Legislature, consistent with the requirements of Florida Statutes and federal law, in making appropriations for the Medicaid Hospital Funding Programs.

The document will be made available as a PDF file that can be searched by anyone interested in the calculations used by the Legislature to make appropriations for the Medicaid Hospital Funding Programs and the Disproportionate Share Program.

A hard copy of the document is attached to this memorandum to formalize the exact document that is incorporated by reference in House Bill 5001.

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Table 1

State Fiscal Year 2020-2021

Hospital Exemption Funding

Medicaid ID	Hospital	Total 2020-21 Inpatient Exemptions	Total 2020-21 Outpatient Exemptions	Total 202021 Inpatient and Outpatient Exemptions
120405	BROWARD HEALTH CORAL SPRINGS	2,089,627	114,170	2,203,797
100129	BROWARD HEALTH MEDICAL CENTER	16,840,310	3,270,284	20,110,595
100269	CALHOUN-LIBERTY HOSPITAL	3,131	2,977	6,108
117617	GULF COAST REGIONAL MEDICAL CENTER	309,996	24,961	334,957
100412	HIALEAH HOSPITAL	475,473	55,143	530,615
102261	HOMESTEAD HOSPITAL	4,384,713	158,622	4,543,335
100421	JACKSON MEMORIAL HOSPITAL	63,870,752	7,877,986	71,748,738
101516	JOHNS HOPKINS ALL CHILDREN'S HOSPITAL	20,279,664	5,440,075	25,719,739
120138	KENDALL REGIONAL MEDICAL CENTER	353,905	16,143	370,049
101443	LAKESIDE MEDICAL CENTER	439,685	142,993	582,678
101109	LEE MEMORIAL HOSPITAL	9,422,091	2,168,874	11,590,965
100200	MEMORIAL REGIONAL HOSPITAL	13,577,787	6,084,275	19,662,062
40876	NEMOURS CHILDREN'S HOSPITAL	6,222,286	1,011,998	7,234,284
100609	NICKLAUS CHILDREN'S HOSPITAL	24,876,728	8,342,659	33,219,387
100498	NORTH SHORE MEDICAL CENTER	603,831	129,661	733,492
101338	ORLANDO REGIONAL MEDICAL CENTER	19,349,179	2,289,027	21,638,206
104604	PALMETTO GENERAL HOSPITAL	592,414	-	592,414
120260	PALMS WEST HOSPITAL	240,373	51,126	291,499
120006	PLANTATION GENERAL HOSPITAL	332,435	-	332,435
100765	SACRED HEART HOSPITAL	7,519,149	862,245	8,381,394
25766	SHRINERS HOSPITALS FOR CHILDREN-TAMPA	232,269	127,183	359,453
100978	ST JOSEPHS HOSPITAL	1,783,603	177,512	1,961,115
101486	ST MARY'S MEDICAL CENTER	6,419,081	491,916	6,910,996
100994	TAMPA GENERAL HOSPITAL	20,931,688	1,142,255	22,073,943
100676	UF HEALTH JACKSONVILLE	13,367,834	5,448,711	18,816,545
100030	UF HEALTH SHANDS HOSPITAL	23,063,730	6,398,590	29,462,320
120308	WEST PALM HOSPITAL	89,591	17,414	107,005
100625	WESTCHESTER GENERAL HOSPITAL	121,126	2,450	123,576
	Total	**257,792,451**	**51,849,250**	**309,641,701**

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Table 2

State Fiscal Year 2020-2021

Disproportionate Share Hospital Program

Medicaid Number	Hospital	Public DSH	Provider Service Network DSH	Rural DSH	State Only Rural DSH	Graduation Medical Education DSH	Family Practice DSH	Mental Health DSH	Pediatric DSH	Specialty DSH	DSH Total
101693	AdventHealth Palm Coast			$188,566	$26,163						$214,729
102601	AdventHealth Wauchula			$145,167	$20,140						$165,307
120375	Aventura Hospital and Medical Center					$1,638,967					$1,638,967
101231	Baptist Medical Center - Nassau			$252,904	$35,087						$287,991
101567	Bayfront Health St. Petersburg	$9,423					$893,125				$902,548
118079	Brandon Regional Hospital					$1,428,284					$1,428,284
120405	Broward Health Coral Springs	$3,213,739	$135,118								$3,348,857
108219	Broward Health Imperial Point	$1,307,710	$257,786								$1,565,496
100129	Broward Health Medical Center	$16,558,056	$1,950,373			$3,515,974					$22,024,404
100218	Broward Health North	$4,974,501	$218,878								$5,193,379
100269	Calhoun-Liberty Hospital			$174,218	$24,172						$198,390
119717	Cape Coral Hospital	$2,931,977									$2,931,977
101923	Desoto Memorial Hospital	$125,000		$359,510	$49,878						$534,388
101036	Doctors Memorial Hospital - Bonifay	$125,000		$237,446	$32,943						$395,389
101800	Doctors' Memorial Hospital - Perry			$261,420	$36,270						$297,690
100048	Ed Fraser Memorial Hospital	$125,000		$1,019,301	$141,419						$1,285,720
101206	Fishermen's Community Hospital			$223,908	$31,066						$254,974
7201401	Florida Department of Health									$1,443,885	$1,443,885
101290	Florida Hospital					$5,233,403					$5,233,403
100803	George E Weems Memorial Hospital	$125,000		$527,779	$73,224						$726,003
111341	Gulf Coast Medical Center Lee Memorial Health System	$3,137,411									$3,137,411
117617	Gulf Coast Regional Medical Center	$5,541									$5,541
120324	H Lee Moffitt Cancer Center & Research Institute Hospital					$2,999,246					$2,999,246
101842	Halifax Health Medical Center	$4,311,674					$893,125				$5,204,799
101885	Healthmark Regional Medical Center			$171,112	$23,740						$194,852
100862	Hendry Regional Medical Center	$125,000		$652,707	$90,557						$868,264
102261	Homestead Hospital	$6,257									$6,257
101061	Jackson Hospital	$125,000	-	$290,368	$40,286						$455,654
100421	Jackson Memorial Hospital	$34,548,111	$2,187,925			$11,307,509					$48,043,544
101737	Jay Hospital			$270,606	$37,545						$308,151
101516	Johns Hopkins All Children's Hospital	$18,840							$7,249,962		$7,268,802
108227	Lake Butler Hospital	$10		$742,687	$103,041						$845,738
101443	Lakeside Medical Center	$347,545		$380,922	$52,850						$781,317
119741	Largo Medical Center					$2,880,333					$2,880,333
120057	Larkin Community Hospital					$4,313,713					$4,313,713
100536	Larkin Community Hospital Palm Springs Campus						$893,125				$893,125
101109	Lee Memorial Hospital	$9,078,758									$9,078,758
101150	Madison County Memorial Hospital			$220,835	$30,638						$251,473
101214	Mariners Hospital			$541,446	$75,120						$616,566
100722	Mayo Clinic					$3,031,899					$3,031,899
103454	Memorial Hospital Miramar	$2,157,593	$44,002								$2,201,595
102229	Memorial Hospital Pembroke	$5,185,673	$88,004								$5,273,677
102521	Memorial Hospital West	$7,428,832	$202,890								$7,631,722
100200	Memorial Regional Hospital	$23,526,725	$1,369,576								$24,896,301
101583	Morton Plant Hospital						$893,125				$893,125
100463	Mount Sinai Medical Center					$3,423,959					$3,423,959
40876	Nemours Children's Hospital								$3,271,597		$3,271,597
100609	Nicklaus Children's Hospital	$14,374							$6,609,417		$6,623,791
108626	North Florida Regional Medical Center					$1,668,018					$1,668,018
100498	North Shore Medical Center	$13,946									$13,946
260029	Northeast Florida State Hospital							$50,724,497			$50,724,497
101907	Northwest Florida Community Hospital			$1,748,885	$242,641						$1,991,526
120073	Oak Hill Hospital						$893,125				$893,125
109886	Ocala Regional Medical Center						$893,125				$893,125
111741	Orange Park Medical Center						$893,125				$893,125
101338	Orlando Health	$50,998				$5,135,595					$5,186,593

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Medicaid Number	Hospital	Public DSH	Provider Service Network DSH	Rural DSH	State Only Rural DSH	Graduation Medical Education DSH	Family Practice DSH	Mental Health DSH	Pediatric DSH	Specialty DSH	DSH Total
101389	Osceola Regional Medical Center					$2,092,603					$2,092,603
104604	Palmetto General Hospital						$893,125				$893,125
120260	Palms West Hospital	$6,399									$6,399
100102	Parrish Medical Center	$1,509,210									$1,509,210
120006	Plantation General Hospital	$16,269									$16,269
100765	Sacred Heart Hospital	$4,000,000									$4,000,000
101761	Sarasota Memorial Hospital	$5,016,881									$5,016,881
100331	Shands Lake Shore Regional Medical Center	$2,717		$258,491	$35,863						$297,071
101796	Shands Live Oak Regional Medical Center			$184,767	$25,636						$210,403
100072	Shands Starke Regional Medical Center	$205		$157,075	$21,794						$179,074
260045	South Florida State Hospital							$26,455,743			$26,455,743
119971	St. Lucie Medical Center						$893,125				$893,125
101486	St. Mary's Medical Center	$19,638									$19,638
120103	St. Petersburg General Hospital						$893,125				$893,125
100731	St. Vincent's Medical Center Riverside						$893,125				$893,125
101133	Tallahassee Memorial Hospital						$893,125				$893,125
100994	Tampa General Hospital	$29,956				$6,477,505					$6,507,461
100676	UF Health Jacksonville	$26,481	$1,871,424			$4,775,331					$6,673,236
100030	UF Health Shands Hospital	$32,209	$223,688			$11,453,009					$11,708,906
100471	University of Miami Hospital and Clinics					$3,552,312					$3,552,312
Total Payments		$130,237,660	$8,549,664	$9,010,120	$1,250,073	$74,927,658	$10,717,500	$77,180,240	$17,130,976	$1,443,885	$330,447,776

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

A bill to be entitled

An act making appropriations; providing moneys for the annual period beginning July 1, 2020, and ending June 30, 2021, and supplemental appropriations for the period ending June 30, 2020, to pay salaries, and other expenses, capital outlay - buildings, and other improvements, and for other specified purposes of the various agencies of state government; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

The moneys contained herein are appropriated from the named funds for Fiscal Year 2020-2021 to the state agency indicated, as the amounts to be used to pay the salaries, other operational expenditures, and fixed capital outlay of the named agencies, and are in lieu of all moneys appropriated for these purposes in other sections of the Florida Statutes.

SECTION 1 - EDUCATION ENHANCEMENT "LOTTERY" TRUST FUND

The moneys contained herein are appropriated from the Education Enhancement "Lottery" Trust Fund to the state agencies indicated.

EDUCATION, DEPARTMENT OF

Funds provided in sections 1 and 2 of this act as Grants and Aids-Special Categories or as Grants and Aids-Aid to Local Governments may be advanced quarterly throughout the fiscal year based on projects, grants, contracts, and allocation conference documents. Of the funds provided in Specific Appropriations 64, 65A, 66, 67 through 69, 71 through 76, and 159, 60 percent of general revenue shall be released at the beginning of the first quarter and the balance at the beginning of the third quarter.

No funds are appropriated in Specific Appropriations 1 through 171 and sections 9 through 18 and 117 for the payment of rent, lease or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 480:0570, 480:0644 or 480:M139, or Florida State University Lease No. 2011:101, or any other lease, by the Department of Education or any state university, notwithstanding any lease or contract to the contrary. The Department of Education and all state universities are prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund or from any other source for the rent, lease or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 480:0570, 480:0644 or 480:M139, or Florida State University Lease No. 2011:101, or any other lease.

PROGRAM: EDUCATION - FIXED CAPITAL OUTLAY

2 FIXED CAPITAL OUTLAY
CLASSROOMS FIRST AND 1997 SCHOOL CAPITAL
OUTLAY BOND PROGRAMS - OPERATING FUNDS AND
DEBT SERVICE
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 40,616,014

Funds in Specific Appropriation 2 are for the cash and debt service requirements of the Classrooms First and 1997 School Capital Outlay Bond programs established in chapter 97-384, Laws of Florida.

Funds in Specific Appropriation 2 shall be transferred using nonoperating budget authority into the Lottery Capital Outlay and Debt Service Trust Fund, pursuant to section 1013.71, Florida Statutes, for the payment of debt service and projects. There is appropriated from the Lottery Capital Outlay and Debt Service Trust Fund, an amount sufficient to enable the payment of debt service and projects resulting from these transfers.

3 FIXED CAPITAL OUTLAY
DEBT SERVICE - CLASS SIZE REDUCTION
LOTTERY CAPITAL OUTLAY PROGRAM
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 128,652,817

AMERICAN OVERSIGHT

SECTION 1 - EDUCATION ENHANCEMENT

Funds in Specific Appropriation 3 shall be transferred using nonoperating budget authority into the Lottery Capital Outlay and Debt Service Trust Fund, pursuant to section 1013.71, Florida Statutes, for the payment of debt service. There is appropriated from the Lottery Capital Outlay and Debt Service Trust Fund, an amount sufficient to enable the payment of debt service resulting from these transfers.

Funds in Specific Appropriation 3 are for Fiscal Year 2020-2021 debt service on all bonds authorized pursuant to section 1013.737, Florida Statutes, for class size reduction, including any other continuing payments necessary or incidental to the repayment of the bonds. These funds may be used to refinance any or all bond series if it is in the best interest of the state as determined by the Division of Bond Finance.

4 FIXED CAPITAL OUTLAY
EDUCATIONAL FACILITIES
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 6,648,150

Funds in Specific Appropriation 4 for educational facilities are provided for debt service requirements associated with bond proceeds from the Lottery Capital Outlay and Debt Service Trust Fund included in Specific Appropriations 17 and 17A of chapter 2012-118, Laws of Florida, authorized pursuant to section 1013.737, Florida Statutes.

Funds in Specific Appropriation 4 shall be transferred, using nonoperating budget authority, to the Lottery Capital Outlay and Debt Service Trust Fund. There is hereby appropriated from the Lottery Capital Outlay and Debt Service Trust Fund an amount sufficient to enable the payment of debt service resulting from these transfers.

TOTAL: PROGRAM: EDUCATION - FIXED CAPITAL OUTLAY
FROM TRUST FUNDS 175,916,981

TOTAL ALL FUNDS 175,916,981

OFFICE OF STUDENT FINANCIAL ASSISTANCE

PROGRAM: STUDENT FINANCIAL AID PROGRAM - STATE

6 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA'S BRIGHT FUTURES
SCHOLARSHIP PROGRAM
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 651,776,770

From the funds in Specific Appropriation 6, the Bright Futures Scholarship awards for the 2020-2021 academic year shall be as follows:

Academic Scholars shall receive an award equal to the amount necessary to pay 100 percent of tuition and applicable fees for fall, spring, and summer terms, and an additional $300 each fall and spring semester for textbooks and college-related expenses.

Medallion Scholars shall receive an award equal to the amount necessary to pay 75 percent of tuition and applicable fees for fall, spring, and summer terms.

For Gold Seal Vocational Scholars and Gold Seal CAPE Scholars, the award per credit hour or credit hour equivalent shall be as follows:

Gold Seal Vocational Scholars and Gold Seal CAPE Scholars
Career Certificate Program.....$ 39
Applied Technology Diploma Program.....$ 39
Technical Degree Education Program.....$ 48

Gold Seal CAPE Scholars
Bachelor of Science Program with Statewide Articulation Agreement.....$ 48
Florida College System Bachelor of Applied Science Program.....$ 48

The additional stipend for Top Scholars shall be $44 per credit hour.

AMERICAN OVERSIGHT

SECTION 1 - EDUCATION ENHANCEMENT

7 FINANCIAL ASSISTANCE PAYMENTS
STUDENT FINANCIAL AID
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 72,255,668

Funds in Specific Appropriation 7 are allocated in Specific Appropriation 74. These funds are provided for Florida Student Assistance Grant (FSAG) public full-time and part-time programs.

TOTAL: PROGRAM: STUDENT FINANCIAL AID PROGRAM - STATE
FROM TRUST FUNDS 724,032,438

TOTAL ALL FUNDS 724,032,438

PUBLIC SCHOOLS, DIVISION OF

PROGRAM: STATE GRANTS/K-12 PROGRAM - FEFP

The calculations of the Florida Education Finance Program (FEFP) for the 2020-2021 fiscal year are incorporated by reference in House Bill 5003. The calculations are the basis for the appropriations in the General Appropriations Act in Specific Appropriations 8, 9, 10, 92, and 93.

8 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA EDUCATIONAL
FINANCE PROGRAM
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 387,832,395

Funds provided in Specific Appropriation 8 are allocated in Specific Appropriation 92.

9 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - CLASS SIZE REDUCTION
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 103,776,356

Funds in Specific Appropriations 9 and 93 are provided to implement the requirements of sections 1003.03 and 1011.685, Florida Statutes. The class size reduction allocation factor for grades prekindergarten to grade 3 shall be $1,301.57, for grades 4 to 8 shall be $887.80, and for grades 9 to 12 shall be $889.95. The class size reduction allocation shall be recalculated based on enrollment through the October 2020 FTE survey except as provided in section 1003.03(4), Florida Statutes. If the total class size reduction allocation is greater than the appropriation in Specific Appropriations 9 and 93, funds shall be prorated to the level of the appropriation based on each district's calculated amount. The Commissioner of Education may withhold disbursement of these funds until a district is in compliance with reporting information required for class size reduction implementation.

10 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - DISTRICT LOTTERY AND
SCHOOL RECOGNITION PROGRAM
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 134,582,877

Funds in Specific Appropriation 10 are provided for the Florida School Recognition Program to be allocated as awards of up to $100 per student to qualified schools pursuant to section 1008.36, Florida Statutes.

If there are funds remaining after payment to qualified schools, the balance shall be allocated as discretionary lottery funds to all school districts based on each district's K-12 base funding. From these funds, school districts shall allocate up to $5 per unweighted student to be used at the discretion of the school advisory council pursuant to section 24.121(5), Florida Statutes. If funds are insufficient to provide $5 per student, the available funds shall be prorated.

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SECTION 1 - EDUCATION ENHANCEMENT

TOTAL: PROGRAM: STATE GRANTS/K-12 PROGRAM - FEFP
FROM TRUST FUNDS 626,191,628

TOTAL ALL FUNDS 626,191,628

PROGRAM: WORKFORCE EDUCATION

12 AID TO LOCAL GOVERNMENTS
WORKFORCE DEVELOPMENT
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 91,116,464

Funds in Specific Appropriation 12 are allocated in Specific Appropriation 126. These funds are provided for school district workforce education programs as defined in section 1004.02(25), Florida Statutes.

FLORIDA COLLEGES, DIVISION OF

PROGRAM: FLORIDA COLLEGES

14 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA COLLEGE SYSTEM
PROGRAM FUND
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 168,247,219

The funds in Specific Appropriation 14 shall be allocated as follows:

Eastern Florida State College	6,486,585
Broward College	12,890,508
College of Central Florida	3,554,423
Chipola College	2,160,479
Daytona State College	7,961,966
Florida SouthWestern State College	4,812,670
Florida State College at Jacksonville	11,842,730
The College of the Florida Keys	973,576
Gulf Coast State College	3,252,591
Hillsborough Community College	8,124,748
Indian River State College	7,040,265
Florida Gateway College	2,067,574
Lake-Sumter State College	1,968,738
State College of Florida, Manatee-Sarasota	3,309,960
Miami Dade College	26,669,758
North Florida College	1,079,289
Northwest Florida State College	2,939,956
Palm Beach State College	8,401,389
Pasco-Hernando State College	3,883,985
Pensacola State College	5,220,154
Polk State College	3,889,855
Saint Johns River State College	2,650,056
Saint Petersburg College	10,481,424
Santa Fe College	4,901,725
Seminole State College of Florida	5,395,543
South Florida State College	2,422,780
Tallahassee Community College	4,811,587
Valencia College	9,052,905

UNIVERSITIES, DIVISION OF

PROGRAM: EDUCATIONAL AND GENERAL ACTIVITIES

Funds in Specific Appropriations 15 through 19 shall be expended in accordance with operating budgets which must be approved by each university's board of trustees.

15 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - EDUCATION AND GENERAL ACTIVITIES
FROM EDUCATIONAL ENHANCEMENT TRUST
FUND 391,242,752

Funds in Specific Appropriation 15 shall be allocated as follows:

University of Florida	71,928,294

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SECTION 1 - EDUCATION ENHANCEMENT

Florida State University	60,055,348
Florida A&M University	22,663,971
University of South Florida	53,504,957
University of South Florida - St. Petersburg	2,370,094
University of South Florida - Sarasota/Manatee	2,044,903
Florida Atlantic University	31,914,300
University of West Florida	12,055,846
University of Central Florida	55,049,698
Florida International University	47,112,911
University of North Florida	19,590,528
Florida Gulf Coast University	10,919,250
New College of Florida	1,596,249
Florida Polytechnic University	436,403

16 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - IFAS (INSTITUTE OF FOOD AND AGRICULTURAL SCIENCE)
FROM EDUCATIONAL ENHANCEMENT TRUST FUND 17,079,571

17 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER
FROM EDUCATIONAL ENHANCEMENT TRUST FUND 12,740,542

18 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - UNIVERSITY OF FLORIDA HEALTH CENTER
FROM EDUCATIONAL ENHANCEMENT TRUST FUND 7,898,617

19 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA STATE UNIVERSITY MEDICAL SCHOOL
FROM EDUCATIONAL ENHANCEMENT TRUST FUND 824,574

TOTAL: PROGRAM: EDUCATIONAL AND GENERAL ACTIVITIES
FROM TRUST FUNDS 429,786,056

TOTAL ALL FUNDS 429,786,056

TOTAL OF SECTION 1

FROM TRUST FUNDS 2,215,290,786

TOTAL ALL FUNDS 2,215,290,786

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

SPECIFIC
APPROPRIATION

The moneys contained herein are appropriated from the named funds to the Department of Education as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay.

EDUCATION, DEPARTMENT OF

PROGRAM: EDUCATION - FIXED CAPITAL OUTLAY

The Legislature hereby finds and determines that the items and sums designated in Specific Appropriations 21 through 25, and 28 through 30B from the Public Education Capital Outlay and Debt Service Trust Fund constitute authorized capital outlay projects within the meaning and as required by Article XII, section 9(a)(2) of the Florida Constitution, as amended, and any other law. In accordance therewith, the moneys in the following items are authorized to be expended for the enumerated authorized capital outlay projects.

The sum designated for each project is the maximum sum to be expended for each specified phase of the project from funds accruing under Article XII, section 9(a)(2) of the Florida Constitution. The scope of each project shall be planned so that the amounts specified shall not be exceeded, or any excess in costs shall be funded by sources other than this appropriation. Such excess costs may be funded from the Public Education Capital Outlay and Debt Service Trust Fund only as a result of fund transfers pursuant to section 216.292(4)(c), Florida Statutes. Each project shall be constructed on the site specified. If existing facilities and acquisition of new sites are a part of these projects, each such building and site must be certified to be free of contamination, asbestos, and other hazardous materials before the facility or site may be acquired. The provisions of section 216.301(2), Florida Statutes, shall apply to all capital outlay funds appropriated from the Public Education Capital Outlay and Debt Service Trust Fund for Fiscal Year 2020-2021 in Specific Appropriations 21 through 25, and 28 through 30B.

The Governor's Office of Policy and Budget shall establish Fixed Capital Outlay budget authority within appropriate accounts to enable expenditure of funds appropriated for the state universities, the Florida School for the Deaf and the Blind, public school districts, public broadcasting stations, the Division of Blind Services, and Florida colleges.

20 FIXED CAPITAL OUTLAY
STATE UNIVERSITY SYSTEM CAPITAL
IMPROVEMENT FEE PROJECTS
FROM CAPITAL IMPROVEMENTS FEE
TRUST FUND 48,000,000

Funds in Specific Appropriation 20 shall be allocated by the Board of Governors to the universities on a pro rata distribution basis in accordance with the Board of Governors Legislative Budget Request for funding from the Capital Improvements Fee Trust Fund, as approved on October 30, 2019. Each board of trustees shall report to the Board of Governors the funding it allocates to each specific project.

21 FIXED CAPITAL OUTLAY
MAINTENANCE, REPAIR, RENOVATION, AND
REMODELING
FROM PUBLIC EDUCATION CAPITAL
OUTLAY AND DEBT SERVICE TRUST FUND 169,600,000

Funds in Specific Appropriation 21 are provided to charter schools and shall be distributed in accordance with section 1013.62, Florida Statutes.

22 FIXED CAPITAL OUTLAY
SURVEY RECOMMENDED NEEDS - PUBLIC SCHOOLS
FROM PUBLIC EDUCATION CAPITAL
OUTLAY AND DEBT SERVICE TRUST FUND 7,038,744

Funds in Specific Appropriation 22 shall be distributed among developmental research (laboratory) schools approved pursuant to section 1002.32, Florida Statutes, based upon full-time equivalent student

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membership.

23 FIXED CAPITAL OUTLAY
FLORIDA COLLEGE SYSTEM PROJECTS
FROM GENERAL REVENUE FUND 6,000,000
FROM PUBLIC EDUCATION CAPITAL
OUTLAY AND DEBT SERVICE TRUST FUND 12,650,533

Nonrecurring funds in Specific Appropriation 23 shall be allocated as follows:

FLORIDA GATEWAY COLLEGE	
Replace Buildings 8 & 9 - Lake City	6,148,625
GULF COAST STATE COLLEGE	
Construct STEM Building (Replace Building 12) - Panama City	2,000,000
INDIAN RIVER STATE COLLEGE	
Replace Facility 8 Industrial Tech - Main	1,000,000
SEMINOLE STATE COLLEGE OF FLORIDA	
Remodeling/Renovation Building L & F Phase III - S/LM	2,500,000
Renovation of Building V (HB 2061)(Senate Form 1944)	717,438
S/LM Building G (701) Roof Replacement & Envelope Renovation (HB 3075)(Senate Form 1943)	1,284,470
STATE COLLEGE OF FLORIDA, MANATEE-SARASOTA	
Parrish Center Phase 1 (HB 3163)(Senate Form 1226)	5,000,000

24 FIXED CAPITAL OUTLAY
STATE UNIVERSITY SYSTEM PROJECTS
FROM GENERAL REVENUE FUND 6,800,000
FROM PUBLIC EDUCATION CAPITAL
OUTLAY AND DEBT SERVICE TRUST FUND 105,900,352

Nonrecurring funds in Specific Appropriation 24 shall be allocated as follows:

FLORIDA ATLANTIC UNIVERSITY	
A.D. Henderson University School K-8 Replacement Facility.	15,000,000
Jupiter STEM/Life Sciences Building	11,146,000
FLORIDA GULF COAST UNIVERSITY	
School of Integrated Watershed and Coastal Studies	14,988,248
FLORIDA INTERNATIONAL UNIVERSITY	
Engineering Building Phase I & II	8,266,104
FLORIDA STATE UNIVERSITY	
College of Business	20,000,000
UNIVERSITY OF FLORIDA	
Data Science and Information Technology Building	35,000,000
P.K. Yonge Developmental Research School Secondary School Facility	8,300,000

25 FIXED CAPITAL OUTLAY
SPECIAL FACILITY CONSTRUCTION ACCOUNT
FROM PUBLIC EDUCATION CAPITAL
OUTLAY AND DEBT SERVICE TRUST FUND 41,304,151

Funds in Specific Appropriation 25 shall be allocated in accordance with section 1013.64(2), Florida Statutes, as follows:

Gilchrist (3rd and final year)	7,205,344
Baker (1st of 3 years)	8,504,580
Bradford (1st of 3 years)	13,178,063
Levy (1st of 3 years)	12,416,164

26 FIXED CAPITAL OUTLAY
DEBT SERVICE
FROM CAPITAL IMPROVEMENTS FEE
TRUST FUND 14,387,863
FROM PUBLIC EDUCATION CAPITAL
OUTLAY AND DEBT SERVICE TRUST FUND 844,127,272
FROM SCHOOL DISTRICT AND COMMUNITY
COLLEGE DISTRICT CAPITAL OUTLAY
AND DEBT SERVICE TRUST FUND 17,071,094

Funds in Specific Appropriation 26 from the School District and Community College District Capital Outlay and Debt Service Trust Fund are for Fiscal Year 2020-2021 debt service on bonds authorized pursuant to the School Capital Outlay Amendment, Article XII, section 9(d) of the Florida Constitution, and any other continuing payments necessary or

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incidental to the repayment of the bonds. These funds may be used to refinance any or all series if it is in the best interest of the state as determined by the Division of Bond Finance. If the debt service appropriated for this program in Specific Appropriation 26 is insufficient due to interest rate changes, issuance timing, or other circumstances, the amount of the insufficiency is appropriated from the School District and Community College District Capital Outlay and Debt Service Trust Fund.

27 FIXED CAPITAL OUTLAY
GRANTS AND AIDS - SCHOOL DISTRICT AND COMMUNITY COLLEGE
FROM SCHOOL DISTRICT AND COMMUNITY COLLEGE DISTRICT CAPITAL OUTLAY AND DEBT SERVICE TRUST FUND 109,000,000

28 FIXED CAPITAL OUTLAY
FLORIDA SCHOOL FOR THE DEAF AND BLIND - CAPITAL PROJECTS
FROM PUBLIC EDUCATION CAPITAL OUTLAY AND DEBT SERVICE TRUST FUND 5,329,256

Funds in Specific Appropriation 28 are provided for maintenance projects at the Florida School for the Deaf and the Blind.

29 FIXED CAPITAL OUTLAY
DIVISION OF BLIND SERVICES - CAPITAL PROJECTS
FROM PUBLIC EDUCATION CAPITAL OUTLAY AND DEBT SERVICE TRUST FUND 100,000

Funds in Specific Appropriation 29 are provided for the Division of Blind Services for repair and maintenance at the Daytona facility.

30 FIXED CAPITAL OUTLAY
PUBLIC BROADCASTING PROJECTS
FROM PUBLIC EDUCATION CAPITAL OUTLAY AND DEBT SERVICE TRUST FUND 4,915,394

Funds in Specific Appropriation 30 are provided for the following projects to correct health and safety issues, correct building deficiencies, and complete renovations at public broadcasting stations:

WDNA-FM, Miami - Replace Damaged ADA Ramp at Rear Entrance	1,990
WEDU-TV, Tampa - Replace LED Safety Lights on Tower	240,000
WEDU-TV, Tampa - Repair Unsafe Camera Pedestals	175,000
WEDU-TV, Tampa - Install Electric Opener for Main Doors for Disabled Staff and Visitors	15,000
WEFS-TV, Cocoa - Construct Covered Shelter for Production Trailer	30,000
WEFS-TV, Cocoa - Purchase Replacement Parts for Down Link System	884
WFSU-TV/FM, Tallahassee - Replace Safety Fence Around Panama City Tower	21,000
WFSU-TV/FM, Tallahassee - Replace Unsafe Studio Camera Pan Heads and Pedestals	132,000
WJCT-TV/FM, Jacksonville - Repair and Replace Damaged Exterior Walkways	52,000
WJCT-TV/FM, Jacksonville - Replace Flame Retardant Curtains in Studio A and B	19,000
WJCT-TV/FM, Jacksonville - Move Rear Exterior Door for Increased Security	10,000
WJCT-TV/FM, Jacksonville - Renovate Restrooms	85,000
WJCT-TV/FM, Jacksonville - Replace Buckled Laminate Floor in Public Areas of Station	50,000
WMFE-FM, Orlando - Replace Failing HVAC System	1,300,000
WMFE-FM, Orlando - Replace Unsafe Lighting and Electrical Panel	330,000
WMFE-FM, Orlando - Replace Flame Retardant Curtains in Community Center	50,000
WMNF-FM, Tampa - Replace HVAC Chiller and Service Air Handler	85,989
WQCS-FM, Fort Pierce - Replace Failing HVAC Chiller	60,000
WUCF-TV, Orlando - Replace Failing Studio to Transmitter Link	333,531
WUCF-TV, Orlando - Replace Studio Cameras and Teleprompter System	692,000

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

	WUFT-TV/FM, Gainesville - Update Infrastructure at WUFT/FPREN Storm Center - Phase 2		950,000
	WUSF-TV/FM, Tampa - Repair Damage from Water Intrusion and Remediate Mold		95,000
	WUSF-TV/FM, Tampa - Purchase Generator, Fuel Tank, and Transfer Switch		187,000
30A	FIXED CAPITAL OUTLAY		
	PUBLIC SCHOOL PROJECTS		
	FROM GENERAL REVENUE FUND	1,238,430	
	FROM PUBLIC EDUCATION CAPITAL OUTLAY AND DEBT SERVICE TRUST FUND		4,761,570

Funds in Specific Appropriation 30A are provided to the Hernando County School District for the Hernando Career Certificate and Dual Enrollment Expansion (HB 3921)(Senate Form 2383).

30B	FIXED CAPITAL OUTLAY		
	VOCATIONAL-TECHNICAL FACILITIES		
	FROM PUBLIC EDUCATION CAPITAL OUTLAY AND DEBT SERVICE TRUST FUND		2,000,000

Funds in Specific Appropriation 30B are provided to the Manatee County School District for the Manatee Technical College - Law Enforcement Academy Firing Range and Driving Facility (HB 9217)(Senate Form 2507).

TOTAL:	PROGRAM: EDUCATION - FIXED CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	14,038,430	
	FROM TRUST FUNDS		1,386,186,229
	TOTAL ALL FUNDS		1,400,224,659

VOCATIONAL REHABILITATION

For funds in Specific Appropriations 32 through 45 for the Vocational Rehabilitation Program, the Department of Education is the designated state agency for purposes of compliance with the Federal Rehabilitation Act of 1973, as amended.

If the department identifies additional resources that may be used to maximize federal matching funds for the Vocational Rehabilitation Program, the department shall submit a budget amendment prior to the expenditure of the funds, in accordance with the provisions of chapter 216, Florida Statutes.

APPROVED SALARY RATE 35,900,816

32	SALARIES AND BENEFITS POSITIONS	884.00	
	FROM GENERAL REVENUE FUND	10,498,497	
	FROM ADMINISTRATIVE TRUST FUND		225,977
	FROM FEDERAL REHABILITATION TRUST FUND		39,353,903
33	OTHER PERSONAL SERVICES		
	FROM FEDERAL REHABILITATION TRUST FUND		1,499,086
34	EXPENSES		
	FROM GENERAL REVENUE FUND	6,686	
	FROM FEDERAL REHABILITATION TRUST FUND		12,308,851
35	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS - ADULTS WITH DISABILITIES		
	FUNDS		
	FROM GENERAL REVENUE FUND	7,746,567	

From the funds provided in Specific Appropriation 35, recurring funds are provided for the following base appropriations projects:

Adults with Disabilities - Helping People Succeed	109,006
Broward County Public Schools Adults with Disabilities	800,000
Daytona State College Adults with Disabilities Program	70,000
Flagler Adults with Disabilities Program	535,892
Gadsden Adults with Disabilities Program	100,000
Gulf Adults with Disabilities Program	35,000

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

Inclusive Transition and Employment Management Program (ITEM)	750,000
Jackson Adults with Disabilities Program	1,019,247
Leon Adults with Disabilities Program	225,000
Miami-Dade Adults with Disabilities Program	1,125,208
Palm Beach Habilitation Center	225,000
Sumter Adults with Disabilities Program	42,500
Tallahassee Community College Adults with Disabilities Program	25,000
Taylor Adults with Disabilities Program	42,500
Wakulla Adults with Disabilities Program	42,500

From the funds provided in Specific Appropriation 35, nonrecurring funds are provided for the following appropriations projects:

Arc Broward Skills Training - Adults With Disabilities (HB 2439) (Senate Form 1306)	350,000
Boca Raton Habilitation Center - Adults with Disabilities (HB 3085) (Senate Form 1320)	200,000
Brevard Adults with Disabilities (HB 3315) (Senate Form 1693)	199,714
Bridging the Gap in Employment of Young Adults with Unique Abilities (HB 3689) (Senate Form 1525)	100,000
Inclusive Transition and Employment Management Program (ITEM) (HB 9043) (Senate Form 1156)	750,000
Jacksonville School for Autism STEP - Supportive Transition Employment Program (HB 2481) (Senate Form 1663)	250,000
Marino Virtual Campus (HB 9045) (Senate Form 1161)	500,000
The WOW Center - Education, Internships and Training for Future Workforce Success (HB 3823) (Senate Form 1808)	250,000

Funds provided in Specific Appropriation 35 for the Inclusive Transition and Employment Management Program (ITEM) shall be used to provide young adults with disabilities who are between the ages of 16 and 28 with transitional skills, education, and on-the-job experience to allow them to acquire and retain permanent employment.

36 OPERATING CAPITAL OUTLAY

FROM FEDERAL REHABILITATION TRUST FUND		480,986

37 SPECIAL CATEGORIES
CONTRACTED SERVICES

FROM GENERAL REVENUE FUND	1,167,838	
FROM FEDERAL REHABILITATION TRUST FUND		16,608,886
FROM GRANTS AND DONATIONS TRUST FUND		1,500,000

From the funds in Specific Appropriation 37, $549,823 in recurring funds from the General Revenue Fund is appropriated for the High School High Tech Program.

38 SPECIAL CATEGORIES
GRANTS AND AIDS - INDEPENDENT LIVING SERVICES

FROM GENERAL REVENUE FUND	1,232,004	
FROM FEDERAL REHABILITATION TRUST FUND		5,087,789

From the funds provided in Specific Appropriation 38, the recurring sum of $1,232,004 from the General Revenue Fund and $5,087,789 from the Federal Rehabilitation Trust Fund shall be allocated to the Centers for Independent Living and shall be distributed according to the formula in the most recently approved State Plan for Independent Living. From the Federal Rehabilitation Trust Fund allocation, $3,472,193 shall be funded from Social Security reimbursements (program income) provided that the Social Security reimbursements are available.

The State Plan for Independent Living may include provisions related to financial needs testing and financial participation of consumers, as agreed upon by all signatories to the plan.

39 SPECIAL CATEGORIES
PURCHASED CLIENT SERVICES

FROM GENERAL REVENUE FUND	31,226,986	

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

	FROM FEDERAL REHABILITATION TRUST FUND		106,287,217
40	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM FEDERAL REHABILITATION TRUST FUND		541,177
41	SPECIAL CATEGORIES TENANT BROKER COMMISSIONS FROM FEDERAL REHABILITATION TRUST FUND		97,655
42	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	61,929	
	FROM ADMINISTRATIVE TRUST FUND		952
	FROM FEDERAL REHABILITATION TRUST FUND		227,937
43	DATA PROCESSING SERVICES OTHER DATA PROCESSING SERVICES FROM GENERAL REVENUE FUND	154,316	
	FROM FEDERAL REHABILITATION TRUST FUND		515,762
44	DATA PROCESSING SERVICES EDUCATION TECHNOLOGY AND INFORMATION SERVICES FROM FEDERAL REHABILITATION TRUST FUND		232,474
45	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM FEDERAL REHABILITATION TRUST FUND		278,290
TOTAL:	VOCATIONAL REHABILITATION FROM GENERAL REVENUE FUND	52,094,823	
	FROM TRUST FUNDS		185,246,942
	TOTAL POSITIONS	884.00	
	TOTAL ALL FUNDS		237,341,765

BLIND SERVICES, DIVISION OF

APPROVED SALARY RATE 10,475,273

46	SALARIES AND BENEFITS POSITIONS	289.75	
	FROM GENERAL REVENUE FUND	4,583,635	
	FROM ADMINISTRATIVE TRUST FUND		364,910
	FROM FEDERAL REHABILITATION TRUST FUND		10,179,019
47	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	151,877	
	FROM FEDERAL REHABILITATION TRUST FUND		302,543
	FROM GRANTS AND DONATIONS TRUST FUND		10,441
48	EXPENSES FROM GENERAL REVENUE FUND	415,191	
	FROM ADMINISTRATIVE TRUST FUND		40,774
	FROM FEDERAL REHABILITATION TRUST FUND		2,473,307
	FROM GRANTS AND DONATIONS TRUST FUND		44,395
49	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - COMMUNITY REHABILITATION FACILITIES FROM GENERAL REVENUE FUND	847,347	
	FROM FEDERAL REHABILITATION TRUST FUND		4,100,913

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

50	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	54,294	
	FROM FEDERAL REHABILITATION TRUST FUND		235,198
51	FOOD PRODUCTS		
	FROM FEDERAL REHABILITATION TRUST FUND		200,000
52	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FEDERAL REHABILITATION TRUST FUND		170,000
53	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CLIENT SERVICES		
	FROM GENERAL REVENUE FUND	10,647,902	
	FROM FEDERAL REHABILITATION TRUST FUND		12,481,496
	FROM GRANTS AND DONATIONS TRUST FUND		252,746

From the funds in Specific Appropriation 53, recurring funds from the General Revenue Fund are provided for the following base appropriations projects:

Blind Babies Successful Transition from Preschool to School	2,438,004
Blind Children's Program	200,000
Florida Association of Agencies Serving the Blind	500,000
Lighthouse for the Blind - Miami	150,000
Lighthouse for the Blind - Pasco/Hernando	50,000

From the funds in Specific Appropriation 53, nonrecurring funds from the General Revenue Fund are provided for the following appropriations projects:

Lighthouse for the Blind - Collier (HB 4821) (Senate Form 1141)	85,000
Older Blind Services Program (HB 2465) (Senate Form 1412)	300,000

From the funds in Specific Appropriation 53, $500,000 in nonrecurring funds from the General Revenue Fund is appropriated for the Blind Babies Successful Transition Program (HB 2463) (Senate Form 1411) in accordance with s. 413.092, Florida Statutes.

54	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	56,140	
	FROM FEDERAL REHABILITATION TRUST FUND		875,000
55	SPECIAL CATEGORIES		
	GRANTS AND AIDS - INDEPENDENT LIVING SERVICES		
	FROM FEDERAL REHABILITATION TRUST FUND		35,000
56	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	70,768	
	FROM FEDERAL REHABILITATION TRUST FUND		223,296
57	SPECIAL CATEGORIES		
	LIBRARY SERVICES		
	FROM GENERAL REVENUE FUND	89,735	
	FROM GRANTS AND DONATIONS TRUST FUND		100,000

From the funds in Specific Appropriation 57, $50,000 in recurring funds from the General Revenue Fund is provided for the Braille & Talking Book Library (base appropriations project).

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

58	SPECIAL CATEGORIES VENDING STANDS - EQUIPMENT AND SUPPLIES FROM FEDERAL REHABILITATION TRUST FUND		6,177,345
	FROM GRANTS AND DONATIONS TRUST FUND		595,000
59	SPECIAL CATEGORIES TENANT BROKER COMMISSIONS FROM FEDERAL REHABILITATION TRUST FUND		18,158
60	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	3,573	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,777
	FROM FEDERAL REHABILITATION TRUST FUND		88,981
61	DATA PROCESSING SERVICES OTHER DATA PROCESSING SERVICES FROM FEDERAL REHABILITATION TRUST FUND		686,842
62	DATA PROCESSING SERVICES EDUCATION TECHNOLOGY AND INFORMATION SERVICES FROM FEDERAL REHABILITATION TRUST FUND		229,873
63	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM FEDERAL REHABILITATION TRUST FUND		320,398
TOTAL:	BLIND SERVICES, DIVISION OF FROM GENERAL REVENUE FUND	16,920,462	
	FROM TRUST FUNDS		40,208,412
	TOTAL POSITIONS	289.75	
	TOTAL ALL FUNDS		57,128,874

PROGRAM: PRIVATE COLLEGES AND UNIVERSITIES

Prior to the disbursement of funds from Specific Appropriations 63A, 65, 65A, 65B, and 66A, each institution shall submit a proposed expenditure plan to the Department of Education pursuant to the requirements of section 1011.521, Florida Statutes.

Institutions receiving funds from Specific Appropriations 64, 65, and 66 must submit an annual report to the Department of Education detailing the following metrics for Florida resident students: entrance requirements for the year; percentage of students receiving Pell Grants, Bright Futures, and other academic aid; graduation rates; job placement rates; and job placement rates in-field up to 120 days past graduation. The report shall also include information for each institution on the total federal loan amounts disbursed and the total number of students who received federal loans. The report must be submitted by September 1, 2020, and reflect prior academic year statistics.

63A	SPECIAL CATEGORIES GRANTS AND AIDS - MEDICAL TRAINING AND SIMULATION LABORATORY FROM GENERAL REVENUE FUND	3,500,000	

From the funds in Specific Appropriation 63A, $3,500,000 in recurring funds are appropriated for a base appropriations project for the University of Miami Medical Training and Simulation Laboratory.

64	SPECIAL CATEGORIES ABLE GRANTS (ACCESS TO BETTER LEARNING AND EDUCATION) FROM GENERAL REVENUE FUND	5,025,729	

Funds in Specific Appropriation 64 are provided to support 1,769

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qualified Florida resident students at $2,841 per student for tuition assistance pursuant to section 1009.891, Florida Statutes.

The Office of Student Financial Assistance may prorate the award in the second term and provide a lesser amount if the funds appropriated are insufficient to provide a full award to all eligible students. The Office of Student Financial Assistance may also reallocate funds between institutions if an eligible institution fails to reach its 2020-2021 enrollment.

65 SPECIAL CATEGORIES
GRANTS AND AIDS - HISTORICALLY BLACK PRIVATE COLLEGES
FROM GENERAL REVENUE FUND 33,016,543

From the funds in Specific Appropriation 65, $30,421,685 is provided for the following institutions, which shall only be expended for student access and retention, or direct instructional purposes.

Bethune-Cookman University	16,960,111
Edward Waters College	6,429,526
Florida Memorial University	7,032,048

In addition, $1,275,000 is provided for the following recurring base appropriations projects to be allocated as follows:

Bethune-Cookman University	
Small, Women and Minority-Owned Businesses	75,000
Edward Waters College	
Institute on Criminal Justice	1,000,000
Florida Memorial University	
Technology Upgrades	200,000

From the funds in Specific Appropriation 65, $719,858 in recurring funds is allocated for library resources and shall be used for the purchase of books, electronic library resources, online journals, other related library materials and other technology upgrades needed to support institutional academic programs pursuant to section 1006.59, Florida Statutes. The funds for library resources shall be allocated equally to Bethune-Cookman University, Edward Waters College, and Florida Memorial University.

From the funds in Specific Appropriation 65, $600,000 in nonrecurring funds is provided for the following appropriations projects:

Edward Waters College - Online Degree Program Service Provider (HB 4331) (Senate Form 1674)	100,000
Florida Memorial University - Training for the Future of Aerospace (HB 3661) (Senate Form 2415)	500,000

65A SPECIAL CATEGORIES
GRANTS AND AIDS - ACADEMIC PROGRAM CONTRACTS
FROM GENERAL REVENUE FUND 250,000

Funds in Specific Appropriation 65A are provided for tuition scholarships for Florida residents enrolled in Beacon College, which is a recurring base appropriations project.

65B SPECIAL CATEGORIES
GRANTS AND AIDS - PRIVATE COLLEGES AND UNIVERSITIES
FROM GENERAL REVENUE FUND 12,267,500

From the funds in Specific Appropriation 65B, $5,000,000 in recurring funds is provided for the following base appropriations projects:

Embry-Riddle - Aerospace Academy	3,000,000
Jacksonville University - EPIC	2,000,000

From the funds in Specific Appropriation 65B, $7,267,500 in nonrecurring funds is provided for the following appropriations projects:

Embry-Riddle Aeronautical University - Center for Aerospace Resilience (HB 2469) (Senate Form 2035)	1,750,000

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

Florida Tech - (BAMx) Biomedical Aerospace Manufacturing Multiplier (HB 4055) (Senate Form 1502)..... 1,500,000
Florida Tech - Restore Lagoon Inflow Research Project (HB 4053) (Senate Form 1566)..... 800,000
Keiser University - Women's Lifespan Health Initiative (HB 3699) (Senate Form 1363)..... 600,000
Ringling College of Art and Design - Cross College Alliance (HB 3253) (Senate Form 1782)..... 897,500
Saint Leo University - Robotics Bachelor's Degree and Micro-credentials Program (HB 4271) (Senate Form 2150).. 1,250,000
Stetson College of Law Veterans Advocacy Clinic (HB 2221) (Senate Form 1013)..... 250,000
St. Thomas University Trade and Logistics Program (HB 2443) (Senate Form 1159)..... 220,000

66 SPECIAL CATEGORIES
EFFECTIVE ACCESS TO STUDENT EDUCATION GRANT
FROM GENERAL REVENUE FUND 116,659,983

Funds in Specific Appropriation 66 are provided to support 41,063 qualified Florida resident students at $2,841 per student for tuition assistance pursuant to section 1009.89, Florida Statutes.

The Office of Student Financial Assistance may prorate the award in the second term and provide a lesser amount if the funds appropriated are insufficient to provide a full award to all eligible students. The Office of Student Financial Assistance may also reallocate funds between institutions if an eligible institution fails to reach its 2020-2021 enrollment.

66A SPECIAL CATEGORIES
GRANTS AND AIDS - NOVA SOUTHEASTERN UNIVERSITY - HEALTH PROGRAMS
FROM GENERAL REVENUE FUND 250,000

The funds in Specific Appropriation 66A are provided for the Pediatric Feeding Disorders Clinic, a nonrecurring appropriations project (HB 4611) (Senate Form 1305).

66B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
FACILITY REPAIRS MAINTENANCE AND CONSTRUCTION
FROM GENERAL REVENUE FUND 1,030,000

The nonrecurring funds provided in Specific Appropriation 66B shall be allocated as follows:

Flagler College - Hotel Ponce de Leon Preservation and Restoration (HB 3235) (Senate Form 2036)..... 750,000
St. Thomas University Trade and Logistics Program (HB 2443) (Senate Form 1159)..... 280,000

TOTAL: PROGRAM: PRIVATE COLLEGES AND UNIVERSITIES
FROM GENERAL REVENUE FUND 171,999,755

TOTAL ALL FUNDS 171,999,755

OFFICE OF STUDENT FINANCIAL ASSISTANCE

PROGRAM: STUDENT FINANCIAL AID PROGRAM - STATE

67 SPECIAL CATEGORIES
GRANTS AND AIDS - BENACQUISTO SCHOLARSHIP PROGRAM
FROM GENERAL REVENUE FUND 26,577,665

68 SPECIAL CATEGORIES
FIRST GENERATION IN COLLEGE MATCHING GRANT PROGRAM
FROM GENERAL REVENUE FUND 10,617,326

From the funds in Specific Appropriation 68, $2,654,332 shall be allocated to First Generation in College Matching Grant Programs at Florida colleges for need-based financial assistance as provided in section 1009.701, Florida Statutes. If required matching funds are not

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raised by participating Florida colleges or state universities by December 1, 2020, the remaining funds shall be reallocated to First Generation in College Matching Grant Programs at Florida colleges or state universities that have remaining unmatched private contributions.

69	SPECIAL CATEGORIES PREPAID TUITION SCHOLARSHIPS FROM GENERAL REVENUE FUND	7,000,000	
70	SPECIAL CATEGORIES FLORIDA ABLE, INCORPORATED FROM GENERAL REVENUE FUND	1,770,000	
71	SPECIAL CATEGORIES GRANTS AND AIDS - MINORITY TEACHER SCHOLARSHIP PROGRAM FROM GENERAL REVENUE FUND	917,798	
72	SPECIAL CATEGORIES GRANTS AND AID - NURSING STUDENT LOAN REIMBURSEMENT/ SCHOLARSHIPS FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		1,233,006
73	FINANCIAL ASSISTANCE PAYMENTS MARY MCLEOD BETHUNE SCHOLARSHIP FROM GENERAL REVENUE FUND	160,500	
	FROM STATE STUDENT FINANCIAL ASSISTANCE TRUST FUND		160,500
74	FINANCIAL ASSISTANCE PAYMENTS STUDENT FINANCIAL AID FROM GENERAL REVENUE FUND	208,666,219	

From the funds in Specific Appropriations 7 and 74, the sum of $279,921,887 is provided pursuant to the following guidelines:

Florida Student Assistance Grant - Public Full & Part Time	235,293,171
Florida Student Assistance Grant - Private	23,739,177
Florida Student Assistance Grant - Postsecondary	6,791,473
Florida Student Assistance Grant - Career Education	3,572,191
Children/Spouses of Deceased/Disabled Veterans	8,432,576
Florida Work Experience	1,569,922
Rosewood Family Scholarships	256,747
Florida Farmworker Scholarships	266,630

From the funds in Specific Appropriation 74, $1,000,000 in recurring funds from the General Revenue Fund is provided for the Honorably Discharged Graduate Assistance Program, which is a recurring base appropriations project. Such funds are provided for supplemental need-based veteran educational benefits and shall be used to assist in the payment of living expenses during holiday and semester breaks for active duty and honorably discharged members of the Armed Forces who served on or after September 11, 2001. To ensure students in both public and private institutions have an opportunity to receive funding, allocations to institutions shall be prorated based on the number of total eligible students at eligible institutions.

From the funds provided in Specific Appropriations 7 and 74, the maximum grant to any student from the Florida Public, Private, Career Education, and Postsecondary Assistance Grant Programs shall be $3,260.

Institutions that received state funds in Fiscal Year 2019-2020 for student scholarships or grants administered by the Office of Student Financial Assistance shall submit the following two reports in a format prescribed by the Department of Education; both due by December 1, 2020. A report of the following information by institution, 1) federal loan information, including the total federal loan amounts disbursed and total number of students who received federal loans; and 2) student level data for all grants, scholarships, and awards to students who applied for and/or received state-funded tuition assistance and aid.

75	FINANCIAL ASSISTANCE PAYMENTS JOSE MARTI SCHOLARSHIP CHALLENGE GRANT FROM GENERAL REVENUE FUND	50,000	
	FROM STATE STUDENT FINANCIAL ASSISTANCE TRUST FUND		74,000

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

76	FINANCIAL ASSISTANCE PAYMENTS TRANSFER TO THE FLORIDA EDUCATION FUND FROM GENERAL REVENUE FUND	3,500,000	
TOTAL:	PROGRAM: STUDENT FINANCIAL AID PROGRAM - STATE FROM GENERAL REVENUE FUND	259,259,508	
	FROM TRUST FUNDS		1,467,506
	TOTAL ALL FUNDS		260,727,014
PROGRAM:	STUDENT FINANCIAL AID PROGRAM - FEDERAL		
77	FINANCIAL ASSISTANCE PAYMENTS STUDENT FINANCIAL AID FROM FEDERAL GRANTS TRUST FUND . . .		100,000
78	FINANCIAL ASSISTANCE PAYMENTS TRANSFER DEFAULT FEES TO THE STUDENT LOAN GUARANTY RESERVE TRUST FUND FROM STUDENT LOAN OPERATING TRUST FUND		5,000
TOTAL:	PROGRAM: STUDENT FINANCIAL AID PROGRAM - FEDERAL FROM TRUST FUNDS		105,000
	TOTAL ALL FUNDS		105,000

EARLY LEARNING

PROGRAM: EARLY LEARNING SERVICES

From the funds in Specific Appropriations 79 through 91, any expenditure from the Temporary Assistance for Needy Families (TANF) Block Grant must be expended in accordance with the requirements and limitations of Part A of Title IV of the Social Security Act, as amended, or any other applicable federal requirement or limitation. Before any funds are released by the Department of Children and Families, each provider shall identify the number of clients to be served and certify their eligibility under Part A of Title IV of the Social Security Act. Funds may not be released for services to any clients except those so identified and certified.

The agency head or a designee shall certify that controls are in place to ensure that such funds are expended in accordance with the requirements and limitations of federal law and that reporting requirements of federal law are met. It shall be the responsibility of any entity to which such funds are appropriated to obtain the required certification prior to any expenditure of funds.

	APPROVED SALARY RATE	5,737,442		
79	SALARIES AND BENEFITS	POSITIONS	98.00	
	FROM GENERAL REVENUE FUND		4,429,717	
	FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND			3,641,469
80	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		112,000	
	FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND			205,414
81	EXPENSES			
	FROM GENERAL REVENUE FUND		455,745	
	FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND			658,048
	FROM WELFARE TRANSITION TRUST FUND .			265,163
82	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		5,000	
	FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND			15,000
83	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		1,150,211	

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND		8,551,885
FROM FEDERAL GRANTS TRUST FUND . . .		15,225,000

From the funds provided in Specific Appropriation 83, $250,000 in nonrecurring funds from the Child Care and Development Block Grant Trust Fund is provided to the Office of Early Learning to competitively procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation services for the Enhanced Field System Modernization project. The office shall submit monthly independent verification and validation and project status reports to the Governor's Office of Policy and Budget, the chair of the Senate Committee on Appropriations, and the chair of the House of Representatives Appropriations Committee.

From the funds provided in Specific Appropriation 83, $5,750,000 in nonrecurring funds from the Child Care and Development Block Grant Trust Fund is provided to the Office of Early Learning for the Enhanced Field System (EFS) Modernization project for purposes of correcting identified project deficiencies enumerated in the OEL EFS Mod Risk Assessment Final Report submitted pursuant to Purchase Order B682F7. These funds shall be placed in reserve. Upon the completion of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the office is authorized to submit budget amendments to request release of the funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes. The office shall submit monthly project status reports to the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee. Each project status report shall include progress made to date for each project milestone, deliverable, and task order; planned and actual deliverable completion dates; planned and actual costs incurred; and any project issues and risks. The office shall issue a competitive solicitation to contract with a third party consulting firm for purposes of correcting all identified deficiencies of the EFS Modernization project.

84	SPECIAL CATEGORIES		
	GRANTS AND AIDS - PARTNERSHIP FOR SCHOOL READINESS		
	FROM GENERAL REVENUE FUND	3,058,957	
	FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND		16,500,000
	FROM WELFARE TRANSITION TRUST FUND .		3,900,000

From the funds provided in Specific Appropriation 84, the following projects are funded with nonrecurring funds from the General Revenue Fund that shall be allocated as follows:

Brain Bag Early Literacy Program (HB 2315) (Senate Form 2556)	50,000
Jack & Jill Children's Center Economic Empowerment/Workforce Development Initiative (HB 2835) (Senate Form 1526)	850,000
Linking Educational Assets for Readiness Now (LEARN) (HB 3837) (Senate Form 1777)	200,000
Riviera Beach Early Learning to Kindergarten Project (HB 4633) (Senate Form 1622)	150,000

From the funds in Specific Appropriation 84, $3,000,000 in recurring funds and $7,000,000 in nonrecurring funds from the Child Care and Development Block Grant Trust Fund are provided for the Teacher Education and Compensation Helps Program (T.E.A.C.H.) as provided in section 1002.95, Florida Statutes.

From the funds in Specific Appropriation 84, $1,400,000 in recurring funds and $2,500,000 in nonrecurring funds from the Welfare Transition Trust Fund is provided for the Home Instruction Program for Pre-School Youngsters (HIPPY) (HB 3815) to deliver high quality school readiness curriculum directly to parents so they may strengthen the cognitive and early literacy skills of at risk children. Early learning coalitions will work with HIPPY program staff to identify participant families based on poverty, parents' limited education, and willingness to actively participate in all aspects of the HIPPY program (recurring base appropriations project).

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

From the funds in Specific Appropriation 84, $3,500,000 in recurring funds from the Child Care and Development Block Grant Trust Fund are provided to the Office of Early Learning for purposes of implementing the provisions of section 1002.82(2)(o), Florida Statutes.

From the funds in Specific Appropriation 84, $1,808,957 in recurring funds from the General Revenue Fund are provided for the Children's Forum to continue the Help Me Grow Florida Network (recurring base appropriations project).

From the funds in Specific Appropriation 84, $3,000,000 in nonrecurring funds from the Child Care and Development Block Grant Trust Fund is provided to the Office of Early Learning to competitively procure for the early learning coalitions established pursuant to section 1002.83, Florida Statutes, a system of professional development that significantly improves child care instructor quality. For purposes of developing the competitive procurement, the office shall consult with the early learning coalitions.

85	SPECIAL CATEGORIES		
	GRANTS AND AIDS - SCHOOL READINESS SERVICES		
	FROM GENERAL REVENUE FUND	144,555,335	
	FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND		656,709,466
	FROM FEDERAL GRANTS TRUST FUND . . .		500,000
	FROM WELFARE TRANSITION TRUST FUND .		94,112,427

For the funds in Specific Appropriation 85, expenditures for Gold Seal Quality Expenditure payments shall be reported as Direct Services. The Office of Early Learning shall have the authority to reclassify Gold Seal Quality Expenditure payments by the early learning coalitions and statewide contractors to meet targeted federal requirements for improving the quality of infant and toddler child care to the extent allowable in the state's approved Child Care and Development Fund Plan.

From the funds in Specific Appropriation 85, $689,927,228 is provided for the School Readiness Program and is allocated to early learning coalitions as follows:

Alachua	11,548,748
Bay, Calhoun, Gulf, Franklin, Washington, Holmes, Jackson	13,845,216
Brevard	20,707,271
Broward	50,283,993
Charlotte, DeSoto, Highlands, Hardee	10,174,341
Columbia, Hamilton, Lafayette, Union, Suwannee	8,311,081
Dade, Monroe	130,005,929
Dixie, Gilchrist, Levy, Citrus, Sumter	9,224,354
Duval	34,106,162
Escambia	16,200,732
Hendry, Glades, Collier, Lee	23,566,101
Hillsborough	50,849,605
Lake	8,117,929
Leon, Gadsden, Jefferson, Liberty, Madison, Wakulla, Taylor	19,386,136
Manatee	10,585,968
Marion	11,068,807
Martin, Okeechobee, Indian River	9,005,882
Okaloosa, Walton	9,006,926
Orange	43,320,473
Osceola	7,536,138
Palm Beach	40,845,982
Pasco, Hernando	16,566,878
Pinellas	34,601,941
Polk	22,598,861
St. Johns, Putnam, Clay, Nassau, Baker, Bradford	17,775,520
St. Lucie	10,014,444
Santa Rosa	4,392,601
Sarasota	6,095,067
Seminole	9,987,385
Volusia, Flagler	16,464,654
Redlands Christian Migrant Association	13,732,103

From the funds in Specific Appropriation 85, the Office of Early Learning shall have the ability to reallocate funds for school readiness services as funds are available or in the instance that a coalition does not have eligible children on its waiting list and has met its

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expenditure cap pursuant to section 1002.89(6), Florida Statutes. Prior to reallocating any school readiness funds, the office shall submit written notification to the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee that includes the total amount of school readiness funds being reallocated and the early learning coalitions involved in the reallocation.

From the funds in Specific Appropriation 85, $950,000 in nonrecurring funds from the Child Care Development Block Grant Trust Fund shall be used to allocate School Readiness Fraud Restitution payments collected in the prior year.

From the funds in Specific Appropriation 85, $40,000,0000 is provided to the Office of Early Learning for purposes of implementing the pay differential program pursuant to section 1002.82(2)(o), Florida Statutes. The Office of Early Learning shall have the authority to reallocate for school readiness services any unexpended portion of the funds provided for the pay differential program.

From the funds in Specific Appropriation 85, $30,000,000 is provided to expand the provision of services to low income families at or below 200 percent of the federal poverty level as long as the income does not exceed 85% of the state median income. Local matching funds can be derived from local governments, employers, charitable foundations, and other sources so that Florida communities can create local partnerships focused on using the state and local funds for direct services and expanding the number of school readiness slots. To be eligible for funding, an early learning coalition must match the state funds on a dollar-for-dollar basis. The Office of Early Learning shall establish procedures for the match program that shall include giving priority to early learning coalitions whose local match complies with federal Child Care and Development Block Grant matching requirements.

The Office of Early Learning shall provide a report to the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee by September 1, 2020, that includes the following information about the office's allocation of the $30,000,000 in local matching funds provided in Specific Appropriation 86 of chapter 2019-115, L.O.F.: (1) the amount of funds allocated to each early learning coalition and a breakdown, by coalition, of the amount of funds expended by the coalition on direct services and the amount expended by the coalition on expanding school readiness slots, and (2) the total number of school readiness slots funded by each early learning coalition with the local matching funds.

From the funds in Specific Appropriation 85, $60,000,000 is provided to expand school readiness services to families currently on a school readiness wait list. To be eligible for funding an early learning coalition must have a school readiness wait list on July 1, 2020, that complies with the provisions of rule 6M-4.300, F.A.C. The Office of Early Learning shall work with each early learning coalition to verify the number of children on each early learning coalition's school readiness wait list. The office shall develop an allocation plan for purposes of distributing the funds to eligible early learning coalitions and shall submit the plan to the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee by October 1, 2020. If the total amount of the allocation is greater than the amount provided in this specific appropriation, the allocation shall be prorated to the level provided to support the appropriation, based on each early learning coalition's proportionate share of the total school readiness wait list.

From the funds in Specific Appropriation 85, $50,000,000 in nonrecurring funds from the Child Care and Development Block Grant Trust Fund is provided to the Office of Early Learning to provide eligible early learning coalitions with school readiness provider rate increases to reduce variance and inequities in provider payment rates across the state. The funds shall be placed in reserve. Upon the completion of a detailed allocation plan that identifies the school readiness provider payment rates that will be increased and how the $50,000,000 will be allocated to the eligible early learning coalitions, the office is authorized to submit budget amendments for the funds being held in reserve pursuant to the provisions of chapter 216 Florida Statutes.

From the funds in Specific Appropriation 85, $25,000,000 in nonrecurring

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funds from the Child Care and Development Block Grant Trust Fund is provided to the Office of Early Learning for the purpose of allocating School Readiness program funds collected in prior years from school readiness provider overpayments. These funds shall be placed in reserve and the office is authorized to submit budget amendments requesting the release of funds pursuant to chapter 216, Florida Statutes. The request for release of funds shall include a detailed plan that identifies the provider overpayments received and the proposed allocation plan for such funds.

86 SPECIAL CATEGORIES
GRANTS AND AIDS- EARLY LEARNING STANDARDS AND ACCOUNTABILITY
FROM GENERAL REVENUE FUND 1,629,791

Funds in Specific Appropriation 86 are provided to the Office of Early Learning for the Voluntary Prekindergarten evidence-based pre- and post-assessment as required by section 1002.67, Florida Statutes.

In addition, funds in Specific Appropriation 86 are provided to the Office of Early Learning to implement Voluntary Prekindergarten accountability standards, as required by section 1002.67, Florida Statutes, including the maintenance of the website. These funds shall also be distributed to Voluntary Prekindergarten providers, early learning coalitions and school districts to support the continued implementation of the Voluntary Prekindergarten Progress Monitoring Assessment developed by the Department of Education in collaboration with the Florida Center for Reading Research and for professional development opportunities and online training for Voluntary Prekindergarten providers with a focus on emergent literacy and mathematical thinking.

87 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 7,725
FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND 22,507

88 SPECIAL CATEGORIES
GRANTS AND AIDS - VOLUNTARY PREKINDERGARTEN PROGRAM
FROM GENERAL REVENUE FUND 412,158,049

Funds in Specific Appropriation 88 are provided for the Voluntary Prekindergarten Education Program as provided in sections 1002.51 through 1002.79, Florida Statutes, and shall be initially allocated to early learning coalitions as indicated below. Pursuant to the provisions of section 1002.71(3)(a), Florida Statutes, for Fiscal Year 2020-2021, the base student allocation per full-time equivalent student for the school year program shall be $2,486, and the base student allocation for the summer program shall be $2,122. The allocation includes four percent in addition to the base student allocation to fund administrative and other program costs of the early learning coalitions related to the Voluntary Prekindergarten Education Program.

The funds in Specific Appropriation 88 shall be allocated as follows:

Alachua	4,234,667
Bay, Calhoun, Gulf, Franklin, Washington, Holmes, Jackson.	3,398,980
Brevard	11,766,883
Broward	40,290,903
Charlotte, DeSoto, Highlands, Hardee	4,964,147
Columbia, Hamilton, Lafayette, Union, Suwannee	2,907,784
Dade, Monroe	56,036,600
Dixie, Gilchrist, Levy, Citrus, Sumter	4,590,392
Duval	24,763,715
Escambia	4,860,469
Hendry, Glades, Collier, Lee	20,626,885
Hillsborough	31,469,824
Lake	6,463,942
Leon, Gadsden, Jefferson, Liberty, Madison, Wakulla, Taylor	6,807,117
Manatee	6,963,438
Marion	5,688,279
Martin, Okeechobee, Indian River	6,292,677
Okaloosa, Walton	5,701,745

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

Orange	32,938,471
Osceola	9,242,460
Palm Beach	30,643,855
Pasco, Hernando	14,361,238
Pinellas	15,105,671
Polk	11,550,455
St. Johns, Putnam, Clay, Nassau, Baker, Bradford	14,924,803
St. Lucie	6,135,606
Santa Rosa	2,771,051
Sarasota	4,795,143
Seminole	11,088,971
Volusia, Flagler	10,771,878

89 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 24,176
FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND 8,064

90 DATA PROCESSING SERVICES
EDUCATION TECHNOLOGY AND INFORMATION SERVICES
FROM GENERAL REVENUE FUND 1,082,860
FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND 2,005,150

91 DATA PROCESSING SERVICES
NORTHWEST REGIONAL DATA CENTER (NWRDC)
FROM GENERAL REVENUE FUND 211,952
FROM CHILD CARE AND DEVELOPMENT BLOCK GRANT TRUST FUND 281,949

91A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
FACILITY REPAIRS MAINTENANCE AND CONSTRUCTION
FROM GENERAL REVENUE FUND 250,000

From the funds in Specific Appropriation 91A, $250,000 in nonrecurring funds are provided for the City of Deerfield Beach Preschool Redevelopment (HB 4353) (Senate Form 2263)

TOTAL: PROGRAM: EARLY LEARNING SERVICES
FROM GENERAL REVENUE FUND 569,131,518
FROM TRUST FUNDS 802,601,542

TOTAL POSITIONS 98.00
TOTAL ALL FUNDS 1,371,733,060

PUBLIC SCHOOLS, DIVISION OF

PROGRAM: STATE GRANTS/K-12 PROGRAM - FEFP

The calculations of the Florida Education Finance Program (FEFP) for the 2020-2021 fiscal year are incorporated by reference in House Bill 5003. The calculations are the basis for the appropriations in the General Appropriations Act in Specific Appropriations 8, 9, 10, 92, and 93.

92 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA EDUCATIONAL FINANCE PROGRAM
FROM GENERAL REVENUE FUND 9,148,823,387
FROM STATE SCHOOL TRUST FUND 177,138,902

Funds provided in Specific Appropriations 8 and 92 shall be allocated using a base student allocation of $4,319.49 for the FEFP.

From the funds in Specific Appropriation 8 and 92, $500,000,000 in recurring funds from the General Revenue Fund is provided for the Teacher Salary Increase Allocation, pursuant to section 1011.62, Florida Statutes.

Eighty percent of the total allocation is provided for school districts to increase the minimum base salary for full-time classroom teachers as defined in section 1012.01(2)(a), plus certified prekindergarten

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teachers funded in the Florida Education Finance Program, but not including substitute teachers, to at least $47,500, or to the maximum amount achievable based on the school district's allocation. No eligible full-time classroom teacher shall receive a base salary less than the minimum base salary as adjusted by the school district's allocation.

Twenty percent of the total allocation, plus any remaining funds from the district's share of the eighty percent allocation, shall be used by school districts as specified in section 1011.62, Florida Statutes.

Funds provided in Specific Appropriations 8 and 92 for the supplemental allocation for juvenile justice education programs shall be allocated pursuant to the formula provided in section 1011.62, Florida Statutes. The allocation factor shall be $1,230.33.

From the funds provided in Specific Appropriations 8 and 92, juvenile justice education programs shall receive funds as provided in section 1003.52(13), Florida Statutes. Up to $341 per student may be used for high school equivalency examination fees for juvenile justice students who pass the high school equivalency exam in full, or in part, while in a juvenile justice education program and may be used for students in juvenile justice education programs to support equipment, specially designed curricula, and industry credentialing testing fees, for students enrolled in career and technical education (CTE) courses that lead to industry recognized certifications.

The district cost differential (DCD) for each district shall be calculated pursuant to the provisions of section 1011.62, Florida Statutes.

From the funds provided in Specific Appropriations 8 and 92, $55,500,000 is provided for the Sparsity Supplement as defined in section 1011.62, Florida Statutes, for school districts of 24,000 and fewer FTE in the 2020-2021 fiscal year.

Total Required Local Effort for Fiscal Year 2020-2021 shall be $8,015,764,012. The total amount shall include adjustments made for the calculation required in section 1011.62(4)(a) through (c), Florida Statutes.

The maximum nonvoted discretionary millage which may be levied pursuant to the provisions of section 1011.71(1), Florida Statutes, by district school boards in Fiscal Year 2020-2021 shall be 0.748 mills. This millage shall be used to calculate the discretionary millage compression supplement as provided in section 1011.62(5), Florida Statutes. To be eligible for the supplement, a district must levy the maximum.

Funds provided in Specific Appropriations 8 and 92 are based upon program cost factors for Fiscal Year 2020-2021 as follows:

1. Basic Programs
   A. K-3 Basic.....1.124
   B. 4-8 Basic.....1.000
   C. 9-12 Basic.....1.012

2. Programs for Exceptional Students
   A. Support Level 4.....3.644
   B. Support Level 5.....5.462

3. English for Speakers of Other Languages 1.184
4. Programs for Grades 9-12 Career Education.....1.012

From the funds in Specific Appropriations 8 and 92, $1,092,394,272 is provided to school districts as an Exceptional Student Education (ESE) Guaranteed Allocation as authorized by law to provide educational programs and services for exceptional students. The ESE Guaranteed Allocation funds are provided in addition to the funds for each exceptional student in the per FTE student calculation. School districts that provided educational services in the 2019-2020 fiscal year for exceptional students who are residents of other districts shall not discontinue providing such services without the prior approval of the Department of Education. Expenditure requirements for the ESE Guaranteed Allocation shall be as prescribed in section 1010.20(3), Florida Statutes, for programs for exceptional students.

From the funds provided in Specific Appropriations 8 and 92, the value of 43.35 weighted FTE students is provided to supplement the

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funding for severely handicapped students served in ESE programs 254 and 255 when a school district has less than 10,000 FTE student enrollment and less than three FTE eligible students per program. The Commissioner of Education shall allocate the value of the supplemental FTE based on documented evidence of the difference in the cost of the service and the amount of funds received in the district's FEFP allocations for the students being served. The supplemental value shall not exceed three FTE.

From the funds in Specific Appropriations 8 and 92, $180,000,000 is provided for Safe Schools activities and shall be allocated as follows: $250,000 shall be distributed to each district, and the remaining balance shall be allocated pursuant to section 1011.62, Florida Statutes.

From the funds in Specific Appropriations 8 and 92, $724,364,775 is for Supplemental Academic Instruction to be provided pursuant to section 1011.62, Florida Statutes.

From the funds in Specific Appropriations 8 and 92, $45,473,810 is provided pursuant to section 1011.62, Florida Statutes, for a Turnaround School Supplemental Services Allocation at a per FTE funding amount for eligible schools of $500.

From the funds in Specific Appropriations 8 and 92, $130,000,000 is provided for a K-12 comprehensive, district-wide system of research-based reading instruction pursuant to section 1011.62, Florida Statutes. The amount of $115,000 shall be allocated to each district and the remaining balance shall be allocated pursuant to section 1011.62, Florida Statutes.

From the funds provided in Specific Appropriations 8 and 92, $236,574,333 is provided for Instructional Materials including $12,492,403 for Library Media Materials, $3,414,590 for the purchase of science lab materials and supplies, $10,590,529 for dual enrollment instructional materials, and $3,193,706 for the purchase of digital instructional materials for students with disabilities. The growth allocation per FTE shall be $311.36 for the 2020-2021 fiscal year. School districts shall pay for instructional materials used for the instruction of public high school students who are earning credit toward high school graduation under the dual enrollment program as provided in section 1011.62, Florida Statutes.

The funds provided for Instructional Materials may also be used by school districts to purchase electronic devices and technology equipment and infrastructure that comply with the eligible expenditures authorized pursuant to section 1011.62, Florida Statutes. Prior to release of the funds by the department to a school district for the purchase of electronic devices or technology equipment or infrastructure, the district must: (1) certify that it has the instructional materials necessary to provide instruction aligned to the adopted statewide benchmarks and standards and (2) include an expenditure plan for the purchase of electronic devices and technology equipment, and infrastructure that demonstrates its compliance with section 1011.62, Florida Statutes. The department shall provide a report to the Legislature on or before March 1, 2021, that details the district expenditures for these funds to demonstrate compliance with the amount made available for such purchases.

From funds provided in Specific Appropriations 8 and 92, $449,966,033 is provided for Student Transportation as provided in section 1011.68, Florida Statutes.

From funds provided in Specific Appropriations 8 and 92, $54,143,375 is provided for the Teachers Classroom Supply Assistance Program and shall be given to teachers pursuant to section 1012.71, Florida Statutes. The allocation shall not be recalculated during the school year.

Funds provided in Specific Appropriations 8 and 92 for the Federally Connected Student Supplement shall be allocated pursuant to the formula provided in section 1011.62, Florida Statutes.

Funds provided in Specific Appropriations 8 and 92 for the Virtual Education Contribution shall be allocated pursuant to the formula provided in section 1011.62, Florida Statutes. The contribution shall be based on $5,230 per FTE.

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Districts may charge a fee for grades K-12 voluntary, non-credit summer school enrollment in basic program courses. The amount of any student's fee shall be based on the student's ability to pay and the student's financial need as determined by district school board policy.

From the funds in Specific Appropriations 8 and 92, $100,000,000 is for the Mental Health Assistance Allocation to be provided pursuant to section 1011.62, Florida Statutes.

From the funds in Specific Appropriations 8 and 92, $8,000,000 is provided for the Digital Classrooms allocation as provided in section 1011.62, Florida Statutes. The minimum amount to be allocated to each district is $100,000. Twenty percent of the funds provided may be used for professional development, including in-state conference attendance or online coursework, to enhance the use of technology for digital instructional strategies.

From the funds provided in Specific Appropriations 8 and 92, $68,000,000 is provided for the Funding Compression and Hold Harmless allocation to be allocated based on the formula provided in section 1011.62, Florida Statutes. For the funding compression, 25 percent of the difference between the district's prior year funds per FTE and the state average shall be used to determine the allocation. A district's allocation shall not be greater than $100 per FTE. For the hold harmless, the index factor shall be 11.03.

93 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - CLASS SIZE REDUCTION
FROM GENERAL REVENUE FUND 2,955,857,931
FROM STATE SCHOOL TRUST FUND 86,161,098

Funds in Specific Appropriations 9 and 93 are provided to implement the requirements of sections 1003.03 and 1011.685, Florida Statutes. The class size reduction allocation factor for grades prekindergarten to grade 3 shall be $1,301.57, for grades 4 to 8 shall be $887.80, and for grades 9 to 12 shall be $889.95. The class size reduction allocation shall be recalculated based on enrollment through the October 2020 FTE survey except as provided in section 1003.03(4), Florida Statutes. If the total class size reduction allocation is greater than the appropriation in Specific Appropriations 9 and 93, funds shall be prorated to the level of the appropriation based on each district's calculated amount. The Commissioner of Education may withhold disbursement of these funds until a district is in compliance with reporting information required for class size reduction implementation.

TOTAL: PROGRAM: STATE GRANTS/K-12 PROGRAM - FEFP
FROM GENERAL REVENUE FUND 12,104,681,318
FROM TRUST FUNDS 263,300,000

TOTAL ALL FUNDS 12,367,981,318

PROGRAM: STATE GRANTS/K-12 PROGRAM - NON FEFP

Of the funds provided for school district matching grants and regional education consortium programs in Specific Appropriations 103 and 108, 60 percent shall be released to the Department of Education at the beginning of the first quarter and the balance at the beginning of the third quarter. The Department of Education shall disburse the funds to eligible entities within 30 days of release.

The funds provided for the Educator Professional Liability Insurance appropriation category in Specific Appropriation 104 and the funds provided for the Gardiner Scholarship Program in Specific Appropriation 111 shall be 100 percent released to the Department of Education at the beginning of the first quarter.

Funds provided in Specific Appropriations 97 through 118 shall be used to serve Florida students.

97 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - THE COACH AARON FEIS GUARDIAN PROGRAM
FROM GENERAL REVENUE FUND 500,000

Funds in Specific Appropriation 97 shall be used to certify and train school guardians as provided in section 30.15, Florida Statutes.

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98 SPECIAL CATEGORIES
GRANTS AND AIDS - ASSISTANCE TO LOW PERFORMING SCHOOLS
FROM GENERAL REVENUE FUND 4,000,000

Funds in Specific Appropriation 98 may be used to contract for the operation of the Florida Partnership for Minority and Underrepresented Student Achievement and to achieve the partnership's mission as provided in section 1007.35, Florida Statutes. The funds shall be expended for professional development for Advanced Placement classroom teachers.

99 SPECIAL CATEGORIES
GRANTS AND AIDS - TAKE STOCK IN CHILDREN
FROM GENERAL REVENUE FUND 6,125,000

Funds in Specific Appropriation 99 are provided for the Take Stock in Children program (recurring base appropriations project).

100 SPECIAL CATEGORIES
GRANTS AND AIDS - MENTORING/STUDENT ASSISTANCE INITIATIVES
FROM GENERAL REVENUE FUND 10,647,988

From the funds provided in Specific Appropriation 100, the following projects are funded with recurring funds that shall be allocated as follows:

Best Buddies (Recurring Base Appropriations Project)	700,000
Big Brothers Big Sisters (Recurring Base Appropriations Project)	2,980,248
Florida Alliance of Boys and Girls Clubs (Recurring Base Appropriations Project)	3,652,768
Teen Trendsetters (Recurring Base Appropriations Project)	300,000
YMCA State Alliance/YMCA Reads (Recurring Base Appropriations Project)	764,972

From the funds provided in Specific Appropriation 100, the following projects are funded with nonrecurring funds that shall be allocated as follows:

Best Buddies Mentoring and Student Assistance Initiatives (HB 3373) (Senate Form 1311)	350,000
Big Brothers Big Sisters Bigs Inspiring Scholastic Success (BISS) (HB 4173) (Senate Form 1426)	750,000
Florida Youth Leadership, Mentoring and Character Education Pilot (HB 4567) (Senate Form 1606)	150,000
Women of Tomorrow Mentor & Scholarship Program (HB 4351)	500,000
YMCA State Alliance/YMCA Reads (HB 4823)	500,000

101 SPECIAL CATEGORIES
GRANTS AND AIDS - COLLEGE REACH OUT PROGRAM
FROM GENERAL REVENUE FUND 1,000,000

102 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA DIAGNOSTIC AND LEARNING RESOURCES CENTERS
FROM GENERAL REVENUE FUND 2,700,000

Funds provided in Specific Appropriation 102 shall be allocated to the Multidisciplinary Educational Services Centers as provided in section 1006.03, Florida Statutes, as follows:

University of Florida	450,000
University of Miami	450,000
Florida State University	450,000
University of South Florida	450,000
University of Florida Health Science Center at Jacksonville	450,000
Keiser University	450,000

Each center shall provide a report to the Department of Education by September 1, 2020, for the prior fiscal year that shall include the following: (1) the number of children served, (2) the number of parents served, (3) the number of persons participating in in-service education activities, (4) the number of districts served, and (5) specific

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services provided.

103 SPECIAL CATEGORIES
GRANTS AND AIDS - SCHOOL DISTRICT EDUCATION FOUNDATION MATCHING GRANTS PROGRAM
FROM GENERAL REVENUE FUND 5,000,000

Funds in Specific Appropriation 103 are provided as challenge grants to public school district education foundations for programs that serve low-performing students, technical career education, literacy initiatives, Science, Technology, Engineering, Math (STEM) Education initiatives, increased teacher quality and/or increased graduation rates as provided in section 1011.765, Florida Statutes. The amount of each grant shall be equal to the private contribution made to a qualifying public school district education foundation. In-kind contributions shall not be considered for matching purposes. Administrative costs for the program shall not exceed five percent.

Prior to any funds provided in Specific Appropriation 103 being disbursed to any public school district education foundation, the public school district foundation must certify to the Commissioner of Education that the private cash has actually been received by the public school education foundation seeking matching funds. The Consortium of Florida Education Foundations shall be the fiscal agent for this program.

104 SPECIAL CATEGORIES
EDUCATOR PROFESSIONAL LIABILITY INSURANCE
FROM GENERAL REVENUE FUND 850,000

105 SPECIAL CATEGORIES
TEACHER AND SCHOOL ADMINISTRATOR DEATH BENEFITS
FROM GENERAL REVENUE FUND 36,321

105A SPECIAL CATEGORIES
GRANTS AND AIDS - SCHOOL BOARD OF MIAMI-DADE SECTION 16 LAND SALE
FROM STATE SCHOOL TRUST FUND 14,765,000

Funds in Specific Appropriation 105A are contingent upon the deposit of $14,765,000 into the State School Trust Fund as a result of the sale of surplus conservation land as provided and approved in Item 6 of the agenda of the February 8, 2018, meeting of the Board of Trustees of the Internal Improvement Trust Fund (HB 3749)(Senate Form 1415).

106 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 714,082
FROM ADMINISTRATIVE TRUST FUND . . . 60,150

107 SPECIAL CATEGORIES
GRANTS AND AIDS - AUTISM PROGRAM
FROM GENERAL REVENUE FUND 9,400,000

Funds provided in Specific Appropriation 107 are for Autism Centers as provided in section 1004.55, Florida Statutes, and shall be allocated as follows:

Florida Atlantic University	1,056,776
Florida State University (College of Medicine)	1,224,008
University of Central Florida	1,721,639
University of Florida (College of Medicine)	1,077,893
University of Florida (Jacksonville)	1,072,732
University of Miami (Department of Psychology) including $391,650 for activities in Broward County through Nova Southeastern University	1,802,195
University of South Florida/Florida Mental Health Institute	1,444,757

Autism Centers shall provide appropriate nutritional information to parents of children served through funds provided in Specific Appropriation 107. Summaries of outcomes for the prior fiscal year shall be submitted to the Department of Education by September 1, 2020.

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

108 SPECIAL CATEGORIES
GRANTS AND AIDS - REGIONAL EDUCATION
CONSORTIUM SERVICES
FROM GENERAL REVENUE FUND 1,750,000

109 SPECIAL CATEGORIES
TEACHER PROFESSIONAL DEVELOPMENT
FROM GENERAL REVENUE FUND 24,992,186

From the funds provided in Specific Appropriation 109, the following shall be allocated from recurring funds:

Administrators Professional Development as provided in section 1012.985, Florida Statutes	7,000,000
Computer Science Certification and Teacher Bonuses as provided in section 1007.2616, Florida Statutes	10,000,000
Florida Association of District School Superintendents Training as provided in section 1001.47, Florida Statutes	500,000
Mental Health Awareness and Assistance Training as provided in section 1012.584, Florida Statutes	5,500,000
Principal of the Year as provided in section 1012.986, Florida Statutes	29,426
School Related Personnel of the Year as provided in section 1012.21, Florida Statutes	370,000
Teacher of the Year as provided in section 1012.77, Florida Statutes	770,000
Teacher of the Year Summit as provided in section 1012.77, Florida Statutes	50,000

From the funds provided in Specific Appropriation 109 for the Teacher of the Year Program, $770,000 is provided for financial awards, in conjunction with any private donations, resulting in district participants receiving a minimum total award amount of $10,000; the selected finalists receiving a minimum total award of $15,000; and the Teacher of the Year receiving a minimum total award amount of $20,000.

Funds in Specific Appropriation 109 for the School Related Personnel of the Year Program are provided for financial awards of up to $5,000 for participants of the program; the selected finalists receiving a total award of up to $6,500; and the School Related Personnel of the Year receiving a total award amount of up to $10,000.

Funds provided in Specific Appropriation 109 for Principal, Teacher, or School Related Personnel of the Year may be disbursed to districts, schools, or individuals.

From the funds in Specific Appropriation 109 for Administrator Professional Development, $7,000,000 is provided for professional development for principals and other district administrators in instructional and human resource leadership, including the use of teacher evaluations to improve instruction, aligning instruction with the district's curriculum and state standards, best financial practices, and other leadership responsibilities that support student achievement through job-embedded delivery and through either regional, local, or digital formats. Funds shall be provided to each district after the district has submitted its training plan to the Commissioner of Education. The funds shall be allocated to districts based on each district's share of unweighted FTE and districts with 10,000 or fewer FTE shall be provided a minimum allocation of $5,000. From the total funds, $400,000 is provided to the Department of Education for the Commissioner's Dr. Brian Dassler Leadership Academy.

Funds in Specific Appropriation 109 for Computer Science Certification and Teachers Bonuses are provided to the Department of Education and shall be allocated to school districts pursuant to section 1007.2616, Florida Statutes. The department shall submit a report to the Legislature by June 30, 2021, that details how the funds were allocated by school district.

From the funds in Specific Appropriation 109 , the nonrecurring sum of $772,760 from the General Revenue Fund is provided to the Department of Education to implement the Number One Standards Teacher Professional Development initiative.

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

110 SPECIAL CATEGORIES
GRANTS AND AIDS - STRATEGIC STATEWIDE INITIATIVES
FROM GENERAL REVENUE FUND 5,297,000

From the funds in Specific Appropriation 110, nonrecurring funds are provided for the following:

AMIkids Academic Enrichment Program (HB 4513) (Senate Form 1374)	125,000
AMIkids Career and Job Placement (HB 4511) (Senate Form 1375)	375,000
Blue Missions Reach Program (HB 4175)	107,000
School Bond Issuance Data Base (HB 4495)	500,000
VFW Educational Youth Scholarship & Teacher's Recognition (HB 3259) (Senate Form 1280)	50,000

From the funds in Specific Appropriation 110, $640,000 in recurring funds is provided to the Department of Education for use of the Florida Safe Schools Assessment Tool at all public school sites, pursuant to section 1006.1493, Florida Statutes.

From the funds in Specific Appropriation 110, $3,000,000 in recurring funds is provided to the Department of Education to implement the provisions as provided in section 1001.212(6), Florida Statutes.

From the funds in Specific Appropriation 110, $500,000 in nonrecurring funds is provided for Advancement Via Individual Determination Performance (AVID) (HB 9049) (Senate Form 1475). Funds shall be used to implement a program that rewards school districts based on the success of students in need of assistance to become college ready who are enrolled in the AVID elective class during the 2019-2020 school year and were reported during the October full-time equivalent (FTE) student membership survey. Each school district shall be awarded $325 per full-time equivalent student enrolled in the AVID elective who completed 1.0 credit of dual enrollment during the 2019-2020 school year in the following course categories: English, Math, Science, Social Studies, or World Language; received a score of 4 or higher on an International Baccalaureate subject examination; score of 3 or higher on the College Board Advanced Placement Examination; score of E or higher on an Advanced International Certificate of Education subject examination; or, for students in grades 6-8, who receive a passing score on the algebra end of course examination; or, for students in grades 6-9, who receive a passing score on the geometry end of course examination. Each school district shall allocate the funds received from this program to the school whose students generate the funds. Funds shall be expended solely for the payment of the following eligible costs related to the AVID program: annual membership fees; professional development and training for program coordinators, teachers, and tutors; college and university site visits for prospective students; and compensation for tutors. Funds shall be awarded to the school districts no later than January 1, 2021. If the total program amount is greater than the funds provided in this appropriation, then each district's amount shall be prorated based on the number of students who earned qualifying scores in each district. Any school that uses IB, AP, or AICE bonus FTE funding pursuant to s. 1011.62(1), Florida Statutes, to fund eligible costs within their AVID program is unable to receive funds pursuant to this section.

111 SPECIAL CATEGORIES
GRANTS AND AIDS - GARDINER SCHOLARSHIP PROGRAM
FROM GENERAL REVENUE FUND 189,901,004

The funds provided in Specific Appropriation 111 for Gardiner Scholarships are for scholarship awards as provided in section 1002.385, Florida Statutes.

112 SPECIAL CATEGORIES
GRANTS AND AIDS - READING SCHOLARSHIP ACCOUNTS
FROM GENERAL REVENUE FUND 7,600,000

From the funds in Specific Appropriation 112 for Reading Scholarships, an amount of $500 per student is provided for each scholarship award as provided in section 1002.411, Florida Statutes.

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

113 SPECIAL CATEGORIES
GRANTS AND AIDS - COMMUNITY SCHOOL GRANT PROGRAM
FROM GENERAL REVENUE FUND 7,180,571

The funds in Specific Appropriation 113 are provided to the Department of Education to support the planning and implementation of community school programs pursuant to section 1003.64, Florida Statutes.

114 SPECIAL CATEGORIES
GRANTS AND AIDS - SCHOOL AND INSTRUCTIONAL ENHANCEMENTS
FROM GENERAL REVENUE FUND 32,102,012

From the funds in Specific Appropriation 114, the following appropriation projects are funded with recurring funds that shall be allocated as follows:

Academic Tourney (Recurring Base Appropriations Project)	132,738
African American Task Force (Recurring Base Appropriations Project)	100,000
AMI Kids (Recurring Base Appropriations Project)	1,100,000
Arts for a Complete Education/Florida Alliance for Arts Education (Recurring Base Appropriations Project)	110,952
Black Male Explorers (Recurring Base Appropriations Project)	164,701
Early Childhood Music Education Incentive Pilot Program as provided in section 1003.481, Florida Statutes	400,000
Florida Holocaust Museum (Recurring Base Appropriations Project)	600,000
Girl Scouts of Florida (Recurring Base Appropriations Project)	267,635
Holocaust Memorial Miami Beach (Recurring Base Appropriations Project)	66,501
Holocaust Task Force (Recurring Base Appropriations Project)	100,000
Project to Advance School Success (PASS) (Recurring Base Appropriations Project)	508,983
State Science Fair (Recurring Base Appropriations Project)	72,032
YMCA Youth in Government (Recurring Base Appropriations Project)	100,000

From the funds in Specific Appropriation 114, nonrecurring funds are provided for the following:

Academic Tourney (HB 4577) (Senate Form 1769)	15,000
Adult Literacy League - Improving the Lives of Central Floridians through Literacy and Education (HB 2137) (Senate Form 1956)	25,000
After-School All-Stars (HB 4065) (Senate Form 1965)	500,000
All Pro Dad's Fatherhood Involvement in Literacy & Family (HB 2855) (Senate Form 2308)	700,000
Breakthrough Miami (Senate Form 1333)	500,000
Building a Better Tampa Bay STEM Workforce Initiative (HB 2161) (Senate Form 2314)	500,000
Children in Action Literacy and Science Enrichment Routines - LASER (HB 4047) (Senate Form 1369)	200,000
City of Riviera Beach Youth Empowerment Program (HB 4639) (Senate Form 1792)	150,000
Collier Community Abstinence Program, CCAP (HB 4377) (Senate Form 1359)	200,000
Crockett Foundation Coding Explorers Program (Senate Form 1279)	50,000
DCS Mentoring Program, Inc. (HB 4475) (Senate Form 1371)	50,000
DREAM Academy & STEM Saturdays (HB 4995) (Senate Form 1517)	540,000
East River High School - Agriculture Education Program Expansion (HB 3905) (Senate Form 1581)	60,000
Educational Consultants Consortium Summer Youth Employment and Academic Slide Prevention Program (HB 4273)	131,180
Excelling Eagles After School Assistance Program (HB 4295)	200,000
Expansion of READ USA Book Fairs (HB 2429)	100,000
Feeding Tampa Bay Engage & Empower (HB 4241) (Senate Form 1500)	255,000
Florida Debate Initiative (HB 4447) (Senate Form 2458)	925,000

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

Friends of the Children School Success Project (HB 2529) (Senate Form 2139)	168,135
Hands of Mercy Everywhere, Inc.-Belleview Lakeside Hospitality Program (HB 2005) (Senate Form 1074)	200,000
Holocaust Memorial Miami Beach (HB 2535)	300,000
Hope Street Family Education Services (HB 4717) (Senate Form 2258)	250,000
Invicta Institute of Intelligence (HB 4391)	193,669
Johns Hopkins All Children's Hospital Patient Academics Program (HB 4859) (Senate Form 2362)	450,000
Junior Achievement Workforce Readiness Program Expansion (HB 2303) (Senate Form 1158)	400,000
Knowledge is Power Program (KIPP) - Jacksonville (HB 2769) (Senate Form 1666)	2,000,000
Learning for Life (HB 2103) (Senate Form 1026)	250,000
Manatee County YDASH Program (Senate Form 2521)	245,142
Manatee Schools STEM Career Pathways Pilot (HB 4457) (Senate Form 1820)	550,000
Matific (HB 2859)	400,000
Mental Health Assistance Allocation for Florida Virtual Schools (Senate Form 2420)	625,000
Merritt Island High School StangStation (HB 4369) (Senate Form 1478)	10,000
Military-Connected Schools Initiative (HB 3753)	100,000
Mote Marine Laboratory STEM Education (HB 9239) (Senate Form 2366)	1,500,000
National Flight Academy (HB 2001) (Senate Form 1396)	421,495
Northeast Florida 21st Century Workforce Development Project (HB 2919) (Senate Form 1664)	500,000
Operation Empowered Parent (HB 4281) (Senate Form 2392)	100,000
Orange County Public Schools (OCPS) Calculus Project and Starbase Mentoring and Science, Technology, Engineering and Mathematics (STEM) (HB 2561) (Senate Form 1513)	100,000
Pinellas County Schools - Career Acceleration Program (HB 3275) (Senate Form 1302)	125,000
Proposal for Non-public CTE Certification Pilot Program (HB 4207) (Senate Form 2516)	200,000
Putnam County School District Public Service Academy Year 2 (HB 4927) (Senate Form 2536)	250,000
Read to Lead (HB 4029)	100,000
Safer, Smarter Schools (HB 2845) (Senate Form 1473)	2,000,000
Sarasota County Schools Summer Learning Academy (HB 2507) (Senate Form 1241)	800,000
Seminole County Public Schools Construction Workforce Talent Pipeline (HB 2689) (Senate Form 1961)	500,000
St. Johns Schools Classroom to Careers/Flagships (Senate Form 2484)	50,000
Stop the Violence & Embrace Afterschool Program (HB 3785) (Senate Form 1261)	50,000
Tampa Museum of Art- Art on the House- Education & Community Outreach (HB 2559) (Senate Form 1284)	50,000
Teach for America, Inc. (HB 4885) (Senate Form 2511)	250,000
Tech Sassy Girlz (HB 9073) (Senate Form 1377)	250,000
The First Tee Champ (HB 4443) (Senate Form 1565)	650,000
The TACOLCY Teen Council and College Prep (HB 2447)	78,518
Walkabouts Kinesthetic Learning Program (HB 4809) (Senate Form 1144)	200,000
YMCA Youth in Government (HB 4221)	200,000

From the funds in Specific Appropriation 114, $7,223,749 in recurring funds and $1,536,582 in nonrecurring funds from the General Revenue Fund are provided for the SEED School of Miami as provided in section 1002.3305, Florida Statutes.

115	SPECIAL CATEGORIES GRANTS AND AIDS - EXCEPTIONAL EDUCATION FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . .	7,298,722	2,333,354

From the funds in Specific Appropriation 115, $350,000 in recurring funds and $600,000 in nonrecurring funds from the General Revenue Fund are provided for The Family Cafe (HB 3067) (Senate Form 1366). Funds in Specific Appropriation 115 for The Family Cafe are supplemental and shall not be used to replace or supplant current funds awarded for The Family Cafe project (recurring base appropriations project).

From the funds in Specific Appropriation 115, $1,141,704 in recurring

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funds and $150,000 in nonrecurring funds from the General Revenue Fund are provided for Learning Through Listening (HB 3249) (Senate Form 1145) (recurring base appropriations project).

From the funds in Specific Appropriation 115, $250,000 in recurring funds and $250,000 in nonrecurring funds from the General Revenue Fund are provided for the Special Olympics (HB 3261) (Senate Form 1362) (recurring base appropriations project).

From the funds in Specific Appropriation 115, $1,500,000 in nonrecurring funds from the General Revenue Fund are provided for the Pepin Academies Foundation(Senate Form 2563).

From the funds in Specific Appropriation 115, the following recurring funds from the General Revenue Fund shall be allocated as follows:

Auditory-Oral Education Grant Funding (recurring base appropriations project)	750,000
Communication/Autism Navigator as provided in section 1006.03, Florida Statutes	1,353,292
Florida Diagnostic and Learning Resources System Associate Centers as provided in section 1006.03, Florida Statutes	577,758
Florida Instructional Materials Center for the Visually Impaired as provided in section 1003.55, Florida Statutes	108,119
Multi-Agency Service Network for Students with Severe Emotional/Behavioral Disturbance as provided in section 1006.04, Florida Statutes	247,849
Portal to Exceptional Education Resources as provided in section 1003.576, Florida Statutes	20,000

Funds in Specific Appropriation 115 from the Federal Grants Trust Fund shall be allocated as follows:

Florida Instructional Materials Center for the Visually Impaired as provided in section 1003.55, Florida Statutes	270,987
Multi-Agency Service Network for Students with Severe Emotional/Behavioral Disturbance as provided in section 1006.04, Florida Statutes	750,322
Portal to Exceptional Education Resources as provided in section 1003.576, Florida Statutes	786,217
Resource Materials Technology Center for Deaf/Hard-of-Hearing as provided in section 1003.55, Florida Statutes	191,828
Very Special Arts (recurring base appropriations project)	334,000

Funds provided in Specific Appropriation 115 for Auditory-Oral Education Grants shall only be awarded to Florida public or private nonprofit school programs serving deaf children in multiple counties, from birth to age seven, including rural and underserved areas. These schools must solely offer auditory-oral education programs, as defined in section 1002.391, Florida Statutes, and have a supervisor and faculty members who are credentialed as Certified Listening and Spoken Language Specialists.

The amount of the grants shall be based on the specific needs of each eligible student. Each eligible school that has insufficient public funds to provide the educational and related services specified in the Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) of eligible students aged birth to seven years may submit grant applications to the Department of Education. Applications must include an itemized list of total costs, the amount of public funds available for those students without the grant, and the additional amount needed for the services identified in each students' respective IEP or IFSP. The department shall develop an appropriate application, provide instructions and administer this grant program to ensure minimum delay in providing the IEP or IFSP services for all eligible students. Each school shall be accountable for assuring that the public funds received are expended only for services for the eligible student as described in the application and shall provide a report documenting expenditures for the 2020-2021 fiscal year to the Department of Education by September 30, 2021.

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

116	SPECIAL CATEGORIES		
	FLORIDA SCHOOL FOR THE DEAF AND THE BLIND		
	FROM GENERAL REVENUE FUND	48,910,635	
	FROM ADMINISTRATIVE TRUST FUND . . .		120,937
	FROM FEDERAL GRANTS TRUST FUND . . .		1,981,099
	FROM GRANTS AND DONATIONS TRUST FUND		2,530,606

From the funds in Specific Appropriation 116, the school shall contract for health, medical, pharmaceutical and dental screening services for students. The school shall develop a collaborative service agreement for medical services and shall maximize the recovery of all legally available funds from Medicaid and private insurance coverage. The school shall report to the Legislature by June 30, 2021, information describing the agreement, services provided, budget and expenditures, including the amounts and sources of all funding used for the collaborative medical program and any other student health services during the 2020-2021 fiscal year.

From the funds in Specific Appropriation 116, $84,333 in recurring funds and $189,143 in nonrecurring funds from the General Revenue Fund are provided in lieu of funding authorized by section 1011.62, Florida Statutes, and provided in Specific Appropriation 116 to participate in the Teacher Salary Increase Allocation.

117	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	207,433	
	FROM ADMINISTRATIVE TRUST FUND . . .		40,935

117A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	PUBLIC SCHOOLS SPECIAL PROJECTS		
	FROM GENERAL REVENUE FUND	45,500,000	

From the funds in Specific Appropriation 117A, the following projects are funded with nonrecurring funds that shall be allocated as follows:

Astronaut High School Welding Lab Equipment (HB 4371) (Senate Form 1477)	100,000
City of Hialeah Educational Academy (HB 4499) (Senate Form 1522)	2,900,000
Key West Collegiate Academy Building (Senate Form 2573)	500,000

From the funds provided in Specific Appropriation 117A, $42,000,000 is provided for the School Hardening Grant program to improve the physical security of school buildings based on the security risk assessment required by section 1006.1493, Florida Statutes. Funds may only be used for capital purchases. Funds shall be allocated initially based on each district's capital outlay FTE and charter school FTE. No district shall be allocated less than $42,000. Funds shall be provided based on district application, which must be submitted to the Department of Education by February 1, 2021.

118	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	FACILITY REPAIRS MAINTENANCE AND CONSTRUCTION		
	FROM GENERAL REVENUE FUND	5,480,115	

From the funds in Specific Appropriation 118, the following projects are funded with nonrecurring funds that shall be allocated as follows:

Dedicated STEM Classroom for Marine Science (HB 2351) (Senate Form 2297)	250,000
Hernando County Schools - Ethernet Network Expansion (HB 4599) (Senate Form 2311)	650,000
LiFT Academy/University Transition Program - New Campus (HB 4263)	400,000
North Florida School of Special Education - Campus Renovation (Senate Form 2435)	500,000
Pinellas County-Pinellas Schools Joint Use Highpoint Recreation (HB 4113) (Senate Form 2174)	500,000
Security Funding in Jewish Day Schools (HB 2359) (Senate	

AMERICAN OVERSIGHT

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

Form 1977)		2,500,000
Tallahassee Jewish Community, Inc. Safety Initiative (HB 9037)		530,115
Taylor County School District Safe and Secure Schools Electronic Key Card System (HB 2945)		150,000
TOTAL: PROGRAM: STATE GRANTS/K-12 PROGRAM - NON FEFP		
FROM GENERAL REVENUE FUND	417,193,069	
FROM TRUST FUNDS		21,832,081
TOTAL ALL FUNDS		439,025,150
PROGRAM: FEDERAL GRANTS K/12 PROGRAM		
119 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - PROJECTS, CONTRACTS AND GRANTS		
FROM GRANTS AND DONATIONS TRUST FUND		3,999,420
120 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - FEDERAL GRANTS AND AIDS		
FROM ADMINISTRATIVE TRUST FUND		353,962
FROM FEDERAL GRANTS TRUST FUND		1,864,865,669
121 SPECIAL CATEGORIES DOMESTIC SECURITY		
FROM FEDERAL GRANTS TRUST FUND		5,409,971
TOTAL: PROGRAM: FEDERAL GRANTS K/12 PROGRAM		
FROM TRUST FUNDS		1,874,629,022
TOTAL ALL FUNDS		1,874,629,022
PROGRAM: EDUCATIONAL MEDIA & TECHNOLOGY SERVICES		
122 SPECIAL CATEGORIES CAPITOL TECHNICAL CENTER		
FROM GENERAL REVENUE FUND	224,624	
123 SPECIAL CATEGORIES GRANTS AND AIDS - PUBLIC BROADCASTING		
FROM GENERAL REVENUE FUND	9,714,053	

The funds provided in Specific Appropriation 123 shall be allocated as follows:

Florida Channel Closed Captioning	390,862
Florida Channel Satellite Transponder Operations	800,000
Florida Channel Statewide Governmental and Cultural Affairs Programming	497,522
Florida Channel Year Round Coverage	2,714,588
Florida Public Radio Emergency Network Storm Center	166,270
Public Radio Stations (recurring base appropriations project)	1,300,000
Public Television Stations	3,844,811

From the funds provided in Specific Appropriation 123, "Governmental Affairs for Public Television" shall be produced by the same contractor selected by the Legislature to produce "The Florida Channel".

From the funds provided in Specific Appropriation 123 for Public Television Stations, $320,400 shall be allocated to each public television station recommended by the Commissioner of Education. Public Radio Stations shall be allocated $100,000 per station.

From the funds provided in Specific Appropriation 123 for the Florida Channel Satellite Transponder Operations, the Florida Channel shall contract for the leasing, management and operation of the state transponder with the same public broadcasting station that produces the Florida Channel.

AMERICAN OVERSIGHT

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

TOTAL: PROGRAM: EDUCATIONAL MEDIA & TECHNOLOGY SERVICES
FROM GENERAL REVENUE FUND 9,938,677

TOTAL ALL FUNDS 9,938,677

PROGRAM: WORKFORCE EDUCATION

124 AID TO LOCAL GOVERNMENTS
PERFORMANCE BASED INCENTIVES
FROM GENERAL REVENUE FUND 6,500,000

Funds in Specific Appropriation 124 shall be provided by the Department of Education to district workforce education programs for students who earned industry certifications during the 2019-2020 academic year. Funding shall be based on students who earned industry certifications in the following occupational areas: health science to include surgical technology, orthopedic technology, dental assisting technology, practical nursing, medical coder/biller, medical assisting, certified nursing assistant, emergency medical technician and paramedic, clinical lab technician, EKG technician, pharmacy technician, and clinical hemodialysis technician; automotive service technology; auto collision repair and refinishing; medium/heavy duty truck technician; cyber security; cloud virtualization; network support services; computer programming; computer-aided drafting; advanced manufacturing; electrician; plumbing; public safety; welding; Federal Aviation Administration airframe mechanics and power plant mechanics; and heating, ventilation and air conditioning technician. These performance funds shall not be awarded for certifications earned through continuing workforce education programs.

School districts shall maintain documentation for student attainment of industry certifications that are eligible for performance funding. The Auditor General shall verify compliance with this requirement during scheduled operational audits of the school districts. If a district is unable to comply, the district shall refund the performance funding to the state.

125 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - ADULT BASIC EDUCATION
FEDERAL FLOW-THROUGH FUNDS
FROM FEDERAL GRANTS TRUST FUND . . . 45,365,457

126 AID TO LOCAL GOVERNMENTS
WORKFORCE DEVELOPMENT
FROM GENERAL REVENUE FUND 281,240,427

From the funds in Specific Appropriation 12 from the Educational Enhancement Trust Fund and Specific Appropriation 126 from the General Revenue Fund, $372,356,891 is provided for school district workforce education programs as defined in section 1004.02(25), Florida Statutes, and is allocated as follows:

Alachua	536,075
Baker	166,406
Bay	2,854,566
Bradford	966,583
Brevard	3,478,404
Broward	77,776,734
Calhoun	79,804
Charlotte	2,243,283
Citrus	2,064,261
Clay	495,645
Collier	10,017,505
Columbia	280,199
Miami-Dade	80,670,340
DeSoto	607,940
Dixie	69,289
Escambia	3,840,386
Flagler	996,068
Franklin	75,902
Gadsden	407,392
Glades	79,216
Gulf	79,816
Hamilton	73,672
Hardee	182,126
Hendry	419,998

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Hernando	573,537
Hillsborough	29,207,769
Indian River	1,007,631
Jackson	224,766
Jefferson	82,209
Lafayette	73,271
Lake	4,755,613
Lee	9,947,091
Leon	6,386,855
Liberty	89,377
Madison	73,087
Manatee	9,465,433
Marion	3,964,712
Martin	1,109,196
Monroe	609,617
Nassau	646,119
Okaloosa	2,223,670
Orange	31,942,536
Osceola	6,731,307
Palm Beach	17,692,976
Pasco	3,111,881
Pinellas	25,958,745
Polk	7,590,670
Saint Johns	4,039,530
Santa Rosa	2,201,116
Sarasota	8,276,099
Sumter	184,581
Suwannee	853,532
Taylor	1,168,522
Union	78,680
Wakulla	89,546
Walton	1,129,182
Washington	2,406,425

For programs leading to a career certificate or an applied technology diploma, and for adult general education programs, tuition and fees shall be assessed in accordance with section 1009.22, Florida Statutes.

Funds collected from standard tuition and out-of-state fees shall be used to support school district workforce education programs as defined in section 1004.02(25), Florida Statutes, and shall not be used to support K-12 programs or district K-12 administrative indirect costs.

The funds provided in Specific Appropriations 12, 124, and 126 shall not be used to support K-12 programs or district K-12 administrative indirect costs. The Auditor General shall verify compliance with this requirement during scheduled audits of these institutions.

Pursuant to the provisions of section 1009.26(1), Florida Statutes, school districts may grant fee waivers for programs funded through Workforce Development Education appropriations for up to eight percent of the fee revenues that would otherwise be collected.

From the funds provided in Specific Appropriations 12 and 126, each school district shall report enrollment for adult general education programs identified in section 1004.02, Florida Statutes, in accordance with the Department of Education instructional hours reporting procedures. The Auditor General shall verify compliance with this requirement during scheduled operational audits of the school districts.

District superintendents shall certify that workforce education enrollment and performance data used for funding allocations to districts is accurate and complete in accordance with reporting timelines established by the Department of Education. If the district's workforce education programs are operated through a charter technical career center as provided by section 1002.34, Florida Statutes, the director appointed by the charter board may certify the enrollment and performance data. Upon certification, the district data shall be considered final for purposes of use in state funding formulas. After the final certification, the Department of Education may request a supplemental file in the event that a district has reported a higher level of enrollment or performance than was actually achieved by the district.

AMERICAN OVERSIGHT

SECTION 2 - EDUCATION (ALL OTHER FUNDS)

127 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - PATHWAYS TO CAREER OPPORTUNITIES GRANT
FROM GENERAL REVENUE FUND 10,000,000

The recurring general revenue funds in Specific Appropriation 127 are provided for the Pathways to Career Opportunities Grant Program. The Department of Education shall administer the competitive grant program, determine eligibility, and distribute grants. Grantees include high schools, career centers, charter technical career centers, Florida College System institutions, and other entities authorized to sponsor an apprenticeship or preapprenticeship program, as defined in section 446.021, Florida Statutes. The funds may be used to establish new apprenticeship or preapprenticeship programs, or expand existing programs. Applicants must provide projected enrollment and projected costs for the new or expanded apprenticeship program. The department shall give priority to apprenticeship programs with demonstrated regional demand. Grant funds may be used for instructional equipment, supplies, personnel, student services, and other expenses associated with the creation or expansion of an apprenticeship program. Grant funds may not be used for recurring instructional costs or for indirect costs. Grant recipients must submit quarterly reports in a format prescribed by the department.

127A AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - WORKFORCE DIPLOMA PROGRAM
FROM GENERAL REVENUE FUND 1,500,000

From the funds in Specific Appropriation 127A, $1,500,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of Education to create a workforce diploma program to assist adults 22 years of age and older to obtain a high school diploma and develop employability and career technical skills. As soon as practicable, the department shall issue a Request for Qualifications and contract with eligible program providers to participate in the workforce diploma program. An eligible qualified provider must have experience providing dropout re-engagement services to adults 22 years of age and older; a course catalog that includes all courses necessary to meet Florida high school graduation requirements; the ability to provide career pathways coursework; the ability to provide preparation for industry-recognized credentials; the ability to provide career placement services; and be accredited by a recognized regional accrediting body.

Qualified providers shall be reimbursed by the department only upon completion of certain milestones for each pupil, not to exceed $7,000 per graduate, including but not limited to: the completion of each half credit; the completion of an employability skills certification program equal to at least 1 Carnegie unit; the attainment of an industry-recognized credential requiring up to 50 hours of training; the attainment of an industry-recognized credential requiring between 51-100 hours of training; the attainment of an industry-recognized credential requiring more than 100 hours of training; and the attainment of an accredited high school diploma. At the end of the pilot program each provider will report the following metrics to the department: (a) the total number of students funded through the program; (b) total number of credits earned; (c) total number of employability skills certifications issued; (d) the total number of industry-recognized credentials earned for each tier of funding; and (e) the total number of graduates. The department shall provide a report regarding the progress of the students to the Governor, the President of the Senate and Speaker of the House of Representatives no later than January 1, 2021.

128 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - VOCATIONAL FORMULA FUNDS
FROM FEDERAL GRANTS TRUST FUND . . . 72,724,046

129 SPECIAL CATEGORIES
GRANTS AND AIDS - SCHOOL AND INSTRUCTIONAL ENHANCEMENTS
FROM GENERAL REVENUE FUND 2,221,000

From the funds in Specific Appropriation 129, $100,000 in recurring funds and $100,000 in nonrecurring funds are appropriated for a base appropriations project for the Lotus House Education and Employment Program for High Special Needs Homeless Women and Youth (HB 2543)

AMERICAN OVERSIGHT

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

(Senate Form 1874).

From the funds in Specific Appropriation 129, $2,021,000 in nonrecurring funds is provided for the following appropriations projects:

Florence Fuller Child Development Centers, Inc., (FFCDC) Apprenticeship Training Academy & Employment Program (HB 3267)(Senate Form 2288)	250,000
Helping Abused Neglected Disadvantaged Youth, Inc. (HANDY) - Scholars Program (HB 3581) (Senate Form 2533)	100,000
Manatee Technical College - New Aviation Program (Senate Form 2508)	1,375,000
Miami-Dade Fair Foundation, Inc. - STEAM Innovation Center (HB 9099) (Senate Form 2578)	296,000

TOTAL: PROGRAM: WORKFORCE EDUCATION

FROM GENERAL REVENUE FUND	301,461,427	
FROM TRUST FUNDS		118,089,503
TOTAL ALL FUNDS		419,550,930

FLORIDA COLLEGES, DIVISION OF

PROGRAM: FLORIDA COLLEGES

130 AID TO LOCAL GOVERNMENTS
PERFORMANCE BASED INCENTIVES
FROM GENERAL REVENUE FUND 14,000,000

Funds in Specific Appropriation 130 are provided to colleges for students who earn industry certifications during the 2020-2021 academic year. Funding shall be based on students who earn industry certifications in the following occupational areas: public safety, health sciences, automotive service technology, auto collision repair and refinishing, cyber security, cloud virtualization, network support services, computer programming, advanced manufacturing, electrician, welding, Federal Aviation Administration airframe mechanics, power plant mechanics, unmanned aircraft systems, pharmacy technicians, and heating, ventilation and air conditioning technicians. The Department of Education shall distribute the awards by June 1, 2021, and establish procedures and timelines for colleges to report earned certifications for funding. The Department of Education may allocate any funds not obligated by June 1, 2021, to schools who have earned awards, based on the percentage of earned certifications. By October 31, 2020, the Chancellor of the Florida College System shall identify the associated industry certifications and shall prepare a report for each certification to include cost, percent employed, and average salary of graduates. These performance funds shall not be awarded for certifications earned through continuing workforce education programs.

Industry certifications earned by students enrolled in the 2019-2020 academic year which were eligible to be included in the funding allocation for the 2019-2020 fiscal year and were not included in the final disbursement due to the early data reporting deadline may be reported by colleges and included in the allocation of funds for the 2020-2021 fiscal year. Colleges shall maintain documentation for student attainment of industry certifications that are eligible for performance funding. The Auditor General shall verify compliance with this requirement during scheduled operational audits of the colleges. If a college is unable to comply, the college shall refund the performance funding to the state.

131 AID TO LOCAL GOVERNMENTS
STUDENT SUCCESS INCENTIVE FUNDS
FROM GENERAL REVENUE FUND 30,000,000

From the funds in Specific Appropriation 131, $20,000,000 is provided for the 2+2 Student Success Incentive Fund to support college efforts to improve the success of students enrolled in associate of arts degree programs in completing critical college credit courses, graduating with associate of arts degrees, and transferring to baccalaureate degree programs. These funds shall be allocated as follows:

Eastern Florida State College	671,272
Broward College	1,499,399

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

College of Central Florida	385,099
Chipola College	225,183
Daytona State College	598,108
Florida SouthWestern State College	685,917
Florida State College at Jacksonville	679,611
The College of the Florida Keys	145,151
Gulf Coast State College	281,800
Hillsborough Community College	1,038,744
Indian River State College	667,588
Florida Gateway College	220,674
Lake-Sumter State College	329,508
State College of Florida, Manatee-Sarasota	471,231
Miami Dade College	2,817,893
North Florida College	158,529
Northwest Florida State College	293,343
Palm Beach State College	1,222,893
Pasco-Hernando State College	565,906
Pensacola State College	419,964
Polk State College	389,479
Saint Johns River State College	358,065
Saint Petersburg College	961,805
Santa Fe College	852,231
Seminole State College of Florida	761,192
South Florida State College	216,646
Tallahassee Community College	802,115
Valencia College	2,280,654

From the funds in Specific Appropriation 131, $10,000,000 is provided for the Work Florida Student Success Incentive Fund to support college strategies and initiatives to align career education programs with statewide and regional workforce demands and high paying job opportunities. These funds shall be allocated as follows:

Eastern Florida State College	325,442
Broward College	926,169
College of Central Florida	269,082
Chipola College	119,691
Daytona State College	423,300
Florida SouthWestern State College	245,658
Florida State College at Jacksonville	658,075
The College of the Florida Keys	90,924
Gulf Coast State College	180,321
Hillsborough Community College	447,565
Indian River State College	499,373
Florida Gateway College	174,264
Lake-Sumter State College	100,665
State College of Florida, Manatee-Sarasota	202,743
Miami Dade College	814,635
North Florida College	89,092
Northwest Florida State College	149,627
Palm Beach State College	493,500
Pasco-Hernando State College	272,778
Pensacola State College	213,313
Polk State College	333,393
Saint Johns River State College	163,709
Saint Petersburg College	730,717
Santa Fe College	264,447
Seminole State College of Florida	581,202
South Florida State College	159,181
Tallahassee Community College	185,231
Valencia College	885,903

132 AID TO LOCAL GOVERNMENTS
FLORIDA COLLEGE SYSTEM DUAL ENROLLMENT
FROM GENERAL REVENUE FUND 550,000

134 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA COLLEGE SYSTEM
PROGRAM FUND
FROM GENERAL REVENUE FUND 1,076,168,013

Funds provided in Specific Appropriation 134 are provided for operating funds and approved baccalaureate programs and shall be allocated as follows:

Eastern Florida State College	36,765,050
Broward College	75,384,957

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

College of Central Florida	21,530,519
Chipola College	9,982,201
Daytona State College	42,144,321
Florida SouthWestern State College	28,016,332
Florida State College at Jacksonville	65,037,229
The College of the Florida Keys	6,807,155
Gulf Coast State College	19,590,630
Hillsborough Community College	59,651,362
Indian River State College	42,895,178
Florida Gateway College	11,832,297
Lake-Sumter State College	12,791,621
State College of Florida, Manatee-Sarasota	25,710,815
Miami Dade College	147,691,199
North Florida College	6,813,236
Northwest Florida State College	17,020,168
Palm Beach State College	55,213,723
Pasco-Hernando State College	27,125,617
Pensacola State College	31,234,315
Polk State College	28,330,501
Saint Johns River State College	21,036,787
Saint Petersburg College	62,444,891
Santa Fe College	38,181,714
Seminole State College of Florida	38,750,262
South Florida State College	14,425,503
Tallahassee Community College	29,039,963
Valencia College	77,776,442
Tier-Based Funding Model	22,944,025

Funds provided in Specific Appropriation 134 for the Tier-Based Funding Model shall be allocated by the Department of Education to Florida College System institutions based on student enrollment during the 2020-2021 fiscal year using a funding model developed by the department in coordination with the Florida College System presidents. The funding model shall group institutions into seven tiers based on enrollment size and include a base student allocation component, a compression component, an enrollment growth component, and a workforce program component. The initial funding model allocation shall include $6,120,699 for the base student allocation component, $4,258,757 for the compression component, $11,034,395 for the growth component, and $1,530,174 for the workforce component. The Department of Education shall have the ability to reallocate funds proportionately amongst the funding model components based on student enrollment during the 2020-2021 fiscal year and the resulting growth component calculation.

Included within the total appropriations for Florida College System institutions in Specific Appropriation 134, recurring funds are provided for the following base appropriations projects:

Chipola College	
Civil and Industrial Engineering Program	200,000
Daytona State College	
Advanced Technology Center	500,000
Hillsborough Community College	
Regional Transportation Training Center	2,262,500
A Day on Service	650,000
Pasco-Hernando State College	
STEM Stackable	2,306,271
St. Petersburg College	
Orthotics and Prosthetics Program	560,375
South Florida State College	
Shepherd's Field Agricultural College Collaboration	126,525

Included within the total appropriations for Florida College System institutions in Specific Appropriation 134, nonrecurring funds are provided for the following appropriations projects:

Daytona State College	
Critical Nursing and Health Sciences in Flagler County (HB 3233) (Senate Form 2039)	895,000
Gulf Coast State College	
Tuition and Fee Revenue Loss Due to Hurricane Michael (HB 4715) (Senate Form 2351)	739,173
Hillsborough Community College	
A Day on Service (Senate Form 1796)	300,000
State College of Florida, Manatee-Sarasota	
Manatee Educational Television (HB 2279) (Senate Form 1775)	410,000

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

Nursing Center of Excellence (HB 3713) (Senate Form 1227).	3,810,000
Northwest Florida State College	
Veterans Success Center (HB 2065) (Senate Form 2542).....	600,000
Pensacola State College	
Trucking Workforce Development (HB 2721) (Senate Form 1544).....	500,000
South Florida State College	
Clinical Immersion Center for Health Sciences Education (HB 3241) (Senate Form 1336).....	500,000
St. Petersburg College	
Collegiate High School (Senate Form 2571).....	2,000,000
Nursing Simulation Expansion (HB 3737) (Senate Form 1771).	725,000
Tallahassee Community College	
Leon Works Expo and Junior Apprenticeship Program (HB 2487) (Senate Form 1538).....	100,000
Nursing Program Expansion (HB 3349) (Senate Form 1467)....	650,000

Prior to the disbursement of funds in Specific Appropriations 14 and 134, colleges shall submit an operating budget for the expenditure of these funds as provided in section 1011.30, Florida Statutes. The operating budget shall clearly identify planned expenditures for baccalaureate programs and shall include the sources of funds.

For advanced and professional, postsecondary vocational, developmental education, educator preparation institute programs, and baccalaureate degree programs, tuition and fees shall be assessed in accordance with section 1009.23, Florida Statutes.

For programs leading to a career certificate or an applied technology diploma, and for adult general education programs, tuition and fees shall be assessed in accordance with section 1009.22, Florida Statutes.

Pursuant to the provisions of section 1009.26(1), Florida Statutes, Florida colleges may grant fee waivers for programs funded through Workforce Development Education appropriations for up to eight percent of the fee revenues that would otherwise be collected.

From the funds in Specific Appropriations 14 and 134, each Florida college shall report enrollment for adult general education programs identified in section 1004.02, Florida Statutes, in accordance with the Department of Education instructional hours reporting procedures. The Auditor General shall verify compliance with this requirement during scheduled operational audits of the Florida colleges.

Each Florida college board of trustees is given flexibility to make necessary adjustments to its operating budget. If any board reduces individual programs or projects within the Florida college by more than 10 percent during the 2020-2021 fiscal year, written notification shall be made to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Department of Education.

From the funds in Specific Appropriation 134, Miami Dade College (MDC) shall provide detailed quarterly reports, on the Status of Fixed Capital Outlay and Partially Funded Public Education Capital Outlay (PECO) Projects, including planned, in-progress, and completed projects. The reports shall include the following: MDC Priority Number; Department of Education Priority Number; Project Name; First Fiscal Year Funded; Total All Previous State Funding; Amount Spent/Contractually Obligated; Total State Funding Needed for Project; Total Local Funds; Total State and Local Funds; Total State Funds Remaining; and Project Status. Additionally, the college shall provide the same detail for expenditures utilizing funds transferred between Fund 1 (Current Funds Unrestricted) and Fund 7 (Unexpended Plant and Renewals/Replacement) for all other eligible acquisition, construction, major repair, renovation and/or replacement of institutional properties. The quarterly reports shall be submitted to the chair of the House Appropriations Committee, the chair of the Senate Appropriations Committee, and the Governor's Office of Policy and Budget. The first report shall be submitted on October 30, 2020, for the period of July 1, 2020, through September 30, 2020, and quarterly thereafter.

135 SPECIAL CATEGORIES
COMMISSION ON COMMUNITY SERVICE
FROM GENERAL REVENUE FUND 983,182

AMERICAN OVERSIGHT

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

TOTAL: PROGRAM: FLORIDA COLLEGES
FROM GENERAL REVENUE FUND 1,121,701,195

TOTAL ALL FUNDS 1,121,701,195

STATE BOARD OF EDUCATION

From the funds provided in Specific Appropriations 136 through 148, the Commissioner of Education shall prepare and provide to the chair of the Senate Committee on Appropriations, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor on or before October 1, 2020, a report containing the following: the federal indirect cost rate(s) approved to be used for the 12 month period of the 2020-2021 fiscal year and the data on which the rate(s) was established; the estimated amount of funds the approved rate(s) will generate; the proposed expenditure plan for the amount generated; and the June 30, 2020, balance of all unexpended federal indirect cost funds.

From the funds provided in Specific Appropriations 136 through 148, the Department of Education shall publish on the Florida Department of Education website by December 31, 2020, from each school district's Annual Financial Report, expenditures on a per FTE basis for the following fund types: General Fund, Special Revenue Fund, Debt Service Fund, Capital Project Fund and a Total. Fiduciary funds, enterprise funds, and internal service funds shall not be included. This funding information shall also be published in the same format on each school district's website by December 31, 2020.

Funds provided in Specific Appropriations 136 through 148 for the Working Capital Trust Fund shall be cost-recovered from funds used to pay data processing services provided in accordance with section 216.272, Florida Statutes.

APPROVED SALARY RATE 49,441,301

136	SALARIES AND BENEFITS POSITIONS	930.00		
	FROM GENERAL REVENUE FUND		21,660,769	
	FROM ADMINISTRATIVE TRUST FUND . . .			7,223,878
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND			5,253,018
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND			2,983,400
	FROM FEDERAL GRANTS TRUST FUND . . .			14,980,477
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND			2,749,826
	FROM STUDENT LOAN OPERATING TRUST FUND			6,980,545
	FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND			74,946
	FROM OPERATING TRUST FUND			295,445
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND			402,177
	FROM WORKING CAPITAL TRUST FUND . .			5,652,462
137	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		241,613	
	FROM ADMINISTRATIVE TRUST FUND . . .			140,473
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND			94,347
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND			41,618
	FROM FEDERAL GRANTS TRUST FUND . . .			531,568
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND			220,559
	FROM STUDENT LOAN OPERATING TRUST FUND			24,981
	FROM OPERATING TRUST FUND			5,005
	FROM WORKING CAPITAL TRUST FUND . .			57,725
138	EXPENSES			
	FROM GENERAL REVENUE FUND		4,295,240	
	FROM ADMINISTRATIVE TRUST FUND . . .			1,456,375

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		1,009,523
FROM EDUCATIONAL MEDIA AND TECHNOLOGY TRUST FUND		133,426
FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		898,664
FROM FEDERAL GRANTS TRUST FUND		2,188,663
FROM GRANTS AND DONATIONS TRUST FUND		48,433
FROM INSTITUTIONAL ASSESSMENT TRUST FUND		540,776
FROM STUDENT LOAN OPERATING TRUST FUND		800,556
FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		39,050
FROM OPERATING TRUST FUND		295,667
FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		135,350
FROM WORKING CAPITAL TRUST FUND		706,077

From the funds provided in Specific Appropriation 138, $45,187 from the General Revenue Fund is provided to the Department of Education to pay the state's dues to the Interstate Commission on Educational Opportunity for Military Children for the 2020-2021 fiscal year.

From the funds provided in Specific Appropriation 138, $1,000,000 in recurring funds from the General Revenue Fund is provided to the Just Read, Florida Office for the development and delivery of a literacy-focused online professional development system for Florida teachers as provided in section 1001.215, Florida Statutes.

139	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	45,970	
	FROM ADMINISTRATIVE TRUST FUND		144,428
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		7,440
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		15,000
	FROM FEDERAL GRANTS TRUST FUND		241,756
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND		16,375
	FROM STUDENT LOAN OPERATING TRUST FUND		55,960
	FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		6,000
	FROM OPERATING TRUST FUND		5,000
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		3,150
	FROM WORKING CAPITAL TRUST FUND		47,921
140	SPECIAL CATEGORIES		
	ASSESSMENT AND EVALUATION		
	FROM GENERAL REVENUE FUND	68,796,316	
	FROM ADMINISTRATIVE TRUST FUND		2,315,367
	FROM FEDERAL GRANTS TRUST FUND		40,153,877
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		13,783,900

From the funds in Specific Appropriation 140, the recurring sum of $5,847,441 from the General Revenue Fund is provided to the Department of Education for the statewide assessments program to cover the cost of additional contract deliverables that are required to administer assessment testing in Fiscal Year 2020-2021. These funds shall be placed in reserve. The department is authorized to submit budget amendments to request release of funds held in reserve pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed operational work plan and spending plan.

141	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	171,900	

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142	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	18,576,439	
	FROM ADMINISTRATIVE TRUST FUND . . .		739,054
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		1,402,736
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		488,200
	FROM FEDERAL GRANTS TRUST FUND . . .		1,876,770
	FROM GRANTS AND DONATIONS TRUST FUND		50,000
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND		405,405
	FROM STUDENT LOAN OPERATING TRUST FUND		14,115,208
	FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		19,893
	FROM OPERATING TRUST FUND		374,193
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		4,242,250
	FROM WORKING CAPITAL TRUST FUND . .		943,604

From the funds in Specific Appropriation 142, the recurring sum of $2,000,000 from the General Revenue Fund is provided to the Department of Education for staff augmentation to streamline and consolidate software applications and update user interfaces to be consistent with other department applications for the School Choice Scholarship Programs Database.

From the funds provided in Specific Appropriation 142, $6,400,000 in recurring funds and $1,600,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of Education to implement the provisions of section 1006.07(4), Florida Statutes.

From the funds in Specific Appropriation 142, the recurring sum of $80,000 and the nonrecurring sum of $1,885,840 from the General Revenue Fund are provided to the Department of Education to implement the Number One Standards Teacher Professional Development initiative.

143	SPECIAL CATEGORIES		
	EDUCATIONAL FACILITIES RESEARCH AND DEVELOPMENT PROJECTS		
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		200,000
144	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	97,219	
	FROM ADMINISTRATIVE TRUST FUND . . .		47,185
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		27,680
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		13,256
	FROM FEDERAL GRANTS TRUST FUND . . .		80,777
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND		3,517
	FROM STUDENT LOAN OPERATING TRUST FUND		76,746
	FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		358
	FROM OPERATING TRUST FUND		3,559
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		1,487
	FROM WORKING CAPITAL TRUST FUND . .		23,169
145	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	118,382	
	FROM ADMINISTRATIVE TRUST FUND . . .		20,676
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		17,190

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		11,234
	FROM FEDERAL GRANTS TRUST FUND		70,839
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND		8,819
	FROM STUDENT LOAN OPERATING TRUST FUND		42,523
	FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		293
	FROM OPERATING TRUST FUND		2,761
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		1,721
	FROM WORKING CAPITAL TRUST FUND		25,472
146	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	90,688	
	FROM ADMINISTRATIVE TRUST FUND		7
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		2,929
	FROM FEDERAL GRANTS TRUST FUND		38
	FROM STUDENT LOAN OPERATING TRUST FUND		107,635
	FROM WORKING CAPITAL TRUST FUND		6,415
147	DATA PROCESSING SERVICES		
	EDUCATION TECHNOLOGY AND INFORMATION SERVICES		
	FROM GENERAL REVENUE FUND	5,397,820	
	FROM ADMINISTRATIVE TRUST FUND		1,702,973
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		1,163,380
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		335,302
	FROM FEDERAL GRANTS TRUST FUND		2,793,144
	FROM INSTITUTIONAL ASSESSMENT TRUST FUND		313,236
	FROM STUDENT LOAN OPERATING TRUST FUND		1,098,161
	FROM NURSING STUDENT LOAN FORGIVENESS TRUST FUND		16,518
	FROM OPERATING TRUST FUND		93,139
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		68,855
	FROM WORKING CAPITAL TRUST FUND		1,223,552
148	DATA PROCESSING SERVICES		
	NORTHWEST REGIONAL DATA CENTER (NWRDC)		
	FROM GENERAL REVENUE FUND	1,838,332	
	FROM ADMINISTRATIVE TRUST FUND		10,286
	FROM EDUCATIONAL CERTIFICATION AND SERVICE TRUST FUND		72,085
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		2,083
	FROM FEDERAL GRANTS TRUST FUND		28,223
	FROM STUDENT LOAN OPERATING TRUST FUND		705,650
	FROM TEACHER CERTIFICATION EXAMINATION TRUST FUND		42,045
	FROM WORKING CAPITAL TRUST FUND		4,372,253
TOTAL:	STATE BOARD OF EDUCATION		
	FROM GENERAL REVENUE FUND	121,330,688	
	FROM TRUST FUNDS		152,255,668
	TOTAL POSITIONS	930.00	
	TOTAL ALL FUNDS		273,586,356

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

UNIVERSITIES, DIVISION OF

PROGRAM: EDUCATIONAL AND GENERAL ACTIVITIES

Funds in Specific Appropriations 15 through 19 and 149 through 162 are provided as grants and aids to support the operation of state university entities. Funds provided to each university entity are contingent upon that university entity following the provisions of chapters 1000 through 1013, Florida Statutes, which relate to state universities. Any withholding of funds pursuant to this provision shall be subject to the approval of the Legislative Budget Commission.

149 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - MOFFITT CANCER CENTER AND RESEARCH INSTITUTE
FROM GENERAL REVENUE FUND 10,576,930

The funds in Specific Appropriation 149 shall be transferred to the H. Lee Moffitt Cancer Center and Research Institute to support the operations of this state university system entity. Funds in Specific Appropriation 149 may be transferred to the Agency for Health Care Administration and used as state matching funds for the H. Lee Moffitt Cancer Center and Research Institute to adjust the Medicaid inpatient reimbursement and outpatient trend adjustments applied to the H. Lee Moffitt Cancer Center and Research Institute and other Medicaid reductions to its reimbursements up to the actual Medicaid inpatient and outpatient costs. In the event that enhanced Medicaid funding is not implemented by the Agency for Health Care Administration, these funds shall remain appropriated to the H. Lee Moffitt Cancer Center and Research Institute to continue the original purpose of providing research and education related to cancer.

150 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - EDUCATION AND GENERAL ACTIVITIES
FROM GENERAL REVENUE FUND 2,307,859,823
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 1,791,677,200
FROM PHOSPHATE RESEARCH TRUST FUND . 5,179,554

The funds provided in Specific Appropriations 150 through 158 from the Education and General Student and Other Fees Trust Fund are the only budget authority provided in this act for the 2020-2021 fiscal year to the named university entities to expend tuition and fees that are collected during the 2020-2021 fiscal year and carried forward from the prior fiscal year and that are appropriated into local accounts pursuant to section 1011.4106, Florida Statutes. The expenditure of tuition and fee revenues from local accounts by each university entity shall not exceed the authority provided by these specific appropriations, unless approved pursuant to the provisions of chapter 216, Florida Statutes.

Funds from the General Revenue Fund provided in Specific Appropriations 150 through 158 to each of the named university entities are contingent upon each university entity complying with the tuition and fee policies established in Part II of chapter 1009, Florida Statutes. However, the funds appropriated to a specific university entity shall not be affected by the failure of another university entity to comply with this provision.

Funds in Specific Appropriations 15 through 19 and 150 through 162 shall be expended in accordance with operating budgets that must be approved by each university's board of trustees.

Funds in Specific Appropriation 150 from the General Revenue Fund shall be allocated as follows:

University of Florida	361,330,866
Florida State University	307,068,937
Florida A&M University	70,550,991
University of South Florida	174,275,496
University of South Florida - St. Petersburg	26,997,453
University of South Florida - Sarasota/Manatee	15,631,030
Florida Atlantic University	118,513,142
University of West Florida	53,637,649
University of Central Florida	198,112,575
Florida International University	191,913,667

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

University of North Florida	78,818,557
Florida Gulf Coast University	73,700,250
New College of Florida	26,204,190
Florida Polytechnic University	35,867,520
State University Performance Based Incentives	560,000,000
Johnson Matching Grant	237,500
Universities of Distinction	15,000,000

Funds provided in Specific Appropriation 150, as listed above, include recurring funds from the General Revenue Fund for the following base appropriations projects:

Florida Agricultural and Mechanical University	
Crestview Education Center	1,500,000
Florida Atlantic University	
Max Planck Scientific Fellowship Program	889,101
Secondary Robotics Team Support	100,000
Florida International University	
FIUnique	3,539,985
Florida State University	
Boys & Girls State	100,000
Student Veterans Center	500,000
New College of Florida	
Career & Internship Program	275,000
Master in Data Science & Analytics	1,220,000
University of Central Florida	
Advanced Manufacturing Sensor Project	5,000,000
University of North Florida	
Advanced Manufacturing & Materials Innovation	855,000
University of South Florida	
All Children's Hospital Partnership	250,000
Florida Cybersecurity Initiative	6,450,000
University of South Florida - St. Pete	
Center for Innovation	260,413
University of West Florida	
Office of Economic Development & Engagement	1,312,500
Physician Assistance Program	1,000,000
School of Mechanical Engineering	1,000,000
Veteran & Military Student Support	250,000

Included within the total appropriations for State Universities in Specific Appropriation 150, nonrecurring funds from the General Revenue Fund are provided for the following appropriations projects:

Florida Agricultural and Mechanical University	
Brooksville Agricultural and Environmental Research Station (HB 2783) (Senate Form 1465)	200,000
Mandarin Institute (HB 4535) (Senate Form 1801)	200,000
Florida Atlantic University	
Max Planck Florida Scientific Fellows (HB 2205) (Senate Form 1016)	750,000
Florida International University	
Individualized C (Senate Form 2094)	750,000
Targeted STEM Initiatives (Senate Form 1833)	2,000,000
Washington Center University Scholarships (HB 2497) (Senate Form 1640)	350,000
University of Central Florida	
Florida Center For Nursing (HB 4417)	500,000
University of Florida	
Lastinger Center - Algebra Nation: Statewide Digital Math Enhancement Program (HB 2151) (Senate Form 1082)	1,000,000
University of North Florida	
Jax Bridges Competitive Small Business Initiative (HB 3947) (Senate Form 2527)	350,000
University of South Florida - St. Petersburg	
Citizen Scholar Partnership (HB 4147) (Senate Form 1012)	300,000
University of West Florida	
Specialized Degrees for Firefighters (HB 3595) (Senate Form 1611)	158,000

Funds in Specific Appropriation 150 from the Education and General Student and Other Fees Trust Fund shall be allocated as follows:

University of Florida	342,653,152
Florida State University	229,310,768
Florida A&M University	67,801,614
University of South Florida	187,739,487

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University of South Florida - St. Petersburg	26,096,995
University of South Florida - Sarasota/Manatee	10,870,425
Florida Atlantic University	136,401,331
University of West Florida	53,000,000
University of Central Florida	318,133,474
Florida International University	262,330,676
University of North Florida	77,333,530
Florida Gulf Coast University	69,089,932
New College of Florida	6,807,778
Florida Polytechnic University	4,108,038

Undergraduate tuition shall be assessed in accordance with section 1009.24, Florida Statutes. Tuition for graduate and professional programs and out-of-state fees for all programs shall be established pursuant to section 1009.24, Florida Statutes. No state university may receive general revenue funding associated with the enrollment of out-of-state students.

Each university board of trustees is given flexibility to make necessary adjustments to its operating budget. If any board reduces individual programs or projects within the university by more than 10 percent during the 2020-2021 fiscal year, written notification shall be made to the Executive Office of the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Board of Governors.

Funds in Specific Appropriation 150 from the Phosphate Research Trust Fund are provided for the Florida Polytechnic University.

From the funds in Specific Appropriation 150, $560,000,000 is provided for State University System Performance Based Incentives. The funds available for allocation to the universities based on the performance funding model shall consist of the state's investment of $265,000,000 in performance funding, plus an institutional investment of $295,000,000 consisting of funds to be redistributed from the base funding of the State University System. The Board of Governors shall allocate all appropriated funds for State University System Performance Based Incentives based on the requirements in section 1001.92, Florida Statutes.

From the funds in Specific Appropriation 150, the Board of Governors Foundation shall distribute $237,500 to state universities for Johnson Scholarships in accordance with section 1009.74, Florida Statutes. Sixty percent of such funds shall be released at the beginning of the first quarter and the balance at the beginning of the third quarter.

From the funds in Specific Appropriation 150, $15,000,000 for Universities of Distinction shall be distributed by the Board of Governors to state universities that focus on one core competency unique to the State University System and that achieve excellence at the national or state level, meet state workforce needs, and foster an innovation economy that focuses on such areas as health care, security, transportation, and science, technology, engineering, and mathematics (STEM), including supply chain management.

From the funds in Specific Appropriation 150, $5,000,000 in recurring General Revenue is provided to the Florida Institute for Child Welfare at Florida State University to implement the provisions relating to the Institute in CS/SB 1326 and are contingent upon the bill, or substantially similar legislation, becoming law. The Institute shall provide quarterly implementation status reports to the chair of the Senate Committee on Appropriations; the chair of the House of Representatives Appropriations Committee; the chair of the Senate Committee on Children, Families, and Elder Affairs; and the chair of the House of Representatives Health and Human Services Committee.

151 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY AND FLORIDA STATE UNIVERSITY COLLEGE OF ENGINEERING
FROM GENERAL REVENUE FUND 14,541,522

152 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - IFAS (INSTITUTE OF FOOD AND AGRICULTURAL SCIENCE)
FROM GENERAL REVENUE FUND 153,167,577

From the funds in Specific Appropriation 152, recurring funds are

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provided for the following base appropriations projects:

Animal Agriculture Industry Science & Technology	2,240,000
Cervidae Disease Research	2,000,000
Florida Shellfish Aquaculture	250,000
Forestry Education	1,110,825
Statewide Water Budget Data Analytics Pilot Project w/ DEP	1,381,200

153 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER
FROM GENERAL REVENUE FUND 68,366,015
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 65,542,305

From the funds in Specific Appropriation 153, recurring funds from the General Revenue Fund are provided for the following base appropriations projects:

Center for Neuromusculoskeletal Research	300,000
Veteran PTSD Study	125,000
Veteran PTSD & Traumatic Brain Injury Study	250,000
Veteran Service Center	175,000

154 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - UNIVERSITY OF FLORIDA HEALTH CENTER
FROM GENERAL REVENUE FUND 106,682,231
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 37,517,537

From the funds in Specific Appropriation 154, nonrecurring funds from the General Revenue Fund are provided for the following appropriations projects:

Alzheimer's Disease and Dementia Research (HB 9047) (Senate Form 1616)	1,500,000
Program to Cure Dystonia and Other Involuntary Muscle Disorders (Senate Form 2526)	500,000

155 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA STATE UNIVERSITY MEDICAL SCHOOL
FROM GENERAL REVENUE FUND 35,060,136
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 14,898,434

156 AID TO LOCAL GOVERNMENTS
UNIVERSITY OF CENTRAL FLORIDA MEDICAL SCHOOL
FROM GENERAL REVENUE FUND 30,920,583
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 18,346,940

From the funds in Specific Appropriation 156, $337,000 in recurring funds from the General Revenue Fund is provided for Crohn's and Colitis Research (base appropriations project).

157 AID TO LOCAL GOVERNMENTS
FLORIDA INTERNATIONAL UNIVERSITY MEDICAL SCHOOL
FROM GENERAL REVENUE FUND 32,785,979
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 18,787,129

From the funds in Specific Appropriation 157, $1,500,000 in recurring funds from the General Revenue Fund is provided for the Neuroscience Centers of Florida Foundation (base appropriations project).

158 AID TO LOCAL GOVERNMENTS
FLORIDA ATLANTIC UNIVERSITY MEDICAL SCHOOL
FROM GENERAL REVENUE FUND 16,568,949
FROM EDUCATION AND GENERAL STUDENT AND OTHER FEES TRUST FUND 10,717,381

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159 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - STUDENT FINANCIAL ASSISTANCE
FROM GENERAL REVENUE FUND 7,140,378

A minimum of 75 percent of the funds provided in Specific Appropriation 159 shall be allocated for need-based financial aid.

Funds in Specific Appropriation 159 shall be allocated as follows:

University of Florida	1,737,381
Florida State University	1,467,667
Florida A&M University	624,417
University of South Florida	801,368
Florida Atlantic University	399,658
University of West Florida	157,766
University of Central Florida	858,405
Florida International University	540,666
University of North Florida	200,570
Florida Gulf Coast University	98,073
New College of Florida	204,407
Florida Polytechnic University	50,000

160 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLORIDA POSTSECONDARY COMPREHENSIVE TRANSITION PROGRAM
FROM GENERAL REVENUE FUND 8,984,565

Funds provided in Specific Appropriation 160 shall be distributed pursuant to the following guidelines:

Florida Center for Students with Unique Abilities	1,500,000
Startup and Enhancement Grants	3,984,565
Florida Postsecondary Comprehensive Transition Program Scholarships	3,500,000

Funds provided to the Florida Center for Students with Unique Abilities are for costs solely associated with the center serving as the statewide coordinating center for the program. Funds are provided for startup and enhancement grants pursuant to section 1004.6495(5)(b)5., Florida Statutes. Funds provided for Florida Postsecondary Comprehensive Transition Program Scholarships shall be distributed to students who are enrolled in eligible programs. The scholarship amount shall be $7,000 for each student who meets the eligibility requirements of subsection 1004.6495(7), Florida Statutes. Funds provided for startup and enhancement grants may also be used to provide additional student scholarships if total grant awards in the 2020-2021 fiscal year are below the appropriated amount. The maximum annual startup and enhancement grant award shall be $300,000 per institution. Funds provided for Florida Postsecondary Comprehensive Transition Program Scholarships may be used to provide additional startup and enhancement grants if total scholarship awards for the 2020-2021 fiscal year are below the appropriated amount.

161 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - INSTITUTE FOR HUMAN AND MACHINE COGNITION
FROM GENERAL REVENUE FUND 2,739,184

The funds in Specific Appropriation 161 shall be transferred to the Institute for Human and Machine Cognition to support the operations of this state university system entity.

161A AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - COMPLETE FLORIDA PLUS PROGRAM
FROM GENERAL REVENUE FUND 29,390,671

Funds provided in Specific Appropriation 161A to the Complete Florida Plus Program at the University of West Florida are for costs associated with the duties and responsibilities of the program established pursuant to section 1006.735, Florida Statutes.

From the funds in Specific Appropriation 161A provided to the University of West Florida, $2,535,616 shall be released to the Florida Academic Library Services Cooperative at the University of West Florida

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at the beginning of the first quarter, and $4,317,400 shall be released at the beginning of the second quarter in addition to the normal releases. The additional releases are provided to maximize cost savings through centralized purchases of subscription-based electronic resources.

From the funds in Specific Appropriation 161A for the Florida Academic Library Services Cooperative and the Complete Florida Plus Program at the University of West Florida, administrative costs shall not exceed five percent.

162	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		24,262,595	
	FROM PHOSPHATE RESEARCH TRUST FUND .			3,971
TOTAL:	PROGRAM: EDUCATIONAL AND GENERAL ACTIVITIES			
	FROM GENERAL REVENUE FUND		2,849,047,138	
	FROM TRUST FUNDS			1,962,670,451
	TOTAL ALL FUNDS			4,811,717,589

BOARD OF GOVERNORS

APPROVED SALARY RATE 5,085,791

163	SALARIES AND BENEFITS	POSITIONS	65.00	
	FROM GENERAL REVENUE FUND		6,130,063	
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND			801,329

From the funds provided in Specific Appropriation 163, the state-funded portion of salaries for each employee of the Board of Governors shall not exceed $200,000.

164	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	51,310	
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		15,589
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		5,196
165	EXPENSES		
	FROM GENERAL REVENUE FUND	736,982	
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		144,799
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		12,000
166	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	11,782	
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		5,950
167	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	784,903	
	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		70,000
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		3,000
168	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	12,581	
169	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	17,130	

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SECTION 2 - EDUCATION (ALL OTHER FUNDS)

	FROM DIVISION OF UNIVERSITIES FACILITY CONSTRUCTION ADMINISTRATIVE TRUST FUND		4,254
170	SPECIAL CATEGORIES LEGISLATIVE INITIATIVES IN POST-SECONDARY EDUCATION FROM GENERAL REVENUE FUND	850,000	

From the funds provided in Specific Appropriation 170, nonrecurring funds from the General Revenue Fund are provided for the following appropriations project:

	Take Stock in College: Dramatically Improving Post-Secondary Completion (HB 2117) (Senate Form 1059)..	850,000

171	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM GENERAL REVENUE FUND	349,859	
TOTAL:	BOARD OF GOVERNORS FROM GENERAL REVENUE FUND	8,944,610	
	FROM TRUST FUNDS		1,062,117
	TOTAL POSITIONS	65.00	
	TOTAL ALL FUNDS		10,006,727
TOTAL OF SECTION 2			
	FROM GENERAL REVENUE FUND	18,017,742,618	
	FROM TRUST FUNDS		6,809,654,473
	TOTAL POSITIONS	2,266.75	
	TOTAL ALL FUNDS		24,827,397,091
TOTAL:	EDUCATION, DEPARTMENT OF (SECTIONS 1 AND 2)		
	EDUCATION/EARLY LEARNING FROM GENERAL REVENUE FUND	569,131,518	
	FROM TRUST FUNDS		802,601,542
	EDUCATION/PUBLIC SCHOOLS FROM GENERAL REVENUE FUND	12,833,274,491	
	FROM TRUST FUNDS		2,995,158,698
	EDUCATION/FL COLLEGES FROM GENERAL REVENUE FUND	1,121,701,195	
	FROM TRUST FUNDS		168,247,219
	EDUCATION/UNIVERSITIES FROM GENERAL REVENUE FUND	2,849,047,138	
	FROM TRUST FUNDS		2,392,456,507
	EDUCATION/OTHER FROM GENERAL REVENUE FUND	644,588,276	
	FROM TRUST FUNDS		2,666,481,293
	EDUCATION RECAP FROM GENERAL REVENUE FUND	18,017,742,618	
	FROM TRUST FUNDS		9,024,945,259
	TOTAL POSITIONS	2,266.75	
	TOTAL ALL FUNDS		27,042,687,877
	TOTAL APPROVED SALARY RATE	106,640,623	

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SECTION 3 - HUMAN SERVICES

SPECIFIC
APPROPRIATION

The moneys contained herein are appropriated from the named funds to the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Elder Affairs, Department of Health, and the Department of Veterans' Affairs as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

AGENCY FOR HEALTH CARE ADMINISTRATION

PROGRAM: ADMINISTRATION AND SUPPORT

APPROVED SALARY RATE 13,134,172

172	SALARIES AND BENEFITS POSITIONS	255.00	
	FROM GENERAL REVENUE FUND	2,990,179	
	FROM ADMINISTRATIVE TRUST FUND . . .		15,113,330
173	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	732,060	
	FROM ADMINISTRATIVE TRUST FUND . . .		1,381,644
174	EXPENSES		
	FROM GENERAL REVENUE FUND	302,216	
	FROM ADMINISTRATIVE TRUST FUND . . .		3,362,172
175	OPERATING CAPITAL OUTLAY		
	FROM ADMINISTRATIVE TRUST FUND . . .		401,539
176	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	108,789	
	FROM ADMINISTRATIVE TRUST FUND . . .		5,332,799

From the funds in Specific Appropriation 176, $950,000 in nonrecurring funds from the Administrative Trust Fund is provided for the Bureau of Financial Services Enterprise Financial System.

176A	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	350,000	

From the funds in Specific Appropriation 176A, $350,000 in nonrecurring funds from the General Revenue Fund is provided for the Madison County Memorial Hospital (HB 3045)(Senate Form 1471).

177	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	21,205	
	FROM ADMINISTRATIVE TRUST FUND . . .		132,681
178	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	18,346	
	FROM ADMINISTRATIVE TRUST FUND . . .		193,232
179	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	20,233	
	FROM ADMINISTRATIVE TRUST FUND . . .		65,212
180	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF		
	MANAGEMENT SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		1,267,589
180A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND		
	NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	CALHOUN LIBERTY HOSPITAL - FACILITY		
	REPLACEMENT		
	FROM GENERAL REVENUE FUND	3,000,000	

From the funds in Specific Appropriation 180A, $3,000,000 in

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nonrecurring funds from the General Revenue Fund is provided for the Calhoun Liberty Hospital (HB 3043)(Senate Form 1646).

TOTAL: PROGRAM: ADMINISTRATION AND SUPPORT		
FROM GENERAL REVENUE FUND	7,543,028	
FROM TRUST FUNDS		27,250,198
TOTAL POSITIONS	255.00	
TOTAL ALL FUNDS		34,793,226

PROGRAM: HEALTH CARE SERVICES

CHILDREN'S SPECIAL HEALTH CARE

181	SPECIAL CATEGORIES		
	GRANTS AND AIDS - FLORIDA HEALTHY KIDS CORPORATION		
	FROM GENERAL REVENUE FUND	73,040,600	
	FROM MEDICAL CARE TRUST FUND		237,091,928

Funds in Specific Appropriations 181 and 184 are provided to the Agency for Health Care Administration to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children that are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2019-2020 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.

182	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,006,599	
	FROM GRANTS AND DONATIONS TRUST FUND		801,972
	FROM MEDICAL CARE TRUST FUND		3,215,713
183	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES - FLORIDA HEALTHY KIDS ADMINISTRATION		
	FROM GENERAL REVENUE FUND	4,289,855	
	FROM MEDICAL CARE TRUST FUND		13,670,983
184	SPECIAL CATEGORIES		
	GRANTS AND AIDS - FLORIDA HEALTHY KIDS CORPORATION DENTAL SERVICES		
	FROM GENERAL REVENUE FUND	9,746,445	
	FROM MEDICAL CARE TRUST FUND		31,112,622

Funds in Specific Appropriation 184 are provided to the Agency for Health Care Administration for Florida Healthy Kids dental services to be paid a monthly premium of no more than $16.50 per member per month for the period July 1 through December 31 and $16.14 per member per month for the period January 1 through June 30.

185	SPECIAL CATEGORIES		
	MEDIKIDS		
	FROM GENERAL REVENUE FUND	17,416,075	
	FROM GRANTS AND DONATIONS TRUST FUND		24,198,665
	FROM MEDICAL CARE TRUST FUND		54,876,470

From the funds in Specific Appropriation 185, $2,643,857 from the General Revenue Fund, $20,462,781 from the Grants and Donations Trust Fund, and $7,961,941 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration to implement a combined-risk premium model of Title XXI-subsidized and full-pay enrollments for medical insurance payments effective July 1, 2020.

186	SPECIAL CATEGORIES		
	CHILDREN'S MEDICAL SERVICES NETWORK		
	FROM GENERAL REVENUE FUND	45,209,938	
	FROM GRANTS AND DONATIONS TRUST FUND		1,930,852
	FROM MEDICAL CARE TRUST FUND		142,950,387

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SECTION 3 - HUMAN SERVICES

TOTAL:	CHILDREN'S SPECIAL HEALTH CARE		
	FROM GENERAL REVENUE FUND	150,709,512	
	FROM TRUST FUNDS		509,849,592
	TOTAL ALL FUNDS		660,559,104

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 29,584,635

187	SALARIES AND BENEFITS POSITIONS	621.00	
	FROM GENERAL REVENUE FUND	2,716,526	
	FROM MEDICAL CARE TRUST FUND		39,756,258
188	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	278,467	
	FROM MEDICAL CARE TRUST FUND		3,668,228
189	EXPENSES		
	FROM GENERAL REVENUE FUND	903,495	
	FROM MEDICAL CARE TRUST FUND		6,662,128
190	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	45,391	
	FROM MEDICAL CARE TRUST FUND		225,050
191	SPECIAL CATEGORIES		
	PHARMACEUTICAL EXPENSE ASSISTANCE		
	FROM GENERAL REVENUE FUND	50,000	
192	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	135,901	
	FROM MEDICAL CARE TRUST FUND		135,901
193	SPECIAL CATEGORIES		
	CONTRACT NURSING HOME AUDIT PROGRAM		
	FROM GENERAL REVENUE FUND	827,653	
	FROM MEDICAL CARE TRUST FUND		1,129,095
194	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	17,028,078	
	FROM GRANTS AND DONATIONS TRUST FUND		4,070,535
	FROM MEDICAL CARE TRUST FUND		74,946,444

In order to preserve the limits of Specific Appropriation 194, no funds shall be used for the FX project to replace the Florida Medicaid Management Information System and Medicaid fiscal agent.

From the funds in Specific Appropriation 194, $1,000,000 from the Grants and Donations Trust Fund and $1,000,000 from the Medical Care Trust Fund are provided for the Agency for Health Care Administration to contract with the Florida Medical Schools Quality Network created under section 409.975(2), Florida Statutes, to develop quality metrics for Medicaid eligible persons, which are Application Programming Interface (API) compatible with the agency and Medicaid managed care organizations and quality initiatives pursuant to section 409.975, Florida Statutes.

From the funds in Specific Appropriation 194, $3,150,000 in recurring funds from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to maintain the current use of electronic visit verification for Medicaid behavior analysis services and to expand the use of electronic visit verification for behavior analysis services statewide.

194A	SPECIAL CATEGORIES		
	CANADIAN PRESCRIPTION DRUG IMPORTATION PROGRAM		
	FROM GRANTS AND DONATIONS TRUST FUND		10,000,000

From the funds in Specific Appropriation 194A, $10,000,000 in recurring funds from the Grants and Donations Trust Fund is provided to

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the Agency for Health Care Administration to competitively procure a vendor to assist with the administration of the Canadian Prescription Drug Importation Program, pursuant to section 381.02035, Florida Statutes, and ensure compliance with all applicable state and federal laws and requirements. Upon approval from the United States Department of Health and Human Services, the agency shall reimburse the vendor for operational costs.

195 SPECIAL CATEGORIES
FLORIDA HEALTH CARE CONNECTION (FX)
FROM MEDICAL CARE TRUST FUND 47,076,058

Funds in Specific Appropriation 195 are provided to the Agency for Health Care Administration for the modular replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. These funds shall be held in reserve and are contingent upon HB 5003 becoming a law. Upon submission of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. The agency shall submit monthly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the Department of Management Services, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. Each status report must include progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. The agency shall consult with the Executive Office of the Governor's working group for interagency information technology integration for the development of competitive solicitations that provide for data interoperability and shared information technology services across the state's health and human services agencies.

From the funds in Specific Appropriation 195, the following maximum amounts are appropriated solely and exclusively for these project components authorized for competitive procurement:

Implementation of an Enterprise Data Warehouse and Data Governance	22,232,800
Implementation, Operations, and Maintenance of an Integration Platform and Integration Services	10,867,062
Strategic Planning, Program Management, and Project Management Activities	6,000,000
Core Fiscal Agent Procurement and Modular Communications	4,595,200
Provider Module Procurement	150,000
Independent Verification and Validation Services	3,230,996

From the funds provided in Specific Appropriation 195, $3,230,996 is provided to the Agency for Health Care Administration to competitively procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation services for all agency staff and vendor work needed to implement the initiative. The contract shall require that all deliverables be simultaneously provided to the agency, the Centers for Medicare and Medicaid Services, the Department of Management Services, the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee.

196 SPECIAL CATEGORIES
MEDICAID FISCAL CONTRACT
FROM GENERAL REVENUE FUND 15,172,571
FROM MEDICAL CARE TRUST FUND 53,677,531

197 SPECIAL CATEGORIES
MEDICAID PEER REVIEW
FROM GENERAL REVENUE FUND 1,093,903
FROM MEDICAL CARE TRUST FUND 4,403,348

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198	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	202,041	
	FROM MEDICAL CARE TRUST FUND		257,749
199	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	26,165	
	FROM MEDICAL CARE TRUST FUND		180,663
200	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	78,512	
	FROM MEDICAL CARE TRUST FUND		150,823
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	38,558,703	
	FROM TRUST FUNDS		246,339,811
	TOTAL POSITIONS	621.00	
	TOTAL ALL FUNDS		284,898,514

MEDICAID SERVICES TO INDIVIDUALS

From the funds in Specific Appropriations 201 through 228, the Agency for Health Care Administration shall provide a quarterly reconciliation report of all Medicaid service appropriation expenditures and fund sources. The reconciliation shall compare actual expenditures paid through each specific appropriation category by fund either through the Florida Medicaid Management Information System (FMMIS) or the Agency for Health Care Administration to expenditure estimates forecasted through the Social Services Estimating Conference Medicaid services forecasting model, as directed in section 216.136(6), Florida Statutes. The comparison shall include fund source detail for each comparison. For any category where a variance is identified, the agency shall submit a written corrective action plan to address each variance by category and fund source. The reconciliation shall be submitted to the Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter. The agency may submit budget amendments to the Legislative Budget Commission to realign appropriation categories based on the reconciliation pursuant to the provisions of chapter 216, Florida Statutes.

201	SPECIAL CATEGORIES		
	CASE MANAGEMENT		
	FROM GENERAL REVENUE FUND	43,603	
	FROM MEDICAL CARE TRUST FUND		70,660
202	SPECIAL CATEGORIES		
	COMMUNITY MENTAL HEALTH SERVICES		
	FROM GENERAL REVENUE FUND	190,563,752	
	FROM MEDICAL CARE TRUST FUND		314,312,873
203	SPECIAL CATEGORIES		
	DEVELOPMENTAL EVALUATION AND INTERVENTION/ PART C		
	FROM MEDICAL CARE TRUST FUND		190,678

Funds in Specific Appropriations 203 and 215 are contingent on the availability of the state match being provided in Specific Appropriation 532.

204	SPECIAL CATEGORIES		
	GRANTS AND AIDS - SHANDS TEACHING HOSPITAL		
	FROM GENERAL REVENUE FUND	8,673,569	
	FROM GRANTS AND DONATIONS TRUST FUND		1,000,000

From the funds in Specific Appropriation 204, $8,673,569 from the General Revenue Fund and $1,000,000 from the Grants and Donations Trust Fund shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid program. Should the agency be unable to use the full amount of

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these designated funds as Medicaid match, the remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System (recurring base appropriation project).

205	SPECIAL CATEGORIES HEALTHY START SERVICES FROM GENERAL REVENUE FUND	15,711,524	
	FROM MEDICAL CARE TRUST FUND		25,461,233
206	SPECIAL CATEGORIES GRADUATE MEDICAL EDUCATION FROM GENERAL REVENUE FUND	38,501,658	
	FROM GRANTS AND DONATIONS TRUST FUND		68,493,424
	FROM MEDICAL CARE TRUST FUND		173,390,354

From the funds in Specific Appropriation 206, $38,501,658 from the General Revenue Fund, $36,788,022 from the Grants and Donations Trust Fund, and $122,010,320 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds, $97,300,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909 (3), Florida Statutes. Of these funds, $42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909 (5), Florida Statutes, and are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; endocrinology; family medicine; general surgery; hematology; oncology; infectious diseases; nephrology; neurology; obstetrics/gynecology; ophthalmology; orthopedic surgery; otolaryngology; psychiatry; pulmonary; radiology; hematology; thoracic surgery; and urology. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund.

From the funds in Specific Appropriation 206, $4,020,156 from the Grants and Donations Trust Fund and $6,514,844 from the Medical Care Trust Fund are provided to fund FTEs in primary care as defined in section 409.909, Florida Statutes, and training in Medicaid regions with primary care demand greater than supply by 25 percent or more as documented in the 2015 IHS Florida Statewide and Regional Physician Workforce Analysis: Estimating Current and Forecasting Future Supply and Demand, 2025 projection. Of these funds, $4,207,890 shall be first distributed proportionally per-FTE to hospitals with greater than or equal to 14 percent Medicaid utilization, based on the 2018 Florida Hospital Uniform Reporting System data as of December 31, 2019. The remaining funds shall be distributed proportionally per the filled State Fiscal Year 2019-2020 Medicaid approved Graduate Medical Education FTEs. Payments to providers under this section of proviso are contingent upon approval of the nonfederal share provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriation 206, $11,448,000 from the Grants and Donations Trust Fund and $18,552,000 from the Medical Care Trust Fund are provided to fund filled Fiscal Year 2019-2020 unweighted FTEs to residency positions in urology, thoracic surgery, nephrology, ophthalmology, infectious disease, and hematology/oncology, to address the declining Graduate Medical Education in these severe deficit physician specialties. Of these funds, $11,500,000 shall be first distributed to hospitals with greater than 40 unweighted 2019-2020 fiscal year FTEs in specialties in a decline. The remaining funds shall be distributed proportionally based on total unweighted 2019-2020 fiscal year FTEs in specialties in a decline. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

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From the funds in Specific Appropriation 206, $11,448,000 from the Grants and Donations Trust Fund and $18,552,000 from the Medical Care Trust Fund are provided to statutory teaching hospitals as defined in section 408.07(45), Florida Statutes, that provide charity care greater than $10 million in charity costs as calculated by the Florida Medicaid Low Income Pool Program and also provide highly specialized tertiary care including: comprehensive stroke and Level 2 adult cardiovascular services; NICU II and III; and adult open heart; shall be designated as a High Tertiary Statutory Teaching Hospital and eligible for funding calculated on a per GME resident-FTE proportional allocation that shall be in addition to any other GME funding. Of these funds, $11,448,000 shall be first distributed to hospitals with greater than 300 unweighted 2019-2020 fiscal year FTEs. The remaining funds shall be distributed proportionally based on the total unweighted 2019-2020 fiscal year FTEs. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriation 206, $3,025,706 from the Grants and Donations Trust Fund and $4,903,294 from the Medical Care Trust Fund are provided to fund up to $150,000 per-FTE in primary care as defined in section 409.909, Florida Statutes, and training in Medicaid Region 1. Payments are distributed proportionally per the filled State Fiscal Year 2019-2020 Medicaid approved Graduate Medical Education FTEs. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriation 206, $763,200 from the Grants and Donations Trust Fund and $1,236,800 from the Medical Care Trust Fund are provided to fund up to $200,000 per filled Fiscal Year 2020-2021 unweighted FTE resident, fellow or intern position in an accredited program who rotates through mental health and behavioral health facilities licensed under section 394, Florida Statutes, to address the severe deficit of physicians trained in these specialties. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriation 206, $200,340 in nonrecurring funds from the Grants and Donations Trust Fund and $324,660 in nonrecurring funds from the Medical Care Trust Fund are provided to fund psychiatry residency slots for Federally Qualified Health Centers that hold continued institutional accreditation from the Accreditation Council for Graduate Medical Education in adult and child psychiatry. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso (HB 3643)(Senate Form 2099).

From the funds in Specific Appropriation 206, $800,000 in nonrecurring funds from the Grants and Donations Trust Fund and $1,296,436 in nonrecurring funds from the Medical Care Trust Fund are provided to fund up to $100,000 per-FTE internal medicine residency slots for Tallahassee Memorial Healthcare. Payment to the provider under this section of proviso is contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso (HB 9125)(Senate Form 2356).

207	SPECIAL CATEGORIES		
	HOSPITAL INPATIENT SERVICES		
	FROM GENERAL REVENUE FUND	237,814,562	
	FROM HEALTH CARE TRUST FUND		42,300,000
	FROM GRANTS AND DONATIONS TRUST FUND		19,805,272
	FROM MEDICAL CARE TRUST FUND		563,710,106

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FROM PUBLIC MEDICAL ASSISTANCE TRUST FUND	47,450,732
FROM REFUGEE ASSISTANCE TRUST FUND .	234,550

From the funds in Specific Appropriation 207, the calculations of the Medicaid Hospital Funding Programs for Fiscal Year 2020-2021 are incorporated by reference in House Bill 5003. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 207, the Agency for Health Care Administration may establish a global fee for bone marrow transplants and the global fee payment shall be paid to approved bone marrow transplant providers that provide bone marrow transplants to Medicaid beneficiaries.

From the funds in Specific Appropriations 207 and 214, $2,812,399 from the Grants and Donations Trust Fund and $4,557,619 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplants and intestine transplants in Florida. The Agency for Health Care Administration shall set the global fee for facilities that provide these transplant procedures at $972,232; the global fee for physicians providing multi-visceral transplants will be set at $50,000. The payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing these transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the nonfederal share being provided through grants and donations from state, county, or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

By no later than December 31, 2020, the Agency for Health Care Administration shall submit a report reflecting the impact of changes to projected hospital inpatient reimbursement, by hospital and in the aggregate, resulting from annual updates to the Diagnosis Related Grouping (DRG) grouper version used in setting inpatient hospital rates. The report shall be submitted to the Executive Office of the Governor, President of the Senate, and Speaker of the House of Representatives. By no later than April 30, 2020, the agency shall make available, through their website, data reflecting the impact of changes to projected hospital inpatient reimbursement, by hospital and in the aggregate, resulting from final parameters adopted by the Legislature in HB 5001 for State Fiscal Year 2020-2021.

From the funds in Specific Appropriations 207 and 211, the criteria for the High Medicaid Provider Adjustor shall be hospitals with Medicaid utilization equal to or greater than 50 percent.

From the funds in Specific Appropriation 207, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping (DRG) reimbursement methodology for hospital inpatient services as directed in section 409.905 (5)(c), Florida Statutes.

Base Rate - $3,505.36
Neonates Service Adjustor Severity Level 1 - 1.0
Neonates Service Adjustor Severity Level 2 - 1.52
Neonates Service Adjustor Severity Level 3 - 1.8
Neonates Service Adjustor Severity Level 4 - 2.0
Neonatal, Pediatric, Transplant Pediatric, Mental Health and Rehab DRGs:
Severity Level 1 - 1.0
Severity Level 2 - 1.52
Severity Level 3 - 1.8
Severity Level 4 - 2.0
Free Standing Rehabilitation Provider Adjustor - 4.249
Rural Provider Adjustor - 2.272
Long Term Acute Care (LTAC) Provider Adjustor - 2.155
High Medicaid and High Outlier Provider Adjustor - 2.192
Outlier Threshold - $60,000
Marginal Cost Percentage - 60%
Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Transplant Pediatric Claims Severity Levels 3 or 4 - 80%
Documentation and Coding Adjustment - 1/3 of 1% per year
Level I Trauma Add On - 17%

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Level II or Level II and Pediatric Add On - 11%
Pediatric Trauma Add On - 4%

From the funds in Specific Appropriations 207, 211, and 215, $53,979,408 in nonrecurring funds from the Grants and Donations Trust Fund and $87,476,064 in nonrecurring funds from the Medical Care Trust Fund are provided to implement cost-based reimbursement computed as multipliers by the Agency for Health Care Administration based on upper payment limit principles for qualifying Florida cancer hospitals that meet the criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v), and achieve the quality metrics in the pre-print approved by the federal Centers for Medicare and Medicaid Services for a minimum fee schedule calculated as a supplemental per member per month payment. These funds shall be placed in reserve. The agency shall submit a budget amendment requesting release of the funds held in reserve pursuant to chapter 216, Florida Statutes. In addition to the proposed amendment, the agency must submit a proposed distribution model by entity and a proposed listing of entities contributing intergovernmental transfers to support the state match. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

208 SPECIAL CATEGORIES
REGULAR DISPROPORTIONATE SHARE
FROM GENERAL REVENUE FUND 6,545,351
FROM GRANTS AND DONATIONS TRUST FUND 90,022,911
FROM MEDICAL CARE TRUST FUND 233,879,514

From the funds in Specific Appropriation 208, the calculations of the Medicaid Hospital Funding Programs for Fiscal Year 2020-2021 are incorporated by reference in House Bill 5003. The calculations are the basis for the appropriations made in the General Appropriations Act.

Funds in Specific Appropriation 208 shall be used for a Disproportionate Share Hospital Program and are contingent on the state share being provided through grants and donations from state, county, or other government entities.

Funds in Specific Appropriation 208 are provided for a federally funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.

From the funds in Specific Appropriation 208, $1,526,400 in nonrecurring funds from the Grants and Donations Trust Fund and $2,473,600 in nonrecurring funds from the Medical Care Trust Fund are provided to Sacred Heart Hospital (HB 2229)(Senate Form 1399).

209 SPECIAL CATEGORIES
LOW INCOME POOL
FROM GRANTS AND DONATIONS TRUST FUND 575,600,011
FROM MEDICAL CARE TRUST FUND 932,785,762

From the funds in Specific Appropriation 209, $575,600,011 from the Grants and Donations Trust Fund and $932,785,762 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for the purpose of implementing the Low Income Pool program. These funds shall be placed in reserve. The agency shall submit a budget amendment requesting release of the funds held in reserve pursuant to chapter 216, Florida Statutes, and the final terms and conditions of the Low Income Pool. If the chair and vice chair of the Legislative Budget Commission or the President of the Senate and the Speaker of the House of Representatives object in writing to a proposed amendment within 14 days after notification, the Governor shall void the action. In addition to the proposed amendment, the agency must submit a proposed distribution model by entity and a proposed listing of entities contributing Intergovernmental Transfers to support the state match required. Low Income Pool payments to providers are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

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In order to preserve the limits of Specific Appropriation 209, the Agency for Health Care Administration is prohibited from seeking federal approval to amend the Special Terms and Conditions for the Low Income Pool before notification is provided to the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee. Such notification is subject to the legislative review and objection provisions of section 216.177, Florida Statutes.

210	SPECIAL CATEGORIES		
	HOSPITAL INSURANCE BENEFITS		
	FROM GENERAL REVENUE FUND	21,490,533	
	FROM MEDICAL CARE TRUST FUND		34,830,337
211	SPECIAL CATEGORIES		
	HOSPITAL OUTPATIENT SERVICES		
	FROM GENERAL REVENUE FUND	61,536,081	
	FROM GRANTS AND DONATIONS TRUST FUND		6,064,337
	FROM MEDICAL CARE TRUST FUND		143,619,474
	FROM PUBLIC MEDICAL ASSISTANCE TRUST FUND		20,768,022
	FROM REFUGEE ASSISTANCE TRUST FUND .		140,009

From the funds in Specific Appropriation 211, the calculations of the Medicaid Hospital Funding Programs for Fiscal Year 2020-2021 are incorporated by reference in House Bill 5003. The calculations are the basis for the appropriations made in the General Appropriations Act.

From the funds in Specific Appropriation 211, the Agency for Health Care Administration shall implement an Enhanced Ambulatory Patient Grouping (EAPG) reimbursement methodology for hospital outpatient services as directed in section 409.905(6)(b), Florida Statutes.

Ambulatory Surgical Center Base Rate - $258.71
Hospital Outpatient Base Rate - $373.43
Rural Hospital Provider Adjustor - 1.5786
High Medicaid and High Outlier Hospital Adjustor - 2.1844
Documentation and Coding Adjustment - 0%

212	SPECIAL CATEGORIES		
	OTHER FEE FOR SERVICE		
	FROM GENERAL REVENUE FUND	258,788,400	
	FROM HEALTH CARE TRUST FUND		4,840,597
	FROM GRANTS AND DONATIONS TRUST FUND		1,743,862
	FROM MEDICAL CARE TRUST FUND		421,258,103
	FROM REFUGEE ASSISTANCE TRUST FUND .		529,147

Funds in Specific Appropriation 212 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The Agency for Health Care Administration shall limit payment to $125.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include NDC information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

From the funds in Specific Appropriation 212, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary reporting to the state Medicaid program on members' PD suitability.

From the funds in Specific Appropriation 212, the Agency for Health Care Administration shall apply a recurring methodology to establish clinic services rates taking into consideration the reductions imposed on or after October 1, 2008, in the following manner: (1) the agency shall divide the total amount of each recurring reduction imposed by the number of visits originally used in the rate calculation for each rate

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setting period on or after October 1, 2008, which will yield a rate reduction per diem for each rate period; (2) the agency shall multiply the resulting rate reduction per diem for each rate setting period on or after October 1, 2008, by the projected number of visits used in establishing the current budget estimate which will yield the total current reduction amount to be applied to current rates; (3) in the event the total current reduction amount is greater than the historical reduction amount, the agency shall hold the rate reduction to the historical reduction amount.

From the funds in Specific Appropriations 212 and 215, $400,000 from the Grants and Donations Trust Fund and $648,218 from the Medical Care Trust Fund are provided to buy back clinic services rate adjustments, effective on or after July 1, 2008, and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the authority appropriated in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

From the funds in Specific Appropriations 212 and 226, $18,461,183 from the Grants and Donations Trust Fund and $29,917,179 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but no higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

From the funds in Specific Appropriations 212, 215, and 226, $20,906,609 from the Grants and Donations Trust Fund and $68,880,102 from the Medical Care Trust Fund are provided for a certified public expenditure program for Emergency Medical Services. The Agency for Health Care Administration shall seek a state plan amendment/waiver to implement this program pursuant to 42 CFR 433.51. Payments to providers under this section of proviso is contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriations 212, 225, and 226, $28,550,000 in recurring funds from the General Revenue Fund and $46,266,562 in recurring funds from the Medical Care Trust Fund are provided to the Agency for Health Care Administration to provide a nursing home reimbursement rate increase.

From the funds in Specific Appropriation 212, $36,787,503 in recurring funds from the General Revenue Fund and $32,156,391 in recurring funds from the Medical Care Trust Fund are placed in reserve for the Medicaid Contingency Reserve. Should the funds be needed, the Agency for Health Care Administration is authorized to submit budget amendments to request release of the funds placed in reserve pursuant to the provisions of chapter 216, Florida Statutes. The release of funds held in reserve is contingent upon the agency providing sufficient justification for authorization of release to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

213	SPECIAL CATEGORIES		
	PERSONAL CARE SERVICES		
	FROM GENERAL REVENUE FUND	40,469,243	
	FROM MEDICAL CARE TRUST FUND		65,788,098
214	SPECIAL CATEGORIES		
	PHYSICIAN AND HEALTH CARE PRACTITIONER SERVICES		
	FROM GENERAL REVENUE FUND	66,749,939	
	FROM HEALTH CARE TRUST FUND		3,543,106
	FROM TOBACCO SETTLEMENT TRUST FUND .		15,898,906
	FROM GRANTS AND DONATIONS TRUST FUND		23,192,541
	FROM MEDICAL CARE TRUST FUND		189,588,060

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FROM PUBLIC MEDICAL ASSISTANCE TRUST FUND		7,114,334
FROM REFUGEE ASSISTANCE TRUST FUND		275,779

From the funds in Specific Appropriation 214, $22,920,723 from the Grants and Donations Trust Fund and $37,144,066 from the Medical Care Trust Fund are provided for a differential fee schedule paid as supplemental payments for services provided by doctors of medicine, osteopathy, and dentistry as well as other licensed health care practitioners acting under the supervision of those doctors pursuant to existing statutes and written protocols employed by or under contract with a medical or dental school in Florida. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriation 214 and 215, $1,000,000 in recurring funds from the General Revenue Fund and $1,620,545 in recurring funds from the Medical Care Trust Fund are provided for a rate increase for physicians providing neonatal intensive care unit services.

215 SPECIAL CATEGORIES
PREPAID HEALTH PLANS

FROM GENERAL REVENUE FUND	3,451,549,304	
FROM HEALTH CARE TRUST FUND		327,785,668
FROM TOBACCO SETTLEMENT TRUST FUND		316,001,094
FROM GRANTS AND DONATIONS TRUST FUND		1,803,244,158
FROM MEDICAL CARE TRUST FUND		7,979,840,168
FROM PUBLIC MEDICAL ASSISTANCE TRUST FUND		691,186,751
FROM REFUGEE ASSISTANCE TRUST FUND		10,499,873

From the funds in Specific Appropriation 215, $92,704,335 from the Grants and Donations Trust Fund and $150,231,554 from the Medical Care Trust Fund shall be used to pay prepaid health plans to support access to high quality care provided by doctors of medicine, osteopathy, and dentistry as well as other licensed health care practitioners acting under the supervision of those doctors pursuant to existing statutes and written protocols employed by or under contract with a medical or dental school in Florida through a minimum fee schedule calculated as a supplemental per member per month payment, based on the amount allowable under the state plan amendment and historic utilization of services. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

From the funds in Specific Appropriation 215, $4,000,000 from the General Revenue Fund and $6,482,180 from the Medical Care Trust Fund are provided for flexible services for persons with severe mental illness or substance abuse disorders, including, but not limited to, temporary housing assistance, subject to federal approval under section 409.906(13)(e), Florida Statutes.

From the funds in Specific Appropriation 215, $4,808,921 from the Grants and Donations Trust Fund and $7,793,072 from the Medical Care Trust Fund are provided to increase reimbursement for physicians and dentists employed by or under contract with a Florida medical or dental school and practitioners under the supervision of those physicians or dentists to the level provided for these physicians and practitioners pursuant to minimum fee schedule calculated as a supplemental per member per month payment based on the historic utilization of services by Medicaid eligible children. Payment of the increase under this section of proviso is contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section of proviso.

216 SPECIAL CATEGORIES
PRESCRIBED MEDICINE/DRUGS

FROM GENERAL REVENUE FUND	34,803,303	
FROM HEALTH CARE TRUST FUND		23,416,496

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	FROM GRANTS AND DONATIONS TRUST FUND		255,110,234
	FROM MEDICAL CARE TRUST FUND		30,655,756
	FROM REFUGEE ASSISTANCE TRUST FUND		264,823
217	SPECIAL CATEGORIES MEDICARE PART D PAYMENT		
	FROM GENERAL REVENUE FUND	666,880,203	
218	SPECIAL CATEGORIES STATEWIDE INPATIENT PSYCHIATRIC SERVICES		
	FROM GENERAL REVENUE FUND	355,090	
	FROM MEDICAL CARE TRUST FUND		604,030

The funds in Specific Appropriation 218 are provided to the Agency for Health Care Administration for services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit prior authorization of services, monitoring and quality assurance, discharge planning, and continuing stay reviews of all children admitted to the program.

219	SPECIAL CATEGORIES SUPPLEMENTAL MEDICAL INSURANCE		
	FROM GENERAL REVENUE FUND	713,504,907	
	FROM MEDICAL CARE TRUST FUND		1,283,646,544
220	SPECIAL CATEGORIES MEDICAID SCHOOL REFINANCING		
	FROM GENERAL REVENUE FUND	4,000,000	
	FROM MEDICAL CARE TRUST FUND		103,886,947

From the funds in Specific Appropriation 220, $4,000,000 from the General Revenue Fund and $6,482,180 from the Medical Care Trust Fund are provided for school-based services, pursuant to section 409.9072, Florida Statutes, provided by private schools or charter schools that are not participating in the school district's certified match program under section 409.9071, Florida Statutes, to children younger than 21 years of age with specified disabilities who are eligible for Medicaid and Part B or Part H of the Individuals with Disabilities Act (IDEA), or the exceptional student education program, or who have an individualized educational plan.

TOTAL:	MEDICAID SERVICES TO INDIVIDUALS		
	FROM GENERAL REVENUE FUND	5,817,981,022	
	FROM TRUST FUNDS		16,854,045,334
	TOTAL ALL FUNDS		22,672,026,356

MEDICAID LONG TERM CARE

221	SPECIAL CATEGORIES ASSISTIVE CARE SERVICES		
	FROM GENERAL REVENUE FUND	1,550,711	
	FROM MEDICAL CARE TRUST FUND		2,512,994
222	SPECIAL CATEGORIES HOME AND COMMUNITY BASED SERVICES		
	FROM GENERAL REVENUE FUND	170,355	
	FROM MEDICAL CARE TRUST FUND		1,310,177,599
223	SPECIAL CATEGORIES INTERMEDIATE CARE FACILITIES/ INTELLECTUALLY DISABLED - SUNLAND CENTER		
	FROM MEDICAL CARE TRUST FUND		74,944,218

From the funds in Specific Appropriations 223, 224, 225, 226, and 227, the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, is authorized to transfer funds, in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 249 for the Developmental Disabilities Home and Community Based Waiver. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

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224	SPECIAL CATEGORIES INTERMEDIATE CARE FACILITIES/ DEVELOPMENTALLY DISABLED COMMUNITY FROM GENERAL REVENUE FUND . . . . . FROM GRANTS AND DONATIONS TRUST FUND	99,706,718	16,758,102
	FROM MEDICAL CARE TRUST FUND		188,747,622

From the funds in Specific Appropriation 224, $16,758,102 from the Grants and Donations Trust Fund and $27,157,260 from the Medical Care Trust Fund are provided to buy back intermediate care facilities for the developmentally disabled rate reductions, effective on or after October 1, 2008, and are contingent on the nonfederal share being provided through intermediate care facilities for the developmentally disabled quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

The recurring methodology to be utilized by the Agency for Health Care Administration to establish rates taking into consideration the reductions imposed on or after October 1, 2008, shall be to compare the average unit appropriation with actual average unit cost as follows: 1) the average unit appropriation shall be determined by dividing the total appropriation in Specific Appropriation 224 by the total bed days for the past fiscal year; 2) the total actual cost as generated based on the July 1 rate setting shall be divided by the total bed days for the past fiscal year to determine the actual unit cost; 3) the actual unit cost shall be reduced to a Reduced Actual Unit Cost by the same percentage used to calculate the Legislative Appropriation to account for client participation contributions; 4) no negative adjustment to the rates paid to providers shall occur so long as the Reduced Actual Unit Cost is equal to or less than the average unit appropriation; and 5) in the event the Reduced Actual Unit Cost is greater than the average unit appropriation, a prorated reduction shall be imposed on all rates after all Quality Assessment Fee funds have been exhausted to cover the rate reductions.

The Agency for Health Care Administration shall not pay any legal judgments, settlements, lawsuit damages or awards imposed by a court as the result of any legal proceeding relating to prior fiscal years without specific authority in the General Appropriations Act.

From the funds in Specific Appropriation 224, $14,639,481 in recurring funds from the General Revenue Fund and $23,723,940 in recurring funds from the Medical Care Trust Fund are provided to establish a new level of reimbursement for Medicaid-eligible individuals residing in or seeking admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) who have severe behavioral needs. These funds shall be placed in reserve. The Agency for Health Care Administration shall submit a budget amendment requesting release of the funds held in reserve pursuant to chapter 216, Florida Statutes. Release of the funds is contingent upon the agency demonstrating the need and identifying individuals who have severe behavioral needs and who qualify for this level of care.

225	SPECIAL CATEGORIES NURSING HOME CARE FROM GENERAL REVENUE FUND . . . . . FROM HEALTH CARE TRUST FUND . . . . FROM GRANTS AND DONATIONS TRUST FUND	6,488,832	16,729,472 49,921,212
	FROM MEDICAL CARE TRUST FUND		118,525,882

From the funds in Specific Appropriation 225, the Agency for Health Care Administration is authorized to transfer funds in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 222 specifically for slots under the Model Waiver and Specific Appropriation 226 Statewide Medicaid Managed Care Long-Term Care Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition

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success.

From the funds in Specific Appropriations 225 and 226, $425,975,789 from the Grants and Donations Trust Fund and $690,312,966 from the Medical Care Trust Fund are provided to buy back nursing facility rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the budgeted authority in these Specific Appropriations. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

226	SPECIAL CATEGORIES		
	PREPAID HEALTH PLAN/LONG TERM CARE		
	FROM GENERAL REVENUE FUND	1,224,345,212	
	FROM HEALTH CARE TRUST FUND		308,100,403
	FROM GRANTS AND DONATIONS TRUST FUND		398,781,559
	FROM MEDICAL CARE TRUST FUND		3,136,205,437
227	SPECIAL CATEGORIES		
	STATE MENTAL HEALTH HOSPITAL PROGRAM		
	FROM MEDICAL CARE TRUST FUND		6,629,486
228	SPECIAL CATEGORIES		
	PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)		
	FROM MEDICAL CARE TRUST FUND		73,077,717
TOTAL:	MEDICAID LONG TERM CARE		
	FROM GENERAL REVENUE FUND	1,332,261,828	
	FROM TRUST FUNDS		5,701,111,703
	TOTAL ALL FUNDS		7,033,373,531

PROGRAM: HEALTH CARE REGULATION

HEALTH CARE REGULATION

APPROVED SALARY RATE 29,660,409

229	SALARIES AND BENEFITS POSITIONS	650.50	
	FROM HEALTH CARE TRUST FUND		41,417,531
230	OTHER PERSONAL SERVICES		
	FROM HEALTH CARE TRUST FUND		1,670,673
	FROM QUALITY OF LONG-TERM CARE FACILITY IMPROVEMENT TRUST FUND . .		76,617
231	EXPENSES		
	FROM HEALTH CARE TRUST FUND		7,077,279
232	OPERATING CAPITAL OUTLAY		
	FROM HEALTH CARE TRUST FUND		114,818
233	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM HEALTH CARE TRUST FUND		870,211
234	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM HEALTH CARE TRUST FUND		6,170,307
	FROM QUALITY OF LONG-TERM CARE FACILITY IMPROVEMENT TRUST FUND . .		5,924,096

Funds the funds in Specific Appropriation 234, the recurring sum of $5,000,000 from the Quality of Long-Term Care Facility Improvement Trust Fund is provided to the Agency for Health Care Administration to support activities that benefit nursing home residents and that protect or improve their quality of care or quality of life. These funds shall be placed in reserve. The agency is authorized to submit a budget amendment requesting release of the funds pursuant to chapter 216, Florida Statutes. The budget amendment shall include a detailed operational work plan and spending plan.

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From the funds in Specific Appropriation 234, $80,977 from the Health Care Trust Fund is provided for the University of South Florida Policy Exchange (recurring base appropriation project).

235	SPECIAL CATEGORIES EMERGENCY ALTERNATIVE PLACEMENT FROM HEALTH CARE TRUST FUND		806,629
236	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM HEALTH CARE TRUST FUND		407,290
237	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM HEALTH CARE TRUST FUND		140,269
238	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM HEALTH CARE TRUST FUND		200,400
239	SPECIAL CATEGORIES STATE OPERATIONS - AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 FROM HEALTH CARE TRUST FUND		728,130
240	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES - AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 FROM HEALTH CARE TRUST FUND		26,517,885
TOTAL:	HEALTH CARE REGULATION FROM TRUST FUNDS		92,122,135
	TOTAL POSITIONS	650.50	
	TOTAL ALL FUNDS		92,122,135
TOTAL:	AGENCY FOR HEALTH CARE ADMINISTRATION FROM GENERAL REVENUE FUND	7,347,054,093	
	FROM TRUST FUNDS		23,430,718,773
	TOTAL POSITIONS	1,526.50	
	TOTAL ALL FUNDS		30,777,772,866
	TOTAL APPROVED SALARY RATE	72,379,216	

AGENCY FOR PERSONS WITH DISABILITIES

PROGRAM: SERVICES TO PERSONS WITH DISABILITIES

HOME AND COMMUNITY SERVICES

APPROVED SALARY RATE 18,570,414

241	SALARIES AND BENEFITS POSITIONS	434.00	
	FROM GENERAL REVENUE FUND	15,168,372	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		9,225,479
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,784,612
242	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	2,681,881	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		2,405,211
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		167,369
243	EXPENSES FROM GENERAL REVENUE FUND	1,919,994	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		1,129,466
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		193,061

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244	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	9,060	
245	SPECIAL CATEGORIES		
	GRANT AND AID INDIVIDUAL AND FAMILY SUPPORTS		
	FROM GENERAL REVENUE FUND	3,580,000	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		10,106,771

Funds in Specific Appropriation 245 expended for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 245, the nonrecurring sum of $1,000,000 from the General Revenue Fund is provided for supported employment services for individuals on the waiting list for the Developmental Disabilities Medicaid Waiver program in Specific Appropriation 249. The supported employment services shall be provided in a manner consistent with the same rules and regulations governing these services in the Developmental Disabilities Medicaid Waiver program, and may additionally be used towards obtaining and maintaining paid or unpaid internships.

246	SPECIAL CATEGORIES		
	ROOM AND BOARD PAYMENTS FOR DEVELOPMENTALLY DISABLED		
	FROM GENERAL REVENUE FUND	2,639,201	
247	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	621,387	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		360,322
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		32,018
248	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	13,249,599	

From the funds in Specific Appropriation 248, $3,000,000 from the General Revenue Fund is provided to Arc of Florida - Dental Services (recurring base appropriations project).

From the funds in Specific Appropriation 248, nonrecurring funds from the General Revenue Fund are provided for the following projects:

Easterseals of Brevard and Collier Counties Life Skills & Employment Readiness Programs (HB 2893)(Senate Form 1323)	150,000
Easterseals of Northeast Central Florida Autism Center of Excellence (HB 3667)(Senate Form 1498)	175,000
Family Initiative Southwest Florida Autism Project for Community and Clinical Support (HB 9019)(Senate Form 1617)	250,000
Area Stage Company's Inclusion Theatre Project (HB 3625)(Senate Form 1004)	250,000
Monroe County for ReMARCable Citizens (HB 2119)(Senate Form 1193)	100,000
Devereux Advanced Behavioral Health Dual Diagnosis Services: Mental Health and Intellectual/Developmental Disabilities (HB 3651)(Senate Form 1251)	666,713
Arc Gateway Program for Adult Learning and Support (HB 2283)(Senate Form 2175)	1,150,000
Arc Jacksonville Transition to Community Employment & Life Skills (HB 2113)(Senate Form 1659)	300,000
Challenge Enterprises of North Florida - Club Challenge (HB 4935)(Senate Form 2482)	303,998
Ability Tree Florida R.E.S.T. and Recreation Center (HB 3909)(Senate Form 2524)	200,000
JAFCO Children's Ability Center (HB 2069)(Senate Form 1157)	500,000
ACEing Autism Florida Adaptive Tennis Project (HB 2239)(Senate Form 1613)	25,000

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Association for the Development of the Exceptional (ADE) Culinary Programs (HB 3029) (Senate Form 1205)		500,000
Easterseals Southwest Florida, Inc. - Vocational Training and Education for Adults with Disabilities (HB 4661) (Senate Form 2109)		983,888
Easterseals Southwest Florida - Mental Wellness for Persons with Developmental Disabilities (HB 4707) (Senate Form 2110)		1,728,000
DNA Comprehensive Therapy Care Model (HB 9137) (Senate Form 2017)		1,667,000
OUR Pride Academy, Inc. - OPO Works (HB 3623) (Senate Form 2113)		1,000,000
Inspire of Central Florida Operation G.R.O.W. (HB 2647) (Senate Form 1957)		300,000
249 SPECIAL CATEGORIES		
HOME AND COMMUNITY BASED SERVICES WAIVER		
FROM GENERAL REVENUE FUND	517,269,814	
FROM OPERATIONS AND MAINTENANCE TRUST FUND		838,259,046

Funds in Specific Appropriation 249 shall not be used for administrative costs. Funds for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

The Agency for Persons with Disabilities, in consultation with the Agency for Health Care Administration, shall provide a quarterly reconciliation report of all Home and Community Based Services waiver expenditures from the Agency for Health Care Administration's claims management system with service utilization from the Agency for Persons with Disabilities Allocation, Budget, and Contract Control system. The reconciliation report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each calendar quarter.

The Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Medicaid Waiver program expenditures for the fiscal year to date along with any corrective action plans necessary to align program expenditures with annual appropriations within 30 days after the last business day of the preceding month. The surplus deficit report must also include allocation amounts related to the increased needs of existing waiver clients pursuant to section 393.0062(1), Florida Statutes, and to newly enrolled clients due to removing individuals from the waitlist. At a minimum, the allocation information shall include the total number of clients approved for an increase in services, the total number of clients enrolled onto the waiver from the waitlist, the total number of clients disenrolled from the waiver, the number of service units approved by service, and the annualized cost of approved service units.

From the funds in Specific Appropriation 249, $11,533,269 from the General Revenue Fund and $18,690,182 from the Operations and Maintenance Trust Fund are provided to expand the Home and Community Based Services Waiver by removing the greatest number of individuals permissible under the additional funding from the Waiver waiting list. The funds shall be held in reserve and the agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Requests for the release of funds shall include a detailed spending plan for the proposed use of the funds. Release of these funds is contingent upon the timely receipt of the quarterly reconciliation of expenditures report, and the monthly surplus deficit report and associated corrective action plans for each month of the preceding calendar quarter.

From funds in Specific Appropriation 249, $2,079,814 from the General Revenue Fund and $3,370,431 from the Operations and Maintenance Trust Fund are provided for a uniform provider rate increase for Residential Habilitation providers; $6,143,918 from the General Revenue Fund and $9,956,496 from the Operations and Maintenance Trust Fund are provided for a uniform provider rate increase for Adult Day Training providers; $14,055,710 from the General Revenue Fund and $22,777,911 from the Operations and Maintenance Trust Fund are provided for a uniform rate increase for Personal Supports and Companion providers; $693,777 from the General Revenue Fund and $1,124,297 from the Operations and

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Maintenance Trust Fund are provided for a uniform rate increase for Respite providers. These funds must be used exclusively to increase the salaries of direct care staff.

250	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	352,872	
251	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	85,549	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		61,880
251A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY FIXED CAPITAL OUTLAY FOR PERSONS WITH DISABILITIES FROM GENERAL REVENUE FUND	2,265,000	

From the funds in Specific Appropriation 251A, nonrecurring funds from the General Revenue Fund are provided for the following projects:

Chabad of Kendall Fortification/Friendship Circle (HB 3127)(Senate Form 2069)	350,000
Arc Nature Coast Center for Critical Needs and Aging (HB 3509)(Senate Form 1869)	1,000,000
MACtown Life Skills Development Center Expansion (HB 2323)(Senate Form 1056)	700,000
ARC of St. Johns Adult Day Training Center and Hurricane Special Needs Shelter (HB 4753)(Senate Form 2564)	215,000

TOTAL:	HOME AND COMMUNITY SERVICES FROM GENERAL REVENUE FUND	559,842,729	
	FROM TRUST FUNDS		863,725,235
	TOTAL POSITIONS	434.00	
	TOTAL ALL FUNDS		1,423,567,964

PROGRAM MANAGEMENT AND COMPLIANCE

APPROVED SALARY RATE 9,857,473

252	SALARIES AND BENEFITS POSITIONS	165.00	
	FROM GENERAL REVENUE FUND	8,701,485	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		5,736,030
253	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	374,692	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		244,865
254	EXPENSES FROM GENERAL REVENUE FUND	1,445,370	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		975,146
255	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	39,474	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		9,500
255A	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM GENERAL REVENUE FUND	90,750	
256	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM GENERAL REVENUE FUND	70,298	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		1,950

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257 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 582,967
FROM OPERATIONS AND MAINTENANCE
TRUST FUND 362,512

258 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 1,988,073
FROM OPERATIONS AND MAINTENANCE
TRUST FUND 1,043,094

From the funds in Specific Appropriation 258, $500,000 in recurring funds from the General Revenue Fund is provided for Special Olympics (recurring base appropriations project).

259A SPECIAL CATEGORIES
AGENCY FOR PERSONS WITH DISABILITIES - ICONNECT
FROM GENERAL REVENUE FUND 1,015,448
FROM OPERATIONS AND MAINTENANCE
TRUST FUND 2,666,610

From the funds in Specific Appropriation 259A, the recurring sums of $143,988 from the General Revenue Fund and $143,988 from the Operations and Maintenance Trust Fund, and the nonrecurring sums of $232,014 from the General Revenue Fund and $1,008,176 from the Operations and Maintenance Trust Fund are provided to the Agency for Persons with Disabilities to continue implementation of the iConnect system for the purpose of providing electronic visit verification of service delivery to recipients by providers, electronic billings for Developmental Disabilities Medicaid Waiver services, and electronic processing of claims. From the funds provided in Specific Appropriation 259A, $295,447 from the General Revenue Fund and $295,447 from the Operations and Maintenance Trust Fund, shall be held in reserve. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Requests for the release of funds shall include a detailed operational work plan and project spending plan. The agency shall also provide quarterly project status reports to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. The report must include progress made to date for each project milestone and contract deliverable, planned and actual completion dates, planned and actual costs incurred, and any current project issues and risks.

260 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 167,337

261 SPECIAL CATEGORIES
HOME AND COMMUNITY SERVICES ADMINISTRATION
FROM GENERAL REVENUE FUND 2,739,933
FROM OPERATIONS AND MAINTENANCE
TRUST FUND 2,730,806

262 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 30,580
FROM OPERATIONS AND MAINTENANCE
TRUST FUND 32,974

263 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM GENERAL REVENUE FUND 98,342
FROM OPERATIONS AND MAINTENANCE
TRUST FUND 395,726

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TOTAL: PROGRAM MANAGEMENT AND COMPLIANCE			
FROM GENERAL REVENUE FUND		17,344,749	
FROM TRUST FUNDS			14,199,213
TOTAL POSITIONS		165.00	
TOTAL ALL FUNDS			31,543,962
DEVELOPMENTAL DISABILITY CENTERS - CIVIL PROGRAM			
APPROVED SALARY RATE	56,903,424		
264 SALARIES AND BENEFITS	POSITIONS	1,598.00	
FROM GENERAL REVENUE FUND		31,323,967	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			44,477,748
265 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		616,827	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			889,634
266 EXPENSES			
FROM GENERAL REVENUE FUND		2,202,507	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			3,354,032
267 OPERATING CAPITAL OUTLAY			
FROM GENERAL REVENUE FUND		85,493	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			32,972
268 FOOD PRODUCTS			
FROM GENERAL REVENUE FUND		788,707	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			1,110,220
269 SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES			
FROM GENERAL REVENUE FUND		132,744	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			213,124
270 SPECIAL CATEGORIES CONTRACTED SERVICES			
FROM GENERAL REVENUE FUND		795,368	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			1,176,248
FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			33,480
271 SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED PROFESSIONAL SERVICES			
FROM GENERAL REVENUE FUND		1,918,146	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			3,215,903
272 SPECIAL CATEGORIES PRESCRIBED MEDICINE/DRUGS - NON-MEDICAID			
FROM GENERAL REVENUE FUND		361,743	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			36,978
273 SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE			
FROM GENERAL REVENUE FUND		1,829,988	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			2,002,724
274 SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM GENERAL REVENUE FUND		242,763	
FROM OPERATIONS AND MAINTENANCE TRUST FUND			373,152

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275 FIXED CAPITAL OUTLAY
AGENCY FOR PERSONS WITH DISABILITIES FIXED CAPITAL OUTLAY NEEDS FOR CENTRALLY MANAGED FACILITIES
FROM OPERATIONS AND MAINTENANCE TRUST FUND 3,298,428

Funds provided in Specific Appropriation 275 shall be prioritized for maintenance and repair projects at the Sunland Center in Marianna to ensure the health and safety of residents and staff.

TOTAL: DEVELOPMENTAL DISABILITY CENTERS - CIVIL PROGRAM
FROM GENERAL REVENUE FUND 40,298,253
FROM TRUST FUNDS 60,214,643

TOTAL POSITIONS 1,598.00
TOTAL ALL FUNDS 100,512,896

DEVELOPMENTAL DISABILITY CENTERS - FORENSIC PROGRAM

APPROVED SALARY RATE 17,172,460

276 SALARIES AND BENEFITS POSITIONS 503.50
FROM GENERAL REVENUE FUND 25,313,337

277 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 281,232

278 EXPENSES
FROM GENERAL REVENUE FUND 936,672

279 OPERATING CAPITAL OUTLAY
FROM GENERAL REVENUE FUND 76,316

280 FOOD PRODUCTS
FROM GENERAL REVENUE FUND 456,200

281 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM GENERAL REVENUE FUND 230,215

282 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 571,137

283 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED PROFESSIONAL SERVICES
FROM GENERAL REVENUE FUND 350,122

284 SPECIAL CATEGORIES
PRESCRIBED MEDICINE/DRUGS - NON-MEDICAID
FROM GENERAL REVENUE FUND 534,180

285 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 842,430

286 SPECIAL CATEGORIES
SALARY INCENTIVE PAYMENTS
FROM GENERAL REVENUE FUND 18,751

287 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 123,932

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TOTAL: DEVELOPMENTAL DISABILITY CENTERS - FORENSIC PROGRAM		
FROM GENERAL REVENUE FUND	29,734,524	
TOTAL POSITIONS	503.50	
TOTAL ALL FUNDS		29,734,524
TOTAL: AGENCY FOR PERSONS WITH DISABILITIES		
FROM GENERAL REVENUE FUND	647,220,255	
FROM TRUST FUNDS		938,139,091
TOTAL POSITIONS	2,700.50	
TOTAL ALL FUNDS		1,585,359,346
TOTAL APPROVED SALARY RATE	102,503,771	

CHILDREN AND FAMILIES, DEPARTMENT OF

No funds are appropriated in Specific Appropriations 288 through 383C, and sections 8, 31, 32, 33, and 114 for the payment of rent, lease or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida lease Nos. 720:0139, 590:1998, 590:2226, 590:2348, 590:2523, 590:2664, 590:2681, 590:2720, or 590:M139, or any other lease, by the Department of Children and Families, notwithstanding any lease or contract to the contrary. The Department of Children and Families is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund or from any other source for the rent, lease or possession of any space for offices or other purposes or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 590:1998, 590:2226, 590:2348, 590:2523, 590:2664, 590:2681, 590:2720 or 590:M139, or any other lease.

ADMINISTRATION

PROGRAM: EXECUTIVE LEADERSHIP

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 36,578,325

288	SALARIES AND BENEFITS	POSITIONS	600.25	
	FROM GENERAL REVENUE FUND		33,197,872	
	FROM ADMINISTRATIVE TRUST FUND			14,991,718
	FROM FEDERAL GRANTS TRUST FUND			1,527,881
	FROM WELFARE TRANSITION TRUST FUND			278,121
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			1,921
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			65,071

From the funds provided in Specific Appropriations 288, 290, and 294, $5,350,000 from the General Revenue Fund is provided to the department for the establishment of the Office of Quality for the purpose of monitoring and improving the quality, efficiency, and effectiveness of department programs and services. The department may submit a budget amendment in accordance with the provisions of chapter 216, Florida Statutes, for the reassignment of up to 125 authorized positions from within the department to the Office of Quality.

289	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	313,446	
	FROM ADMINISTRATIVE TRUST FUND		55,357
	FROM FEDERAL GRANTS TRUST FUND		64,966
	FROM WELFARE TRANSITION TRUST FUND		8,247
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		2,151
290	EXPENSES		
	FROM GENERAL REVENUE FUND	6,128,751	
	FROM ADMINISTRATIVE TRUST FUND		834,391
	FROM FEDERAL GRANTS TRUST FUND		160,528
	FROM WELFARE TRANSITION TRUST FUND		14,632
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		6,670

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291	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	27,616	
	FROM ADMINISTRATIVE TRUST FUND . . .		106,950
292	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM ADMINISTRATIVE TRUST FUND . . .		20,000
293	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	184,855	
294	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,005,079	
	FROM ADMINISTRATIVE TRUST FUND . . .		265,878
	FROM FEDERAL GRANTS TRUST FUND . . .		11,820
	FROM WELFARE TRANSITION TRUST FUND .		994
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		473
295	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	179,454	
	FROM ADMINISTRATIVE TRUST FUND . . .		389,758
296	SPECIAL CATEGORIES		
	STATE INSTITUTIONAL CLAIMS		
	FROM GENERAL REVENUE FUND	40,498	
297	SPECIAL CATEGORIES		
	TENANT BROKER COMMISSIONS		
	FROM ADMINISTRATIVE TRUST FUND . . .		132,912
299	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	157,174	
	FROM ADMINISTRATIVE TRUST FUND . . .		39,391
	FROM FEDERAL GRANTS TRUST FUND . . .		3,775
	FROM WELFARE TRANSITION TRUST FUND .		495
300	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	3,315,168	
	FROM ADMINISTRATIVE TRUST FUND . . .		720,267
301	FIXED CAPITAL OUTLAY		
	DEPARTMENT OF CHILDREN AND FAMILY SERVICES FIXED CAPITAL NEEDS FOR CENTRALLY MANAGED FACILITIES		
	FROM GENERAL REVENUE FUND	2,000,000	
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	46,549,913	
	FROM TRUST FUNDS		19,704,367
	TOTAL POSITIONS	600.25	
	TOTAL ALL FUNDS		66,254,280

PROGRAM: SUPPORT SERVICES

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 12,926,313

302	SALARIES AND BENEFITS POSITIONS	232.00	
	FROM GENERAL REVENUE FUND	6,104,684	
	FROM ADMINISTRATIVE TRUST FUND . . .		6,529,347
	FROM FEDERAL GRANTS TRUST FUND . . .		4,963,344
	FROM WELFARE TRANSITION TRUST FUND .		233,401
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		173,693

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303	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	131,835	
	FROM ADMINISTRATIVE TRUST FUND . . .		210,735
	FROM FEDERAL GRANTS TRUST FUND . . .		132,387
304	EXPENSES		
	FROM GENERAL REVENUE FUND	2,457,315	
	FROM ADMINISTRATIVE TRUST FUND . . .		245,878
	FROM FEDERAL GRANTS TRUST FUND . . .		1,070,487
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		5,218
305	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	40,599	
	FROM FEDERAL GRANTS TRUST FUND . . .		8,299
306	SPECIAL CATEGORIES		
	COMPUTER RELATED EXPENSES		
	FROM GENERAL REVENUE FUND	3,002,169	
	FROM ADMINISTRATIVE TRUST FUND . . .		121,409
	FROM ALCOHOL, DRUG ABUSE AND MENTAL HEALTH TRUST FUND		1,474,907
	FROM FEDERAL GRANTS TRUST FUND . . .		366,454
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		71,808
307	SPECIAL CATEGORIES		
	FLORIDA SAFE FAMILIES NETWORK (FSFN) INFORMATION TECHNOLOGY SYSTEM		
	FROM GENERAL REVENUE FUND	4,833,609	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,121,379
	FROM WELFARE TRANSITION TRUST FUND .		303,259
308	SPECIAL CATEGORIES		
	FLORIDA ONLINE RECIPIENTS INTEGRATED DATA ACCESS (FLORIDA) TECHNOLOGY SYSTEM FOR PUBLIC BENEFIT ELIGIBILITY DETERMINATION		
	FROM GENERAL REVENUE FUND	2,066,345	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,939,375
	FROM WELFARE TRANSITION TRUST FUND .		282
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		325,000
309	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	94,043	
310	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	15,012	
311	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	8,673,066	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,143,697
	FROM FEDERAL GRANTS TRUST FUND . . .		9,173,124
	FROM WELFARE TRANSITION TRUST FUND .		220,583
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		1,989
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		13,496
TOTAL:	INFORMATION TECHNOLOGY		
	FROM GENERAL REVENUE FUND	27,418,677	
	FROM TRUST FUNDS		33,849,551
	TOTAL POSITIONS	232.00	
	TOTAL ALL FUNDS		61,268,228

SERVICES

PROGRAM: FAMILY SAFETY PROGRAM

FAMILY SAFETY AND PRESERVATION SERVICES

APPROVED SALARY RATE 159,289,467

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312	SALARIES AND BENEFITS POSITIONS	3,676.00		
	FROM GENERAL REVENUE FUND		94,998,091	
	FROM DOMESTIC VIOLENCE TRUST FUND			16,410
	FROM FEDERAL GRANTS TRUST FUND			35,910,138
	FROM WELFARE TRANSITION TRUST FUND			76,535,976
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			26,841,627
313	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		3,683,740	
	FROM FEDERAL GRANTS TRUST FUND			2,512,847
	FROM GRANTS AND DONATIONS TRUST FUND			54,348
	FROM WELFARE TRANSITION TRUST FUND			2,496,299
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			1,004,751
314	EXPENSES			
	FROM GENERAL REVENUE FUND		16,865,747	
	FROM CHILD WELFARE TRAINING TRUST FUND			8,342
	FROM DOMESTIC VIOLENCE TRUST FUND			11,645
	FROM FEDERAL GRANTS TRUST FUND			5,651,687
	FROM WELFARE TRANSITION TRUST FUND			14,377,264
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			3,916,608
315	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		86,688	
	FROM FEDERAL GRANTS TRUST FUND			10,308
	FROM WELFARE TRANSITION TRUST FUND			11,590
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			7,671
316	LUMP SUM SHARED RISK FUND FOR COMMUNITY BASED PROVIDERS OF CHILD WELFARE SERVICES			
	FROM GENERAL REVENUE FUND		3,054,312	
	FROM WELFARE TRANSITION TRUST FUND			5,000,000

Funds provided in Specific Appropriation 316 are available to Community-based Care lead agencies pursuant to the provisions of section 409.990, Florida Statutes.

317	SPECIAL CATEGORIES HOME CARE FOR DISABLED ADULTS			
	FROM GENERAL REVENUE FUND		1,987,544	
318	SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY CARE FOR DISABLED ADULTS			
	FROM GENERAL REVENUE FUND		2,009,755	
319	SPECIAL CATEGORIES CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		5,414,624	
	FROM CHILD WELFARE TRAINING TRUST FUND			2,797
	FROM FEDERAL GRANTS TRUST FUND			9,138,611
	FROM WELFARE TRANSITION TRUST FUND			786,069
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			2,804,800

From the funds in Specific Appropriation 319, the nonrecurring sum of $6,840,000 from the Federal Grants Trust Fund is provided for the implementation of evidence-based prevention services that meet the requirements of the Family First Prevention Services Act.

319A	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		8,850,000	

From the funds in Specific Appropriation 319A, the following are funded nonrecurring from the General Revenue Fund:

4Kids of South Florida - Foster Family Recruitment (HB

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4449) (Senate Form 1350)	750,000
All Star Children's Foundation - Campus for Hope & Healing (HB 2751) (Senate Form 1235)	500,000
Camelot Community Care - Hillsborough High Risk Adoption Support Services (HB 4149) (Senate Form 2373)	250,000
Camillus House - Human Trafficking Recovery Services (HB 4233) (Senate Form 2367)	200,000
Children of Inmates - Family Support Services (HB 4013) (Senate Form 1238)	150,000
Desmond's Village - Youth Support Services (HB 4213) (Senate Form 2341)	100,000
Devereux - Services to Sexually Exploited Youth (HB 2375) (Senate Form 1325)	250,000
Exchange Club - Child Abuse Prevention Services in Martin and St. Lucie Counties (HB 4345) (Senate Form 1839)	150,000
Exchange Club - Child Abuse Prevention Services in Northeast Florida (HB 2289) (Senate Form 1206)	250,000
Exchange Club - Child Abuse Prevention Services in Palm Beach and Broward Counties (HB 2643) (Senate Form 1257)	150,000
Family First - All Pro Dad Adoption Promotion Services (HB 4139) (Senate Form 1892)	650,000
Family Support Services of North Florida - Services to At-risk Youth (HB 4337) (Senate Form 1825)	650,000
Florida Caregiving Youth Expansion Project (HB 2895) (Senate Form 1178)	250,000
Florida Network of Youth and Family Services - Stop Now and Plan (HB 4249) (Senate Form 1008)	250,000
Forever Family - Adoption Awareness (HB 2749) (Senate Form 1406)	200,000
Foster Youth Resource Call Center (HB 4163) (Senate Form 1807)	200,000
Heart Gallery of Florida - Child Welfare Services (HB 4541) (Senate Form 1794)	1,000,000
Kind Mouse Production - Kids Feeding Kids Program (HB 3473)	50,000
Miami Bridge - Host Homes for Homeless Youth (HB 4547) (Senate Form 2310)	200,000
One More Child - Child Welfare Services (HB 2789) (Senate Form 2540)	250,000
One More Child - Services for Human Trafficking Prevention and Recovery (HB 4339) (Senate Form 1885)	400,000
One More Child - Single Moms Program (HB 4381) (Senate Form 1891)	250,000
Place of Hope - Child Welfare Services (HB 2355) (Senate Form 1047)	650,000
Safe Children Coalition (HB 4705) (Senate Form 1242)	1,000,000
Voices for Children - Child Welfare Services (HB 4433) (Senate Form 1822)	100,000

320	SPECIAL CATEGORIES GRANTS AND AIDS - GRANTS TO SHERIFFS FOR PROTECTIVE INVESTIGATIONS FROM GENERAL REVENUE FUND	36,760,409	
	FROM FEDERAL GRANTS TRUST FUND		1,404,309
	FROM WELFARE TRANSITION TRUST FUND		9,837,480
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		9,670,815

Funds provided in Specific Appropriation 320 shall be used by the department to award grants to the sheriffs of the following counties to conduct child protective investigations as mandated in section 39.3065, Florida Statutes. The funds shall be allocated as follows:

Broward County Sheriff	15,201,864
Hillsborough County Sheriff	13,738,700
Manatee County Sheriff	4,855,360
Pasco County Sheriff	6,466,825
Pinellas County Sheriff	11,915,854
Seminole County Sheriff	4,633,803
Walton County Sheriff	860,607

321	SPECIAL CATEGORIES GRANTS AND AIDS - DOMESTIC VIOLENCE PROGRAM FROM GENERAL REVENUE FUND	11,164,596	
	FROM DOMESTIC VIOLENCE TRUST FUND		7,951,132
	FROM FEDERAL GRANTS TRUST FUND		19,149,741

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	FROM WELFARE TRANSITION TRUST FUND .		7,750,000

Funds provided in Specific Appropriation 321 shall be used by the department for the implementation of the programs and management and delivery of services of the state's domestic violence program pursuant to chapter 39, Florida Statutes.

From the funds in Specific Appropriation 321, $1,821,914 from the Federal Grants Trust Fund shall be provided to the Department of Health to contract with the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

322	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CHILD ABUSE PREVENTION AND INTERVENTION		
	FROM GENERAL REVENUE FUND	17,314,251	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,488,375
	FROM WELFARE TRANSITION TRUST FUND .		9,577,637
323	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CHILD PROTECTION		
	FROM GENERAL REVENUE FUND	16,912,402	
	FROM CHILD WELFARE TRAINING TRUST FUND		286,063
	FROM FEDERAL GRANTS TRUST FUND . . .		19,264,105
	FROM GRANTS AND DONATIONS TRUST FUND		175,652
	FROM WELFARE TRANSITION TRUST FUND .		1,713,422
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		1,262,655
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,978,525
324	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	3,364,504	
325	SPECIAL CATEGORIES		
	TEMPORARY EMERGENCY SHELTER SERVICES		
	FROM GENERAL REVENUE FUND	435,843	
326	SPECIAL CATEGORIES		
	GRANTS AND AIDS - RESIDENTIAL GROUP CARE		
	FROM GENERAL REVENUE FUND	1,605,726	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		111,445
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		895,965
327	SPECIAL CATEGORIES		
	SPECIAL NEEDS ADOPTION INCENTIVES		
	FROM GENERAL REVENUE FUND	2,750,000	
328	SPECIAL CATEGORIES		
	DEFERRED-PAYMENT COMMODITY CONTRACTS		
	FROM GENERAL REVENUE FUND	11,413	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,272
	FROM FEDERAL GRANTS TRUST FUND . . .		4,454
	FROM WELFARE TRANSITION TRUST FUND .		1,684
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,713
329	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	439,597	
	FROM FEDERAL GRANTS TRUST FUND . . .		146,145
	FROM WELFARE TRANSITION TRUST FUND .		227,343
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		98,867
330	SPECIAL CATEGORIES		
	GRANTS AND AIDS - COMMUNITY BASED CARE FUNDS FOR PROVIDERS OF CHILD WELFARE SERVICES		
	FROM GENERAL REVENUE FUND	391,356,330	
	FROM CHILD WELFARE TRAINING TRUST FUND		1,875,853

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FROM FEDERAL GRANTS TRUST FUND . . .		263,455,776
FROM WELFARE TRANSITION TRUST FUND .		45,977,067
FROM OPERATIONS AND MAINTENANCE TRUST FUND		8,979,209
FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		41,078,586

From the funds in Specific Appropriation 330, the department shall conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of all community-based care lead agencies and shall cover the most recent two consecutive fiscal years. The review must include a comprehensive system-of-care analysis. All lead agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission. The department's review shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2020.

From the funds in Specific Appropriation 330, and as authorized by s. 409.991(4), Florida Statutes, the sum of $7,387,525 from the General Revenue Fund and $4,561,143 from the Federal Grants Trust Fund is provided to Community-based care lead agencies to reduce each agency's average case manager to caseload ratio to 1 to 17. The ratio shall be determined using the 24-month average of in-home and out-of-home caseloads for each agency, as of June 30, 2019. The department is authorized to prorate each agency's allocation should this funding level not meet the targeted caseload ratio. By November 1, 2020, the department shall provide a report to the chairs of the Senate Committee on Appropriations and the House Appropriations Committee, and the Governor's Office and Policy and Budget, that lists each agency's allocation and the factors, variables, and calculations underlying the amounts. The report shall also identify the remaining resources needed by each agency to reach a case manager to caseload ratio of 1 to 16 by the end of Fiscal Year 2021-2022.

From the funds in Specific Appropriation 330, and as authorized by s. 409.991(4), Florida Statutes, the sum of $5,175,706 from the General Revenue Fund and $2,911,334 from the Federal Grants Trust Fund are provided for safety management services, to be distributed among the areas of greatest need as determined by the department.

From the funds in Specific Appropriation 330, and as authorized by s. 409.991(4), Florida Statutes, $3,863,739 from the General Revenue Fund is provided to the community-based care lead agency that serves the Sixth Judicial Circuit and $4,371,313 from the General Revenue Fund is provided to the community-based care lead agency that serves the Thirteenth Judicial Circuit to implement pilot projects that improve the safety, permanency, and well-being of children in the local child welfare system of care.

From the funds in Specific Appropriation 330, the nonrecurring sum of $1,000,000 of Child Abuse Prevention and Treatment Act Grant funds from the Federal Grants Trust Fund shall be used for evidence-based prevention programs to implement the Plans of Safe Care program to address the needs of substance affected newborns and their families.

331	SPECIAL CATEGORIES		
	GRANTS AND AIDS - ADOPTION ASSISTANCE PAYMENTS AND MAINTENANCE SUBSIDIES		
	FROM GENERAL REVENUE FUND	111,342,982	
	FROM FEDERAL GRANTS TRUST FUND . . .		124,793,805
	FROM WELFARE TRANSITION TRUST FUND .		14,377,342

Funds provided in Specific Appropriation 331 are provided to Community-based care lead agencies for the payment of adoption assistance subsidies pursuant to section 409.166, Florida Statutes.

By April 30, 2021, the department shall perform a reconciliation of the funding appropriated and the projected expenditures for adoption assistance for each lead agency. Any projected year-end surplus of funding shall, if necessary, be reallocated to the lead agencies that are projecting a fiscal year-end deficit. Any unexpended funds, as determined by a reconciliation of the fiscal year-end actual expenditures, shall revert on June 30, 2021.

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332	SPECIAL CATEGORIES		
	GRANTS AND AIDS - GUARDIANSHIP ASSISTANCE PROGRAM PAYMENTS		
	FROM GENERAL REVENUE FUND	6,642,841	
	FROM FEDERAL GRANTS TRUST FUND . . .		5,411,559
TOTAL:	FAMILY SAFETY AND PRESERVATION SERVICES		
	FROM GENERAL REVENUE FUND	737,051,395	
	FROM TRUST FUNDS		786,048,784
	TOTAL POSITIONS	3,676.00	
	TOTAL ALL FUNDS		1,523,100,179

PROGRAM: MENTAL HEALTH PROGRAM

MENTAL HEALTH SERVICES

APPROVED SALARY RATE 125,507,114

333	SALARIES AND BENEFITS POSITIONS	3,144.50	
	FROM GENERAL REVENUE FUND	107,438,809	
	FROM FEDERAL GRANTS TRUST FUND . . .		58,322,211
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		7,079,416
334	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	3,723,929	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,311
335	EXPENSES		
	FROM GENERAL REVENUE FUND	12,883,202	
	FROM FEDERAL GRANTS TRUST FUND . . .		668,800
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		342,955
336	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	387,630	
	FROM FEDERAL GRANTS TRUST FUND . . .		377,471
337	FOOD PRODUCTS		
	FROM GENERAL REVENUE FUND	3,437,538	
338	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	5,060,964	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		405,883
339	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	31,977,505	
340	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED PROFESSIONAL SERVICES		
	FROM GENERAL REVENUE FUND	106,984,151	
	FROM FEDERAL GRANTS TRUST FUND . . .		14,604,879

From the funds in Specific Appropriations 339 and 340, the Department of Children and Families, the South Florida Evaluation Treatment Financing Corporation, and the Florida Civil Commitment Center Financing Corporation (Corporations) are authorized to issue additional certificates of participation that refund any outstanding certificates of participation for the state mental health treatment facilities. The department is further authorized to execute amendments to its lease purchase agreements with the Corporations in connection with the refunding, provided that such refunding issues achieve debt service savings and do not extend the final maturity of the outstanding certificates of participation.

From the funds in Specific Appropriations 339 and 340, the recurring sum of $5,000,000 from the General Revenue Fund is provided to increase the number of beds available at South Florida State Hospital from 341 to 350, and to provide a cost of living adjustment for the contract agencies for the following mental health treatment facilities:

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South Florida State Hospital		4,541,398
Florida Civil Commitment Center		149,882
Treasure Coast Forensic Treatment Center		148,742
South Florida Evaluation and Treatment Center		159,978
341 SPECIAL CATEGORIES		
PRESCRIBED MEDICINE/DRUGS - NON-MEDICAID		
FROM GENERAL REVENUE FUND	8,788,410	
FROM FEDERAL GRANTS TRUST FUND		1,900,961
FROM OPERATIONS AND MAINTENANCE TRUST FUND		876,992
342 SPECIAL CATEGORIES		
RISK MANAGEMENT INSURANCE		
FROM GENERAL REVENUE FUND	8,266,861	
FROM FEDERAL GRANTS TRUST FUND		919,049
343 SPECIAL CATEGORIES		
SALARY INCENTIVE PAYMENTS		
FROM GENERAL REVENUE FUND	90,969	
344 SPECIAL CATEGORIES		
DEFERRED-PAYMENT COMMODITY CONTRACTS		
FROM GENERAL REVENUE FUND	709,683	
345 SPECIAL CATEGORIES		
LEASE OR LEASE-PURCHASE OF EQUIPMENT		
FROM GENERAL REVENUE FUND	355,938	
FROM FEDERAL GRANTS TRUST FUND		10,238
FROM OPERATIONS AND MAINTENANCE TRUST FUND		979
TOTAL: MENTAL HEALTH SERVICES		
FROM GENERAL REVENUE FUND	290,105,589	
FROM TRUST FUNDS		85,513,145
TOTAL POSITIONS	3,144.50	
TOTAL ALL FUNDS		375,618,734

PROGRAM: ECONOMIC SELF SUFFICIENCY PROGRAM

ECONOMIC SELF SUFFICIENCY SERVICES

APPROVED SALARY RATE 165,153,810		
346 SALARIES AND BENEFITS POSITIONS	4,301.00	
FROM GENERAL REVENUE FUND	97,767,109	
FROM FEDERAL GRANTS TRUST FUND		105,286,315
FROM GRANTS AND DONATIONS TRUST FUND		4,920,578
FROM WELFARE TRANSITION TRUST FUND		7,092,962
347 OTHER PERSONAL SERVICES		
FROM GENERAL REVENUE FUND	1,536,177	
FROM FEDERAL GRANTS TRUST FUND		3,171,991
FROM WELFARE TRANSITION TRUST FUND		143,547
348 EXPENSES		
FROM GENERAL REVENUE FUND	10,246,433	
FROM FEDERAL GRANTS TRUST FUND		14,592,712
FROM WELFARE TRANSITION TRUST FUND		1,001,512
349 OPERATING CAPITAL OUTLAY		
FROM GENERAL REVENUE FUND	2,998	
FROM FEDERAL GRANTS TRUST FUND		25,594
FROM WELFARE TRANSITION TRUST FUND		474
350 SPECIAL CATEGORIES		
GRANTS AND AIDS - CHALLENGE GRANTS		
FROM GENERAL REVENUE FUND	3,181,500	
351 SPECIAL CATEGORIES		
GRANTS AND AIDS - FEDERAL EMERGENCY SHELTER GRANT PROGRAM		
FROM FEDERAL GRANTS TRUST FUND		6,359,466
FROM WELFARE TRANSITION TRUST FUND		852,507

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352 SPECIAL CATEGORIES
GRANTS AND AIDS - HOMELESS HOUSING ASSISTANCE GRANTS
FROM GENERAL REVENUE FUND 4,611,000

From the funds in Specific Appropriation 352, the following are funded nonrecurring from the General Revenue Fund:

Citrus Health Network - Safe Haven for Homeless Youth (HB 4165) (Senate Form 2100)	155,000
Homeless Veterans Housing Assistance - Brevard (HB 2659) (Senate Form 1186)	190,000
Metropolitan Ministries - First Hug Program (HB 4421) (Senate Form 2361)	300,000
Metropolitan Ministries - Miracles for Pasco (HB 4601) (Senate Form 2365)	250,000

From the funds provided in Specific Appropriation 352, $716,000 in nonrecurring funds from the General Revenue Fund is provided for Connecting Everyone with Second Chances to provide emergency shelter and housing to low-income persons impacted by Hurricane Michael and Florida residents experiencing homelessness (HB 9207) (Senate Form 1532).

353 SPECIAL CATEGORIES
CONTRACTED SERVICES

FROM GENERAL REVENUE FUND	15,746,776	
FROM FEDERAL GRANTS TRUST FUND . . .		22,582,513
FROM WELFARE TRANSITION TRUST FUND .		438,817

From the funds in Specific Appropriation 353, the sum of $3,032,381 from the General Revenue Fund and $2,811,619 from the Federal Grants Trust Fund is provided for automated commercial wage verification services for the purpose of acquiring current employment and income information for eligibility determination and periodic recertification for the following public benefit programs: Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid. The Department of Children and Families shall use a risk-based methodology for applying these services to the eligibility determination process to detect and deter fraud, waste, and abuse in public benefit programs administered by the department (HB 4507).

354 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

FROM GENERAL REVENUE FUND	926,801	
FROM FEDERAL GRANTS TRUST FUND . . .		17,709,776
FROM WELFARE TRANSITION TRUST FUND .		39,977

From the funds in Specific Appropriation 354, the following are funded nonrecurring from the General Revenue Fund:

Clara White Mission - Homelessness Services (HB 2493)	100,000
Inmar Government Services - Technology Support for Public Assistance Recipients (HB 9003) (Senate Form 2153)	250,000

355 SPECIAL CATEGORIES
GRANTS AND AIDS - LOCAL SERVICES PROGRAM
FROM FEDERAL GRANTS TRUST FUND . . . 29,562,792

356 SPECIAL CATEGORIES
PUBLIC ASSISTANCE FRAUD CONTRACT

FROM FEDERAL GRANTS TRUST FUND . . .	3,406,033
FROM WELFARE TRANSITION TRUST FUND .	689,593

357 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE

FROM GENERAL REVENUE FUND	1,470,328	
FROM FEDERAL GRANTS TRUST FUND . . .		1,236,627
FROM GRANTS AND DONATIONS TRUST FUND		34,374

358 SPECIAL CATEGORIES
SERVICES TO REPATRIATED AMERICANS
FROM FEDERAL GRANTS TRUST FUND . . . 40,380

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359	SPECIAL CATEGORIES			
	DEFERRED-PAYMENT COMMODITY CONTRACTS			
	FROM GENERAL REVENUE FUND		5,935	
	FROM FEDERAL GRANTS TRUST FUND . . .			8,322
	FROM WELFARE TRANSITION TRUST FUND .			545
360	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		208,859	
	FROM FEDERAL GRANTS TRUST FUND . . .			392,573
	FROM WELFARE TRANSITION TRUST FUND .			19,955
361	FINANCIAL ASSISTANCE PAYMENTS			
	CASH ASSISTANCE			
	FROM GENERAL REVENUE FUND		91,853,605	
	FROM WELFARE TRANSITION TRUST FUND .			22,970,676
362	FINANCIAL ASSISTANCE PAYMENTS			
	NONRELATIVE CARE GIVER			
	FROM GENERAL REVENUE FUND		4,894,683	
363	FINANCIAL ASSISTANCE PAYMENTS			
	OPTIONAL STATE SUPPLEMENTATION PROGRAM			
	FROM GENERAL REVENUE FUND		4,918,700	
364	FINANCIAL ASSISTANCE PAYMENTS			
	PERSONAL CARE ALLOWANCE			
	FROM GENERAL REVENUE FUND		6,506,756	
365	FINANCIAL ASSISTANCE PAYMENTS			
	REFUGEE/ENTRANT ASSISTANCE			
	FROM FEDERAL GRANTS TRUST FUND . . .			6,669,660
TOTAL:	ECONOMIC SELF SUFFICIENCY SERVICES			
	FROM GENERAL REVENUE FUND		243,877,660	
	FROM TRUST FUNDS			249,250,271
	TOTAL POSITIONS	4,301.00		
	TOTAL ALL FUNDS			493,127,931

PROGRAM: COMMUNITY SERVICES

COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

APPROVED SALARY RATE 5,711,364

366	SALARIES AND BENEFITS POSITIONS	99.00		
	FROM GENERAL REVENUE FUND		7,539,373	
	FROM FEDERAL GRANTS TRUST FUND . . .			61,049
	FROM OPERATIONS AND MAINTENANCE			
	TRUST FUND			167,175
367	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		1,435,274	
	FROM FEDERAL GRANTS TRUST FUND . . .			1,272,846
	FROM OPERATIONS AND MAINTENANCE			
	TRUST FUND			266,820
368	EXPENSES			
	FROM GENERAL REVENUE FUND		1,484,674	
	FROM FEDERAL GRANTS TRUST FUND . . .			208,094
	FROM WELFARE TRANSITION TRUST FUND .			3,723
	FROM OPERATIONS AND MAINTENANCE			
	TRUST FUND			80,830
368A	LUMP SUM			
	STATE OPIOID RESPONSE GRANT			
	FROM FEDERAL GRANTS TRUST FUND . . .			69,852,144

Funds provided in Specific Appropriation 368A are contingent on a federal State Opioid Response (SOR) grant being awarded to the Department of Children and Families. The purpose of the federal grant is to increase states' efforts to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through prevention,

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treatment and recovery activities for opioid use disorders. The department is authorized to submit a budget amendment requesting the release of funds, pursuant to the provisions of chapter 216, Florida Statutes. Release of the funds shall be contingent upon submission of a detailed spending plan describing the uses of the funds for medication-assisted treatment, prevention, and recovery services that are projected to be addressed with the funds.

369 SPECIAL CATEGORIES
GRANTS AND AIDS - PUBLIC SAFETY, MENTAL HEALTH, AND SUBSTANCE ABUSE LOCAL MATCHING GRANT PROGRAM
FROM GENERAL REVENUE FUND 9,000,000

370 SPECIAL CATEGORIES
CHILDREN'S ACTION TEAMS FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
FROM GENERAL REVENUE FUND 30,800,000

Funds provided in Specific Appropriation 370 shall be used by the Department of Children and Families to contract with the following providers for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics.

From the funds in Specific Appropriation 370, the following recurring base appropriations projects are funded from recurring general revenue funds:

Apalachee Center - Franklin, Liberty, Jefferson, Madison, Taylor	750,000
Aspire Health Partners - Orange	750,000
Aspire Health Partners - Osceola	750,000
Aspire Health Partners - Seminole	750,000
Baycare Behavioral Health - Pasco	750,000
Bridgeway Center - Okaloosa	750,000
Centerstone - Manatee	750,000
Centerstone - Sarasota, Desoto	750,000
Centerstone of Florida - Glades, Hendry	750,000
Centerstone of Florida (formerly SalusCare) - Lee	750,000
Child Guidance Center - Duval	750,000
Chrysalis Center (formerly Sinfonia) - Alachua	750,000
Chrysalis Center (formerly Sinfonia) - Palm Beach	750,000
Circles of Care - Brevard	750,000
Citrus Health (formerly Institute for Child and Family Health) - Miami-Dade	750,000
Citrus Health Network - Miami-Dade	750,000
Clay Behavioral Health Center - Clay, Putnam	750,000
COPE Center - Walton	750,000
David Lawrence Center - Collier	750,000
Gracepoint - Hillsborough	750,000
Guidance Care Center - Monroe	750,000
Halifax Health - Volusia, Flagler	750,000
Lakeview Center - Escambia	750,000
Lakeview Center - Santa Rosa	750,000
Life Management Center - Bay	750,000
Life Management Center - Gulf, Calhoun	750,000
Life Management Center - Jackson, Holmes, Washington	750,000
Lifestream Behavioral Center - Citrus, Hernando	750,000
Lifestream Behavioral Center - Sumter, Lake	750,000
Meridian Behavioral Health - Alachua, Columbia, Dixie, Hamilton, Lafayette, Suwannee	750,000
Meridian Behavioral Healthcare - Bradford, Baker, Union, Nassau	750,000
Meridian Behavioral Healthcare - Gilchrist, Levy, Dixie	750,000
New Horizons Behavioral Health - Martin, Indian River, Okeechobee, St. Lucie	750,000
Peace River Center - Polk, Highlands, Hardee	750,000
Personal Enrichment Mental Health Services - Pinellas	750,000
Smith Community Mental Health - Broward	750,000

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St. Augustine Youth Services - St. Johns	750,000
The Centers - Marion	750,000

Funds provided in Specific Appropriation 370 include the additional sum of $2,250,000 from the General Revenue Fund to procure for additional Community Action Teams in the areas of greatest need and to ensure statewide coverage, pursuant to section 394.495, Florida Statutes.

371	SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY MENTAL HEALTH SERVICES		
	FROM GENERAL REVENUE FUND	229,118,542	
	FROM ALCOHOL, DRUG ABUSE AND MENTAL HEALTH TRUST FUND		35,085,799
	FROM FEDERAL GRANTS TRUST FUND		22,462,835
	FROM WELFARE TRANSITION TRUST FUND		6,948,619

From the funds in Specific Appropriation 371, the following recurring base appropriations projects are funded from recurring general revenue funds:

Citrus Health Network	455,000
Apalachee Center - Forensic treatment services	1,401,600
Henderson Behavioral Health - Forensic treatment services.	1,401,600
Mental Health Care - Forensic treatment services	700,800
Apalachee Center - Civil treatment services	1,593,853
Lifestream Behavioral Center - Civil treatment services	1,622,235
New Horizons of the Treasure Coast - Civil treatment services	1,393,482

From the funds in Specific Appropriation 371, $700,000 from the General Revenue Fund is provided for supported employment services for individuals with mental health disorders.

372	SPECIAL CATEGORIES GRANTS AND AIDS - BAKER ACT SERVICES		
	FROM GENERAL REVENUE FUND	72,738,856	

373	SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY SUBSTANCE ABUSE SERVICES		
	FROM GENERAL REVENUE FUND	114,095,694	
	FROM ALCOHOL, DRUG ABUSE AND MENTAL HEALTH TRUST FUND		112,772,858
	FROM FEDERAL GRANTS TRUST FUND		9,056,734
	FROM WELFARE TRANSITION TRUST FUND		5,850,004
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		2,438,065

From the funds in Specific Appropriation 373, $10,000,000 from the General Revenue Fund shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

From the funds in Specific Appropriation 373, $12,060,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

From the funds in Specific Appropriation 373, $840,000 from the General Revenue Fund shall be provided to Centerstone of Florida for the operation of a Family Intensive Treatment (FIT) team (recurring base appropriations project).

From the funds in Specific Appropriation 373, the following recurring base appropriations projects are funded from recurring general revenue

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funds:

St. Johns County Sheriff's Office Detox Program	1,300,000
Here's Help	200,000
Drug Abuse Comprehensive Coordinating Office (DACCO)	100,000

374 SPECIAL CATEGORIES
GRANTS AND AIDS - CENTRAL RECEIVING FACILITIES
FROM GENERAL REVENUE FUND 19,878,768

From the funds in Specific Appropriation 374, the department shall designate an additional Central Receiving Facility in Judicial Circuit 18. Such designation shall be to an existing, not-for-profit, comprehensive community mental health facility not already receiving Low Income Pool payments for uncompensated services. The community mental health facility to be designated must currently serve as a single point of entry for individuals needing evaluation or stabilization under s. 394.463, F.S., or s. 397.675, F.S., or crisis services as defined in ss. 394.67(17)-(18), F.S., for mental health and/or substance abuse disorders.

375 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 5,709,346
FROM ALCOHOL, DRUG ABUSE AND MENTAL HEALTH TRUST FUND 729,423
FROM FEDERAL GRANTS TRUST FUND . . . 11,256,947
FROM OPERATIONS AND MAINTENANCE TRUST FUND 37,599

From the funds in Specific Appropriation 375, the sum of $1,900,000, of which $500,000 is nonrecurring (HB 4429)(Senate Form 1658), from the General Revenue Fund shall continue to be provided to the department to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency.

From the funds in Specific Appropriation 375, the nonrecurring sum of $11,160,000 from the Federal Grants Trust Fund is provided for the implementation of evidence-based prevention services that meet the requirements of the Family First Prevention Services Act.

376 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 33,416,218
FROM ALCOHOL, DRUG ABUSE AND MENTAL HEALTH TRUST FUND 100,000
FROM FEDERAL GRANTS TRUST FUND . . . 6,023,738

From the funds in Specific Appropriation 376, the following are funded nonrecurring from the General Revenue Fund:

Aspire Health Partners - Behavioral Health Services (HB 4737)(Senate Form 1950)	550,000
Baycare Behavioral Health - Veterans Intervention Program (HB 2313)(Senate Form 1867)	485,000
Broward County Commission - Long Acting Injectable Buprenorphine Pilot (HB 3995)(Senate Form 2369)	158,184
CASL Renaissance Manor - Independent Supportive Housing (HB 4385)(Senate Form 1599)	1,100,000
Centerstone Psychiatric Residency (HB 3841)(Senate Form 1228)	1,000,000
Circles of Care - Behavioral Health Services (HB 9087)(Senate Form 1643)	700,000
Clay Behavioral Health - Community Crisis Prevention Teams (HB 4915)(Senate Form 1018)	500,000
Community Health of South Florida - Children's Crisis Center (HB 4851)(Senate Form 1637)	250,000
David Lawrence Center Wrap-Around Collier Program (Senate Form 1168)	279,112
Directions for Living - Community Action Team for Babies (HB 2609)(Senate Form 1027)	550,000
Drug Free America Foundation - Substance Abuse Prevention Services (HB 4445)(Senate Form 1353)	100,000
Flagler Health - Behavioral Health Services (HB 9007)(Senate Form 2479)	1,770,000

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Florida Alliance for Healthy Communities (HB 9141) (Senate Form 1940)	1,200,000
Florida Assertive Community Treatment (FACT) Team - St. Johns and Putnam Counties (HB 2685) (Senate Form 2033)	1,250,000
Ft. Myers Salvation Army Co-Occurring Residential Treatment Program (HB 4889) (Senate Form 1618)	300,000
Fulfilling Lives Foundation - School Telehealth Services (Senate Form 2384)	250,000
Gateway Community Services - Project Save Lives (HB 2305) (Senate Form 1010)	747,582
Here's Help - Juvenile Residential Treatment Expansion (HB 2631) (Senate Form 1309)	225,000
Hillsborough County - Behavioral Health Residential Treatment Services (HB 4503) (Senate Form 2464)	1,200,000
Hillsborough County - Crisis Stabilization Units (HB 4067) (Senate Form 2313)	800,000
Jewish Family Service - Mental Health First Aid Coalition (HB 4183) (Senate Form 1678)	100,000
John Hopkins All Children's Hospital - Pediatric Treatment Alternatives to Opioids (HB 4861) (Senate Form 2344)	850,000
LGBT+ Central Orlando - Mental Health Counseling (HB 4277) (Senate Form 1931)	40,000
Lifestream Behavioral Health - Central Receiving System (HB 4185) (Senate Form 1871)	500,000
Lifestream Behavioral Health - Crisis Stabilization Units (HB 2333) (Senate Form 1790)	300,000
Miami-Dade Homeless Trust - Residential Support Services (HB 4545) (Senate Form 1349)	250,000
NAMI Broward Reach and Teach for Mental Health (HB 4709) (Senate Form 1642)	150,000
Northwest Behavioral Health Services - Training Trauma NOW (HB 3949) (Senate Form 2339)	50,000
Okaloosa-Walton Mental Health and Substance Abuse Pretrial Diversion Project (HB 4209) (Senate Form 2213)	350,000
Personal Enrichment through Mental Health Services - Crisis Stabilization Services (HB 2653) (Senate Form 1274)	750,000
Project Opioid - Florida Opioid Crisis Pilot (HB 4297) (Senate Form 1960)	200,000
River Region Human Services - Outpatient Behavioral Health Services (HB 4049) (Senate Form 2340)	250,000
Road to Recovery - Modernizing Behavioral Health System (Senate Form 1285)	3,500,000
Seminole County Sheriff - Substance Abuse Recovery Center (HB 3065) (Senate Form 1852)	400,000
South Florida Behavioral Network - Miami Center for Mental Health and Recovery (HB 4549) (Senate Form 1203)	4,000,000
South Florida Behavioral Network - Outpatient Behavioral Health Services Pilot (HB 2839)	400,000
Starting Point Behavioral Healthcare - Helping Others Promote Empathy Program (HB 2331) (Senate Form 1661)	350,000
St. Johns EPIC Recovery Center - Detoxification and Residential Treatment (HB 2669) (Senate Form 2034)	600,000
STEPS Women's Level II Residential Treatment (HB 4735) (Senate Form 2342)	250,000
The Salvation Army of Sarasota - Community Addiction Recovery Program (HB 2417) (Senate Form 1099)	250,000
Trilogy Network of Care Software Solution (HB 3929) (Senate Form 1938)	100,000
University of Florida Health Center Psychiatry (HB 4731) (Senate Form 1324)	250,000
Veterans Alternative Retreat (HB 4409) (Senate Form 1868)	100,000
Whole Child Leon - Telehealth Services (HB 3575) (Senate Form 1470)	50,000
Youth Crisis Center - Touchstone Village (HB 4913) (Senate Form 1017)	200,000
211 Palm Beach Treasure Coast - South Florida Suicide Prevention and Crisis Intervention (HB 4195) (Senate Form 2316)	250,000

From the funds in Specific Appropriation 376, $4,000,000 from the General Revenue Fund is provided to competitively procure for the implementation of a pilot project that provides behavioral telehealth services to children in public schools, with an emphasis towards serving rural counties.

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From the funds in Specific Appropriation 376, $500,000 from the Federal Grants Trust Fund using federal funds received from the State Opioid Response Grant is provided to Memorial Healthcare System for Medication Assisted Treatment Community Expansion (HB 4303)(Senate Form 1619).

377	SPECIAL CATEGORIES GRANTS AND AIDS - PURCHASE OF THERAPEUTIC SERVICES FOR CHILDREN FROM GENERAL REVENUE FUND	8,911,958	
378	SPECIAL CATEGORIES GRANTS AND AIDS - INDIGENT PSYCHIATRIC MEDICATION PROGRAM FROM GENERAL REVENUE FUND	6,780,276	
379	SPECIAL CATEGORIES GRANTS AND AIDS - PURCHASED RESIDENTIAL TREATMENT SERVICES FOR EMOTIONALLY DISTURBED CHILDREN AND YOUTH FROM GENERAL REVENUE FUND	2,201,779	
380	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	181,362	
381	SPECIAL CATEGORIES DEFERRED-PAYMENT COMMODITY CONTRACTS FROM GENERAL REVENUE FUND	1,129	
382	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM OPERATIONS AND MAINTENANCE TRUST FUND	60,264	210 4,632
383	SPECIAL CATEGORIES CONTRACTED SERVICES - SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM WELFARE TRANSITION TRUST FUND .	20,332,384	1,051,418 731,355

Funds in Specific Appropriation 383 are provided for the administration costs of the seven regional managing entities that deliver behavioral health care through local network providers.

383A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - WOMEN AND CHILDREN'S BEHAVIORAL HEALTH CENTER FROM GENERAL REVENUE FUND	100,000	

From the funds in Specific Appropriation 383A, the nonrecurring sum of $100,000 from the General Revenue Fund is provided to Village South for facility improvements at the Women and Children's Campus (HB 4659).

383B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GUIDANCE CARE CENTER - BAKER ACT RECEIVING FACILITY UPGRADES FROM GENERAL REVENUE FUND	300,000	

From the funds in Specific Appropriation 383B, the nonrecurring sum of $300,000 from the General Revenue Fund is provided to the Guidance Care Center for capital upgrades to a Baker Act receiving facility (HB 4205)(Senate Form 1170).

383C	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY LAKELAND REGIONAL MEDICAL CENTER - FREESTANDING BEHAVIORAL HEALTH HOSPITAL AND OUTPATIENT CENTER FROM GENERAL REVENUE FUND	250,000	

From the funds in Specific Appropriation 383C, the nonrecurring sum of

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$250,000 from the General Revenue Fund is provided to Lakeland Regional Medical Center for a facility providing acute care behavioral health services (HB 4343)(Senate Form 1774).

TOTAL: COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES			
FROM GENERAL REVENUE FUND		564,335,897	
FROM TRUST FUNDS			286,462,917
TOTAL POSITIONS		99.00	
TOTAL ALL FUNDS			850,798,814
TOTAL: CHILDREN AND FAMILIES, DEPARTMENT OF			
FROM GENERAL REVENUE FUND		1,909,339,131	
FROM TRUST FUNDS			1,460,829,035
TOTAL POSITIONS		12,052.75	
TOTAL ALL FUNDS			3,370,168,166
TOTAL APPROVED SALARY RATE		505,166,393	

ELDER AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO ELDERS PROGRAM

COMPREHENSIVE ELIGIBILITY SERVICES

	APPROVED SALARY RATE	9,711,662		
384	SALARIES AND BENEFITS	POSITIONS	246.50	
	FROM GENERAL REVENUE FUND		6,951,888	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			6,951,888
385	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		589,860	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			589,860
386	EXPENSES			
	FROM GENERAL REVENUE FUND		947,299	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			947,299
387	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		21,292	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			21,291
388	SPECIAL CATEGORIES CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		102,665	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			102,664
389	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		120,604	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			154,834
390	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		70,731	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			70,732
391	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		41,419	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			41,418

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TOTAL: COMPREHENSIVE ELIGIBILITY SERVICES				
FROM GENERAL REVENUE FUND			8,845,758	
FROM TRUST FUNDS				8,879,986
TOTAL POSITIONS			246.50	
TOTAL ALL FUNDS				17,725,744
HOME AND COMMUNITY SERVICES				
APPROVED SALARY RATE	2,953,003			
392 SALARIES AND BENEFITS	POSITIONS		60.00	
FROM GENERAL REVENUE FUND			1,517,388	
FROM FEDERAL GRANTS TRUST FUND				2,121,220
FROM OPERATIONS AND MAINTENANCE TRUST FUND				915,211
393 OTHER PERSONAL SERVICES				
FROM GENERAL REVENUE FUND			266,959	
FROM FEDERAL GRANTS TRUST FUND				836,395
FROM OPERATIONS AND MAINTENANCE TRUST FUND				231,936
394 EXPENSES				
FROM GENERAL REVENUE FUND			394,099	
FROM FEDERAL GRANTS TRUST FUND				1,085,024
FROM OPERATIONS AND MAINTENANCE TRUST FUND				441,437
395 OPERATING CAPITAL OUTLAY				
FROM GENERAL REVENUE FUND			5,905	
FROM FEDERAL GRANTS TRUST FUND				5,000
FROM OPERATIONS AND MAINTENANCE TRUST FUND				5,000
396 SPECIAL CATEGORIES				
AGING AND ADULT SERVICES TRAINING AND EDUCATION				
FROM FEDERAL GRANTS TRUST FUND				119,493
397 SPECIAL CATEGORIES				
GRANTS AND AIDS - ALZHEIMER'S DISEASE INITIATIVE				
FROM GENERAL REVENUE FUND			32,381,826	

From the funds in Specific Appropriation 397, $1,750,000 from the General Revenue Fund is provided as a differential unit rate increase of up to 30 percent for those receiving services by an Alzheimer's services adult day care center licensed under section 429.918, Florida Statutes, on or before March 1, 2020. The Department of Elder Affairs shall use the provider's Alzheimer's Disease Initiative Respite In-Facility Reimbursable Unit Rate as its baseline when calculating the differential increase.

From the funds in Specific Appropriation 397, $2,839,911 in recurring funding from the General Revenue Fund is provided for Alzheimer's respite care services to serve individuals on the waitlist statewide.

From the funds in Specific Appropriation 397, $222,801 in nonrecurring funding from the General Revenue Fund is provided for the memory disorder clinic at Miami Jewish Health, pursuant to section 430.502, Florida Statutes.

From the funds in Specific Appropriation 397, the following recurring base appropriations projects are funded from recurring general revenue funds:

Dan Cantor Center - Alzheimer's Project	169,287
Alzheimer's Community Care Association	1,500,000
Alzheimer's Caregiver Projects	234,297

From the funds in Specific Appropriation 397, the following projects are funded from nonrecurring general revenue funds:

Alzheimer's Association Brain Bus (HB 4607)(Senate Form 1673)	319,000

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	Alzheimer's Community Care Association - Critical Support Initiative (HB 2227)(Senate Form 2106)		650,000
	Brain Bank - Alzheimer's Disease Research - Mount Sinai (HB 4187)(Senate Form 2253)		100,000
	City of Deerfield Beach Northeast Focal Point Senior Center (HB 4039)(Senate Form 1918)		195,150
	City of Lauderdale Lakes Alzheimer's Care Center - Alzheimer Care Services Expansion (HB 3693)(Senate Form 1072)		200,000
	Naples Senior Center Dementia Respite Support Program (HB 4827)(Senate Form 1006)		75,000
398	SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY CARE FOR THE ELDERLY		
	FROM GENERAL REVENUE FUND	75,430,164	
	FROM FEDERAL GRANTS TRUST FUND		269,851
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		3,965,056

From the funds in Specific Appropriation 398, $4,219,444 in recurring funding from the General Revenue Fund is provided to serve elders on the Community Care for the Elderly Program waitlist. The Department of Elder Affairs shall allocate these increased funds to the 11 planning and service areas according to the department's established statewide allocation formula for the Community Care for the Elderly Program. Each Aging Resource Center shall prioritize funding to serve frail seniors on the waiting list who are most at risk of nursing home placement.

From the funds in Specific Appropriation 398, $750,000 in recurring funding from the General Revenue Fund and $750,000 in recurring funding from the Operations and Maintenance Trust Fund are provided to the Aging Resource Centers related to the Statewide Medicaid Managed Care Long Term Care Program.

From the funds in Specific Appropriation 398, $600,000 in recurring funding from the General Revenue Fund is provided to serve elders on the Home Care for the Elderly Program waitlist. The Department of Elder Affairs shall allocate these increased funds to the 11 planning and service areas according to the department's established statewide allocation formula for the Home Care for the Elderly Program. Each Aging Resource Center shall prioritize funding to serve frail seniors on the waiting list with a Level 4 and above who are most at risk of nursing home placement and have an approved adult caregiver living with them who is willing and able to provide or help arrange for care.

399	SPECIAL CATEGORIES GRANTS AND AIDS - HOME ENERGY ASSISTANCE		
	FROM FEDERAL GRANTS TRUST FUND		5,963,764
400	SPECIAL CATEGORIES GRANTS AND AIDS - OLDER AMERICANS ACT PROGRAM		
	FROM GENERAL REVENUE FUND	10,953,464	
	FROM FEDERAL GRANTS TRUST FUND		94,743,728

From the funds in Specific Appropriation 400, the following recurring base appropriations projects are funded from recurring general revenue funds:

Congregate & Homebound Meals for At-Risk Elderly, Non-Ambulatory, & Handicapped Residents (Allapattah)	361,543
Area Agency on Aging of North Florida, Inc.	105,571
Mid-Florida Area Agency on Aging, Inc. - Model Day Care Project	105,571
City of Hialeah Elder Meals Program	250,000
City of Sweetwater Elderly Activities Center (Mildred & Claude Pepper Senior Center)	418,242
Elder at Risk Meals (Marta Flores High Risk Nutritional Program for Elders)	623,877
Jewish Community Center	39,468
Miami Beach Senior Center - Jewish Community Services of South Florida, Inc.	158,367
Aging and Disability Resource Center of Broward County, Inc Provider Service Area (PSA) 10	681,080
Alliance for Aging, Inc. - Provider Service Area (PSA) 11.	693,456
Area Agency on Aging of Pasco-Pinellas, Inc. - Provider	

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Service Area (PSA) 5	1,046,000
Senior Connection Center, Inc. - Provider Service Area (PSA) 6	113,000
Seymour Gelber Adult Day Care Program - Jewish Community Services of South Florida, Inc.	23,234
Southwest Social Services	653,501
St. Ann's Nursing Center	65,084
West Miami Community Center - City of West Miami	69,071
Little Havana Activities and Nutrition Centers of Dade County	334,770
Holocaust Survivors Assistance Program - Boca Raton Jewish Federation	92,946
Lippman Senior Center	228,000
Michael-Ann Russell Jewish Community Center - Sr. Wellness Center	83,647
Alliance for Aging, Inc.	152,626
Area Agency on Aging of Pasco - Pinellas, Inc.	105,571
Areawide Council on Aging of Broward County	167,292

From the funds in Specific Appropriation 400, the following projects are funded from nonrecurring general revenue funds:

City of Hialeah - Elder Meals Program (HB 4501)(Senate Form 1153)	1,400,000
City of Hialeah Gardens - Elder Meals Program (HB 4459)(Senate Form 1229)	292,000
City of Miami Springs Senior Center - Supplemental Meals and Services (HB 3427)(Senate Form 1060)	185,944
Clay County Senior Services of Aging True (Senate Form 2535)	40,000
David Posnack Jewish Community Center - Senior Kosher Meal Program (HB 3795)(Senate Form 1575)	149,537
Hope Connections - Serving Frail Rural Seniors (HB 3429) (Senate Form 1752)	100,000
Jewish Family and Community Services - Holocaust Survivor Support Services (HB 4803)(Senate Form 1409)	250,000
Little Havana Activity Center Adult Care (HB 3701)(Senate Form 2265)	250,000
Little Havana Activity Center Meals Program (HB 3703)(Senate Form 2266)	154,500
Little Havana Activity Center Respite Services (HB 3705)(Senate Form 2267)	154,500
New Horizons Better Being Senior Program (HB 3943)(Senate Form 1340)	450,000
North Miami Foundation for Senior Citizens, Inc. - Home Delivered Meals (HB 2477)(Senate Form 1117)	150,000
Northeast Florida Area Agency on Aging - Home Delivered Meals (HB 2033)(Senate Form 1207)	400,000
Osceola Council on Aging - Home Delivered Meals (HB 3849).	50,000

401	SPECIAL CATEGORIES CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	114,710	
	FROM FEDERAL GRANTS TRUST FUND		458,925
	FROM GRANTS AND DONATIONS TRUST FUND		22,700
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		53,564
402	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	2,003,545	
	FROM FEDERAL GRANTS TRUST FUND		10,135,359
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		796,511
403	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	26,149	
404	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	9,639	
	FROM FEDERAL GRANTS TRUST FUND		6,635
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		6,182

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405	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM OPERATIONS AND MAINTENANCE TRUST FUND	7,034	10,823 3,883
406	SPECIAL CATEGORIES PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) FROM GENERAL REVENUE FUND . . . . . FROM OPERATIONS AND MAINTENANCE TRUST FUND	27,886,457	45,191,261

From the funds in Specific Appropriation 406, $603,166 in recurring funding from the General Revenue Fund and $977,458 in recurring funding from the Operations and Maintenance Trust Fund are provided to increase the Program of All-Inclusive Care for the Elderly (PACE) by 50 slots in Baker, Clay, Duval, Nassau, and St. Johns counties, effective July 1, 2020.

From the funds in Specific Appropriation 406, $603,166 in recurring funding from the General Revenue Fund and $977,458 in recurring funding from the Operations and Maintenance Trust Fund are provided to increase the Program of All-Inclusive Care for the Elderly (PACE) by 50 slots in Martin County, effective July 1, 2020.

From the funds in Specific Appropriation 406, $689,239 from the General Revenue Fund and $1,116,943 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 50 slots in Palm Beach County, effective July 1, 2020.

From the funds in Specific Appropriation 406, $500,000 from the General Revenue Fund and $810,273 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 53 slots in Miami-Dade County, effective July 1, 2020.

Any person who the Legislature has approved to enroll participants residing in a specific geographic area in a Program of All-inclusive Care for the Elderly (PACE) may transfer such approval, and assign its Program of All-inclusive Care for the Elderly (PACE) contract, to any other person meeting federal requirements upon the prior approval of the Agency for Health Care Administration, subject to any other required federal approvals. Any such approved transfer shall include the transfer of any appropriated funds by the Legislature to such Program of All-inclusive Care for the Elderly (PACE), and all future appropriations in respect of such Program of All-inclusive Care for the Elderly (PACE) shall be made to the approved transferee.

406A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - EASTER SEALS CAPITAL IMPROVEMENT FROM GENERAL REVENUE FUND	500,000	

From the funds in Specific Appropriation 406A, $500,000 in nonrecurring funds from the General Revenue Fund is provided to Easter Seals of South Florida (HB 2357)(Senate Form 1347)

406B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - SENIOR CITIZEN CENTERS FROM GENERAL REVENUE FUND	1,860,000	

From the funds in Specific Appropriation 406B, nonrecurring funds from the General Revenue Fund are provided for the following projects:

CARES One Stop Senior Center in Dade City (Senate Form 1904)	750,000
City of Hialeah Gardens - Therapy Pool for the Physically Challenged (HB 4493)(Senate Form 2068)	400,000
Clay County Senior Services of Aging True (Senate Form	

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	2535)		110,000
	Nassau County Council on Aging - Hilliard Westside Senior Life Center & Adult Day Healthcare (HB 3683) (Senate Form 1653)		600,000
TOTAL:	HOME AND COMMUNITY SERVICES		
	FROM GENERAL REVENUE FUND	153,357,339	
	FROM TRUST FUNDS		167,388,958
	TOTAL POSITIONS	60.00	
	TOTAL ALL FUNDS		320,746,297

EXECUTIVE DIRECTION AND SUPPORT SERVICES

	APPROVED SALARY RATE 3,489,187		
407	SALARIES AND BENEFITS POSITIONS	63.50	
	FROM GENERAL REVENUE FUND	1,877,270	
	FROM ADMINISTRATIVE TRUST FUND		1,773,424
	FROM FEDERAL GRANTS TRUST FUND		1,373,351
408	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	94,590	
	FROM ADMINISTRATIVE TRUST FUND		400,326
	FROM FEDERAL GRANTS TRUST FUND		653,800
409	EXPENSES		
	FROM GENERAL REVENUE FUND	233,611	
	FROM ADMINISTRATIVE TRUST FUND		384,307
	FROM FEDERAL GRANTS TRUST FUND		801,228
410	OPERATING CAPITAL OUTLAY		
	FROM FEDERAL GRANTS TRUST FUND		2,000
411	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	23,419	
412	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	355,485	
	FROM ADMINISTRATIVE TRUST FUND		112,789
	FROM FEDERAL GRANTS TRUST FUND		205,789

From the funds in Specific Appropriation 412, $250,000 in nonrecurring funding from the General Revenue Fund is provided to conduct a cybersecurity risk assessment targeted at identifying vulnerabilities that may result in the exploitation of Florida's elders and interrupt continuity of operations. The Department of Elder Affairs shall contract with a private sector vendor with the subject matter expertise to conduct an objective and thorough assessment of the department's cybersecurity standing.

412A	SPECIAL CATEGORIES		
	ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM (ECIRTS)		
	FROM GENERAL REVENUE FUND	183,295	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		1,518,405

From the funds in Specific Appropriation 412A, $183,295 in nonrecurring funds from the General Revenue Fund and $1,518,405 in nonrecurring funds from the Operations and Maintenance Trust Fund are provided for the implementation of the Enterprise Client Information and Registration Tracking System (eCIRTS). The funds shall be held in reserve and the Department of Elder Affairs is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon the approval of a comprehensive operational work plan reflecting all project tasks and a detailed spend plan reflecting estimated and actual costs that comport with each deliverable proposed by the department. Upon execution of the contract, the department shall submit quarterly project status reports to the Executive Office of the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee.

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413	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	64,536	
414	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	5,022	
	FROM ADMINISTRATIVE TRUST FUND . . .		4,159
	FROM FEDERAL GRANTS TRUST FUND . . .		7,016
415	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	9,211	
	FROM ADMINISTRATIVE TRUST FUND . . .		14,917
416	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF		
	MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	39,724	
	FROM ADMINISTRATIVE TRUST FUND . . .		62,674
	FROM FEDERAL GRANTS TRUST FUND . . .		215,389
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		431,696
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	2,886,163	
	FROM TRUST FUNDS		7,961,270
	TOTAL POSITIONS	63.50	
	TOTAL ALL FUNDS		10,847,433

CONSUMER ADVOCATE SERVICES

APPROVED SALARY RATE 1,543,860

417	SALARIES AND BENEFITS POSITIONS	34.00	
	FROM GENERAL REVENUE FUND	753,729	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,443,476
418	OTHER PERSONAL SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		158,896
	FROM FEDERAL GRANTS TRUST FUND . . .		415,898
419	EXPENSES		
	FROM GENERAL REVENUE FUND	209,359	
	FROM ADMINISTRATIVE TRUST FUND . . .		106,740
	FROM FEDERAL GRANTS TRUST FUND . . .		107,427
420	SPECIAL CATEGORIES		
	PUBLIC GUARDIANSHIP CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	15,961,663	
	FROM ADMINISTRATIVE TRUST FUND . . .		154,816

From the funds in Specific Appropriation 420, $3,750,000 from the General Revenue Fund is provided to operate the Public Guardianship program on a statewide basis and to allow resources to be allocated to local public guardianship offices based upon criteria established by the Department of Elder Affairs. The allocation criteria will include factors such as need, size, current wards served, and new or additional wards served.

From the funds in Specific Appropriation 420, $7,782,810 in recurring funding from the General Revenue Fund is provided for the Public Guardianship program to serve additional incapacitated and indigent persons from the public guardian program waitlists and to account for the increased cost to serve each ward.

421	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,227,652	
	FROM ADMINISTRATIVE TRUST FUND . . .		149,000

From the funds in Specific Appropriation 421, $454,930 in recurring funding from the General Revenue Fund is provided for professional

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guardian investigative services and legal costs.

From the funds in Specific Appropriation 421, $500,000 in nonrecurring funding from the General Revenue Fund is provided to the Office of Public and Professional Guardians to monitor professional guardians' compliance with established standards of practice. The Office of Public and Professional Guardians shall work in consultation with professional guardianship associations.

422	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	35,415	
423	SPECIAL CATEGORIES LONG TERM CARE OMBUDSMAN COUNCIL FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . .	877,388	626,020
424	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	50,092	
425	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . .	5,762	7,934
TOTAL:	CONSUMER ADVOCATE SERVICES FROM GENERAL REVENUE FUND	19,121,060	
	FROM TRUST FUNDS		3,170,207
	TOTAL POSITIONS	34.00	
	TOTAL ALL FUNDS		22,291,267
TOTAL:	ELDER AFFAIRS, DEPARTMENT OF FROM GENERAL REVENUE FUND	184,210,320	
	FROM TRUST FUNDS		187,400,421
	TOTAL POSITIONS	404.00	
	TOTAL ALL FUNDS		371,610,741
	TOTAL APPROVED SALARY RATE	17,697,712	

HEALTH, DEPARTMENT OF

PROGRAM: EXECUTIVE DIRECTION AND SUPPORT

ADMINISTRATIVE SUPPORT

APPROVED SALARY RATE 19,890,138

426	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	385.50 3,139,364	23,455,561
427	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	40,000	1,540,063
428	EXPENSES FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	2,781,406	11,900,320
429	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - MINORITY HEALTH INITIATIVES FROM GENERAL REVENUE FUND	5,850,354	

From the funds in Specific Appropriation 429, $1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Foundation for Sickle Cell Disease Research (HB 3959)(Senate Form 1198).

430	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	63,408	1,573,137

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431	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM ADMINISTRATIVE TRUST FUND . . .		55,397
432	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	1,455,172	6,140,408
432A	SPECIAL CATEGORIES CENTRALIZED ONLINE REPORTING, TRACKING, AND NOTIFICATION ENTERPRISE (CORTNE) SYSTEM FROM ADMINISTRATIVE TRUST FUND . . .		1,563,473

From the funds in Specific Appropriation 432A, $1,563,473 in nonrecurring funds from the Administrative Trust Fund is provided to the Department of Health for the development of a Centralized Online Reporting, Tracking, and Notification Enterprise (CORTNE) system. Of these funds, $1,172,605 shall be placed in reserve. The department is authorized to submit a budget amendment to request release of the funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon approval of a comprehensive operational work plan reflecting all project tasks and a detailed spend plan. The department shall coordinate with the Department of Financial Services' Florida PALM project to ensure the CORTNE system does not duplicate functionality that will be provided in the PALM system.

433	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	82,951	127,405
434	SPECIAL CATEGORIES TENANT BROKER COMMISSIONS FROM ADMINISTRATIVE TRUST FUND . . .		738,731
435	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	10,397	110,937
436	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	30,754	91,089
437	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	896,107	5,423,860
438	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . .	1,722,249	1,290,594
TOTAL:	ADMINISTRATIVE SUPPORT FROM GENERAL REVENUE FUND . . . . . FROM TRUST FUNDS	16,072,162	54,010,975
	TOTAL POSITIONS	385.50	
	TOTAL ALL FUNDS		70,083,137

PROGRAM: COMMUNITY PUBLIC HEALTH

COMMUNITY HEALTH PROMOTION

APPROVED SALARY RATE 11,360,623

439	SALARIES AND BENEFITS FROM GENERAL REVENUE FUND	POSITIONS 229.50 2,333,671	

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FROM ADMINISTRATIVE TRUST FUND . . .		520,935
FROM RAPE CRISIS PROGRAM TRUST FUND		43,594
FROM TOBACCO SETTLEMENT TRUST FUND .		337,430
FROM EPILEPSY SERVICES TRUST FUND .		71,125
FROM FEDERAL GRANTS TRUST FUND . . .		10,527,154
FROM GRANTS AND DONATIONS TRUST FUND		2,369
FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND		1,251,836
FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND		575,009

From the funds in Specific Appropriation 439, $337,430 and four positions are provided to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution.

440	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	83,657	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,173,064
	FROM GRANTS AND DONATIONS TRUST FUND		64,266
	FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND		150,421
	FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND		69,359
441	EXPENSES		
	FROM GENERAL REVENUE FUND	241,811	
	FROM ADMINISTRATIVE TRUST FUND . . .		105,534
	FROM RAPE CRISIS PROGRAM TRUST FUND		35,000
	FROM EPILEPSY SERVICES TRUST FUND .		31,044
	FROM BIOMEDICAL RESEARCH TRUST FUND		2,047
	FROM FEDERAL GRANTS TRUST FUND . . .		2,287,981
	FROM GRANTS AND DONATIONS TRUST FUND		21,410
	FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND		447,752
	FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND		292,504
442	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - FAMILY PLANNING SERVICES		
	FROM GENERAL REVENUE FUND	4,245,455	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,067,783
443	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - EPILEPSY SERVICES		
	FROM GENERAL REVENUE FUND	2,918,230	
	FROM EPILEPSY SERVICES TRUST FUND .		709,547

From the funds in Specific Appropriation 443, $250,000 in nonrecurring funds from the General Revenue Fund is provided to the Florida Epilepsy Services Program (HB 4115)(Senate Form 1837).

444	AID TO LOCAL GOVERNMENTS CONTRIBUTION TO COUNTY HEALTH UNITS		
	FROM GENERAL REVENUE FUND	3,455,424	
445	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - PRIMARY CARE PROGRAM		
	FROM GENERAL REVENUE FUND	20,682,810	

From the funds in Specific Appropriation 445, $2,000,000 in nonrecurring funds from the General Revenue Fund is provided for hospital readmission reduction/diversion (HB 4477)(Senate Form 2305).

446	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - FLUORIDATION PROJECT		
	FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND		150,000

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SECTION 3 - HUMAN SERVICES

447 AID TO LOCAL GOVERNMENTS
SCHOOL HEALTH SERVICES
FROM GENERAL REVENUE FUND 16,909,412
FROM FEDERAL GRANTS TRUST FUND . . . 1,000,000

Funds in Specific Appropriation 447 from the General Revenue Fund are provided as state match for Title XXI administrative funding for school health services in Specific Appropriations 485 through 487, 490, and 493.

From the funds in Specific Appropriation 447, not less than $6,000,000 from the General Revenue Fund shall be provided for the Full Services Schools program pursuant to section 402.3026, Florida Statutes.

448 OPERATING CAPITAL OUTLAY
FROM FEDERAL GRANTS TRUST FUND . . . 69,350
FROM MATERNAL AND CHILD HEALTH
BLOCK GRANT TRUST FUND 25,000

449 SPECIAL CATEGORIES
GRANTS AND AIDS - OUNCE OF PREVENTION
FROM GENERAL REVENUE FUND 1,900,000

Funds in Specific Appropriation 449 are provided to fund a recurring base appropriations project related to the Ounce of Prevention. The Ounce of Prevention shall identify, fund, and evaluate innovative prevention programs for at-risk children and families. The sum of $250,000 shall be used for statewide public education campaigns on television and radio to educate the public on critical prevention issues facing Florida's at-risk children and families. The Ounce of Prevention shall contract with a non-profit corporation that provides matching funds in a three to one ratio.

450 SPECIAL CATEGORIES
GRANTS AND AIDS - CRISIS COUNSELING
FROM GENERAL REVENUE FUND 4,000,000

Funds in Specific Appropriation 450 are provided for the Pregnancy Support Services Program pursuant to section 381.96, Florida Statutes. The Department of Health shall award a contract to the current Florida Pregnancy Support Services Program contract management provider for this Specific Appropriation. The contract shall provide for payments to such provider of $500 per month per sub-contracted direct service provider for contract oversight, to include technical and educational support. The department is authorized to spend no more than $50,000 for agency program oversight activities.

451 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 214,803
FROM ADMINISTRATIVE TRUST FUND . . . 20,000
FROM RAPE CRISIS PROGRAM TRUST
FUND 10,000
FROM FEDERAL GRANTS TRUST FUND . . . 4,281,017
FROM GRANTS AND DONATIONS TRUST
FUND 5,740
FROM MATERNAL AND CHILD HEALTH
BLOCK GRANT TRUST FUND 263,000
FROM PREVENTIVE HEALTH SERVICES
BLOCK GRANT TRUST FUND 305,500

From the funds in Specific Appropriation 451, $250,000 from the Maternal and Child Health Block Grant Trust Fund is provided to conduct a statewide marketing campaign to promote Bright Expectations - the Information Clearinghouse on Developmental Disabilities - established pursuant to section 383.141, Florida Statutes. The statewide marketing campaign shall be designed to educate the broadest population permissible under the funds provided in this specific appropriation and shall include, but not be limited to, social media, print, radio, and the proliferation of informational pamphlets in all health care settings where the target market receives health care services.

452 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 33,205,568
FROM ADMINISTRATIVE TRUST FUND . . . 100,000

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FROM RAPE CRISIS PROGRAM TRUST FUND	1,645,666
FROM FEDERAL GRANTS TRUST FUND	10,604,550
FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND	4,132,731
FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND	532,095

From the funds in Specific Appropriation 452, $1,821,914 from the Federal Grants Trust Fund is provided to the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

From the funds in Specific Appropriation 452, $1,828,325 from the General Revenue Fund is provided for the Mary Brogan Breast and Cervical Cancer Early Detection Program pursuant to section 381.93, Florida Statutes.

From the funds in Specific Appropriation 452, $2,500,000 from the General Revenue Fund is provided to the Florida Council Against Sexual Violence. At least 95 percent of the funds provided shall be distributed to certified rape crisis centers to provide services statewide for victims of sexual assault (recurring base appropriations project).

From the funds in Specific Appropriation 452, $9,500,000 from the General Revenue Fund is provided to the Florida Association of Free and Charitable Clinics (recurring base appropriations project).

From the funds in Specific Appropriation 452, $282,039 from the General Revenue Fund is provided to the Palm Beach County Rape Crisis Center (recurring base appropriations project).

From the funds in Specific Appropriation 452, $283,643 from the General Revenue Fund is provided to Community Smiles to partner with the Miami Children's Hospital pediatric dental residency program (recurring base appropriations project).

From the funds in Specific Appropriation 452, $500,000 from the General Revenue Fund is provided to the Andrews Institute Foundation's Eagle Fund for rehabilitative services to soldiers wounded during military service (recurring base appropriations project).

From the funds in Specific Appropriation 452, $2,453,632 from the General Revenue Fund is provided to the Florida International University Neighborhood Help program (recurring base appropriations project).

From the funds in Specific Appropriation 452, $714,519 from the General Revenue Fund is provided to the University of Florida College of Dentistry to provide services through a network of community-based clinics (recurring base appropriations project).

From the funds in Specific Appropriation 452, $1,250,000 from the General Revenue Fund, of which $250,000 is nonrecurring (HB 3935)(Senate Form 1657), is provided to VisionQuest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no access to vision care. These services will be provided statewide and VisionQuest shall be reimbursed at current Medicaid rates for exams, refractions, and dispensing; and at a flat rate of $48 for eyeglasses (recurring base appropriations project).

From the funds in Specific Appropriation 452, $750,000 from the General Revenue Fund is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care (recurring base appropriations project).

From the funds in Specific Appropriation 452, $750,000 in nonrecurring funds from the General Revenue Fund is provided to the Sertoma Speech and Hearing Foundation of Florida, Inc., a Florida non-profit corporation, to support auditory oral early intervention programs serving children who are deaf, ages birth through two, in multiple counties including rural and underserved areas. These early intervention programs must solely offer auditory oral educational habilitation services, as defined and described in section 1002.391, Florida Statutes, and include faculty members who are credentialed as Certified Listening and Spoken Language Specialists or hearing support services in pursuit of spoken language outcomes for infants and toddlers

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who are deaf (HB 2041)(Senate Form 1872).

From the funds in Specific Appropriation 452, nonrecurring funds from the General Revenue Fund are provided for the following projects:

Florida Keys Area Health Education Center (HB 2741)(Senate Form 2561)	300,000
Nova Southeastern University - Veterans Access Clinic (HB 3733)(Senate Form 1062)	3,500,000
Memorial Healthcare System - Telehealth Access for Patients Program (HB 3631)(Senate Form 1331)	250,000
Agape Community Health Center - Mobile Dental Unit (HB 2889)(Senate Form 1215)	750,000
Alachua County Organization for Rural Needs Dental Clinic (HB 2727)(Senate Form 1608)	150,000
City of Homestead: Breast Cancer Screening (HB 9101)(Senate Form 1358)	500,000
Heart of Florida United Way Orlando United Assistance Center (Heart of FL Pulse)(HB 9095)	50,000
Andrews Regenerative Medicine Center (HB 2275)(Senate Form 1395)	500,000
Project Be Strong - Teen Pregnancy Prevention Program (HB 2237)(Senate Form 1239)	50,000
University of Florida - Jacksonville Child Abuse Pediatrics Fellowship (HB 4749)(Senate Form 2107)	300,000
Lake Erie College of Osteopathic Medicine (LECOM) Clinic Based Health Service Outreach (HB 9179)(Senate Form 2111)	5,000,000
Broward Community and Family Health Centers Cervical Cancer Prevention and Detection (HB 3869)(Senate Form 1254)	246,732
St. John Bosco Clinic (HB 3969)(Senate Form 1005)	300,000
Diabetes Research Institute Foundation - Cellular Research to Cure Diabetes (HB 3967)(Senate Form 1882)	150,000

453 SPECIAL CATEGORIES
GRANTS AND AIDS - HEALTHY START COALITIONS
FROM GENERAL REVENUE FUND 20,475,176
FROM MATERNAL AND CHILD HEALTH
BLOCK GRANT TRUST FUND 4,485,431

From the funds in Specific Appropriation 453, $500,000 in nonrecurring funds from the General Revenue Fund is provided for the implementation of the Nurse-Family Partnership model, a nurse visitation program for high-risk pregnant girls and women (HB 4127)(Senate Form 1354).

454 SPECIAL CATEGORIES
TRANSFER TO BIOMEDICAL RESEARCH TRUST FUND
FROM GENERAL REVENUE FUND 10,850,000

455 SPECIAL CATEGORIES
JAMES AND ESTHER KING BIOMEDICAL RESEARCH PROGRAM
FROM BIOMEDICAL RESEARCH TRUST FUND 10,000,000

456 SPECIAL CATEGORIES
WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID COLEY CANCER RESEARCH PROGRAM
FROM BIOMEDICAL RESEARCH TRUST FUND 10,000,000

From the funds in Specific Appropriation 456, $500,000 from the Biomedical Research Trust Fund is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute (recurring base appropriations project).

457 SPECIAL CATEGORIES
HEALTH EDUCATION RISK REDUCTION PROJECT
FROM PREVENTIVE HEALTH SERVICES
BLOCK GRANT TRUST FUND 12,686

458 SPECIAL CATEGORIES
FLORIDA CONSORTIUM OF NATIONAL CANCER INSTITUTE CENTERS PROGRAM
FROM GENERAL REVENUE FUND 45,000,000

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FROM BIOMEDICAL RESEARCH TRUST FUND 17,228,743

Funds in Specific Appropriation 458 are provided for the Florida Consortium of National Cancer Institute (NCI) Centers Program established in section 381.915, Florida Statutes.

Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Florida Consortium of National Cancer Institute (NCI) Centers Program as follows: H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; the University of Miami Sylvester Comprehensive Cancer Center is eligible for Tier 2 designation as a NCI designated cancer center; and the University of Florida Health Shands Cancer Hospital is eligible for Tier 3 designation in the Florida Consortium of NCI Centers Program.

458A SPECIAL CATEGORIES
BIOMEDICAL RESEARCH
FROM GENERAL REVENUE FUND 500,000

From the funds in Specific Appropriation 458A, $500,000 in nonrecurring funds from the General Revenue Fund are provided to the Scripps Research Institute (HB 4373)(Senate Form 1629).

459 SPECIAL CATEGORIES
ENDOWED CANCER RESEARCH
FROM GENERAL REVENUE FUND 2,000,000

Funds in Specific Appropriation 459 are provided to the Mayo Clinic Cancer Center of Jacksonville to fund an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes.

460 SPECIAL CATEGORIES
PEDIATRIC CANCER RESEARCH
FROM BIOMEDICAL RESEARCH TRUST FUND 3,000,000

Funds in Specific Appropriation 460 are provided for the Live Like Bella Initiative pursuant to section 381.922(2)(c), Florida Statutes, to advance progress toward curing pediatric cancer.

461 SPECIAL CATEGORIES
ALZHEIMER RESEARCH
FROM GENERAL REVENUE FUND 5,000,000

Funds in Specific Appropriation 461 are provided for the Ed and Ethel Moore Alzheimer's Disease Research Program established in section 381.82, Florida Statutes.

462 SPECIAL CATEGORIES
GRANTS AND AIDS - FEDERAL NUTRITION PROGRAMS
FROM FEDERAL GRANTS TRUST FUND . . . 308,875,678

463 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 92,763
FROM FEDERAL GRANTS TRUST FUND . . . 1,625

464 SPECIAL CATEGORIES
WOMEN, INFANTS AND CHILDREN (WIC)
FROM FEDERAL GRANTS TRUST FUND . . . 250,929,257

465 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM FEDERAL GRANTS TRUST FUND . . . 42,294
FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND 1,526

466 SPECIAL CATEGORIES
COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND EDUCATION PROGRAM
FROM TOBACCO SETTLEMENT TRUST FUND . 73,051,574

Funds in Specific Appropriation 466 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in

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accordance with section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:

State & Community Interventions	13,526,050
State & Community Interventions - AHEC	5,903,899
Health Communications Interventions	24,350,524
Cessation Interventions	13,665,960
Cessation Interventions - AHEC	8,004,474
Surveillance & Evaluation	6,665,149
Administration & Management	935,518

Funds provided for the Health Communications Intervention component must use strategies targeted toward Florida's youth which integrate information about the consequence of tobacco use and the use of electronic nicotine delivery systems (ENDS).

From the funds in Specific Appropriation 466, the Department of Health may use nicotine replacements and other treatments approved by the federal Food and Drug Administration as part of smoking cessation interventions.

All contracts awarded through this Specific Appropriation shall include performance measures and measurable outcomes. The Department of Health shall establish specific performance and accountability criteria for all intervention and evaluation contracts. The criteria shall be based on best medical practices, past smoking cessation experience, the federal Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs, and the ability to impact the broadest population.

467	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	13,920	
	FROM ADMINISTRATIVE TRUST FUND		2,271
	FROM RAPE CRISIS PROGRAM TRUST FUND		484
	FROM FEDERAL GRANTS TRUST FUND		49,339
	FROM GRANTS AND DONATIONS TRUST FUND		329
	FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND		5,457
	FROM PREVENTIVE HEALTH SERVICES BLOCK GRANT TRUST FUND		1,731
467A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	GRANTS AND AIDS - HEALTH FACILITIES		
	FROM GENERAL REVENUE FUND	1,000,000	

From the funds in Specific Appropriation 467A, $500,000 in nonrecurring funds from the General Revenue Fund is provided to the YMCA of Florida's First Coast for the Immokalee Unique Abilities Center (HB 3989)(Senate Form 2448).

From the funds in Specific Appropriation 467A, $500,000 in nonrecurring funds from the General Revenue Fund is provided to the Focused Ultrasound Neurological Research Institute (HB 4349)(Senate Form 2478).

TOTAL:	COMMUNITY HEALTH PROMOTION		
	FROM GENERAL REVENUE FUND	175,122,700	
	FROM TRUST FUNDS		720,620,238
	TOTAL POSITIONS	229.50	
	TOTAL ALL FUNDS		895,742,938

DISEASE CONTROL AND HEALTH PROTECTION

	APPROVED SALARY RATE	27,331,393	
468	SALARIES AND BENEFITS POSITIONS	616.50	
	FROM GENERAL REVENUE FUND	8,428,283	
	FROM ADMINISTRATIVE TRUST FUND		2,245,839

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	FROM FEDERAL GRANTS TRUST FUND . . .		14,304,968
	FROM GRANTS AND DONATIONS TRUST FUND		7,066,745
	FROM PLANNING AND EVALUATION TRUST FUND		6,680,835
	FROM RADIATION PROTECTION TRUST FUND		343,879
469	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	53,610	
	FROM ADMINISTRATIVE TRUST FUND . . .		72,644
	FROM FEDERAL GRANTS TRUST FUND . . .		2,445,458
	FROM GRANTS AND DONATIONS TRUST FUND		1,152,721
	FROM PLANNING AND EVALUATION TRUST FUND		133,673
470	EXPENSES		
	FROM GENERAL REVENUE FUND	1,460,419	
	FROM ADMINISTRATIVE TRUST FUND . . .		964,928
	FROM FEDERAL GRANTS TRUST FUND . . .		10,768,644
	FROM GRANTS AND DONATIONS TRUST FUND		1,298,822
	FROM PLANNING AND EVALUATION TRUST FUND		15,137,354
	FROM RADIATION PROTECTION TRUST FUND		60,615
471	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - HIV/AIDS PREVENTION AND TREATMENT		
	FROM GENERAL REVENUE FUND	29,528,611	
	FROM FEDERAL GRANTS TRUST FUND . . .		97,831,173

Funds in Specific Appropriation 471 from the General Revenue Fund may be used to fund Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Patient Care activities, Patient Care Networks, Ryan White Consortia, the AIDS Insurance Continuation Project, and other HIV prevention initiatives.

The funds in Specific Appropriation 471 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

From the funds in Specific Appropriation 471, $719,989 from the General Revenue Fund is provided to Jackson Memorial Hospital for the South Florida AIDS Network (recurring base appropriations project).

From the funds in Specific Appropriation 471, $239,996 from the General Revenue Fund is provided to the Youth Expressions and Farm Workers programs that provide HIV/AIDS outreach to Haitian and Latino communities (recurring base appropriations project).

472	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)		
	FROM FEDERAL GRANTS TRUST FUND . . .		11,322,322
473	AID TO LOCAL GOVERNMENTS CONTRIBUTION TO COUNTY HEALTH UNITS		
	FROM GENERAL REVENUE FUND	14,662,823	
	FROM ADMINISTRATIVE TRUST FUND . . .		427,426
	FROM GRANTS AND DONATIONS TRUST FUND		2,194,571
474	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	52,500	
	FROM ADMINISTRATIVE TRUST FUND . . .		15,000
	FROM FEDERAL GRANTS TRUST FUND . . .		625,124
	FROM PLANNING AND EVALUATION TRUST FUND		100,000

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475	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	2,291,055	
	FROM ADMINISTRATIVE TRUST FUND . . .		335,165
	FROM FEDERAL GRANTS TRUST FUND . . .		10,952,169
	FROM GRANTS AND DONATIONS TRUST FUND		15,803,455
	FROM PLANNING AND EVALUATION TRUST FUND		3,859,489
	FROM RADIATION PROTECTION TRUST FUND		1,500

From the funds in Specific Appropriation 475, $450,000 from the General Revenue Fund is provided to the Birth Defects Registry.

From the funds in Specific Appropriation 475, $1,000,000 from the General Revenue Fund is provided to the Department of Health to study the long-term health impacts of exposure to blue green algae and red tide toxins to residents, visitors, and those occupationally exposed in Florida.

From the funds in Specific appropriation 475, $800,000 in recurring funds from the Grants and Donations Trust Fund are provided to the Department of Health for the operation and maintenance of the new Environmental Health Database. These funds shall be placed in reserve. The agency is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release of funds is contingent upon completion of the project and submission of documentation to support the ongoing operation and maintenance cost.

476	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	5,585,026	
	FROM FEDERAL GRANTS TRUST FUND . . .		11,896,717

From the funds in Specific Appropriation 476, nonrecurring funds from the General Revenue Fund are provided for the following projects:

University of Miami Miller School of Medicine - Florida Stroke Registry (HB 3421)(Senate Form 2108).....	750,000
University of Florida - Center for Rare Disease Research Excellence (HB 4123).....	100,000
University of Miami-HIV/AIDS Research at Centers for AIDS Research (CFAR) (HB 2737)(Senate Form 1116).....	1,000,000
Live Like Bella Childhood Cancer Foundation (HB 2271)(Senate Form 1635).....	750,000
Broward County HIV Test and Treat Program (HB 3957)(Senate Form 1009).....	800,000

477	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED PROFESSIONAL SERVICES		
	FROM GENERAL REVENUE FUND	1,995,141	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,443,885

478	SPECIAL CATEGORIES		
	TRANSFER TO FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY (FAMU) - DIVISION OF RESEARCH		
	FROM GRANTS AND DONATIONS TRUST FUND		3,644,508

Funds provided in Specific Appropriation 478 shall be used exclusively for the purpose of educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities pursuant to section 381.986(7)(d), Florida Statutes.

The Division of Research at Florida Agricultural and Mechanical University shall provide to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Department of Health quarterly update reports no later than 30 days after the close of each calendar quarter beginning July 30, 2020 for the calendar quarter ending June 30, 2020. At a minimum, these reports shall include the adopted fiscal year budget, expenditures to date, estimated expenditures remaining, program objectives, the public education plan with timelines,

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minority groups targeted, the number of minorities reached by program objective, copies of any documents disseminated during the quarter as part of the public education campaign for educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities, a list of all research projects on the impact of the unlawful use of marijuana on minority communities funded under this program, including project status and copies of any studies or reports funded by this program completed or published during the quarter.

479	SPECIAL CATEGORIES PURCHASED CLIENT SERVICES FROM GENERAL REVENUE FUND	498,687	
480	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND . . . . . FROM PLANNING AND EVALUATION TRUST FUND	111,021	138,857
481	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM PLANNING AND EVALUATION TRUST FUND	31,674	1,748 51,489 45,320
482	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM ADMINISTRATIVE TRUST FUND . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM GRANTS AND DONATIONS TRUST FUND . . . . . . FROM PLANNING AND EVALUATION TRUST FUND . . . . . . FROM RADIATION PROTECTION TRUST FUND	76,756	8,749 81,685 31,664 29,606 1,211
483	SPECIAL CATEGORIES OUTREACH FOR PREGNANT WOMEN FROM GENERAL REVENUE FUND	500,000	
484	FIXED CAPITAL OUTLAY HEALTH FACILITIES REPAIR AND MAINTENANCE - STATEWIDE FROM PLANNING AND EVALUATION TRUST FUND		7,401,420

Funds in Specific Appropriation 484 are provided for renovations to the Florida Public Health Laboratories.

TOTAL:	DISEASE CONTROL AND HEALTH PROTECTION FROM GENERAL REVENUE FUND	65,275,606	
	FROM TRUST FUNDS		231,921,378
	TOTAL POSITIONS	616.50	
	TOTAL ALL FUNDS		297,196,984

COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS

APPROVED SALARY RATE 384,260,293

485	SALARIES AND BENEFITS POSITIONS FROM COUNTY HEALTH DEPARTMENT TRUST FUND	8,978.51	540,621,881
486	OTHER PERSONAL SERVICES FROM COUNTY HEALTH DEPARTMENT TRUST FUND		56,525,104
487	EXPENSES FROM COUNTY HEALTH DEPARTMENT TRUST FUND		126,116,616

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488 AID TO LOCAL GOVERNMENTS
CONTRIBUTION TO COUNTY HEALTH UNITS
FROM GENERAL REVENUE FUND 132,700,581

489 AID TO LOCAL GOVERNMENTS
COMMUNITY HEALTH INITIATIVES
FROM GENERAL REVENUE FUND 1,951,797
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 500,000

From the funds in Specific Appropriation 489, the following recurring base appropriations projects are funded with recurring general revenue funds:

La Liga - League Against Cancer	1,150,000
Minority Outreach - Penalver Clinic	319,514
Manatee County Rural Health Services	82,283

490 OPERATING CAPITAL OUTLAY
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 10,235,802

491 LUMP SUM
COUNTY HEALTH DEPARTMENTS
POSITIONS 50.00

492 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 2,374,843

493 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 87,690,455

494 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 27,500

495 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 6,266,313

496 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 3,809,117

497 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 2,266,201

498 FIXED CAPITAL OUTLAY
CONSTRUCTION, RENOVATION, AND EQUIPMENT -
COUNTY HEALTH DEPARTMENTS
FROM COUNTY HEALTH DEPARTMENT
TRUST FUND 1,925,053

TOTAL: COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS
FROM GENERAL REVENUE FUND 134,652,378
FROM TRUST FUNDS 838,358,885

TOTAL POSITIONS 9,028.51
TOTAL ALL FUNDS 973,011,263

STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

APPROVED SALARY RATE 20,529,829

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499	SALARIES AND BENEFITS POSITIONS	441.00	
	FROM GENERAL REVENUE FUND	2,020,301	
	FROM ADMINISTRATIVE TRUST FUND		980,044
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		2,607,644
	FROM FEDERAL GRANTS TRUST FUND		7,611,964
	FROM GRANTS AND DONATIONS TRUST FUND		732,236
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		2,599,943
	FROM PLANNING AND EVALUATION TRUST FUND		6,408,434
	FROM RADIATION PROTECTION TRUST FUND		6,445,812
500	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	2,035	
	FROM ADMINISTRATIVE TRUST FUND		10,099
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		622,201
	FROM FEDERAL GRANTS TRUST FUND		445,316
	FROM GRANTS AND DONATIONS TRUST FUND		65,901
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		119,971
	FROM PLANNING AND EVALUATION TRUST FUND		733,573
	FROM RADIATION PROTECTION TRUST FUND		43,697
501	EXPENSES		
	FROM GENERAL REVENUE FUND	253,070	
	FROM ADMINISTRATIVE TRUST FUND		194,236
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		520,404
	FROM FEDERAL GRANTS TRUST FUND		1,846,269
	FROM GRANTS AND DONATIONS TRUST FUND		272,116
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		564,192
	FROM PLANNING AND EVALUATION TRUST FUND		715,822
	FROM RADIATION PROTECTION TRUST FUND		1,645,717
502	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - LOCAL HEALTH COUNCILS		
	FROM GRANTS AND DONATIONS TRUST FUND		1,006,000
503	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - EMERGENCY MEDICAL SERVICES COUNTY GRANTS		
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		2,696,675
504	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - EMERGENCY MEDICAL SERVICES MATCHING GRANTS		
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		3,181,461
505	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	3,693	
	FROM ADMINISTRATIVE TRUST FUND		1,300
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		16,932
	FROM FEDERAL GRANTS TRUST FUND		61,466
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		9,000
	FROM PLANNING AND EVALUATION TRUST FUND		28,302
	FROM RADIATION PROTECTION TRUST FUND		56,997

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506	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM RADIATION PROTECTION TRUST FUND		210,856
507	SPECIAL CATEGORIES GRANTS AND AIDS - STRENGTHENING DOMESTIC SECURITY - BIOTERRORISM ENHANCEMENTS - HEALTH AND HOSPITALS FROM FEDERAL GRANTS TRUST FUND . . .		21,143,607
508	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	61,692	
	FROM ADMINISTRATIVE TRUST FUND . . .		240,623
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		765,458
	FROM FEDERAL GRANTS TRUST FUND . . .		1,587,060
	FROM GRANTS AND DONATIONS TRUST FUND		100,781
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		242,075
	FROM PLANNING AND EVALUATION TRUST FUND		1,570,669
	FROM RADIATION PROTECTION TRUST FUND		148,500
509	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM GENERAL REVENUE FUND	1,795,536	
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		1,321,507

From the funds in Specific Appropriation 509, $500,000 from the General Revenue Fund is provided for the James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program pursuant to section 413.402, Florida Statutes. The Department of Health shall award contracts to the Florida Centers for Independent Living to enhance the provision of services to people who have significant and chronic disabilities. The program operation, administration, and oversight costs may not exceed 10 percent of the funds provided.

From the funds in Specific Appropriation 509, $94,867 from the General Revenue Fund is provided to the Southwest Alachua County Primary and Community Health Care Clinic (recurring base appropriations project).

From the funds in Specific Appropriation 509, $800,000 in nonrecurring funds from the General Revenue Fund is provided to the Bitner Plante ALS Clinic Initiative of Florida (HB 2121)(Senate Form 1660).

From the funds in Specific Appropriation 509, $250,000 in nonrecurring funds from the General Revenue Fund is provided to the Baptist Health Research Institute Familial Screening for Brain Aneurysms (HB 2897)(Senate Form 1654).

510	SPECIAL CATEGORIES DRUGS, VACCINES AND OTHER BIOLOGICALS FROM GENERAL REVENUE FUND	28,203,758	
	FROM FEDERAL GRANTS TRUST FUND . . .		119,154,984
	FROM GRANTS AND DONATIONS TRUST FUND		35,403,240

The funds in Specific Appropriation 510 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of state general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

From the funds in Specific Appropriation 510, $5,000,000 from the General Revenue Fund is provided to the Department of Health for the purchase of emergency opioid antagonists to be made available to emergency responders.

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511	SPECIAL CATEGORIES TRANSFER STATE MATCHING FUNDS TO THE STATEWIDE MEDICAID MANAGED CARE LONG TERM CARE WAIVER FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		2,505,111
512	SPECIAL CATEGORIES GRANTS AND AIDS - RURAL HEALTH NETWORK GRANTS FROM GENERAL REVENUE FUND	500,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		799,305
513	SPECIAL CATEGORIES PURCHASED CLIENT SERVICES FROM GENERAL REVENUE FUND	1,000,000	
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		1,676,352
514	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	467,983	
	FROM PLANNING AND EVALUATION TRUST FUND		710,840
515	SPECIAL CATEGORIES GRANTS AND AIDS - STATE AND FEDERAL DISASTER RELIEF OPERATIONS FROM FEDERAL GRANTS TRUST FUND . . .		1,000,000
516	SPECIAL CATEGORIES GRANTS AND AIDS - TRAUMA CARE FROM EMERGENCY MEDICAL SERVICES TRUST FUND		12,093,747
517	SPECIAL CATEGORIES GRANTS AND AIDS - SPINAL CORD RESEARCH FROM GENERAL REVENUE FUND	750,000	
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		4,000,000

From the funds in Specific Appropriation 517, $750,000 in nonrecurring funds from the General Revenue Fund is provided to the Miami Project to Cure Paralysis (HB 3621)(Senate Form 1996).

518	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	3,837	
	FROM ADMINISTRATIVE TRUST FUND . . .		7,811
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		55,064
	FROM FEDERAL GRANTS TRUST FUND . . .		6,177
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		47,576
	FROM PLANNING AND EVALUATION TRUST FUND		52,241
	FROM RADIATION PROTECTION TRUST FUND		5,278
519	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	15,120	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,285
	FROM EMERGENCY MEDICAL SERVICES TRUST FUND		15,768
	FROM FEDERAL GRANTS TRUST FUND . . .		35,125
	FROM GRANTS AND DONATIONS TRUST FUND		4,390
	FROM BRAIN AND SPINAL CORD INJURY REHABILITATION TRUST FUND		13,656
	FROM PLANNING AND EVALUATION TRUST FUND		30,083
	FROM RADIATION PROTECTION TRUST FUND		27,438

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520	SPECIAL CATEGORIES		
	MEDICALLY FRAGILE ENHANCEMENT PAYMENT		
	FROM GENERAL REVENUE FUND	610,020	
521	FIXED CAPITAL OUTLAY		
	AMERICANS WITH DISABILITIES ACT - STATEWIDE		
	FROM COUNTY HEALTH DEPARTMENT TRUST FUND		555,000
	FROM PLANNING AND EVALUATION TRUST FUND		510,000
TOTAL:	STATEWIDE PUBLIC HEALTH SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	35,687,045	
	FROM TRUST FUNDS		248,286,331
	TOTAL POSITIONS	441.00	
	TOTAL ALL FUNDS		283,973,376

PROGRAM: CHILDREN'S MEDICAL SERVICES

CHILDREN'S SPECIAL HEALTH CARE

APPROVED SALARY RATE 20,934,146

522	SALARIES AND BENEFITS POSITIONS	375.50	
	FROM GENERAL REVENUE FUND	11,127,254	
	FROM DONATIONS TRUST FUND		10,880,378
	FROM FEDERAL GRANTS TRUST FUND . . .		2,567,281
523	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	185,051	
	FROM DONATIONS TRUST FUND		180,559
	FROM FEDERAL GRANTS TRUST FUND . . .		359,970
524	EXPENSES		
	FROM GENERAL REVENUE FUND	1,312,787	
	FROM DONATIONS TRUST FUND		3,084,281
	FROM FEDERAL GRANTS TRUST FUND . . .		2,808,301
525	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	29,319	
	FROM DONATIONS TRUST FUND		35,629
	FROM FEDERAL GRANTS TRUST FUND . . .		106,825
526	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CHILDREN'S MEDICAL SERVICES NETWORK		
	FROM GENERAL REVENUE FUND	14,136,605	
	FROM DONATIONS TRUST FUND		184,389,550
	FROM FEDERAL GRANTS TRUST FUND . . .		553,738
	FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND		9,910,054
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,613,263

From the funds in Specific Appropriation 526, up to $2,500,000 may be used by the Department of Health Children's Medical Services Program to provide benefits authorized in section 391.0315, Florida Statutes, for children with chronic and serious medical conditions who do not qualify for Medicaid or Title XXI of the Social Security Act. The department shall maximize the use of funding provided by federal block grants before utilizing general revenue funds. Children eligible for assistance using these funds must be uninsured, insured but not covered for medically necessary services, or unable to access services due to lack of providers or lack of financial resources regardless of insurance status. The department may serve children on a first-come, first-serve basis until the appropriated funds are fully obligated. Receiving services through the Safety Net Program does not constitute an entitlement for coverage or services when funds appropriated for this purpose are exhausted.

The funds in Specific Appropriation 526 shall not be used to support continuing education courses or training for health professionals or staff employed by the Children's Medical Services (CMS) Network or under contract with the Department of Health. This limitation shall include

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but not be limited to: classroom instruction, train the trainer, or web-based continuing education courses that may be considered professional development, or that results in continuing education credits that may be applied towards the initial or subsequent renewal of a health professional's license. This does not preclude the CMS Network from providing information on treatment methodologies or best practices to appropriate CMS Network health professionals, staff, or contractors.

From the funds in Specific Appropriation 526, $280,000 from the General Revenue Fund is provided to the Fetal Alcohol Spectrum Disorder program in Sarasota County (recurring base appropriations project).

From the funds in Specific Appropriation 526, nonrecurring funds from the General Revenue Fund are provided for the following projects:

Maternal Fetal Medicine (HB 4479)(Senate Form 2112).....	700,000
St. Joseph's Children's Hospital (HB 4325)(Senate Form 1791).....	750,000
Fetal Alcohol Spectrum Disorder Program (Senate Form 1962)	250,000

527	SPECIAL CATEGORIES GRANTS AND AIDS - MEDICAL SERVICES FOR ABUSED/NEGLECTED CHILDREN FROM GENERAL REVENUE FUND	19,537,467	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		5,763,295
528	SPECIAL CATEGORIES CONTRACTED SERVICES FROM DONATIONS TRUST FUND		6,530,809
	FROM FEDERAL GRANTS TRUST FUND . . .		82,405
	FROM MATERNAL AND CHILD HEALTH BLOCK GRANT TRUST FUND		281,710
529	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM GENERAL REVENUE FUND	449,628	

From the funds in Specific Appropriation 529, $300,000 from the General Revenue Fund is provided to A Safe Haven for Newborns (recurring base appropriations project).

From the funds in Specific Appropriation 529, $149,628 in nonrecurring funds from the General Revenue Fund are provided for PanCare School Telehealth (HB 4791)(Senate Form 2197).

530	SPECIAL CATEGORIES POISON CONTROL CENTER FROM GENERAL REVENUE FUND	5,966,498	
531	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	844,394	
532	SPECIAL CATEGORIES GRANTS AND AIDS - DEVELOPMENTAL EVALUATION AND INTERVENTION SERVICES/PART C FROM GENERAL REVENUE FUND	51,063,860	
	FROM FEDERAL GRANTS TRUST FUND . . .		26,331,853

From the funds in Specific Appropriation 532, $3,702,687 from the General Revenue Fund is provided as the state match for Medicaid reimbursable early intervention services in Specific Appropriations 203 and 215.

From the funds in Specific Appropriation 532, at least 85 percent of funds distributed to Local Early Steps providers must be spent on direct client services.

From the funds in Specific Appropriation 532, up to $2,478,074 in nonrecurring funds from the Federal Grants Trust Fund is provided to the Department of Health for the replacement of its Early Steps Administrative system. The department shall submit quarterly project status reports to the Executive Office of the Governor's Office of

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Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee. Each report must include progress made to date for each project milestone, planned and actual completion dates, planned and actual costs incurred, and any current project issues and risks.

533	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	82,009	
	FROM DONATIONS TRUST FUND		121,245
	FROM FEDERAL GRANTS TRUST FUND . . .		75,871
534	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	107,590	
	FROM DONATIONS TRUST FUND		80,598
	FROM FEDERAL GRANTS TRUST FUND . . .		34,987
TOTAL:	CHILDREN'S SPECIAL HEALTH CARE		
	FROM GENERAL REVENUE FUND	104,842,462	
	FROM TRUST FUNDS		255,792,602
	TOTAL POSITIONS	375.50	
	TOTAL ALL FUNDS		360,635,064

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

MEDICAL QUALITY ASSURANCE

APPROVED SALARY RATE 23,290,876

535	SALARIES AND BENEFITS POSITIONS	590.00	
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		34,292,457
536	OTHER PERSONAL SERVICES		
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		5,918,481
537	EXPENSES		
	FROM FEDERAL GRANTS TRUST FUND . . .		86,419
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		7,170,399
538	OPERATING CAPITAL OUTLAY		
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		57,604
539	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		21,000
540	SPECIAL CATEGORIES		
	UNLICENSED ACTIVITIES		
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		1,173,452
541	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		463,292
542	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM FEDERAL GRANTS TRUST FUND . . .		863,761
	FROM MEDICAL QUALITY ASSURANCE TRUST FUND		14,480,206

From funds provided in Specific Appropriation 542, the Board of Chiropractic Medicine shall develop additional continuing education models including, but not limited to, online classroom courses; however, no funds are provided for the board to adopt any rules that limit, restrict, or proscribe the number of contact classroom hours which may

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be obtained through online attendance continuing education courses that a licensee must complete for renewal of a license.

542A SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 115,000
FROM FEDERAL GRANTS TRUST FUND . . . 122,000

From the funds in Specific Appropriation 542A, $115,000 in nonrecurring funds from the General Revenue Fund is provided for the Florida Chiropractic Society Drug Free Alternatives for Pain Treatment (HB 4285)(Senate Form 2494).

543 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM MEDICAL QUALITY ASSURANCE
TRUST FUND 370,614

544 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM MEDICAL QUALITY ASSURANCE
TRUST FUND 339,364

545 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM MEDICAL QUALITY ASSURANCE
TRUST FUND 174,833

TOTAL: MEDICAL QUALITY ASSURANCE
FROM GENERAL REVENUE FUND 115,000
FROM TRUST FUNDS 65,533,882

TOTAL POSITIONS 590.00
TOTAL ALL FUNDS 65,648,882

PROGRAM: DISABILITY DETERMINATIONS

DISABILITY BENEFITS DETERMINATION

APPROVED SALARY RATE 46,159,316

546 SALARIES AND BENEFITS POSITIONS 1,040.00
FROM GENERAL REVENUE FUND 662,277
FROM FEDERAL GRANTS TRUST FUND . . . 736,548
FROM U.S. TRUST FUND 69,146,571

547 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 846,368
FROM FEDERAL GRANTS TRUST FUND . . . 868,378
FROM U.S. TRUST FUND 28,262,035

548 EXPENSES
FROM GENERAL REVENUE FUND 139,839
FROM FEDERAL GRANTS TRUST FUND . . . 198,434
FROM U.S. TRUST FUND 21,122,860

549 OPERATING CAPITAL OUTLAY
FROM GENERAL REVENUE FUND 4,000
FROM FEDERAL GRANTS TRUST FUND . . . 4,000
FROM U.S. TRUST FUND 1,212,620

550 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 135,331
FROM FEDERAL GRANTS TRUST FUND . . . 79,818
FROM U.S. TRUST FUND 36,770,837

551 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 1,691
FROM FEDERAL GRANTS TRUST FUND . . . 1,691
FROM U.S. TRUST FUND 437,154

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SECTION 3 - HUMAN SERVICES

552	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM FEDERAL GRANTS TRUST FUND . . .		1,000
	FROM U.S. TRUST FUND		2,334
553	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	2,580	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,619
	FROM U.S. TRUST FUND		343,844
TOTAL:	DISABILITY BENEFITS DETERMINATION		
	FROM GENERAL REVENUE FUND	1,792,086	
	FROM TRUST FUNDS		159,190,743
	TOTAL POSITIONS	1,040.00	
	TOTAL ALL FUNDS		160,982,829
TOTAL:	HEALTH, DEPARTMENT OF		
	FROM GENERAL REVENUE FUND	533,559,439	
	FROM TRUST FUNDS		2,573,715,034
	TOTAL POSITIONS	12,706.51	
	TOTAL ALL FUNDS		3,107,274,473
	TOTAL APPROVED SALARY RATE . . .	553,756,614	

VETERANS' AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO VETERANS' PROGRAM

VETERANS' HOMES

APPROVED SALARY RATE 46,535,734

554	SALARIES AND BENEFITS POSITIONS	1,335.00	
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		70,698,055
555	OTHER PERSONAL SERVICES		
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		4,616,368
556	EXPENSES		
	FROM GENERAL REVENUE FUND	9,000,000	
	FROM GRANTS AND DONATIONS TRUST		
	FUND		26,000
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		13,597,574
557	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	800,000	
	FROM GRANTS AND DONATIONS TRUST		
	FUND		25,000
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		532,217
558	FOOD PRODUCTS		
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		5,295,291
559	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		17,493,943
560	SPECIAL CATEGORIES		
	RECREATIONAL EQUIPMENT AND SUPPLIES		
	FROM GRANTS AND DONATIONS TRUST		
	FUND		99,000
561	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM OPERATIONS AND MAINTENANCE		
	TRUST FUND		2,241,202

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SECTION 3 - HUMAN SERVICES

562	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATIONS AND MAINTENANCE TRUST FUND		459,351
563	FIXED CAPITAL OUTLAY ADDITIONS AND IMPROVEMENTS TO THE VETERANS' HOMES FROM FEDERAL GRANTS TRUST FUND . . .		5,167,500
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		962,500

Funds in Specific Appropriation 563 are provided for the separation of utility services from the U.S. Department of Veterans Affairs Complex utility grid at the Lake Baldwin State Veterans' Nursing Home and shall be held in reserve. The Department of Veteran Affairs is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Requests for the release of funds is contingent on the department receiving approval of a U.S. Department of Veterans Affairs cost share grant.

564	FIXED CAPITAL OUTLAY MAINTENANCE AND REPAIR OF STATE-OWNED RESIDENTIAL FACILITIES FOR VETERANS FROM OPERATIONS AND MAINTENANCE TRUST FUND		2,000,000
TOTAL:	VETERANS' HOMES FROM GENERAL REVENUE FUND	9,800,000	
	FROM TRUST FUNDS		123,214,001
	TOTAL POSITIONS	1,335.00	
	TOTAL ALL FUNDS		133,014,001

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 1,852,101

565	SALARIES AND BENEFITS POSITIONS	29.50	
	FROM GENERAL REVENUE FUND	2,513,992	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		203,726
566	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	21,790	
567	EXPENSES FROM GENERAL REVENUE FUND	703,965	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		549,970
568	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	120,512	
569	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	110,882	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		939,762
570	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	7,418	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		82,166
571	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	8,690	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		652

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SECTION 3 - HUMAN SERVICES

572	DATA PROCESSING SERVICES			
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES			
	FROM GENERAL REVENUE FUND		18,702	
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES			
	FROM GENERAL REVENUE FUND		3,505,951	
	FROM TRUST FUNDS			1,776,276
	TOTAL POSITIONS	29.50		
	TOTAL ALL FUNDS			5,282,227

VETERANS' BENEFITS AND ASSISTANCE

APPROVED SALARY RATE 5,437,079

573	SALARIES AND BENEFITS	POSITIONS 115.00		
	FROM GENERAL REVENUE FUND		4,489,243	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			2,912,812
574	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		12,000	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			10,353
575	EXPENSES			
	FROM GENERAL REVENUE FUND		208,653	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			304,963
576	OPERATING CAPITAL OUTLAY			
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			5,500
577	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		2,569	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			17,500
577A	SPECIAL CATEGORIES			
	GRANTS AND AIDS - CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		2,674,450	

From the funds in Specific Appropriation 577A, nonrecurring funds from the General Revenue Fund are provided for the following projects:

University of South Florida Alternative Treatment Options for Veterans (HB 4211)	200,000
Northwest Florida State College Service Dogs for Veterans (HB 4379) (Senate Form 2219)	50,000
Trilogy Integrated Resources - Network of Care for Veteran and Military Service Members (HB 3135) (Senate Form 2076)	135,000
K9s For Warriors (HB 3033) (Senate Form 2021)	600,000
The Transition House, Inc. - Homeless Veterans Program (HB 4301) (Senate Form 2064)	200,000
Northeast Florida Fire Watch (HB 2703) (Senate Form 1656)	250,000
Vietnam Veterans 50 Year Commemorative Book (HB 2763) (Senate Form 1011)	100,000
Women Veterans Ignited - Northeast Women Veterans, Inc. (HB 3603) (Senate Form 1214)	389,450
Florida Veterans Legal Helpline (HB 4151) (Senate Form 1352)	500,000
Five Star Veterans Homeless Housing and Integration (HB 3099) (Senate Form 1216)	250,000

578	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		12,854	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND			22,347

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SECTION 3 - HUMAN SERVICES

579	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	24,837	
	FROM OPERATIONS AND MAINTENANCE TRUST FUND		14,217
579A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	500,000	

From the funds in Specific Appropriation 579A, nonrecurring funds from the General Revenue Fund are provided for the following projects:

McCormick Research Institute - Veterans Service Center (HB 3853)(Senate Form 2082).....	100,000
K9 Partners for Patriots (HB 4427)(Senate Form 1179).....	400,000

TOTAL:	VETERANS' BENEFITS AND ASSISTANCE		
	FROM GENERAL REVENUE FUND	7,924,606	
	FROM TRUST FUNDS		3,287,692
	TOTAL POSITIONS	115.00	
	TOTAL ALL FUNDS		11,212,298

VETERANS EMPLOYMENT AND TRAINING SERVICES

579B	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS ENTREPRENEUR TRAINING		
	FROM GENERAL REVENUE FUND	625,000	

From the funds in Specific Appropriation 579B, nonrecurring funds from the General Revenue Fund is provided for the Veterans Employment and Training Services (VETS) Entrepreneur Program pursuant to sections 295.21 and 295.22, Florida Statutes.

579C	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS WORKFORCE TRAINING GRANTS FOR VETERANS		
	FROM GENERAL REVENUE FUND	750,000	

From the funds in Specific Appropriation 579C, nonrecurring funds from the General Revenue Fund is provided for the Veterans Employment and Training Services (VETS) Business Training Grant Program pursuant to sections 295.21 and 295.22, Florida Statutes.

580	AID TO LOCAL GOVERNMENTS		
	FLORIDA IS FOR VETERANS, INC.-OPERATIONS		
	FROM GENERAL REVENUE FUND	344,106	
TOTAL:	VETERANS EMPLOYMENT AND TRAINING SERVICES		
	FROM GENERAL REVENUE FUND	1,719,106	
	TOTAL ALL FUNDS		1,719,106
TOTAL:	VETERANS' AFFAIRS, DEPARTMENT OF		
	FROM GENERAL REVENUE FUND	22,949,663	
	FROM TRUST FUNDS		128,277,969
	TOTAL POSITIONS	1,479.50	
	TOTAL ALL FUNDS		151,227,632
	TOTAL APPROVED SALARY RATE	53,824,914	

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SECTION 3 - HUMAN SERVICES

TOTAL OF SECTION 3

FROM GENERAL REVENUE FUND	10,644,332,901	
FROM TRUST FUNDS		28,719,080,323
TOTAL POSITIONS	30,869.76	
TOTAL ALL FUNDS		39,363,413,224

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

SPECIFIC
APPROPRIATION

The moneys contained herein are appropriated from the named funds to the Department of Corrections, Justice Administration, Department of Juvenile Justice, Florida Department of Law Enforcement, Department of Legal Affairs/Attorney General, and the Florida Commission on Offender Review as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

CORRECTIONS, DEPARTMENT OF

From the funds in Specific Appropriations 582 through 720, the Department of Corrections shall, before closing, substantially reducing the use of, or changing the purpose of any state correctional institution as defined in section 944.02, Florida Statutes, submit its proposal to the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee for review.

From the funds in Specific Appropriations 582 through 720, the Department of Corrections may work within its existing budget, including applicable grants, to implement any corrective action plan that is developed as the result of a Prison Rape Elimination Act audit conducted in accordance with Title 28, Part 115 of the Code of Federal Regulations. The department may request additional resources required through the Legislative Budget Request process as defined in chapter 216, Florida Statutes.

Funds in Specific Appropriation 582 through 720 may not be used to pay for unoccupied space currently being leased by the Department of Corrections in the event the leases are vacant on or after July 1, 2020, and for which it has been determined by the Secretary of the department that there is no longer a need.

PROGRAM: DEPARTMENT ADMINISTRATION

EXECUTIVE DIRECTION AND SUPPORT SERVICES

	APPROVED SALARY RATE 22,832,850		
582	SALARIES AND BENEFITS POSITIONS 461.00		
	FROM GENERAL REVENUE FUND	22,731,307	
	FROM ADMINISTRATIVE TRUST FUND		1,500,000
	FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		76,050
583	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	28,337	
	FROM ADMINISTRATIVE TRUST FUND		260,000
584	EXPENSES		
	FROM GENERAL REVENUE FUND	1,025,958	
	FROM ADMINISTRATIVE TRUST FUND		500,000
	FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		1,083,200
585	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	20,227	
	FROM ADMINISTRATIVE TRUST FUND		30,160
	FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		50,000
586	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	25,909	
586A	SPECIAL CATEGORIES TRANSFER TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY FOR DOC FACILITIES MASTER PLAN		
	FROM PRIVATELY OPERATED INSTITUTIONS INMATE WELFARE TRUST FUND		2,000,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

From the funds in Specific Appropriation 586A, $2,000,000 in nonrecurring funds from the Privately Operated Institutions Inmate Welfare Trust Fund is provided to the Department of Corrections for transfer to the Office of Program Policy Analysis and Government Accountability to contract with an independent consulting firm to prepare a correctional facility specific, multi-year master plan that addresses the repair, maintenance, or replacement of facilities in the prison system. The master plan must, in consultation with the department, identify appropriate specifications necessary for safe, secure, cost effective and efficient correctional facilities, including facilities such as those for inmate health care, substance abuse and mental health treatment, other special needs, and education, consistent with appropriate correctional standards. The master plan must include a comprehensive review of the physical plant needs of the department using those specifications, including associated staffing needs, and must prioritize identified facility needs, based on the immediacy of the issues. The master plan must be completed by June 30, 2021.

587	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	535,016	
	FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		200,000
588	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	563,175	
589	SPECIAL CATEGORIES		
	TENANT BROKER COMMISSIONS		
	FROM ADMINISTRATIVE TRUST FUND . . .		525,394
590	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	38,535	
591	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	7,109,547	
	FROM ADMINISTRATIVE TRUST FUND . . .		49,487
	FROM CORRECTIONAL WORK PROGRAM TRUST FUND		102,060
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	32,078,011	
	FROM TRUST FUNDS		6,376,351
	TOTAL POSITIONS	461.00	
	TOTAL ALL FUNDS		38,454,362

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 8,656,218

592	SALARIES AND BENEFITS POSITIONS	179.50	
	FROM GENERAL REVENUE FUND	9,420,214	
	FROM ADMINISTRATIVE TRUST FUND . . .		400,000
593	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	14,769	
594	EXPENSES		
	FROM GENERAL REVENUE FUND	3,461,941	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,484,511
	FROM GRANTS AND DONATIONS TRUST FUND		472,761

From the funds in Specific Appropriation 594, $2,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Florida Department of Corrections for the Electronic Medical Records network expansion. These funds shall be held in reserve and the agency is authorized to submit budget amendments for the release of funds pursuant to the provisions of chapter 216, Florida Statutes. The release of funds is contingent upon approval of a detailed operational work plan

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and a project spend plan reflecting estimated and actual costs. Upon approval of the detailed operational work plan, the department shall submit quarterly project status reports to the Governor's Office of Policy and Budget, chair of the Senate Appropriations Committee, and chair of the House Appropriations Committee. Each report must include progress made to date for project milestones and contract deliverables, planned and actual completion dates, planned and actual costs incurred, and any current project issues and risks.

595	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	127,720	
596	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	2,084,778	
	FROM ADMINISTRATIVE TRUST FUND . . .		349,750
	FROM GRANTS AND DONATIONS TRUST FUND		176,857
597	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	59,566	
598	SPECIAL CATEGORIES		
	DEFERRED-PAYMENT COMMODITY CONTRACTS		
	FROM GENERAL REVENUE FUND	45,329	
599	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	1,270	
600	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	995	
601	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	8,618,638	
	FROM ADMINISTRATIVE TRUST FUND . . .		76,601
	FROM GRANTS AND DONATIONS TRUST FUND		22,337
601A	DATA PROCESSING SERVICES		
	NORTHWEST REGIONAL DATA CENTER (NWRDC)		
	FROM ADMINISTRATIVE TRUST FUND . . .		56,500
TOTAL:	INFORMATION TECHNOLOGY		
	FROM GENERAL REVENUE FUND	23,835,220	
	FROM TRUST FUNDS		4,039,317
	TOTAL POSITIONS	179.50	
	TOTAL ALL FUNDS		27,874,537

PROGRAM: SECURITY AND INSTITUTIONAL OPERATIONS

From the funds provided in Specific Appropriations 615A through 653, each correctional facility Warden, in conjunction with the Chief Financial Officer of the Department of Corrections, shall submit a report on the allocation of human resources and associated budget by correctional facility to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by July 30th of each year. At a minimum, each correctional facility must identify the number of full-time authorized positions, delineating between filled and vacant, the projected number of employee hours needed to fulfill the operations of each facility, specifically denoting projected overtime hours, the methodology utilized to assign overtime in a uniform and equitable manner, and recruitment efforts and challenges including turnover rates. The department shall submit a comparison of actual utilization to projected estimates. The Inspector General shall certify that he or she has reviewed the information contained in each report and has verified its accuracy.

From the recurring funds from the General Revenue Fund provided in Specific Appropriations 615L, 626 and 628J, a total of $1,217,262 is

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provided as payment in lieu of ad valorem taxation for distribution to local government taxing authorities. Funding is provided as follows:

Bay Correctional Facility	269,324
Moore Haven Correctional Facility	339,242
South Bay Correctional Facility	275,560
Gadsden Correctional Facility	100,000
Lake City Correctional Facility	90,236
Sago Palm Facility	142,900

From the recurring funds from the General Revenue Fund provided in Specific Appropriations 615L, 626 and 628J, a total of $150,000 is provided to the Bureau of Private Prison Monitoring within the Department of Management Services to pay for subject matter experts to conduct medical and mental health site visits of the medical departments of private prisons and perform quality management audits no longer performed by the Department of Corrections. Funding is provided as follows:

Adult Male Custody Operations	109,350
Adult and Youthful Offender Female Custody Operations	22,800
Male Youthful Offender Custody Operations	17,850

From the funds provided in Specific Appropriations 615A, 615C, 615K and 615N, funds are provided to implement a pilot project to convert correctional officers from 12 hour shifts to 8.5 hour shifts at state operated correctional facilities.

From the funds provided in Specific Appropriations 615A through 653, the Department of Corrections must submit monthly status reports regarding the status of the implementation and transition to 8.5 hour shifts for correctional officers employed at affected state operated correctional facilities to the chair of the House Appropriations Committee and the chair of the Senate Appropriations Committee. The report must include: a timeline of the estimated transition to 8.5 hour shifts by month for each facility; the progress of the transition at each facility; the number of filled and vacant correctional officer positions at each facility, by class; the amount of overtime hours and expenditures for each correctional officer class per month at each facility; and the number of use of force incidents per month at each facility. The use of force incidents shall specify the number of inmate on inmate events, inmate on officer assaults, and contraband. The department must deliver the report by the 15th day following the end of each calendar month.

ADULT MALE CUSTODY OPERATIONS

	APPROVED SALARY RATE	404,604,529		
615A	SALARIES AND BENEFITS	POSITIONS	9,820.00	
	FROM GENERAL REVENUE FUND		564,364,217	
	FROM FEDERAL GRANTS TRUST FUND			184,848
615B	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		7,182,849	
615C	EXPENSES			
	FROM GENERAL REVENUE FUND		20,688,909	
	FROM FEDERAL GRANTS TRUST FUND			216,765
	FROM GRANTS AND DONATIONS TRUST FUND			240,389
615D	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		3,355,166	
	FROM FEDERAL GRANTS TRUST FUND			47,205
	FROM GRANTS AND DONATIONS TRUST FUND			250,000
615E	FOOD PRODUCTS			
	FROM GENERAL REVENUE FUND		38,598,878	
615F	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		10,352,696	
	FROM FEDERAL GRANTS TRUST FUND			249,000

From the funds in Specific Appropriation 615F, $375,000 in nonrecurring funds from the General Revenue Fund is provided for

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

Children of Inmates: Family Strengthening and Reunification program (HB 4051) (Senate Form 1476).

615G	SPECIAL CATEGORIES FOOD SERVICE AND PRODUCTION FROM GENERAL REVENUE FUND	4,195,153	
615H	SPECIAL CATEGORIES OVERTIME FROM GENERAL REVENUE FUND	18,435,600	
615I	SPECIAL CATEGORIES TRANSFER TO GENERAL REVENUE FUND FROM FEDERAL GRANTS TRUST FUND . . .		6,800,000

Funds in Specific Appropriation 615I are from reimbursements from the United States Government for incarcerating aliens in Florida's prisons. If total reimbursements exceed $6,800,000, the Department of Corrections shall submit a budget amendment in accordance with all applicable provisions of chapter 216, Florida Statutes, requesting additional budget authority to transfer the balance of funds to the General Revenue Fund.

615J	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	18,125,334	
	FROM SALE OF GOODS AND SERVICES CLEARING TRUST FUND		1,198,047
615K	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	1,598,738	
615L	SPECIAL CATEGORIES PRIVATE PRISON OPERATIONS FROM GENERAL REVENUE FUND	121,536,211	
	FROM PRIVATELY OPERATED INSTITUTIONS INMATE WELFARE TRUST FUND		4,262,266

From the funds in Specific Appropriation 615L, $2,961,680 in nonrecurring funds from the Privately Operated Institutions Inmate Welfare Trust Fund is provided to the Florida Department of Corrections for the provision of enhanced in-prison and post-release recidivism reduction programs at the Bay, Moore Haven, South Bay and Blackwater River correctional facilities based on the "Continuum of Care Program" which is currently provided to individuals at and who are released from those facilities. The Continuum of Care program, which was developed and piloted at the Graceville Correctional Facility, will continue to be provided at Graceville at no cost to the state. With these recidivism reduction programs in place, the above referenced facilities shall be known as Correctional and Rehabilitation Facilities (HB 3359) (Senate Form 1275).

615M	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	590,223	
615N	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	420,352	
TOTAL:	ADULT MALE CUSTODY OPERATIONS FROM GENERAL REVENUE FUND	809,444,326	
	FROM TRUST FUNDS		13,448,520
	TOTAL POSITIONS	9,820.00	
	TOTAL ALL FUNDS		822,892,846

ADULT AND YOUTHFUL OFFENDER FEMALE CUSTODY OPERATIONS

APPROVED SALARY RATE 39,373,093

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

616	SALARIES AND BENEFITS	POSITIONS	842.00	
	FROM GENERAL REVENUE FUND		45,524,646	
617	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		383,488	
618	EXPENSES			
	FROM GENERAL REVENUE FUND		2,123,011	
619	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		5,000	
620	FOOD PRODUCTS			
	FROM GENERAL REVENUE FUND		2,406,265	
621	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		625,305	
622	SPECIAL CATEGORIES			
	FOOD SERVICE AND PRODUCTION			
	FROM GENERAL REVENUE FUND		206,859	
623	SPECIAL CATEGORIES			
	OVERTIME			
	FROM GENERAL REVENUE FUND		2,333,257	
	FROM GRANTS AND DONATIONS TRUST FUND			6,497
624	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		4,478,315	
625	SPECIAL CATEGORIES			
	SALARY INCENTIVE PAYMENTS			
	FROM GENERAL REVENUE FUND		345,371	
626	SPECIAL CATEGORIES			
	PRIVATE PRISON OPERATIONS			
	FROM GENERAL REVENUE FUND		21,535,000	
	FROM PRIVATELY OPERATED INSTITUTIONS INMATE WELFARE TRUST FUND			897,359

From the funds in Specific Appropriation 626, $300,000 in nonrecurring funds from the Privately Operated Institutions Inmate Welfare Trust Fund is provided for Shaping Success: Gender-Focused Behavior System (HB 2683) (Senate Form 1124).

627	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		87,682	
628	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		9,092	
TOTAL:	ADULT AND YOUTHFUL OFFENDER FEMALE CUSTODY OPERATIONS			
	FROM GENERAL REVENUE FUND		80,063,291	
	FROM TRUST FUNDS			903,856
	TOTAL POSITIONS		842.00	
	TOTAL ALL FUNDS			80,967,147

MALE YOUTHFUL OFFENDER CUSTODY OPERATIONS

APPROVED SALARY RATE 14,646,185

628A	SALARIES AND BENEFITS	POSITIONS	309.00	
	FROM GENERAL REVENUE FUND		16,277,121	
	FROM FEDERAL GRANTS TRUST FUND . . .			13,236

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

628B	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	284,084	
628C	EXPENSES		
	FROM GENERAL REVENUE FUND	175,634	
	FROM FEDERAL GRANTS TRUST FUND . . .		5,511
628D	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	20,185	
628E	FOOD PRODUCTS		
	FROM GENERAL REVENUE FUND	1,334,376	
628F	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	29,599	
628G	SPECIAL CATEGORIES		
	FOOD SERVICE AND PRODUCTION		
	FROM GENERAL REVENUE FUND	197,340	
628H	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	2,631,754	
628I	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	160,700	
628J	SPECIAL CATEGORIES		
	PRIVATE PRISON OPERATIONS		
	FROM GENERAL REVENUE FUND	19,716,164	
	FROM PRIVATELY OPERATED INSTITUTIONS INMATE WELFARE TRUST FUND		195,403
628K	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	42,091	
628L	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	6,343	
	FROM FEDERAL GRANTS TRUST FUND . . .		705
TOTAL:	MALE YOUTHFUL OFFENDER CUSTODY OPERATIONS		
	FROM GENERAL REVENUE FUND	40,875,391	
	FROM TRUST FUNDS		214,855
	TOTAL POSITIONS	309.00	
	TOTAL ALL FUNDS		41,090,246

SPECIALTY CORRECTIONAL INSTITUTION OPERATIONS

APPROVED SALARY RATE 322,608,598

629	SALARIES AND BENEFITS POSITIONS	8,199.00	
	FROM GENERAL REVENUE FUND	458,139,939	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,140
630	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	3,681,664	
631	EXPENSES		
	FROM GENERAL REVENUE FUND	9,845,555	
632	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	20,000	
633	FOOD PRODUCTS		
	FROM GENERAL REVENUE FUND	18,270,166	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

634 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 649,747

635 SPECIAL CATEGORIES
FOOD SERVICE AND PRODUCTION
FROM GENERAL REVENUE FUND 1,940,269

636 SPECIAL CATEGORIES
OVERTIME
FROM GENERAL REVENUE FUND 30,015,927

637 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 19,911,444

638 SPECIAL CATEGORIES
SALARY INCENTIVE PAYMENTS
FROM GENERAL REVENUE FUND 2,859,789

639 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 428,696

640 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 241,618

TOTAL: SPECIALTY CORRECTIONAL INSTITUTION OPERATIONS
FROM GENERAL REVENUE FUND 546,004,814
FROM TRUST FUNDS 3,140

TOTAL POSITIONS 8,199.00
TOTAL ALL FUNDS 546,007,954

PUBLIC SERVICE WORKSQUADS AND WORK RELEASE TRANSITION

APPROVED SALARY RATE 44,820,232

641 SALARIES AND BENEFITS POSITIONS 929.00
FROM GENERAL REVENUE FUND 30,127,988
FROM CORRECTIONAL WORK PROGRAM
TRUST FUND 27,184,866

The general revenue funds provided in Specific Appropriation 641 are provided to the Department of Corrections to ensure all public worksquads currently funded with general revenue funds are maintained. The department shall, before eliminating any general revenue funded public worksquad officer positions, submit its proposal to the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee for review and approval.

642 EXPENSES
FROM GENERAL REVENUE FUND 678,772
FROM CORRECTIONAL WORK PROGRAM
TRUST FUND 514,620

643 OPERATING CAPITAL OUTLAY
FROM GENERAL REVENUE FUND 154,907
FROM CORRECTIONAL WORK PROGRAM
TRUST FUND 37,707

644 FOOD PRODUCTS
FROM GENERAL REVENUE FUND 1,550,170
FROM CORRECTIONAL WORK PROGRAM
TRUST FUND 233,548

645 LUMP SUM
CORRECTIONAL WORK PROGRAMS
POSITIONS 5.00
FROM CORRECTIONAL WORK PROGRAM
TRUST FUND 420,151

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Funds and positions provided in Specific Appropriation 645, from the Correctional Work Program Trust Fund, are provided for interagency contracted services funded by state agencies or local governments. These positions and funds shall be released as needed upon execution of interagency community service work squad contracts.

646	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	27,362,654	
	FROM CORRECTIONAL WORK PROGRAM TRUST FUND		230,785

From the funds provided in Specific Appropriation 646, no privately operated work release center may house more than 200 inmates at any given time. In addition, each facility with 100 or more inmates in its work release program must have at least one certified correctional officer on premises at all times. A person who was a certified correctional officer at the time of separating or retiring from the Department of Corrections in good standing is considered to be a certified correctional officer for this purpose unless his or her certification has been revoked for misconduct.

647	SPECIAL CATEGORIES		
	FOOD SERVICE AND PRODUCTION		
	FROM GENERAL REVENUE FUND	203,504	
	FROM CORRECTIONAL WORK PROGRAM TRUST FUND		36,638
648	SPECIAL CATEGORIES		
	OVERTIME		
	FROM GENERAL REVENUE FUND	2,835,222	
649	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	1,342,953	
650	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	308,420	
	FROM CORRECTIONAL WORK PROGRAM TRUST FUND		148,620
651	SPECIAL CATEGORIES		
	ELECTRONIC MONITORING		
	FROM GENERAL REVENUE FUND	6,146,395	
652	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	40,356	
	FROM CORRECTIONAL WORK PROGRAM TRUST FUND		3,537
653	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	2,194	
	FROM CORRECTIONAL WORK PROGRAM TRUST FUND		11,600
TOTAL:	PUBLIC SERVICE WORKSQUADS AND WORK RELEASE TRANSITION		
	FROM GENERAL REVENUE FUND	70,753,535	
	FROM TRUST FUNDS		28,822,072
	TOTAL POSITIONS	934.00	
	TOTAL ALL FUNDS		99,575,607

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 18,984,261

654	SALARIES AND BENEFITS	POSITIONS 439.00	
	FROM GENERAL REVENUE FUND	24,932,964	

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

655	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	345,885	
656	EXPENSES		
	FROM GENERAL REVENUE FUND	2,287,094	
	FROM GRANTS AND DONATIONS TRUST FUND		127,505
657	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	278,220	
658	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	2,538,757	

From the funds in Specific Appropriation 658, $1,000,000 in recurring funds from the General Revenue Fund is provided to continue the victim notification system (VINE).

From the funds in Specific Appropriation 658, $1,000,000 in recurring funds from the General Revenue Fund is provided to the Department of Corrections for the procurement and implementation of an automated staffing, time management (including leave and overtime), and scheduling system for the department's correctional officers which shall replace the department's existing Roster Management System.

659	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	100,080	
660	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	134,436	
661	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	15,250	
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	30,632,686	
	FROM TRUST FUNDS		127,505
	TOTAL POSITIONS	439.00	
	TOTAL ALL FUNDS		30,760,191

CORRECTIONAL FACILITIES MAINTENANCE AND REPAIR

APPROVED SALARY RATE 19,939,746

662	SALARIES AND BENEFITS POSITIONS	540.00	
	FROM GENERAL REVENUE FUND	28,329,542	
663	EXPENSES		
	FROM GENERAL REVENUE FUND	80,166,904	
664	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	364,154	
665	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	4,553,500	
666	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	5,058,135	
667	SPECIAL CATEGORIES		
	DEFERRED-PAYMENT COMMODITY CONTRACTS		
	FROM GENERAL REVENUE FUND	4,198,894	
668	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	36,771	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

669 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 12,868

670 FIXED CAPITAL OUTLAY
CORRECTIONAL FACILITIES - LEASE PURCHASE
FROM GENERAL REVENUE FUND 53,333,075

Funds in Specific Appropriation 670 are provided for payments required under the master lease purchase agreement used to secure the certificates of participation issued to finance or refinance the following correctional facilities:

Bay Correctional Facility	763,863
Moore Haven Correctional Facility (Glades County)	991,972
South Bay Correctional Facility (Palm Beach County)	1,423,750
Graceville Correctional Facility (Jackson County)	6,200,962
Blackwater River Correctional Facility (Santa Rosa County)	8,546,125
Gadsden Correctional Facility	1,220,080
Lake City Correctional Facility (Columbia County)	1,209,750
Various DOC Facility Projects - Series 2009 B and C Bonds.	20,600,000

Series 2009 B and C Bonds include various facility construction projects for the following Department of Corrections facilities:

Mayo Annex (Lafayette County), Suwannee Annex (Suwannee County), Lowell Reception Center (Marion County), Lancaster Secure Housing Unit (Gilchrist County), Liberty Work Camp (Liberty County), Franklin Work Camp (Franklin County), Cross City Work Camp (Dixie County), Okeechobee Work Camp (Okeechobee County), New River Work Camp (Bradford County), Santa Rosa Work Camp (Santa Rosa County), Hollywood Work Release Center (Broward County), Kissimmee Work Release Center (Osceola County), Lake City Work Release Center (Columbia County), Santa Fe Work Release Center (Alachua County), Everglades Re-Entry Center (Dade County), Baker Re-Entry Center (Baker County), and Pat Thomas Re-Entry Center (Gadsden County).

From the funds in Specific Appropriation 670, $12,376,573 is provided for any additional payments required under the master lease purchase agreement used to secure additional certificates of participation issued to finance or refinance correctional facilities. The Department of Corrections and the Department of Management Services are authorized pursuant to Chapters 944, 287, and 255, Florida Statutes, to enter into one or more amendments to the master lease purchase agreement previously executed by the Department of Management Services to finance or refinance the acquisition, construction, and equipping of the Lake Correctional Institution Mental Health Facility (Lake County). Payments under such amendment or amendments to the master lease purchase agreement may commence prior to the completion of the facilities. The principal amount of the additional certificates of participation issued to finance the Lake Correctional Institution Mental Health Facility may not exceed $161,395,000.

The funds in Specific Appropriation 670 reflect an increase of $12,376,573 based primarily on the additional payments related to the acquisition, construction, and equipping of the Lake Correctional Institution Mental Health Facility.

671 FIXED CAPITAL OUTLAY
MAJOR REPAIRS, RENOVATIONS AND IMPROVEMENTS TO MAJOR INSTITUTIONS
FROM GENERAL REVENUE FUND 6,000,000

Funds in Specific Appropriation 671 are provided to address the most critical maintenance and repair needs and improvements at the Department of Corrections' facilities statewide.

672 FIXED CAPITAL OUTLAY
REPAIR - RENOVATION AND IMPROVEMENT OF MENTAL HEALTH FACILITIES STATEWIDE
FROM GENERAL REVENUE FUND 5,960,690

Funds in Specific Appropriation 672 are provided for renovations and improvements at correctional mental health facilities statewide.

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

673 FIXED CAPITAL OUTLAY
MENTAL HEALTH FACILITY
FROM GENERAL REVENUE FUND 1,400,000

TOTAL: CORRECTIONAL FACILITIES MAINTENANCE AND REPAIR
FROM GENERAL REVENUE FUND 189,414,533

TOTAL POSITIONS 540.00
TOTAL ALL FUNDS 189,414,533

PROGRAM: COMMUNITY CORRECTIONS

COMMUNITY SUPERVISION

APPROVED SALARY RATE 126,094,418

674 SALARIES AND BENEFITS POSITIONS 2,793.00
FROM GENERAL REVENUE FUND 185,346,919
FROM FEDERAL GRANTS TRUST FUND . . . 139,193

675 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 60,945

676 EXPENSES
FROM GENERAL REVENUE FUND 9,267,529

677 OPERATING CAPITAL OUTLAY
FROM GENERAL REVENUE FUND 256,941

678 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM GENERAL REVENUE FUND 1,050,000

679 SPECIAL CATEGORIES
BUILDING/OFFICE RENT PAYMENTS
FROM GENERAL REVENUE FUND 15,211,272

Funds in Specific Appropriation 679 are provided to continue rent payments for individual private contracts for rental of office/building space at a rate not to exceed the rate for each contract in effect on June 30, 2020. Price level increases specifically appropriated may be used for rent payments for Department of Corrections' private leases in the 2020-2021 fiscal year. No other funds are appropriated or shall be transferred by the department for such increases.

680 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 1,090,324

From the funds in Specific Appropriation 680, $750,000 in nonrecurring funds from the General Revenue Fund is provided for Home Builders Institute, INC. (HBI) - Building Careers for Inmates & Returning Citizens (HB 3225) (Senate Form 1348).

681 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 4,786,977

682 SPECIAL CATEGORIES
SALARY INCENTIVE PAYMENTS
FROM GENERAL REVENUE FUND 565,414

683 SPECIAL CATEGORIES
ELECTRONIC MONITORING
FROM GENERAL REVENUE FUND 9,639,891

684 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 250,104

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: COMMUNITY SUPERVISION			
FROM GENERAL REVENUE FUND		227,526,316	
FROM TRUST FUNDS			139,193
TOTAL POSITIONS	2,793.00		
TOTAL ALL FUNDS			227,665,509

PROGRAM: HEALTH SERVICES

INMATE HEALTH SERVICES

	APPROVED SALARY RATE	7,413,346		
685	SALARIES AND BENEFITS	POSITIONS	146.50	
	FROM GENERAL REVENUE FUND		9,422,001	
	FROM FEDERAL GRANTS TRUST FUND . . .			412,524
686	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		348,431	
	FROM FEDERAL GRANTS TRUST FUND . . .			28,317
687	EXPENSES			
	FROM GENERAL REVENUE FUND		1,276,884	
	FROM FEDERAL GRANTS TRUST FUND . . .			201,494
688	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		500,000	
689	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		4,367,212	
690	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		947,647	
691	SPECIAL CATEGORIES			
	INMATE HEALTH SERVICES			
	FROM GENERAL REVENUE FUND		421,000,000	

Funds in Specific Appropriation 691 are provided exclusively to pay for contracted statewide inmate health care services provided during the 2020-2021 fiscal year.

692	SPECIAL CATEGORIES		
	TREATMENT OF INMATES - GENERAL DRUGS		
	FROM GENERAL REVENUE FUND	38,480,847	
693	SPECIAL CATEGORIES		
	TREATMENT OF INMATES - PSYCHOTROPIC DRUGS		
	FROM GENERAL REVENUE FUND	4,818,876	
694	SPECIAL CATEGORIES		
	TREATMENT OF INMATES - INFECTIOUS DISEASE DRUGS		
	FROM GENERAL REVENUE FUND	112,923,167	

From the funds in Specific Appropriation 694, $28,000,000 in nonrecurring funds from the General Revenue Fund are provided to the Department of Corrections for Hepatitis C treatment for individuals having level F0-F1 Hepatitis C. These funds shall be placed in reserve. The department is authorized to submit budget amendments to request release of the funds held in reserve pursuant to the provisions of chapter 216, Florida Statutes. Release of the funds shall be contingent upon an adverse outcome against the state, after the conclusion of all appeals, in the class action lawsuit which required the treatment of inmates testing positive for level F0-F1 Hepatitis C as of December 2017, and the submission of a treatment plan for such inmates by the department specifying the funds required to provide treatment which can be initiated or completed prior the end of Fiscal Year 2020-2021. The department is also authorized to submit a budget amendment to request release of these funds if needed to respond to a pandemic in the prison system.

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

695	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	15,100	
696	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	277,424	
TOTAL:	INMATE HEALTH SERVICES FROM GENERAL REVENUE FUND	594,377,589	
	FROM TRUST FUNDS		642,335
	TOTAL POSITIONS	146.50	
	TOTAL ALL FUNDS		595,019,924

PROGRAM: EDUCATION AND PROGRAMS

ADULT SUBSTANCE ABUSE PREVENTION, EVALUATION AND TREATMENT SERVICES

APPROVED SALARY RATE 1,392,548

697	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND	35.00 1,673,078	
	FROM FEDERAL GRANTS TRUST FUND . . .		127,014
698	OTHER PERSONAL SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		15,000
699	EXPENSES FROM GENERAL REVENUE FUND	68,648	
	FROM FEDERAL GRANTS TRUST FUND . . .		75,000
700	OPERATING CAPITAL OUTLAY FROM FEDERAL GRANTS TRUST FUND . . .		5,000
701	SPECIAL CATEGORIES CONTRACT DRUG ABUSE SERVICES FROM GENERAL REVENUE FUND	14,863,682	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,200,000
702	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	2,900	
TOTAL:	ADULT SUBSTANCE ABUSE PREVENTION, EVALUATION AND TREATMENT SERVICES FROM GENERAL REVENUE FUND	16,608,308	
	FROM TRUST FUNDS		2,422,014
	TOTAL POSITIONS	35.00	
	TOTAL ALL FUNDS		19,030,322

BASIC EDUCATION SKILLS

APPROVED SALARY RATE 17,488,666

703	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND	370.00 19,067,277	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,426,733
704	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	2,155,920	
	FROM FEDERAL GRANTS TRUST FUND . . .		351,586
705	EXPENSES FROM GENERAL REVENUE FUND	3,037,912	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,200,000
706	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	100,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		200,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

707	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	8,135,096	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,000,000

From the funds in Specific Appropriation 707, $750,000 in recurring funds from the General Revenue Fund is provided for an online career education program. The Department may contract with the Florida Virtual School or similar provider for this purpose. The Department of Corrections shall provide a report regarding the progress of the inmates in the online career education program to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by January 1, 2021.

From the funds in Specific Appropriation 707, $1,000,000 in recurring funds from the General Revenue Fund is provided to CareerSource Florida for the development and implementation of a vocational curriculum for inmates in the Florida Correctional System.

708	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	119,133	
709	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	20,888	
710	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	29,876	
	FROM FEDERAL GRANTS TRUST FUND . . .		937
TOTAL:	BASIC EDUCATION SKILLS		
	FROM GENERAL REVENUE FUND	32,666,102	
	FROM TRUST FUNDS		5,179,256
	TOTAL POSITIONS	370.00	
	TOTAL ALL FUNDS		37,845,358

ADULT OFFENDER TRANSITION, REHABILITATION AND SUPPORT

	APPROVED SALARY RATE	3,356,947	
711	SALARIES AND BENEFITS POSITIONS	86.00	
	FROM GENERAL REVENUE FUND	3,551,390	
	FROM FEDERAL GRANTS TRUST FUND . . .		210,569
712	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	1,250,100	
713	EXPENSES		
	FROM GENERAL REVENUE FUND	372,770	
715	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	7,267,781	

From the funds in Specific Appropriation 715, by January 1, 2021, all re-entry programs must provide the following information to the Department of Corrections: the population served by the program including information relating to the criminal history, age, employment history, and education level of inmates served; the services provided to inmates as part of the program; the cost per inmate to provide those services; any available recidivism rates; and any matching funds or in-kind contributions provided to the program. The department shall compile this information and submit a report to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by February 1, 2021.

From the funds in Specific Appropriation 715, $1,225,000 in recurring funds and $1,500,000 in nonrecurring funds from the General Revenue Fund is provided for Operation New Hope's re-entry initiatives (recurring base appropriations project) (HB 3353) (Senate Form 2386). Through its

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pre-release program (Ready4Release) Operation New Hope will provide pre-release services which include release planning / needs assessment and educational support. These services can be provided to any inmate at any Department of Corrections' facility that is within 12 months of release that is returning to any county that has a Ready4Work (post-release) center. Through its post-release program (Ready4Work) Operation New Hope will provide post-release services including case management, career development, life skills training, job skills training, family reunification, financial assistance, and job placement assistance to ex-offenders on community supervision, or ex-offenders that have been released from a Department of Corrections' facility no more than three years before entry into the Ready4Work program, or ex-offenders released from county jail within 12 months prior to entry into the Ready4Work program. The Ready4Work Program can provide post-release service to any ex-offender that is within travel distance to the Ready4Work location.

From the funds in Specific Appropriation 715, $1,000,000 in recurring funds and $400,000 in nonrecurring funds from the General Revenue Fund is provided for the Ready4Work-Hillsborough re-entry program (recurring base appropriations project) (HB 4143) (Senate Form 2565), which replicates the Operation New Hope Ready4Work program. Funds used for the administrative services shall be 15 percent of total funds appropriated. Ready4Work-Hillsborough will provide pre-release risk assessment, a plan-of-care, career development, life skills training, and referrals for incarcerated inmates who may be eligible for Ready4Work re-entry program services upon release. Ready4Work-Hillsborough will also provide post-release services including case management, career development, life skills training, job skills training, life-coaching (mentoring), family reunification, and job placement assistance to offenders on community supervision. Ready4Work-Hillsborough may also provide such post-release services to formerly incarcerated persons (ex-inmates) who have been released from a Department of Corrections' facility no more than three years before entry into the Ready4Work-Hillsborough re-entry program. Eligibility for participation in the Ready4Work-Hillsborough re-entry program is limited to inmates, offenders on community supervision, and recently released ex-inmates who are transitioning back into the communities and workforce of Hillsborough, Pinellas, Pasco, or Polk counties.

From the funds in Specific Appropriation 715, $200,000 in recurring funds from the General Revenue Fund may be used to expand Horizon volunteer faith and character peer-to-peer program activities at Wakulla Correctional Institution and up to seven additional male or female prisons, including Computer Lab, Quest, and Realizing Educational Emotional and Finance Smarts (REEFS) transition programs (recurring base appropriations project).

From the funds in Specific Appropriation 715, $1,300,000 in nonrecurring funds from the General Revenue Fund is provided for the following appropriations projects:

Brevard Reentry Portal (HB 2397) (Senate Form 1497).....	500,000
Re-Entry Alliance Pensacola, Inc. (REAP) Re-Entry Portal (HB 2051) (Senate Form 1397).....	300,000
RESTORE Ex-Offender Reentry (HB 4645) (Senate Form 1355)..	500,000

716	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	20,544	
717	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	2,318	
TOTAL:	ADULT OFFENDER TRANSITION, REHABILITATION AND SUPPORT FROM GENERAL REVENUE FUND	12,464,903	
	FROM TRUST FUNDS		210,569
	TOTAL POSITIONS	86.00	
	TOTAL ALL FUNDS		12,675,472

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

COMMUNITY SUBSTANCE ABUSE PREVENTION, EVALUATION, AND TREATMENT SERVICES

From the funds in Specific Appropriations 718 through 720, the Department of Corrections may contract with Florida's managing entities, as authorized by section 394.9082, Florida Statutes, for the statewide management of behavioral health treatment for offenders under community supervision. The entities shall work with the department to develop service delivery strategies that will improve the coordination, integration, and management of behavioral health services to offenders.

From the funds in Specific Appropriation 718 through 720, the Department of Corrections may implement a court liaison pilot program at two community drug treatment provider sites. The department may amend the provider contract to fund a court liaison position responsible for coordinating with the court to ensure full utilization of the allocated community beds.

718 EXPENSES
FROM GENERAL REVENUE FUND 300,000

719 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 4,643,762

From the funds in Specific Appropriation 719, $1,000,000 in recurring funds from the General Revenue Fund is provided to the Department of Corrections to contract with one or more private providers to provide residential substance abuse treatment services located within the geographic area that includes Alachua, Bradford, and Clay counties for offenders under community supervision who are residents of one of the counties in the described area. The provider must have experience in residential treatment of substance abuse and mental health disorders. The department shall give priority for placement to offenders who have served as members of the United States Armed Forces in either an Active, Reserve, or National Guard status, but may place other compatible offenders in a treatment center if space is available. The contract shall be awarded based upon a competitive solicitation process pursuant to section 287.057, Florida Statutes.

From the funds in Specific Appropriation 719, $500,000 in recurring funds from the General Revenue Fund is provided for naltrexone extended-release injectable medication to treat alcohol and opioid dependence within the Department of Corrections (recurring base appropriations project).

From the funds in Specific Appropriation 719, $150,000 in nonrecurring funds from the General Revenue Fund is provided to WestCare Gulf Coast-Florida, Inc. for the Davis-Bradley Community Involvement Center - Mental Health Overlay (HB 2219).

720 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED DRUG TREATMENT/REHABILITATION PROGRAMS
FROM GENERAL REVENUE FUND 21,750,861
FROM FEDERAL GRANTS TRUST FUND . . . 400,000

From the funds in Specific Appropriation 720, $600,000 in recurring funds from the General Revenue Fund is provided for the Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO) in Hillsborough County (recurring base appropriations project).

TOTAL: COMMUNITY SUBSTANCE ABUSE PREVENTION, EVALUATION, AND TREATMENT SERVICES
FROM GENERAL REVENUE FUND 26,694,623
FROM TRUST FUNDS 400,000

TOTAL ALL FUNDS 27,094,623

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: CORRECTIONS, DEPARTMENT OF			
FROM GENERAL REVENUE FUND		2,733,439,648	
FROM TRUST FUNDS			62,928,983
TOTAL POSITIONS		25,154.00	
TOTAL ALL FUNDS			2,796,368,631
TOTAL APPROVED SALARY RATE		1,052,211,637	

FLORIDA COMMISSION ON OFFENDER REVIEW

PROGRAM: POST-INCARCERATION ENFORCEMENT AND VICTIMS RIGHTS

APPROVED SALARY RATE 6,110,752

721	SALARIES AND BENEFITS POSITIONS	132.00	
	FROM GENERAL REVENUE FUND	8,362,762	
	FROM FEDERAL GRANTS TRUST FUND		60,550
722	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	1,266,998	
	FROM FEDERAL GRANTS TRUST FUND		46,821
723	EXPENSES		
	FROM GENERAL REVENUE FUND	856,102	
	FROM FEDERAL GRANTS TRUST FUND		12,863
724	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	16,771	
725	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	24,821	
726	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	263,525	
727	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	98,778	
728	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	22,000	
729	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	48,141	
730	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM GENERAL REVENUE FUND	825,464	
TOTAL: PROGRAM: POST-INCARCERATION ENFORCEMENT AND VICTIMS RIGHTS			
FROM GENERAL REVENUE FUND		11,785,362	
FROM TRUST FUNDS			120,234
TOTAL POSITIONS		132.00	
TOTAL ALL FUNDS			11,905,596
TOTAL: FLORIDA COMMISSION ON OFFENDER REVIEW			
FROM GENERAL REVENUE FUND		11,785,362	
FROM TRUST FUNDS			120,234
TOTAL POSITIONS		132.00	
TOTAL ALL FUNDS			11,905,596
TOTAL APPROVED SALARY RATE		6,110,752	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

JUSTICE ADMINISTRATION

The Office of Program Policy Analysis and Government Accountability (OPPAGA) shall develop a weighted caseload model and conduct a workload assessment of the State Attorney's Office and the Public Defender's Office in each Judicial Circuit, and the Criminal Conflict and Civil Regional Counsel offices in all five regions. In developing the weighted caseload model, OPPAGA shall include, but is not limited to, an analysis of caseload statistics based on the complexity of the various kinds of cases filed and the amount of time needed for state attorneys, public defenders and criminal conflict and civil regional counsels to resolve these cases. OPPAGA shall also analyze whether the expansion of specialty courts has impacted the workload needs of state attorney and public defender offices. OPPAGA shall recommend any needed adjustments to the number of FTE positions necessary to meet the workload needs of each state attorney, public defender and criminal conflict and civil regional counsel office by December 31, 2020.

PROGRAM: JUSTICE ADMINISTRATIVE COMMISSION

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 4,464,824

731 SALARIES AND BENEFITS POSITIONS 88.00
FROM GENERAL REVENUE FUND 6,221,637

732 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 46,572

733 LUMP SUM
RESERVE - STATE ATTORNEYS WITH REASSIGNED DEATH PENALTY CASES
POSITIONS 21.00
FROM GENERAL REVENUE FUND 1,299,860

Funds and positions in Specific Appropriation 733 are provided for a state attorney to prosecute a capital felony case that has been reassigned to that state attorney's office. A state attorney must submit a budget amendment, in accordance with the provisions of chapter 216, Florida Statutes, to request the allocation of positions and funds from the lump sum appropriation category. A state attorney may continue to use positions and funds allocated from the lump sum appropriation category until such time that the state attorney ceases the prosecution of the reassigned capital felony case. If funds in this specific appropriation are unobligated in the last quarter of the 2020-2021 fiscal year, the State Attorney in the Ninth Judicial Circuit may submit a budget amendment to request the transfer of the remaining appropriation on a nonrecurring basis.

734 SPECIAL CATEGORIES
GRANTS AND AIDS - FOSTER CARE CITIZEN REVIEW PANEL
FROM GENERAL REVENUE FUND 342,160
FROM GRANTS AND DONATIONS TRUST FUND 300,000

735 SPECIAL CATEGORIES
SEXUAL PREDATOR CIVIL COMMITMENT LITIGATION COSTS
FROM GENERAL REVENUE FUND 2,250,000

Funds in Specific Appropriation 735 are provided for attorney fees and case-related expenses associated with prosecuting and defending sexual predator civil commitment cases. Case-related expenses are limited to expert witness fees, clinical evaluations, court reporter costs, and foreign language interpreters. The maximum amount to be paid by the Justice Administrative Commission for medical experts for sexual predator civil commitment cases is $200 per hour and all related travel costs must be apportioned to the associated case.

736 SPECIAL CATEGORIES
REIMBURSEMENT OF EXPENDITURES RELATED TO CIRCUIT AND COUNTY JURIES REQUIRED BY STATUTE
FROM GENERAL REVENUE FUND 11,700,000

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737 SPECIAL CATEGORIES
LEGAL REPRESENTATION FOR DEPENDENT CHILDREN WITH SPECIAL NEEDS
FROM GENERAL REVENUE FUND 2,115,500

Funds in Specific Appropriation 737 shall be used by the Justice Administrative Commission to contract with attorneys to represent dependent children with disabilities in, or being considered for placement in, skilled nursing facilities and dependent children with certain special needs as specified in section 39.01305, Florida Statutes. The implementation of registries, as well as the appointment and compensation of private attorneys appointed pursuant to section 39.01305, Florida Statutes, shall be governed by the provisions of sections 27.40 and 27.5304, Florida Statutes. The flat fee amount for compensation shall not exceed $1,000 per child per year. No other appropriation shall be used to pay attorney fees and related expenses for attorneys representing dependent children with disabilities and appointments under section 39.01305, Florida Statutes.

738 SPECIAL CATEGORIES
PAYMENTS FOR QUALIFIED TRANSPORTATION BENEFITS PROGRAM
FROM GRANTS AND DONATIONS TRUST FUND 703,136

739 SPECIAL CATEGORIES
PUBLIC DEFENDER DUE PROCESS COSTS
FROM GENERAL REVENUE FUND 20,263,034

Funds in Specific Appropriation 739 are provided for the Public Defenders' due process costs as specified in section 29.006, Florida Statutes. Funds shall initially be credited for the use of each circuit in the amounts listed below and may be adjusted pursuant to the provisions of section 29.015, Florida Statutes.

1st Judicial Circuit	894,043
2nd Judicial Circuit	713,100
3rd Judicial Circuit	160,275
4th Judicial Circuit	1,382,949
5th Judicial Circuit	946,386
6th Judicial Circuit	1,291,430
7th Judicial Circuit	733,859
8th Judicial Circuit	520,205
9th Judicial Circuit	1,249,858
10th Judicial Circuit	822,366
11th Judicial Circuit	3,603,927
12th Judicial Circuit	703,275
13th Judicial Circuit	2,052,641
14th Judicial Circuit	356,816
15th Judicial Circuit	909,094
16th Judicial Circuit	124,680
17th Judicial Circuit	1,492,634
18th Judicial Circuit	699,398
19th Judicial Circuit	653,387
20th Judicial Circuit	952,711

From the funds credited for use in the following circuits, the amounts specified below shall be transferred in quarterly increments within 10 days after the beginning of each quarter to the Office of the State Courts Administrator on behalf of the circuit courts operating shared court reporting or interpreter services:

1st Judicial Circuit	190,611
2nd Judicial Circuit	323,698
3rd Judicial Circuit	52,251
6th Judicial Circuit	103,493
7th Judicial Circuit	37,310
8th Judicial Circuit	83,798
9th Judicial Circuit	481,878
10th Judicial Circuit	68,975
11th Judicial Circuit	121,996
12th Judicial Circuit	153,205
13th Judicial Circuit	784,106
14th Judicial Circuit	134,089
15th Judicial Circuit	93,646

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

16th Judicial Circuit	74,983
17th Judicial Circuit	60,851

740 SPECIAL CATEGORIES
CHILD DEPENDENCY AND CIVIL CONFLICT CASE
FROM GENERAL REVENUE FUND 14,366,133

Funds in Specific Appropriation 740 are provided for case fees and expenses of court-appointed counsel in civil conflict cases and child dependency cases.

The maximum flat fee to be paid by the Justice Administrative Commission for attorney fees for the following dependency and civil cases is set as follows:

ADMISSION OF INMATE TO MENTAL HEALTH FACILITY	300
ADULT PROTECTIVE SERVICES ACT - Ch. 415, F.S.	500
BAKER ACT/MENTAL HEALTH - Ch. 394, F.S.	400
CINS/FINS - Ch. 984, F.S.	750
CIVIL APPEALS	400
DEPENDENCY - Up to 1 Year	800
DEPENDENCY - Each Year after 1st Year	200
DEPENDENCY - No Petition Filed or Dismissed at Shelter	200
DEPENDENCY APPEALS	1,000
DEVELOPMENTALLY DISABLED ADULT - Ch. 393, F.S.	400
EMANCIPATION - Section 743.015, F.S.	400
GUARDIANSHIP - EMERGENCY - Ch. 744, F.S.	400
GUARDIANSHIP - Ch. 744, F.S.	400
MARCHMAN ACT/SUBSTANCE ABUSE - Ch. 397, F.S.	300
MEDICAL PROCEDURES - Section 394.459(3), F.S.	400
PARENTAL NOTIFICATION OF ABORTION ACT	400
TERMINATION OF PARENTAL RIGHTS - Ch. 39, F.S. - Up to 1 Year	1,000
TERMINATION OF PARENTAL RIGHTS - Ch. 39, F.S. - Each Year after 1st Year	200
TERMINATION OF PARENTAL RIGHTS - Ch. 63, F.S. - Up to 1 year	1,000
TERMINATION OF PARENTAL RIGHTS - Ch. 63, F.S. - Each Year after first Year	200
TERMINATION OF PARENTAL RIGHTS APPEALS	2,000
TUBERCULOSIS - Ch. 392, F.S.	300

741 SPECIAL CATEGORIES
OPERATING EXPENDITURES
FROM GENERAL REVENUE FUND 1,003,614
FROM GRANTS AND DONATIONS TRUST FUND 15,900

742 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 18,587

743 SPECIAL CATEGORIES
POST-CONVICTION CAPITAL COLLATERAL CASES - REGISTRY ATTORNEYS
FROM GENERAL REVENUE FUND 1,338,310

744 SPECIAL CATEGORIES
ATTORNEY PAYMENTS OVER FLAT FEE
FROM GENERAL REVENUE FUND 10,667,589

745 SPECIAL CATEGORIES
CRIMINAL CONFLICT CASE COSTS
FROM GENERAL REVENUE FUND 35,009,413

Funds in Specific Appropriation 745 are provided for case fees as specified in section 27.5304, Florida Statutes, and expenses as specified in section 29.007, Florida Statutes, of court-appointed counsel for indigent criminal defendants and for due process costs for those individuals the court finds indigent for costs.

From the funds in Specific Appropriation 745, a total of $216,934 shall be transferred in quarterly increments within 10 days after the beginning of each quarter to the Office of the State Courts Administrator on behalf of the circuit courts operating shared court reporting and interpreter services.

The maximum flat fee to be paid by the Justice Administrative Commission for attorney fees for criminal conflict cases is set as follows:

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POSTCONVICTION - Rules 3.850, 3.801 & 3.800, Fl.R.Crim. Proc	1,250
CAPITAL - 1ST DEGREE MURDER (LEAD COUNSEL)	25,000
CAPITAL - 1ST DEGREE MURDER (CO-COUNSEL)	25,000
CAPITAL - 1ST DEGREE MURDER (NON-DEATH)	15,000
CAPITAL SEXUAL BATTERY	4,000
CAPITAL APPEALS	9,000
CONTEMPT PROCEEDINGS	500
CRIMINAL TRAFFIC	500
EXTRADITION	625
FELONY - LIFE	5,000
FELONY - LIFE (RICO)	9,000
FELONY - NONCAPITAL MURDER	15,000
FELONY - PUNISHABLE BY LIFE	2,500
FELONY - PUNISHABLE BY LIFE (RICO)	6,000
FELONY 1ST DEGREE	1,875
FELONY 1ST DEGREE (RICO)	5,000
FELONY 2ND DEGREE	1,250
FELONY 3RD DEGREE	935
FELONY OR MISDEMEANOR - NO INFORMATION FILED	500
FELONY APPEALS	1,875
JUVENILE DELINQUENCY - 1ST DEGREE FELONY	750
JUVENILE DELINQUENCY - 2ND DEGREE	500
JUVENILE DELINQUENCY - 3RD DEGREE	375
JUVENILE DELINQUENCY - FELONY LIFE	875
JUVENILE DELINQUENCY - MISDEMEANOR	375
JUVENILE DELINQUENCY - DIRECT FILE OR NO PETITION FILED	375
JUVENILE DELINQUENCY APPEALS	1,250
MISDEMEANOR	500
MISDEMEANOR APPEALS	935
VIOLATION OF PROBATION - FELONY (INCLUDES VOCC)	625
VIOLATION OF PROBATION - MISDEMEANOR (INCLUDES VOCC)	375
VIOLATION OF PROBATION (VOCC) JUVENILE DELINQUENCY	375

Funds for costs and related expenses to be paid through Specific Appropriations 740 and 745 shall be subject to the following:

The hourly rate for mitigation specialists in capital death cases shall not exceed $75.00 per hour.

The maximum amount to be paid by the Justice Administrative Commission for non-attorney due process services other than those specified shall not exceed the rates in effect for the 2007-2008 fiscal year.

The maximum amount to be paid by the Justice Administrative Commission for investigators is $40 per hour. The maximum amount to be paid for court reporting and transcribing costs is as follows:

1. Deposition Appearance fees: 1st hour: $75.00; thereafter $25.00 per hour. The fee is to be paid to the court reporter whether or not a transcript is ordered.

2. Deposition transcript fee (Original & one copy):
   10 business day delivery: $4.00 per page
   5 business day delivery: $5.50 per page
   24 hours delivery: $7.50 per page
   Additional copies: $0.50 per page

3. Appellate/hearing/trial transcript fee (Original & all copies needed with a minimum of 2 copies):
   10 business day delivery: $5.00 per page
   5 business day delivery: $6.50 per page
   24 hours delivery: $8.50 per page
   Copies (when original previously ordered): $0.50 per page.

4. Transcription from tapes or audio recordings (other than depositions or hearings): Either $35 per hour listening fee or $3.00 per page, whichever is greater.

5. Video Services: $100 per hour per location with two-hour minimum.

746 SPECIAL CATEGORIES
STATE ATTORNEY DUE PROCESS COSTS
FROM GENERAL REVENUE FUND 10,266,646

Funds in Specific Appropriation 746 are provided for the State

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

Attorneys' due process costs as specified in section 29.005, Florida Statutes. Funds shall initially be credited for the use of each circuit in the amounts listed below, and may be adjusted pursuant to the provisions of section 29.015, Florida Statutes.

1st Judicial Circuit	607,531
2nd Judicial Circuit	323,061
3rd Judicial Circuit	120,143
4th Judicial Circuit	443,741
5th Judicial Circuit	333,769
6th Judicial Circuit	601,122
7th Judicial Circuit	452,324
8th Judicial Circuit	227,481
9th Judicial Circuit	476,378
10th Judicial Circuit	296,431
11th Judicial Circuit	2,122,853
12th Judicial Circuit	267,913
13th Judicial Circuit	571,480
14th Judicial Circuit	113,227
15th Judicial Circuit	711,731
16th Judicial Circuit	87,962
17th Judicial Circuit	1,269,184
18th Judicial Circuit	362,155
19th Judicial Circuit	259,818
20th Judicial Circuit	618,342

From the funds credited for use in the following circuits, the amounts specified below shall be transferred in quarterly increments within 10 days after the beginning of each quarter to the Office of the State Courts Administrator on behalf of the circuit courts operating shared court reporting or interpreter services:

1st Judicial Circuit	18,232
2nd Judicial Circuit	16,650
3rd Judicial Circuit	10,456
6th Judicial Circuit	25,443
7th Judicial Circuit	12,818
8th Judicial Circuit	21,937
9th Judicial Circuit	26,007
10th Judicial Circuit	3,980
11th Judicial Circuit	426,986
12th Judicial Circuit	19,650
13th Judicial Circuit	45,716
15th Judicial Circuit	61,252
16th Judicial Circuit	4,315
17th Judicial Circuit	20,081

747 SPECIAL CATEGORIES
CAPITAL RESENTENCING DUE PROCESS FUNDING
FROM GENERAL REVENUE FUND 250,000

The funds in Specific Appropriation 747 are provided for due process and contracted services related specifically to death penalty proceedings as a result of the Florida Supreme Court decision in Hurst v. State, 202 So. 3d 40 (Fla. 2016).

748 SPECIAL CATEGORIES
STATE ATTORNEY AND PUBLIC DEFENDER TRAINING
FROM GENERAL REVENUE FUND 33,529
FROM GRANTS AND DONATIONS TRUST FUND 3,000

749 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 600

750 SPECIAL CATEGORIES
DUE PROCESS CONTINGENCY FUND
FROM GENERAL REVENUE FUND 1,000,000

751 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 24,322

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

752 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM GENERAL REVENUE FUND 19,913

TOTAL: EXECUTIVE DIRECTION AND SUPPORT SERVICES
FROM GENERAL REVENUE FUND 118,237,419
FROM TRUST FUNDS 1,022,036

TOTAL POSITIONS 109.00
TOTAL ALL FUNDS 119,259,455

PROGRAM: STATEWIDE GUARDIAN AD LITEM OFFICE

Funds and positions in Specific Appropriations 753 through 764 shall first be used to represent children involved in dependency proceedings. Once all children in dependency proceedings are represented, the funds may be used to represent children in other proceedings as authorized by law.

APPROVED SALARY RATE 32,437,146

753 SALARIES AND BENEFITS POSITIONS 747.50
FROM GENERAL REVENUE FUND 44,367,327
FROM GRANTS AND DONATIONS TRUST FUND 10,124

754 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 1,413,975
FROM GRANTS AND DONATIONS TRUST FUND 227,631

755 EXPENSES
FROM GENERAL REVENUE FUND 2,015,018
FROM GRANTS AND DONATIONS TRUST FUND 100,249

756 OPERATING CAPITAL OUTLAY
FROM GENERAL REVENUE FUND 60,502
FROM GRANTS AND DONATIONS TRUST FUND 10,000

757 SPECIAL CATEGORIES
GRANTS AND AIDS - COURT SYSTEM SERVICES FOR CHILDREN AND YOUTH
FROM GENERAL REVENUE FUND 1,045,656

From the funds in Specific Appropriation 757, $100,000 in recurring funds from the General Revenue Fund is provided to support the Voices for Children Foundation in Miami-Dade County (recurring base appropriations project).

758 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 2,422,888
FROM GRANTS AND DONATIONS TRUST FUND 110,000

759 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 808,223

760 SPECIAL CATEGORIES
GUARDIAN AD LITEM ATTORNEY TRAINING
FROM GENERAL REVENUE FUND 225,000

Funds in Specific Appropriation 760 may be used by the Guardian ad Litem to provide training for public and private sector attorneys and related personnel who represent children with disabilities in Florida's dependency care system.

761 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 192,196

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

762	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	173,913	
763	DATA PROCESSING SERVICES OTHER DATA PROCESSING SERVICES FROM GENERAL REVENUE FUND	42,057	
764	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM GENERAL REVENUE FUND	310,476	
TOTAL:	PROGRAM: STATEWIDE GUARDIAN AD LITEM OFFICE FROM GENERAL REVENUE FUND	53,077,231	
	FROM TRUST FUNDS		458,004
	TOTAL POSITIONS	747.50	
	TOTAL ALL FUNDS		53,535,235

STATE ATTORNEYS

The Prosecution Coordination Office's budgeting, legal, training and education needs may be funded by each State Attorney's office within the funds provided in Specific Appropriations 765 through 915. Funding for this office shall not exceed $450,000 from the State Attorney's Revenue Trust Fund.

From the positions and funds appropriated from the Grants and Donations Trust Fund in Specific Appropriations 789, 827, 842, 857, 873, 888, and 910, $1,911,682 is provided to prosecute insurance fraud cases and $604,104 is provided to prosecute workers compensation insurance fraud cases, as follows:

Insurance Fraud Cases

Fourth Judicial Circuit (3 positions)	250,818
Ninth Judicial Circuit (5 positions)	431,719
Eleventh Judicial Circuit (5 positions)	614,038
Thirteenth Judicial Circuit (2 positions)	152,179
Fifteenth Judicial Circuit (2 positions)	160,242
Seventeenth Judicial Circuit (2 positions)	160,242
Twentieth Judicial Circuit (2 positions)	142,444

Workers Compensation Insurance Fraud

Eleventh Judicial Circuit (2 positions)	147,724
Thirteenth Judicial Circuit (2 positions)	137,852
Fifteenth Judicial Circuit (2 positions)	159,264
Seventeenth Judicial Circuit (2 positions)	159,264

Beginning July 1, 2020, the Department of Financial Services shall release 25 percent of the funds to each state attorney's office. Prior to subsequent quarterly fund releases, each state attorney's office must submit the following caseload data to the Department of Financial Services: the percentage of cases prosecuted of the total number of cases referred by the department; the number of cases not prosecuted and the reasons prosecution was not pursued; the staff assigned to each case; expenditures made; and the current status of each case. The Department of Financial Services shall determine if case activity warrants the continued release of funds.

PROGRAM: STATE ATTORNEYS - FIRST JUDICIAL CIRCUIT			
	APPROVED SALARY RATE	11,315,084	
765	SALARIES AND BENEFITS POSITIONS	230.00	
	FROM GENERAL REVENUE FUND	13,957,301	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		1,719,781
	FROM GRANTS AND DONATIONS TRUST FUND		1,452,646
766	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	24,885	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

	FROM STATE ATTORNEYS REVENUE TRUST FUND		183,253
767	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		50,000
768	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	503,994	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		30,000
	FROM GRANTS AND DONATIONS TRUST FUND		14,349
769	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE ATTORNEYS REVENUE TRUST FUND		51,489
770	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	15,404	
771	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	14,562	
772	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	47,934	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		5,390
	FROM GRANTS AND DONATIONS TRUST FUND		1,549
TOTAL:	PROGRAM: STATE ATTORNEYS - FIRST JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	14,564,080	
	FROM TRUST FUNDS		3,508,457
	TOTAL POSITIONS	230.00	
	TOTAL ALL FUNDS		18,072,537

PROGRAM: STATE ATTORNEYS - SECOND JUDICIAL CIRCUIT

APPROVED SALARY RATE 6,566,006

773	SALARIES AND BENEFITS POSITIONS	114.00	
	FROM GENERAL REVENUE FUND	8,205,011	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		763,329
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		543
	FROM GRANTS AND DONATIONS TRUST FUND		667,380
774	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	25,000	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		45,552
775	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		112,000
776	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM STATE ATTORNEYS REVENUE TRUST FUND		12,955

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

777	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	148,658	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		352,129
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		120,000
	FROM GRANTS AND DONATIONS TRUST FUND		26,600
778	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		30,381
779	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	13,000	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		4,675
780	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		3,000
781	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	24,246	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		2,943
TOTAL:	PROGRAM: STATE ATTORNEYS - SECOND JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	8,415,915	
	FROM TRUST FUNDS		2,141,487
	TOTAL POSITIONS	114.00	
	TOTAL ALL FUNDS		10,557,402
PROGRAM:	STATE ATTORNEYS - THIRD JUDICIAL CIRCUIT		
	APPROVED SALARY RATE 3,851,345		
782	SALARIES AND BENEFITS POSITIONS	70.00	
	FROM GENERAL REVENUE FUND	4,727,166	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		621,862
	FROM GRANTS AND DONATIONS TRUST FUND		252,090
783	OTHER PERSONAL SERVICES		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		6,372
	FROM GRANTS AND DONATIONS TRUST FUND		5,068
783A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		27,000
784	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	124,842	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		27,204
	FROM GRANTS AND DONATIONS TRUST FUND		76,701
785	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		19,169

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

786	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	8,034	
787	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	35,000	
788	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM STATE ATTORNEYS REVENUE TRUST FUND	14,854	1,330
	FROM GRANTS AND DONATIONS TRUST FUND		516
TOTAL:	PROGRAM: STATE ATTORNEYS - THIRD JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	4,909,896	
	FROM TRUST FUNDS		1,037,312
	TOTAL POSITIONS	70.00	
	TOTAL ALL FUNDS		5,947,208
PROGRAM:	STATE ATTORNEYS - FOURTH JUDICIAL CIRCUIT		
	APPROVED SALARY RATE 19,289,757		
789	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND	364.00 22,891,337	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		2,865,783
	FROM GRANTS AND DONATIONS TRUST FUND		2,047,731
790	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	140,197	
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		55,000
	FROM GRANTS AND DONATIONS TRUST FUND		83,189
790A	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		250,000
791	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM GRANTS AND DONATIONS TRUST FUND		799,355
792	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND . . . . . FROM STATE ATTORNEYS REVENUE TRUST FUND	279,262	30,008
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		310,800
	FROM GRANTS AND DONATIONS TRUST FUND		50,204
793	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE ATTORNEYS REVENUE TRUST FUND		132,805
794	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	11,404	
795	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	6,150	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

796	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	75,247	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		7,212
	FROM GRANTS AND DONATIONS TRUST FUND		4,383
TOTAL:	PROGRAM: STATE ATTORNEYS - FOURTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	23,403,597	
	FROM TRUST FUNDS		6,636,470
	TOTAL POSITIONS	364.00	
	TOTAL ALL FUNDS		30,040,067
PROGRAM: STATE ATTORNEYS - FIFTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 13,606,723		
797	SALARIES AND BENEFITS POSITIONS	244.00	
	FROM GENERAL REVENUE FUND	16,628,458	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		2,297,697
	FROM GRANTS AND DONATIONS TRUST FUND		1,533,084
798	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	69,880	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		157,035
	FROM GRANTS AND DONATIONS TRUST FUND		162,693
799	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		46,000
800	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	438,267	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		61,250
	FROM GRANTS AND DONATIONS TRUST FUND		8,000
801	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE ATTORNEYS REVENUE TRUST FUND		55,472
802	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	15,740	
803	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	41,500	
804	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	48,334	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		5,569
	FROM GRANTS AND DONATIONS TRUST FUND		3,355

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: PROGRAM: STATE ATTORNEYS - FIFTH JUDICIAL CIRCUIT			
FROM GENERAL REVENUE FUND		17,242,179	
FROM TRUST FUNDS			4,330,155
TOTAL POSITIONS		244.00	
TOTAL ALL FUNDS			21,572,334
PROGRAM: STATE ATTORNEYS - SIXTH JUDICIAL CIRCUIT			
APPROVED SALARY RATE	25,174,362		
805 SALARIES AND BENEFITS	POSITIONS	460.00	
FROM GENERAL REVENUE FUND		28,150,615	
FROM STATE ATTORNEYS REVENUE TRUST FUND			3,470,339
FROM GRANTS AND DONATIONS TRUST FUND			4,020,438
806 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		57,222	
FROM GRANTS AND DONATIONS TRUST FUND			34,737
807 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM STATE ATTORNEYS REVENUE TRUST FUND			63,000
808 SPECIAL CATEGORIES			
STATE ATTORNEY OPERATING EXPENDITURES			
FROM GENERAL REVENUE FUND		361,061	
FROM STATE ATTORNEYS REVENUE TRUST FUND			482,453
FROM GRANTS AND DONATIONS TRUST FUND			454,866
809 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM STATE ATTORNEYS REVENUE TRUST FUND			219,686
810 SPECIAL CATEGORIES			
SALARY INCENTIVE PAYMENTS			
FROM GENERAL REVENUE FUND		32,724	
811 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM GENERAL REVENUE FUND		2,520	
812 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM STATE ATTORNEYS REVENUE TRUST FUND			97,668
FROM GRANTS AND DONATIONS TRUST FUND			12,078
TOTAL: PROGRAM: STATE ATTORNEYS - SIXTH JUDICIAL CIRCUIT			
FROM GENERAL REVENUE FUND		28,604,142	
FROM TRUST FUNDS			8,855,265
TOTAL POSITIONS		460.00	
TOTAL ALL FUNDS			37,459,407
PROGRAM: STATE ATTORNEYS - SEVENTH JUDICIAL CIRCUIT			
APPROVED SALARY RATE	12,548,069		
813 SALARIES AND BENEFITS	POSITIONS	238.00	
FROM GENERAL REVENUE FUND		15,379,596	
FROM STATE ATTORNEYS REVENUE TRUST FUND			2,194,647
FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND			39

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

	FROM GRANTS AND DONATIONS TRUST FUND		739,927
814	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	20,024	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		73,887
	FROM GRANTS AND DONATIONS TRUST FUND		9,980
814A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		80,000
815	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	353,296	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		168,874
816	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		66,597
817	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	42,964	
	FROM GRANTS AND DONATIONS TRUST FUND		2,380
818	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	32,381	
819	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	52,943	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		3,153
	FROM GRANTS AND DONATIONS TRUST FUND		685
TOTAL:	PROGRAM: STATE ATTORNEYS - SEVENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	15,881,204	
	FROM TRUST FUNDS		3,340,169
	TOTAL POSITIONS	238.00	
	TOTAL ALL FUNDS		19,221,373

PROGRAM: STATE ATTORNEYS - EIGHTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 6,962,842

820	SALARIES AND BENEFITS POSITIONS	135.00	
	FROM GENERAL REVENUE FUND	8,776,537	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		971,717
	FROM GRANTS AND DONATIONS TRUST FUND		600,616
821	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	36,558	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		58,677
	FROM GRANTS AND DONATIONS TRUST FUND		34,329
821A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		90,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

822	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	204,761	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		24,396
	FROM GRANTS AND DONATIONS TRUST FUND		25,040
823	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		41,150
824	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	8,506	
825	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	7,306	
826	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		31,095
	FROM GRANTS AND DONATIONS TRUST FUND		1,104
TOTAL:	PROGRAM: STATE ATTORNEYS - EIGHTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	9,033,668	
	FROM TRUST FUNDS		1,878,124
	TOTAL POSITIONS	135.00	
	TOTAL ALL FUNDS		10,911,792
PROGRAM: STATE ATTORNEYS - NINTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 20,470,766		
827	SALARIES AND BENEFITS POSITIONS	375.00	
	FROM GENERAL REVENUE FUND	25,486,113	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		1,591,871
	FROM GRANTS AND DONATIONS TRUST FUND		1,327,431
828	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	142,065	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		291,960
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		242,033
	FROM GRANTS AND DONATIONS TRUST FUND		1,002
829	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	636,079	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		197,029
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		279,234
	FROM GRANTS AND DONATIONS TRUST FUND		18,966
830	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		129,950
831	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	27,662	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

832	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	55,416	
833	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM STATE ATTORNEYS REVENUE TRUST FUND		85,596
	FROM GRANTS AND DONATIONS TRUST FUND		1,365
TOTAL:	PROGRAM: STATE ATTORNEYS - NINTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	26,347,335	
	FROM TRUST FUNDS		4,166,437
	TOTAL POSITIONS	375.00	
	TOTAL ALL FUNDS		30,513,772
PROGRAM:	STATE ATTORNEYS - TENTH JUDICIAL CIRCUIT		
	APPROVED SALARY RATE 13,065,653		
834	SALARIES AND BENEFITS POSITIONS	234.00	
	FROM GENERAL REVENUE FUND	13,203,672	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		4,478,027
	FROM GRANTS AND DONATIONS TRUST FUND		2,147,554
835	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	48,048	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		87,063
	FROM GRANTS AND DONATIONS TRUST FUND		33,140
836	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		90,000
837	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	215,679	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		218,879
	FROM GRANTS AND DONATIONS TRUST FUND		221,791
838	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE ATTORNEYS REVENUE TRUST FUND		54,724
839	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	14,365	
840	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	1,883	
	FROM GRANTS AND DONATIONS TRUST FUND		10,356
841	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	42,468	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		7,487
	FROM GRANTS AND DONATIONS TRUST FUND		5,836

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: PROGRAM: STATE ATTORNEYS - TENTH JUDICIAL CIRCUIT			
FROM GENERAL REVENUE FUND		13,526,115	
FROM TRUST FUNDS			7,354,857
TOTAL POSITIONS		234.00	
TOTAL ALL FUNDS			20,880,972
PROGRAM: STATE ATTORNEYS - ELEVENTH JUDICIAL CIRCUIT			
APPROVED SALARY RATE	59,571,877		
842 SALARIES AND BENEFITS	POSITIONS	1,268.00	
FROM GENERAL REVENUE FUND		52,260,802	
FROM STATE ATTORNEYS REVENUE TRUST FUND			3,103,689
FROM CHILD SUPPORT TRUST FUND			22,108,644
FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND			56,472
FROM GRANTS AND DONATIONS TRUST FUND			4,331,747
843 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		214,048	
FROM STATE ATTORNEYS REVENUE TRUST FUND			105,076
FROM CHILD SUPPORT TRUST FUND			753,121
FROM GRANTS AND DONATIONS TRUST FUND			85,217
844 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND			321,860
845 SPECIAL CATEGORIES			
STATE ATTORNEY OPERATING EXPENDITURES			
FROM GENERAL REVENUE FUND		673,140	
FROM STATE ATTORNEYS REVENUE TRUST FUND			385,078
FROM CHILD SUPPORT TRUST FUND			4,092,578
FROM CIVIL RICO TRUST FUND			200,020
FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND			203,700
FROM GRANTS AND DONATIONS TRUST FUND			598,087
846 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM STATE ATTORNEYS REVENUE TRUST FUND			346,924
FROM CHILD SUPPORT TRUST FUND			193,336
847 SPECIAL CATEGORIES			
SALARY INCENTIVE PAYMENTS			
FROM GENERAL REVENUE FUND		18,000	
848 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM GENERAL REVENUE FUND		199,373	
FROM STATE ATTORNEYS REVENUE TRUST FUND			25,875
FROM CHILD SUPPORT TRUST FUND			82,042
TOTAL: PROGRAM: STATE ATTORNEYS - ELEVENTH JUDICIAL CIRCUIT			
FROM GENERAL REVENUE FUND		53,365,363	
FROM TRUST FUNDS			36,993,466
TOTAL POSITIONS		1,268.00	
TOTAL ALL FUNDS			90,358,829

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

PROGRAM: STATE ATTORNEYS - TWELFTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 9,806,682

849	SALARIES AND BENEFITS	POSITIONS	192.00	
	FROM GENERAL REVENUE FUND		12,467,287	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			1,205,312
	FROM GRANTS AND DONATIONS TRUST FUND			1,077,179
850	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		23,686	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			70,000
851	SPECIAL CATEGORIES			
	ACQUISITION OF MOTOR VEHICLES			
	FROM STATE ATTORNEYS REVENUE TRUST FUND			58,000
852	SPECIAL CATEGORIES			
	STATE ATTORNEY OPERATING EXPENDITURES			
	FROM GENERAL REVENUE FUND		329,181	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			224,785
	FROM GRANTS AND DONATIONS TRUST FUND			85,084
853	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM STATE ATTORNEYS REVENUE TRUST FUND			47,005
854	SPECIAL CATEGORIES			
	SALARY INCENTIVE PAYMENTS			
	FROM GENERAL REVENUE FUND		1,361	
855	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		1,267	
856	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		40,063	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			2,723
	FROM GRANTS AND DONATIONS TRUST FUND			1,338
TOTAL:	PROGRAM: STATE ATTORNEYS - TWELFTH JUDICIAL CIRCUIT			
	FROM GENERAL REVENUE FUND		12,862,845	
	FROM TRUST FUNDS			2,771,426
	TOTAL POSITIONS		192.00	
	TOTAL ALL FUNDS			15,634,271

PROGRAM: STATE ATTORNEYS - THIRTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 18,694,439

857	SALARIES AND BENEFITS	POSITIONS	332.00	
	FROM GENERAL REVENUE FUND		22,826,030	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			2,134,899
	FROM GRANTS AND DONATIONS TRUST FUND			2,211,935
858	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		69,228	

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

	FROM STATE ATTORNEYS REVENUE TRUST FUND		18,877
859	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		75,000
860	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	488,790	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		273,510
861	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE ATTORNEYS REVENUE TRUST FUND		128,161
862	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	12,027	
863	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	7,980	
864	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM STATE ATTORNEYS REVENUE TRUST FUND		79,617
	FROM GRANTS AND DONATIONS TRUST FUND		2,216
TOTAL:	PROGRAM: STATE ATTORNEYS - THIRTEENTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	23,404,055	
	FROM TRUST FUNDS		4,924,215
	TOTAL POSITIONS	332.00	
	TOTAL ALL FUNDS		28,328,270

PROGRAM: STATE ATTORNEYS - FOURTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 6,466,949

865	SALARIES AND BENEFITS POSITIONS	122.00	
	FROM GENERAL REVENUE FUND	8,197,234	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		882,495
	FROM GRANTS AND DONATIONS TRUST FUND		532,331
866	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	9,899	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		228,062
867	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		27,000
868	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	246,966	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		84,018
	FROM GRANTS AND DONATIONS TRUST FUND		14,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

869	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		45,866
870	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	7,697	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		6,292
871	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	2,295	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		15,048
872	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	468	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		27,328
	FROM GRANTS AND DONATIONS TRUST FUND		1,300
TOTAL:	PROGRAM: STATE ATTORNEYS - FOURTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	8,464,559	
	FROM TRUST FUNDS		1,863,740
	TOTAL POSITIONS	122.00	
	TOTAL ALL FUNDS		10,328,299

PROGRAM: STATE ATTORNEYS - FIFTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 18,120,967

873	SALARIES AND BENEFITS POSITIONS	333.00	
	FROM GENERAL REVENUE FUND	22,017,872	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		2,450,821
	FROM GRANTS AND DONATIONS TRUST FUND		1,380,908
874	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	74,365	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		91,018
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		44,000
874A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		50,000
875	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	401,694	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		298,129
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		126,608
	FROM GRANTS AND DONATIONS TRUST FUND		26,000
876	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		512,136

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877	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	10,569	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		1,000
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		6,000
878	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	10,000	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		60,000
879	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	72,154	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		3,940
	FROM GRANTS AND DONATIONS TRUST FUND		3,351
TOTAL:	PROGRAM: STATE ATTORNEYS - FIFTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	22,586,654	
	FROM TRUST FUNDS		5,053,911
	TOTAL POSITIONS	333.00	
	TOTAL ALL FUNDS		27,640,565

PROGRAM: STATE ATTORNEYS - SIXTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 3,446,368

880	SALARIES AND BENEFITS POSITIONS	62.00	
	FROM GENERAL REVENUE FUND	4,131,607	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		465,624
	FROM GRANTS AND DONATIONS TRUST FUND		230,608
881	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	15,490	
	FROM GRANTS AND DONATIONS TRUST FUND		76,054
882	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		25,000
883	SPECIAL CATEGORIES		
	STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	135,049	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		54,509
	FROM GRANTS AND DONATIONS TRUST FUND		106,514
884	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ATTORNEYS REVENUE TRUST FUND		41,820
885	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	7,041	
886	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	3,615	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		4,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

887	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM STATE ATTORNEYS REVENUE TRUST FUND		14,792
TOTAL:	PROGRAM: STATE ATTORNEYS - SIXTEENTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	4,292,802	
	FROM TRUST FUNDS		1,018,921
	TOTAL POSITIONS	62.00	
	TOTAL ALL FUNDS		5,311,723

PROGRAM: STATE ATTORNEYS - SEVENTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 26,772,823

888	SALARIES AND BENEFITS POSITIONS	511.00	
	FROM GENERAL REVENUE FUND	34,174,913	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		1,785,676
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		215,843
	FROM GRANTS AND DONATIONS TRUST FUND		2,284,839
889	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	120,229	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		104,072
	FROM GRANTS AND DONATIONS TRUST FUND		73,927
890	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	589,116	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		566,244
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		523,963
	FROM GRANTS AND DONATIONS TRUST FUND		47,880
891	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	112,583	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		95,735
892	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	23,491	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		2,510
893	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	121,483	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		4,000
894	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	111,942	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		5,377
	FROM GRANTS AND DONATIONS TRUST FUND		4,595

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TOTAL: PROGRAM: STATE ATTORNEYS - SEVENTEENTH JUDICIAL CIRCUIT			
FROM GENERAL REVENUE FUND		35,253,757	
FROM TRUST FUNDS			5,714,661
TOTAL POSITIONS		511.00	
TOTAL ALL FUNDS			40,968,418
PROGRAM: STATE ATTORNEYS - EIGHTEENTH JUDICIAL CIRCUIT			
APPROVED SALARY RATE	15,373,856		
895 SALARIES AND BENEFITS	POSITIONS	285.00	
FROM GENERAL REVENUE FUND		18,897,873	
FROM STATE ATTORNEYS REVENUE TRUST FUND			2,005,039
FROM GRANTS AND DONATIONS TRUST FUND			1,129,477
896 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		25,100	
FROM STATE ATTORNEYS REVENUE TRUST FUND			19,988
FROM GRANTS AND DONATIONS TRUST FUND			12,512
896A SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES			
FROM STATE ATTORNEYS REVENUE TRUST FUND			90,000
897 SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES			
FROM GENERAL REVENUE FUND		410,738	
FROM STATE ATTORNEYS REVENUE TRUST FUND			38,459
FROM GRANTS AND DONATIONS TRUST FUND			64,924
898 SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE			
FROM STATE ATTORNEYS REVENUE TRUST FUND			132,098
899 SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS			
FROM GENERAL REVENUE FUND		9,587	
FROM STATE ATTORNEYS REVENUE TRUST FUND			3,514
900 SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM GENERAL REVENUE FUND		5,130	
901 SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM GENERAL REVENUE FUND		61,846	
FROM STATE ATTORNEYS REVENUE TRUST FUND			5,100
FROM GRANTS AND DONATIONS TRUST FUND			1,048
TOTAL: PROGRAM: STATE ATTORNEYS - EIGHTEENTH JUDICIAL CIRCUIT			
FROM GENERAL REVENUE FUND		19,410,274	
FROM TRUST FUNDS			3,502,159
TOTAL POSITIONS		285.00	
TOTAL ALL FUNDS			22,912,433

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

PROGRAM: STATE ATTORNEYS - NINETEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 9,089,097

902	SALARIES AND BENEFITS	POSITIONS	165.00	
	FROM GENERAL REVENUE FUND		10,144,928	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			1,413,282
	FROM GRANTS AND DONATIONS TRUST FUND			1,181,965
903	OTHER PERSONAL SERVICES			
	FROM GRANTS AND DONATIONS TRUST FUND			76,678
904	SPECIAL CATEGORIES			
	STATE ATTORNEY OPERATING EXPENDITURES			
	FROM GENERAL REVENUE FUND		230,606	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			19,588
	FROM GRANTS AND DONATIONS TRUST FUND			42,307
905	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM STATE ATTORNEYS REVENUE TRUST FUND			47,492
906	SPECIAL CATEGORIES			
	SALARY INCENTIVE PAYMENTS			
	FROM GENERAL REVENUE FUND		8,764	
907	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		2,798	
908	SPECIAL CATEGORIES			
	LEAVE LIABILITY			
	FROM GRANTS AND DONATIONS TRUST FUND			10,581
909	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		33,019	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			5,241
	FROM GRANTS AND DONATIONS TRUST FUND			1,105
TOTAL:	PROGRAM: STATE ATTORNEYS - NINETEENTH JUDICIAL CIRCUIT			
	FROM GENERAL REVENUE FUND		10,420,115	
	FROM TRUST FUNDS			2,798,239
	TOTAL POSITIONS		165.00	
	TOTAL ALL FUNDS			13,218,354

PROGRAM: STATE ATTORNEYS - TWENTIETH JUDICIAL CIRCUIT

APPROVED SALARY RATE 15,728,195

910	SALARIES AND BENEFITS	POSITIONS	310.00	
	FROM GENERAL REVENUE FUND		19,475,566	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			1,552,607
	FROM GRANTS AND DONATIONS TRUST FUND			2,403,204
911	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		52,316	
	FROM STATE ATTORNEYS REVENUE TRUST FUND			86,621

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	FROM GRANTS AND DONATIONS TRUST FUND		10,970
911A	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM STATE ATTORNEYS REVENUE TRUST FUND		60,000
912	SPECIAL CATEGORIES STATE ATTORNEY OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	470,374	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		144,087
	FROM GRANTS AND DONATIONS TRUST FUND		42,944
913	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE ATTORNEYS REVENUE TRUST FUND		65,415
914	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	21,024	
915	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	63,511	
	FROM STATE ATTORNEYS REVENUE TRUST FUND		4,131
	FROM GRANTS AND DONATIONS TRUST FUND		6,785
TOTAL:	PROGRAM: STATE ATTORNEYS - TWENTIETH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	20,082,791	
	FROM TRUST FUNDS		4,376,764
	TOTAL POSITIONS	310.00	
	TOTAL ALL FUNDS		24,459,555

PUBLIC DEFENDERS

The Public Defenders Coordination Office's budgeting, legal, training, and education needs may be funded by each Public Defender's office within the funds provided in Specific Appropriations 916 through 1062. Funding for this office shall not exceed $450,000 from the Indigent Criminal Defense Trust Fund.

Each Public Defender Office must submit to the Justice Administrative Commission (JAC) a quarterly report detailing the number of appointed and reappointed cases by case type, number of cases closed by case type, number of clients represented, and number of conflicts by case type and the basis for the conflict. The JAC shall compile the reports into a tab delineated spreadsheet format and submit the results to the chair of the Senate Appropriations Subcommittee on Criminal and Civil Justice and the chair of the House Justice Appropriations Subcommittee within three weeks after the end of each quarter.

PROGRAM: PUBLIC DEFENDERS - FIRST JUDICIAL CIRCUIT

	APPROVED SALARY RATE	6,561,685		
916	SALARIES AND BENEFITS	POSITIONS	126.00	
	FROM GENERAL REVENUE FUND		8,369,910	
	FROM GRANTS AND DONATIONS TRUST FUND			168,698
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			1,022,913
917	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND		23,398	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			120,360

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918	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		25,000
919	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES FROM GENERAL REVENUE FUND . . . . . FROM GRANTS AND DONATIONS TRUST FUND	191,206	500
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		282,278
920	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		59,870
921	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND . . . . . FROM INDIGENT CRIMINAL DEFENSE	4,770	
	TRUST FUND		4,770
922	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM GRANTS AND DONATIONS TRUST	25,840	
	FUND		489
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,538
TOTAL:	PROGRAM: PUBLIC DEFENDERS - FIRST JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	8,615,124	
	FROM TRUST FUNDS		1,687,416
	TOTAL POSITIONS	126.00	
	TOTAL ALL FUNDS		10,302,540

PROGRAM: PUBLIC DEFENDERS - SECOND JUDICIAL CIRCUIT

APPROVED SALARY RATE 4,529,222

923	SALARIES AND BENEFITS POSITIONS	86.00	
	FROM GENERAL REVENUE FUND	5,913,977	
	FROM GRANTS AND DONATIONS TRUST FUND		187,400
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		327,039
924	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	26,538	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		150,852
925	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	132,073	
	FROM GRANTS AND DONATIONS TRUST FUND		1,677
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		45,554
926	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		23,782
927	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	7,617	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		5,000

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928	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	19,609	
	FROM GRANTS AND DONATIONS TRUST FUND		331
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		569
TOTAL:	PROGRAM: PUBLIC DEFENDERS - SECOND JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	6,099,814	
	FROM TRUST FUNDS		742,204
	TOTAL POSITIONS	86.00	
	TOTAL ALL FUNDS		6,842,018
PROGRAM:	PUBLIC DEFENDERS - THIRD JUDICIAL CIRCUIT		
	APPROVED SALARY RATE 2,155,403		
929	SALARIES AND BENEFITS POSITIONS	31.50	
	FROM GENERAL REVENUE FUND	2,799,460	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		247,112
930	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	251	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		100,353
930A	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		25,000
931	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	73,392	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		66,031
932	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		5,163
933	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	12,560	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		13,000
934	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		7,514
TOTAL:	PROGRAM: PUBLIC DEFENDERS - THIRD JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	2,885,663	
	FROM TRUST FUNDS		464,173
	TOTAL POSITIONS	31.50	
	TOTAL ALL FUNDS		3,349,836
PROGRAM:	PUBLIC DEFENDERS - FOURTH JUDICIAL CIRCUIT		
	APPROVED SALARY RATE 8,862,230		
935	SALARIES AND BENEFITS POSITIONS	156.00	
	FROM GENERAL REVENUE FUND	11,475,607	

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	FROM GRANTS AND DONATIONS TRUST FUND		278,368
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		885,279
936	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	25,026	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		150,000
936A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		52,000
937	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	197,334	
	FROM GRANTS AND DONATIONS TRUST FUND		20,549
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		107,965
938	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		55,087
939	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	2,305	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,305
940	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	34,622	
	FROM GRANTS AND DONATIONS TRUST FUND		724
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,858
TOTAL:	PROGRAM: PUBLIC DEFENDERS - FOURTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	11,734,894	
	FROM TRUST FUNDS		1,554,135
	TOTAL POSITIONS	156.00	
	TOTAL ALL FUNDS		13,289,029

PROGRAM: PUBLIC DEFENDERS - FIFTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 6,704,303

941	SALARIES AND BENEFITS POSITIONS	127.50	
	FROM GENERAL REVENUE FUND	7,970,884	
	FROM GRANTS AND DONATIONS TRUST FUND		905,982
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,149,956
942	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	9,336	
	FROM GRANTS AND DONATIONS TRUST FUND		36,948
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		334,003
943	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	28,352	
	FROM GRANTS AND DONATIONS TRUST FUND		2,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		222,518

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944	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		29,199
945	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,500
946	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	24,087	
	FROM GRANTS AND DONATIONS TRUST FUND		2,303
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		4,020
TOTAL:	PROGRAM: PUBLIC DEFENDERS - FIFTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND	8,032,659	
	FROM TRUST FUNDS		2,688,429
	TOTAL POSITIONS	127.50	
	TOTAL ALL FUNDS		10,721,088
PROGRAM: PUBLIC DEFENDERS - SIXTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 12,935,576		
947	SALARIES AND BENEFITS POSITIONS	241.50	
	FROM GENERAL REVENUE FUND	15,919,138	
	FROM GRANTS AND DONATIONS TRUST FUND		657,682
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,226,893
948	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	78,919	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		17,500
949	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES FROM GENERAL REVENUE FUND	478,972	
	FROM GRANTS AND DONATIONS TRUST FUND		30,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		67,777
950	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		49,247
951	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		52,000
952	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	51,170	
	FROM GRANTS AND DONATIONS TRUST FUND		1,394
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,542

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TOTAL: PROGRAM: PUBLIC DEFENDERS - SIXTH JUDICIAL CIRCUIT				
FROM GENERAL REVENUE FUND			16,528,199	
FROM TRUST FUNDS				2,105,035
TOTAL POSITIONS			241.50	
TOTAL ALL FUNDS				18,633,234
PROGRAM: PUBLIC DEFENDERS - SEVENTH JUDICIAL CIRCUIT				
APPROVED SALARY RATE	6,315,130			
953 SALARIES AND BENEFITS		POSITIONS	117.00	
FROM GENERAL REVENUE FUND			8,685,787	
FROM GRANTS AND DONATIONS TRUST FUND				98,784
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				557,854
954 OTHER PERSONAL SERVICES				
FROM GENERAL REVENUE FUND			30	
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				28,000
955 SPECIAL CATEGORIES				
PUBLIC DEFENDER OPERATING EXPENDITURES				
FROM GENERAL REVENUE FUND			76,731	
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				140,554
956 SPECIAL CATEGORIES				
RISK MANAGEMENT INSURANCE				
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				23,641
957 SPECIAL CATEGORIES				
LEASE OR LEASE-PURCHASE OF EQUIPMENT				
FROM GENERAL REVENUE FUND			14,589	
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				14,589
958 SPECIAL CATEGORIES				
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT				
FROM GENERAL REVENUE FUND			25,968	
FROM GRANTS AND DONATIONS TRUST FUND				286
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				1,649
TOTAL: PROGRAM: PUBLIC DEFENDERS - SEVENTH JUDICIAL CIRCUIT				
FROM GENERAL REVENUE FUND			8,803,105	
FROM TRUST FUNDS				865,357
TOTAL POSITIONS			117.00	
TOTAL ALL FUNDS				9,668,462
PROGRAM: PUBLIC DEFENDERS - EIGHTH JUDICIAL CIRCUIT				
APPROVED SALARY RATE	4,155,177			
959 SALARIES AND BENEFITS		POSITIONS	75.00	
FROM GENERAL REVENUE FUND			5,632,320	
FROM GRANTS AND DONATIONS TRUST FUND				15,000
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				517,479
960 OTHER PERSONAL SERVICES				
FROM GENERAL REVENUE FUND			12,759	
FROM INDIGENT CRIMINAL DEFENSE TRUST FUND				20,000

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961	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	102,968	
	FROM GRANTS AND DONATIONS TRUST FUND		5,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		72,599
962	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		22,638
963	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		4,751
964	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	16,591	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,288
TOTAL:	PROGRAM: PUBLIC DEFENDERS - EIGHTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	5,764,638	
	FROM TRUST FUNDS		658,755
	TOTAL POSITIONS	75.00	
	TOTAL ALL FUNDS		6,423,393

PROGRAM: PUBLIC DEFENDERS - NINTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 12,207,355

965	SALARIES AND BENEFITS POSITIONS	220.00	
	FROM GENERAL REVENUE FUND	14,281,585	
	FROM GRANTS AND DONATIONS TRUST FUND		634,965
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,493,366
966	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	25,353	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		100,000
967	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	164,065	
968	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	471,816	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		350,000
969	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		120,621
970	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	23,000	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		5,000
971	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	45,806	

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	FROM GRANTS AND DONATIONS TRUST FUND		1,441
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		5,241
TOTAL:	PROGRAM: PUBLIC DEFENDERS - NINTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	15,011,625	
	FROM TRUST FUNDS		2,710,634
	TOTAL POSITIONS	220.00	
	TOTAL ALL FUNDS		17,722,259
PROGRAM: PUBLIC DEFENDERS - TENTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 6,167,103		
972	SALARIES AND BENEFITS POSITIONS	116.00	
	FROM GENERAL REVENUE FUND	8,120,447	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		412,748
973	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	170,074	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		100,000
974	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	7,237	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		339,822
975	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		47,578
976	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		3,132
977	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	468	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		27,197
TOTAL:	PROGRAM: PUBLIC DEFENDERS - TENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	8,298,226	
	FROM TRUST FUNDS		930,477
	TOTAL POSITIONS	116.00	
	TOTAL ALL FUNDS		9,228,703
PROGRAM: PUBLIC DEFENDERS - ELEVENTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 22,468,422		
978	SALARIES AND BENEFITS POSITIONS	390.00	
	FROM GENERAL REVENUE FUND	27,994,200	
	FROM GRANTS AND DONATIONS TRUST FUND		1,543,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,465,880
979	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	24,000	
	FROM GRANTS AND DONATIONS TRUST FUND		70,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		115,000

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980	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	360,000	
	FROM GRANTS AND DONATIONS TRUST FUND		10,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		150,000
981	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		107,084
982	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	1,333	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,333
983	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	87,466	
	FROM GRANTS AND DONATIONS TRUST FUND		2,828
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,273
TOTAL:	PROGRAM: PUBLIC DEFENDERS - ELEVENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	28,466,999	
	FROM TRUST FUNDS		3,467,398
	TOTAL POSITIONS	390.00	
	TOTAL ALL FUNDS		31,934,397
PROGRAM: PUBLIC DEFENDERS - TWELFTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 5,490,208		
984	SALARIES AND BENEFITS POSITIONS	95.50	
	FROM GENERAL REVENUE FUND	6,459,923	
	FROM GRANTS AND DONATIONS TRUST FUND		415,332
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		661,263
985	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	19,836	
	FROM GRANTS AND DONATIONS TRUST FUND		47,961
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		5,000
986	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	222,605	
	FROM GRANTS AND DONATIONS TRUST FUND		282,072
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		10,000
987	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		13,104
988	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	19,583	
	FROM GRANTS AND DONATIONS TRUST FUND		773

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	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,429
TOTAL:	PROGRAM: PUBLIC DEFENDERS - TWELFTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	6,721,947	
	FROM TRUST FUNDS		1,437,934
	TOTAL POSITIONS	95.50	
	TOTAL ALL FUNDS		8,159,881
PROGRAM: PUBLIC DEFENDERS - THIRTEENTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 13,034,040		
989	SALARIES AND BENEFITS POSITIONS	218.50	
	FROM GENERAL REVENUE FUND	14,918,929	
	FROM GRANTS AND DONATIONS TRUST FUND		839,403
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,624,469
990	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	123,044	
	FROM GRANTS AND DONATIONS TRUST FUND		35,000
991	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		66,000
992	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	381,876	
	FROM GRANTS AND DONATIONS TRUST FUND		119,288
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		411,976
993	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		43,818
994	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	2,835	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,835
995	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		50,936
TOTAL:	PROGRAM: PUBLIC DEFENDERS - THIRTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	15,426,684	
	FROM TRUST FUNDS		3,193,725
	TOTAL POSITIONS	218.50	
	TOTAL ALL FUNDS		18,620,409
PROGRAM: PUBLIC DEFENDERS - FOURTEENTH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 3,927,269		
996	SALARIES AND BENEFITS POSITIONS	67.00	
	FROM GENERAL REVENUE FUND	5,008,832	
	FROM GRANTS AND DONATIONS TRUST FUND		65,410

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	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		600,449
997	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	14,359	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		197,500
998	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	86,782	
	FROM GRANTS AND DONATIONS TRUST FUND		15,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		174,777
999	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		14,619
1000	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,855
1001	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	14,150	
	FROM GRANTS AND DONATIONS TRUST FUND		183
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,646
TOTAL:	PROGRAM: PUBLIC DEFENDERS - FOURTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	5,124,123	
	FROM TRUST FUNDS		1,072,439
	TOTAL POSITIONS	67.00	
	TOTAL ALL FUNDS		6,196,562

PROGRAM: PUBLIC DEFENDERS - FIFTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 10,677,325

1002	SALARIES AND BENEFITS POSITIONS	189.00	
	FROM GENERAL REVENUE FUND	13,193,538	
	FROM GRANTS AND DONATIONS TRUST FUND		172,201
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,798,855
1003	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	35,056	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		30,000
1004	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	119,103	
	FROM GRANTS AND DONATIONS TRUST FUND		247,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		199,174
1005	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		39,116

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1006	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		9,375
1007	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GRANTS AND DONATIONS TRUST		
	FUND		457
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		43,202
TOTAL:	PROGRAM: PUBLIC DEFENDERS - FIFTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	13,347,697	
	FROM TRUST FUNDS		2,539,380
	TOTAL POSITIONS	189.00	
	TOTAL ALL FUNDS		15,887,077

PROGRAM: PUBLIC DEFENDERS - SIXTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 2,299,833

1008	SALARIES AND BENEFITS POSITIONS	39.00	
	FROM GENERAL REVENUE FUND	2,998,823	
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		103,321
1009	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	6,968	
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		20,000
1010	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	84,846	
	FROM GRANTS AND DONATIONS TRUST		
	FUND		13,000
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		40,000
1011	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		4,979
1012	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	1,170	
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		6,520
1013	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM INDIGENT CRIMINAL DEFENSE		
	TRUST FUND		9,303
TOTAL:	PROGRAM: PUBLIC DEFENDERS - SIXTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	3,091,807	
	FROM TRUST FUNDS		197,123
	TOTAL POSITIONS	39.00	
	TOTAL ALL FUNDS		3,288,930

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

PROGRAM: PUBLIC DEFENDERS - SEVENTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 13,885,155

1014	SALARIES AND BENEFITS	POSITIONS	223.00	
	FROM GENERAL REVENUE FUND		16,818,781	
	FROM GRANTS AND DONATIONS TRUST FUND			893,084
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			1,316,323
1015	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		82,254	
	FROM GRANTS AND DONATIONS TRUST FUND			50,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			100,000
1016	SPECIAL CATEGORIES			
	PUBLIC DEFENDER OPERATING EXPENDITURES			
	FROM GENERAL REVENUE FUND		134,365	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			115,930
1017	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			50,526
1018	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		3,812	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			3,812
1019	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		51,785	
	FROM GRANTS AND DONATIONS TRUST FUND			631
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			759
TOTAL:	PROGRAM: PUBLIC DEFENDERS - SEVENTEENTH JUDICIAL CIRCUIT			
	FROM GENERAL REVENUE FUND		17,090,997	
	FROM TRUST FUNDS			2,531,065
	TOTAL POSITIONS		223.00	
	TOTAL ALL FUNDS			19,622,062

PROGRAM: PUBLIC DEFENDERS - EIGHTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 7,472,182

1020	SALARIES AND BENEFITS	POSITIONS	113.00	
	FROM GENERAL REVENUE FUND		8,241,872	
	FROM GRANTS AND DONATIONS TRUST FUND			272,813
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			1,522,187
1021	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		12,792	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			50,000
1021A	SPECIAL CATEGORIES			
	ACQUISITION OF MOTOR VEHICLES			
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			42,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1022	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	135,537	
	FROM GRANTS AND DONATIONS TRUST FUND		5,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		126,850
1023	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		17,769
1024	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		5,236
1025	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	23,579	
	FROM GRANTS AND DONATIONS TRUST FUND		912
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,460
TOTAL:	PROGRAM: PUBLIC DEFENDERS - EIGHTEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	8,413,780	
	FROM TRUST FUNDS		2,045,227
	TOTAL POSITIONS	113.00	
	TOTAL ALL FUNDS		10,459,007

PROGRAM: PUBLIC DEFENDERS - NINETEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 4,873,386

1026	SALARIES AND BENEFITS POSITIONS	86.00	
	FROM GENERAL REVENUE FUND	5,567,183	
	FROM GRANTS AND DONATIONS TRUST FUND		374,932
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,134,450
1027	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	25,131	
	FROM GRANTS AND DONATIONS TRUST FUND		7,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		60,000
1028	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		32,000
1029	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	45,202	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		258,131
1030	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		22,836
1031	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,640

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1032	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	16,230	
	FROM GRANTS AND DONATIONS TRUST FUND		926
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		3,110
TOTAL:	PROGRAM: PUBLIC DEFENDERS - NINETEENTH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	5,653,746	
	FROM TRUST FUNDS		1,895,025
	TOTAL POSITIONS	86.00	
	TOTAL ALL FUNDS		7,548,771
PROGRAM: PUBLIC DEFENDERS - TWENTIETH JUDICIAL CIRCUIT			
	APPROVED SALARY RATE 7,709,149		
1033	SALARIES AND BENEFITS POSITIONS	141.00	
	FROM GENERAL REVENUE FUND	9,210,795	
	FROM GRANTS AND DONATIONS TRUST FUND		1,712,986
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		1,234,582
1034	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	15,098	
	FROM GRANTS AND DONATIONS TRUST FUND		20,000
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		130,000
1035	SPECIAL CATEGORIES		
	PUBLIC DEFENDER OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	183,882	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		176,423
1036	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		70,352
1037	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	12,730	
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		12,730
1038	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	27,315	
	FROM GRANTS AND DONATIONS TRUST FUND		3,597
	FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		2,476
TOTAL:	PROGRAM: PUBLIC DEFENDERS - TWENTIETH JUDICIAL CIRCUIT		
	FROM GENERAL REVENUE FUND	9,449,820	
	FROM TRUST FUNDS		3,363,146
	TOTAL POSITIONS	141.00	
	TOTAL ALL FUNDS		12,812,966

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002897

SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

PUBLIC DEFENDERS APPELLATE DIVISION

PROGRAM: PUBLIC DEFENDERS APPELLATE - SECOND JUDICIAL CIRCUIT

APPROVED SALARY RATE 2,361,051

1039	SALARIES AND BENEFITS	POSITIONS	35.00	
	FROM GENERAL REVENUE FUND		3,052,929	
1040	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		21,114	
1041	SPECIAL CATEGORIES			
	PUBLIC DEFENDER OPERATING EXPENDITURES			
	FROM GENERAL REVENUE FUND		128,971	
1042	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		2,535	
1043	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		8,350	
TOTAL:	PROGRAM: PUBLIC DEFENDERS APPELLATE - SECOND JUDICIAL CIRCUIT			
	FROM GENERAL REVENUE FUND		3,213,899	
	TOTAL POSITIONS		35.00	
	TOTAL ALL FUNDS			3,213,899

PROGRAM: PUBLIC DEFENDERS APPELLATE - SEVENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 2,228,487

1044	SALARIES AND BENEFITS	POSITIONS	33.00	
	FROM GENERAL REVENUE FUND		3,070,843	
1045	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		17,381	
1046	SPECIAL CATEGORIES			
	PUBLIC DEFENDER OPERATING EXPENDITURES			
	FROM GENERAL REVENUE FUND		56,907	
1047	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		6,840	
1048	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		7,874	
TOTAL:	PROGRAM: PUBLIC DEFENDERS APPELLATE - SEVENTH JUDICIAL CIRCUIT			
	FROM GENERAL REVENUE FUND		3,159,845	
	TOTAL POSITIONS		33.00	
	TOTAL ALL FUNDS			3,159,845

PROGRAM: PUBLIC DEFENDERS APPELLATE - TENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 2,946,703

1049	SALARIES AND BENEFITS	POSITIONS	50.00	
	FROM GENERAL REVENUE FUND		3,970,319	
1050	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		727,390	

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1051	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES FROM GENERAL REVENUE FUND		144,849	
1052	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND		2,568	
1053	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND		11,930	
TOTAL:	PROGRAM: PUBLIC DEFENDERS APPELLATE - TENTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND		4,857,056	
	TOTAL POSITIONS	50.00		
	TOTAL ALL FUNDS			4,857,056

PROGRAM: PUBLIC DEFENDERS APPELLATE - ELEVENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 1,362,595

1054	SALARIES AND BENEFITS FROM GENERAL REVENUE FUND	POSITIONS	18.00 1,758,001	
1055	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND		500	
1056	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES FROM GENERAL REVENUE FUND		7,161	
1057	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND		4,771	
TOTAL:	PROGRAM: PUBLIC DEFENDERS APPELLATE - ELEVENTH JUDICIAL CIRCUIT FROM GENERAL REVENUE FUND		1,770,433	
	TOTAL POSITIONS	18.00		
	TOTAL ALL FUNDS			1,770,433

PROGRAM: PUBLIC DEFENDERS APPELLATE - FIFTEENTH JUDICIAL CIRCUIT

APPROVED SALARY RATE 2,933,974

1058	SALARIES AND BENEFITS FROM GENERAL REVENUE FUND . . . . . FROM INDIGENT CRIMINAL DEFENSE TRUST FUND	POSITIONS	37.00 3,702,121	124,801
1059	OTHER PERSONAL SERVICES FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			55,978
1060	SPECIAL CATEGORIES PUBLIC DEFENDER OPERATING EXPENDITURES FROM GENERAL REVENUE FUND . . . . . FROM INDIGENT CRIMINAL DEFENSE TRUST FUND		44,974	150,000
1061	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INDIGENT CRIMINAL DEFENSE TRUST FUND			660

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1062	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		8,827	
TOTAL:	PROGRAM: PUBLIC DEFENDERS APPELLATE - FIFTEENTH JUDICIAL CIRCUIT			
	FROM GENERAL REVENUE FUND		3,755,922	
	FROM TRUST FUNDS			331,439
	TOTAL POSITIONS		37.00	
	TOTAL ALL FUNDS			4,087,361

CAPITAL COLLATERAL REGIONAL COUNSELS

PROGRAM: NORTHERN REGIONAL COUNSEL

CAPITAL JUSTICE REPRESENTATION - NORTHERN REGIONAL COUNSEL

APPROVED SALARY RATE 1,249,200

1063	SALARIES AND BENEFITS	POSITIONS	20.00	
	FROM GENERAL REVENUE FUND		1,701,400	
1064	SPECIAL CATEGORIES			
	CASE RELATED COSTS			
	FROM GENERAL REVENUE FUND		680,199	
1065	SPECIAL CATEGORIES			
	OPERATING EXPENDITURES			
	FROM GENERAL REVENUE FUND		308,277	
	FROM CAPITAL COLLATERAL REGIONAL COUNSEL TRUST FUND			124,796
1066	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		2,282	
1067	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		1,000	
1068	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		4,758	
TOTAL:	CAPITAL JUSTICE REPRESENTATION - NORTHERN REGIONAL COUNSEL			
	FROM GENERAL REVENUE FUND		2,697,916	
	FROM TRUST FUNDS			124,796
	TOTAL POSITIONS		20.00	
	TOTAL ALL FUNDS			2,822,712

PROGRAM: MIDDLE REGIONAL COUNSEL

CAPITAL JUSTICE REPRESENTATION - MIDDLE REGIONAL COUNSEL

APPROVED SALARY RATE 2,683,707

1069	SALARIES AND BENEFITS	POSITIONS	42.00	
	FROM GENERAL REVENUE FUND		3,626,366	
1070	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		70,511	
1071	SPECIAL CATEGORIES			
	CASE RELATED COSTS			
	FROM GENERAL REVENUE FUND		290,002	
	FROM CAPITAL COLLATERAL REGIONAL COUNSEL TRUST FUND			600,002

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1072	SPECIAL CATEGORIES		
	OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	482,484	
	FROM CAPITAL COLLATERAL REGIONAL		
	COUNSEL TRUST FUND		176,720
1073	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM CAPITAL COLLATERAL REGIONAL		
	COUNSEL TRUST FUND		26,348
1074	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	375	
1075	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	10,020	
TOTAL:	CAPITAL JUSTICE REPRESENTATION - MIDDLE REGIONAL COUNSEL		
	FROM GENERAL REVENUE FUND	4,479,758	
	FROM TRUST FUNDS		803,070
	TOTAL POSITIONS	42.00	
	TOTAL ALL FUNDS		5,282,828

PROGRAM: SOUTHERN REGIONAL COUNSEL

CAPITAL JUSTICE REPRESENTATION - SOUTHERN REGIONAL COUNSEL

APPROVED SALARY RATE 2,252,691

1076	SALARIES AND BENEFITS POSITIONS	34.00	
	FROM GENERAL REVENUE FUND	2,953,811	
1077	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	24,960	
1078	SPECIAL CATEGORIES		
	CASE RELATED COSTS		
	FROM GENERAL REVENUE FUND	315,621	
	FROM CAPITAL COLLATERAL REGIONAL		
	COUNSEL TRUST FUND		333,877
1079	SPECIAL CATEGORIES		
	OPERATING EXPENDITURES		
	FROM GENERAL REVENUE FUND	559,311	
	FROM CAPITAL COLLATERAL REGIONAL		
	COUNSEL TRUST FUND		135,000
1080	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM CAPITAL COLLATERAL REGIONAL		
	COUNSEL TRUST FUND		4,185
1081	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	702	
1082	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	7,874	

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: CAPITAL JUSTICE REPRESENTATION - SOUTHERN REGIONAL COUNSEL
FROM GENERAL REVENUE FUND 3,862,279
FROM TRUST FUNDS 473,062

TOTAL POSITIONS 34.00
TOTAL ALL FUNDS 4,335,341

CRIMINAL CONFLICT AND CIVIL REGIONAL COUNSELS

Each Office of Criminal Conflict and Civil Regional Counsel must submit to the Justice Administrative Commission (JAC) a quarterly report detailing the number of appointed and reappointed cases by case type, number of cases closed by case type, number of clients represented, and number of conflicts by case type and the basis for the conflict. The JAC shall compile the reports into a tab delineated spreadsheet format and submit the results to the chair of the Senate Appropriations Subcommittee on Criminal and Civil Justice and the chair of the House Justice Appropriations Subcommittee within three weeks after the end of each quarter.

PROGRAM: REGIONAL CONFLICT COUNSEL - FIRST

APPROVED SALARY RATE 7,324,226

1083 SALARIES AND BENEFITS POSITIONS 124.00
FROM GENERAL REVENUE FUND 10,171,284

1084 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 285,173

1085 SPECIAL CATEGORIES
REGIONAL CONFLICT COUNSEL OPERATIONS
FROM GENERAL REVENUE FUND 1,307,217
FROM INDIGENT CIVIL DEFENSE TRUST FUND 75,000

1086 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 26,519

1087 SPECIAL CATEGORIES
REGIONAL CONFLICT COUNSEL DUE PROCESS COSTS
FROM GENERAL REVENUE FUND 1,195,349

1088 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 66,288

1089 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 29,574

TOTAL: PROGRAM: REGIONAL CONFLICT COUNSEL - FIRST
FROM GENERAL REVENUE FUND 13,081,404
FROM TRUST FUNDS 75,000

TOTAL POSITIONS 124.00
TOTAL ALL FUNDS 13,156,404

PROGRAM: REGIONAL CONFLICT COUNSEL - SECOND

APPROVED SALARY RATE 7,002,756

1090 SALARIES AND BENEFITS POSITIONS 123.00
FROM GENERAL REVENUE FUND 9,858,421
FROM GRANTS AND DONATIONS TRUST FUND 75,553

1091 OTHER PERSONAL SERVICES
FROM GENERAL REVENUE FUND 131,145

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002902

SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1092	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INDIGENT CIVIL DEFENSE TRUST FUND		75,000
1093	SPECIAL CATEGORIES REGIONAL CONFLICT COUNSEL OPERATIONS FROM GENERAL REVENUE FUND . . . . . FROM GRANTS AND DONATIONS TRUST FUND	1,155,170	165,425
1094	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	27,400	
1095	SPECIAL CATEGORIES REGIONAL CONFLICT COUNSEL DUE PROCESS COSTS FROM GENERAL REVENUE FUND	380,744	
1096	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	25,000	
1097	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	30,038	
TOTAL:	PROGRAM: REGIONAL CONFLICT COUNSEL - SECOND FROM GENERAL REVENUE FUND	11,607,918	
	FROM TRUST FUNDS		315,978
	TOTAL POSITIONS	123.00	
	TOTAL ALL FUNDS		11,923,896

PROGRAM: REGIONAL CONFLICT COUNSEL - THIRD

APPROVED SALARY RATE 4,534,554

1098	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND	68.75 6,190,357	
1099	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	102,885	
1100	SPECIAL CATEGORIES REGIONAL CONFLICT COUNSEL OPERATIONS FROM GENERAL REVENUE FUND . . . . . FROM INDIGENT CIVIL DEFENSE TRUST FUND	538,043	20,000
1101	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	23,542	
1102	SPECIAL CATEGORIES REGIONAL CONFLICT COUNSEL DUE PROCESS COSTS FROM GENERAL REVENUE FUND	747,192	
1103	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	1,100	
1104	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	16,390	

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002903

SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: PROGRAM: REGIONAL CONFLICT COUNSEL - THIRD			
FROM GENERAL REVENUE FUND		7,619,509	
FROM TRUST FUNDS			20,000
TOTAL POSITIONS		68.75	
TOTAL ALL FUNDS			7,639,509
PROGRAM: REGIONAL CONFLICT COUNSEL - FOURTH			
APPROVED SALARY RATE	6,861,572		
1105 SALARIES AND BENEFITS	POSITIONS	119.00	
FROM GENERAL REVENUE FUND		9,307,378	
1106 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		76,184	
1107 SPECIAL CATEGORIES			
REGIONAL CONFLICT COUNSEL OPERATIONS			
FROM GENERAL REVENUE FUND		1,846,581	
FROM INDIGENT CIVIL DEFENSE TRUST FUND			40,980
1108 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM GENERAL REVENUE FUND		16,537	
1109 SPECIAL CATEGORIES			
REGIONAL CONFLICT COUNSEL DUE PROCESS COSTS			
FROM GENERAL REVENUE FUND		1,164,813	
1110 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM GENERAL REVENUE FUND		7,807	
1111 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM GENERAL REVENUE FUND		18,825	
TOTAL: PROGRAM: REGIONAL CONFLICT COUNSEL - FOURTH			
FROM GENERAL REVENUE FUND		12,438,125	
FROM TRUST FUNDS			40,980
TOTAL POSITIONS		119.00	
TOTAL ALL FUNDS			12,479,105
PROGRAM: REGIONAL CONFLICT COUNSEL - FIFTH			
APPROVED SALARY RATE	5,051,667		
1112 SALARIES AND BENEFITS	POSITIONS	98.00	
FROM GENERAL REVENUE FUND		7,046,786	
1113 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		135,807	
1114 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM GRANTS AND DONATIONS TRUST FUND			5,800
1115 SPECIAL CATEGORIES			
REGIONAL CONFLICT COUNSEL OPERATIONS			
FROM GENERAL REVENUE FUND		1,289,650	
FROM GRANTS AND DONATIONS TRUST FUND			13,890
FROM INDIGENT CIVIL DEFENSE TRUST FUND			100,000
1116 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM GENERAL REVENUE FUND		251,140	

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002904

SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1117	SPECIAL CATEGORIES REGIONAL CONFLICT COUNSEL DUE PROCESS COSTS FROM GENERAL REVENUE FUND	799,958	
1118	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	12,000	
1119	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	23,111	
TOTAL:	PROGRAM: REGIONAL CONFLICT COUNSEL - FIFTH FROM GENERAL REVENUE FUND	9,558,452	
	FROM TRUST FUNDS		119,690
	TOTAL POSITIONS	98.00	
	TOTAL ALL FUNDS		9,678,142
TOTAL:	JUSTICE ADMINISTRATION FROM GENERAL REVENUE FUND	830,050,059	
	FROM TRUST FUNDS		152,199,367
	TOTAL POSITIONS	10,560.75	
	TOTAL ALL FUNDS		982,249,426
	TOTAL APPROVED SALARY RATE	564,047,166	

JUVENILE JUSTICE, DEPARTMENT OF

From the funds in Specific Appropriations 1120 through 1203B, the Department of Juvenile Justice may work within its existing budget, including applicable grants, to implement any corrective action plan that is developed as the result of a Prison Rape Elimination Act audit conducted in accordance with Title 28, Part 115 of the Code of Federal Regulations. The department may request additional resources required through the Legislative Budget Request process as defined in chapter 216, Florida Statutes.

From the funds in Specific Appropriation 1120 through 1203B, the Department of Juvenile Justice shall conduct a comprehensive statewide review of county-level data, including a gap analysis of services and programs available across all counties in the state, to evaluate the implementation of juvenile justice policies at the county level. As a result of such review, the department shall prepare a report that includes benchmarking of counties' performance on factors that demonstrate how a county is supporting the department's strategic goals of preventing and diverting more youth from entering the juvenile justice system; providing appropriate, less restrictive, community-based sanctions and services; reserving serious sanctions for youth who pose the greatest risk to public safety; and focusing on rehabilitation. The report shall also include recommendations and strategies that can be implemented by the department or counties to address any identified deficiencies and to assist in developing a statewide, coordinated response across all of Florida's communities to support the department's strategic goals. A copy of the report shall be submitted to the Governor, President of the Senate, and Speaker of the House of Representatives by January 1, 2021.

PROGRAM: JUVENILE DETENTION PROGRAM

DETENTION CENTERS

	APPROVED SALARY RATE	54,710,346	
1120	SALARIES AND BENEFITS POSITIONS	1,473.00	
	FROM GENERAL REVENUE FUND	36,878,663	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,013,500
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		38,391,733
1121	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	600,113	

AMERICAN OVERSIGHT

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

	FROM GRANTS AND DONATIONS TRUST FUND		250,000
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		1,361,962
1122	EXPENSES		
	FROM GENERAL REVENUE FUND	1,728,812	
	FROM FEDERAL GRANTS TRUST FUND		700,000
	FROM GRANTS AND DONATIONS TRUST FUND		575,000
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		4,396,242
1123	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	64,141	
	FROM FEDERAL GRANTS TRUST FUND		192,293
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		199,765
1124	FOOD PRODUCTS		
	FROM GENERAL REVENUE FUND	640,637	
	FROM FEDERAL GRANTS TRUST FUND		700,000
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		1,000,497
1125	SPECIAL CATEGORIES		
	GRANTS AND AIDS - GRANTS TO FISCALLY CONSTRAINED COUNTIES FOR DETENTION CENTER COSTS		
	FROM GENERAL REVENUE FUND	3,883,853	
1126	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,385,595	
	FROM FEDERAL GRANTS TRUST FUND		40,690
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		1,483,075
1127	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	8,389,307	
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		7,326,801
1128	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	2,192,555	
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		3,027,812
1129	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	137,364	
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		134,195
1130	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	184,286	
	FROM FEDERAL GRANTS TRUST FUND		9,954
	FROM SHARED COUNTY/STATE JUVENILE DETENTION TRUST FUND		278,558
1131	FIXED CAPITAL OUTLAY		
	DEPARTMENT OF JUVENILE JUSTICE MAINTENANCE AND REPAIR - STATE OWNED BUILDINGS		
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,350,000

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TOTAL: DETENTION CENTERS			
FROM GENERAL REVENUE FUND		56,085,326	
FROM TRUST FUNDS			62,432,077
TOTAL POSITIONS		1,473.00	
TOTAL ALL FUNDS			118,517,403

PROGRAM: PROBATION AND COMMUNITY CORRECTIONS PROGRAM

COMMUNITY SUPERVISION

APPROVED SALARY RATE 34,200,369

1132 SALARIES AND BENEFITS	POSITIONS	836.50	
FROM GENERAL REVENUE FUND		44,735,773	
1133 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		614,013	
1134 EXPENSES			
FROM GENERAL REVENUE FUND		2,809,294	
FROM FEDERAL GRANTS TRUST FUND			35,866
FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			2,092,851
1135 OPERATING CAPITAL OUTLAY			
FROM GENERAL REVENUE FUND		41,556	
1136 SPECIAL CATEGORIES			
JUVENILE REDIRECTIONS PROGRAM			
FROM GENERAL REVENUE FUND		4,098,831	

Funds in Specific Appropriation 1136 are provided for services to youth at risk of commitment who are eligible to be placed in evidence-based and other alternative programs for family therapy services. These services shall be provided as an alternative to commitment. The Department of Juvenile Justice and each participating court may jointly develop criteria to identify youth appropriate for diversion into the Redirections Program.

1137 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM GENERAL REVENUE FUND		852,545	
FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			42,490
1138 SPECIAL CATEGORIES			
GRANTS AND AIDS - CONTRACTED SERVICES			
FROM GENERAL REVENUE FUND		34,044,628	
FROM GRANTS AND DONATIONS TRUST FUND			1,200,000
FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND			81,995
1139 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM GENERAL REVENUE FUND		234,381	
1140 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM GENERAL REVENUE FUND		263,076	
TOTAL: COMMUNITY SUPERVISION			
FROM GENERAL REVENUE FUND		87,694,097	
FROM TRUST FUNDS			3,453,202
TOTAL POSITIONS		836.50	
TOTAL ALL FUNDS			91,147,299

COMMUNITY INTERVENTIONS AND SERVICES

APPROVED SALARY RATE 19,801,179

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1141	SALARIES AND BENEFITS POSITIONS	503.00	
	FROM GENERAL REVENUE FUND	26,334,968	
1142	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	1,058,285	
1143	EXPENSES		
	FROM GENERAL REVENUE FUND	1,301,793	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,381,642
1144	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	27,131	
1145	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	645,031	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		27,856
1146	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	17,228,854	
	FROM GRANTS AND DONATIONS TRUST FUND		118,489
1147	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	596,631	
1148	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	154,680	
1149	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	162,732	
1150	FIXED CAPITAL OUTLAY		
	DEPARTMENT OF JUVENILE JUSTICE MAINTENANCE AND REPAIR - STATE OWNED BUILDINGS		
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		100,000
TOTAL:	COMMUNITY INTERVENTIONS AND SERVICES		
	FROM GENERAL REVENUE FUND	47,510,105	
	FROM TRUST FUNDS		1,627,987
	TOTAL POSITIONS	503.00	
	TOTAL ALL FUNDS		49,138,092

PROGRAM: OFFICE OF THE SECRETARY/ASSISTANT SECRETARY FOR ADMINISTRATIVE SERVICES

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 8,585,352

1151	SALARIES AND BENEFITS POSITIONS	178.00	
	FROM GENERAL REVENUE FUND	11,663,908	
	FROM GRANTS AND DONATIONS TRUST FUND		295,000
1152	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	666,173	
	FROM ADMINISTRATIVE TRUST FUND		40,000
	FROM JUVENILE JUSTICE TRAINING TRUST FUND		11,829
1153	EXPENSES		
	FROM GENERAL REVENUE FUND	2,541,021	
	FROM GRANTS AND DONATIONS TRUST FUND		140,119

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	FROM JUVENILE JUSTICE TRAINING TRUST FUND		200,000
1154	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	32,841	
1155	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM GENERAL REVENUE FUND	1,159,285	
1156	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM GENERAL REVENUE FUND	33,383	
1157	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	559,352	
	FROM ADMINISTRATIVE TRUST FUND		100,000
	FROM GRANTS AND DONATIONS TRUST FUND		100,000
1158	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM GENERAL REVENUE FUND	349,329	
	FROM JUVENILE JUSTICE TRAINING TRUST FUND		1,421,058
1159	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	383,089	
1160	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	56,523	
	FROM JUVENILE JUSTICE TRAINING TRUST FUND		3,973
1161	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	58,315	
	FROM GRANTS AND DONATIONS TRUST FUND		1,307
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM GENERAL REVENUE FUND	17,503,219	
	FROM TRUST FUNDS		2,313,286
	TOTAL POSITIONS	178.00	
	TOTAL ALL FUNDS		19,816,505

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 2,940,928

1162	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND	59.50 3,788,564	
1163	EXPENSES FROM GENERAL REVENUE FUND	2,502,695	
1164	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	48,866	
1165	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	669,699	
1166	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	21,456	
1167	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	13,315	

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1168	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	19,366	
1169	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM GENERAL REVENUE FUND	607,442	
TOTAL:	INFORMATION TECHNOLOGY FROM GENERAL REVENUE FUND	7,671,403	
	TOTAL POSITIONS	59.50	
	TOTAL ALL FUNDS		7,671,403

PROGRAM: ACCOUNTABILITY AND PROGRAM SUPPORT

CONTRACTING AND QUALITY IMPROVEMENT

APPROVED SALARY RATE 5,589,666

1170	SALARIES AND BENEFITS POSITIONS 123.50 FROM GENERAL REVENUE FUND	7,884,857	
1171	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	68,029	
1172	EXPENSES FROM GENERAL REVENUE FUND	609,059	
1173	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	36,313	
1174	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	18,320	
1175	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	40,846	
TOTAL:	CONTRACTING AND QUALITY IMPROVEMENT FROM GENERAL REVENUE FUND	8,657,424	
	TOTAL POSITIONS	123.50	
	TOTAL ALL FUNDS		8,657,424

PROGRAM: RESIDENTIAL CORRECTIONS PROGRAM

From the funds in Specific Appropriations 1176 through 1189, the Department of Juvenile Justice shall provide a monthly residential resource utilization report that identifies operating capacity, current placements, vacant placements, number of youth awaiting placement, and the percent of use for all residential commitment beds. The department may increase or decrease beds or overlay services provided that the change will better serve taxpayers and the youth under its care. Notification and justification of changes will be provided to the Governor's Office of Policy and Budget, chair of the Senate Appropriations Committee, and chair of the House Appropriations Committee prior to implementing any change.

From the funds in Specific Appropriations 1176 through 1189, in selecting a private provider for operation of secure and non-secure residential programs, the Department of Juvenile Justice must consider the provider's history of performance of services in other jurisdictions as well as its performance of services in Florida. The department must also provide a report of serious incidents to the Governor, President of the Senate, and Speaker of the House of Representatives on no less than a quarterly basis. The report must include, at a minimum: the number of incidents and allegations of staff abuse or abuse by another child, including whether or not an allegation was substantiated; descriptions

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of incidents or allegations of such abuse that resulted in physical injury or significant psychological trauma, or that involved deprivation of food, water, or medical care; and the failure of a provider to report incidents or allegations within required timeframes established by the department. In addition, the department must conduct an independent review of each out-of-state provider before issuing a new contract. The report must be organized so that the incidents and allegations relating to a particular facility and to a particular provider can be readily ascertained. The department must also immediately report the death or serious bodily injury of a youth in a secure or non-secure residential program to the Governor, President of the Senate, and Speaker of the House of Representatives, and may make any additional reports that it determines to be appropriate based upon the seriousness of an incident or allegation.

NON-SECURE RESIDENTIAL COMMITMENT

1176	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	88,249	
1178	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	115,890,922	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		6,631,505

From the funds in Specific Appropriation 1178, $2,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of Juvenile Justice to provide contracted provider retention bonuses for direct care workers in juvenile assessment centers, community intervention programs, community supervision programs, non-secure and secure residential programs, and prevention programs in order to help reduce turnover and retain employees (HB 3091) (Senate Form 2552). The department shall develop a methodology to allocate these funds in an equitable fashion among all applicable contracted service providers effective July 1, 2020. The department shall report on the use and effectiveness of these initiatives by February 1, 2021. The report shall be submitted to the chair of the Senate Committee on Appropriations, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor.

1179	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	10,752	
1180	FIXED CAPITAL OUTLAY		
	DEPARTMENT OF JUVENILE JUSTICE MAINTENANCE		
	AND REPAIR - STATE OWNED BUILDINGS		
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		1,100,000
TOTAL:	NON-SECURE RESIDENTIAL COMMITMENT		
	FROM GENERAL REVENUE FUND	115,989,923	
	FROM TRUST FUNDS		7,731,505
	TOTAL ALL FUNDS		123,721,428

SECURE RESIDENTIAL COMMITMENT

	APPROVED SALARY RATE	7,688,841	
1181	SALARIES AND BENEFITS	POSITIONS 92.00	
	FROM GENERAL REVENUE FUND	7,368,131	
1182	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	27,151	
1183	EXPENSES		
	FROM GENERAL REVENUE FUND	1,115,871	
1184	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	636,191	
1185	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	27,414,626	

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	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		38,000,000
1186	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	110,014	
1187	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	40,020	
1188	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	53,367	
1189	FIXED CAPITAL OUTLAY DEPARTMENT OF JUVENILE JUSTICE MAINTENANCE AND REPAIR - STATE OWNED BUILDINGS FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		800,000
TOTAL:	SECURE RESIDENTIAL COMMITMENT FROM GENERAL REVENUE FUND	36,765,371	
	FROM TRUST FUNDS		38,800,000
	TOTAL POSITIONS	92.00	
	TOTAL ALL FUNDS		75,565,371

PROGRAM: PREVENTION AND VICTIM SERVICES

DELINQUENCY PREVENTION AND DIVERSION

APPROVED SALARY RATE 990,111

1190	SALARIES AND BENEFITS POSITIONS	20.00	
	FROM GENERAL REVENUE FUND	768,767	
	FROM FEDERAL GRANTS TRUST FUND		209,637
	FROM GRANTS AND DONATIONS TRUST FUND		516,721
1191	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	295,383	
	FROM FEDERAL GRANTS TRUST FUND		125,000
	FROM GRANTS AND DONATIONS TRUST FUND		154,070
1192	EXPENSES FROM GENERAL REVENUE FUND	205,284	
	FROM FEDERAL GRANTS TRUST FUND		82,696
	FROM GRANTS AND DONATIONS TRUST FUND		282,180
1193	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - INVEST IN CHILDREN FROM JUVENILE CRIME PREVENTION AND EARLY INTERVENTION TRUST FUND		1,262,903
1194	OPERATING CAPITAL OUTLAY FROM FEDERAL GRANTS TRUST FUND		12,450
	FROM GRANTS AND DONATIONS TRUST FUND		12,450
1195	SPECIAL CATEGORIES PACE CENTERS FROM GENERAL REVENUE FUND	16,776,014	
	FROM GRANTS AND DONATIONS TRUST FUND		5,305,995
1196	SPECIAL CATEGORIES LEGISLATIVE INITIATIVES TO REDUCE AND PREVENT JUVENILE CRIME FROM GENERAL REVENUE FUND	8,096,000	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		675,000

From the funds in Specific Appropriation 1196, $2,286,000 in recurring

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funds from the General Revenue Fund is provided for the following recurring base appropriations projects:

AMIkids Gender Specific Prevention Programs - Clay County.	750,000
AMIkids Gender Specific Prevention Programs - Hillsborough County.	750,000
AMIkids Gender Specific Prevention Programs.	750,000
Pasco Association for Challenged Kids Summer Camp.	36,000

From the funds in Specific Appropriation 1196, $5,810,000 in nonrecurring funds from the General Revenue Fund is provided for the following programs:

AMIkids Family Centric Program (HB 4021) (Senate Form 2114).	300,000
AMIkids Prevention Programs (HB 3343) (Senate Form 2115).	500,000
City of West Park Youth Crime Prevention (HB 4399) (Senate Form 1387).	200,000
Clay County Youth Alternative to Secured Detention (S.W.E.A.T. Program) (HB 4921) (Senate Form 2455).	250,000
Delores Barr Weaver Policy Center - Girls Matter: Continuity of Care Program (HB 2345) (Senate Form 1579).	300,000
Duval Leaders of Tomorrow (HB 3847) (Senate Form 2473).	100,000
Florida Alliance of Boys & Girls Clubs - Positive Youth Development Program (HB 3057) (Senate Form 2407).	3,100,000
Florida Children's Initiative Youth Crime Prevention (HB 4193) (Senate Form 1301).	250,000
Nassau County Youth Alternative to Secured Detention (S.W.E.A.T. Program) (HB 2217) (Senate Form 1578).	110,000
Oak Street Home II - Female Delinquency Prevention Program (HB 3327) (Senate Form 1723).	250,000
Pinellas County Youth Advocate Program (HB 2667) (Senate Form 1122).	200,000
Prodigy Cultural Arts Program (HB 4411).	250,000

From the funds in Specific Appropriation 1196, $675,000 in nonrecurring funds from the Social Services Block Grant Trust Fund are provided for the following programs:

Children of Inmates: Careers Over Crime (HB 3793) (Senate Form 2334).	125,000
Filter Family Solutions (HB 3923) (Senate Form 1413).	50,000
Hope Street Diversion Program (HB 4719) (Senate Form 1997)	250,000
New Horizons After School and Weekend Rehabilitation Program (HB 3161) (Senate Form 1388).	250,000

1197	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	32,631	
1198	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM GRANTS AND DONATIONS TRUST FUND	3,391,442	3,061,836 2,947,682
1199	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	1,834	
1200	SPECIAL CATEGORIES GRANTS AND AIDS - CHILDREN/FAMILIES IN NEED OF SERVICES FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM GRANTS AND DONATIONS TRUST FUND . . . . . . FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND	30,542,264	1,000,000 10,018,791 636,497

From the funds in Specific Appropriation 1200, the Department of Juvenile Justice shall not expend more than $150,000 in recurring general revenue funds for physically secure placements for youths being served by the Children-In-Need of Services/Families-In-Need of Services (CINS/FINS) program.

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Additionally, the CINS/FINS provider shall demonstrate that it has considered local, non-traditional, non-residential delinquency prevention service providers including, but not limited to, grassroots organizations, community, and faith-based organizations, to subcontract and deliver non-residential CINS/FINS services to eligible youth as defined in chapter 984 and section 1003.27, Florida Statutes, to include areas with high ratios of juvenile arrests per youth 10 to 17 years of age. Such services may be offered throughout the judicial circuit served by the CINS/FINS provider.

From the funds in Specific Appropriation 1200, $250,000 in nonrecurring funds from the Social Services Block Grant Trust Fund is provided for Integrated Care and Coordination for Youth (ICCY) (HB 2251) (Senate Form 1123).

1201	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	3,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,500
1202	SPECIAL CATEGORIES		
	PRODIGY		
	FROM GENERAL REVENUE FUND	656,509	
	FROM GRANTS AND DONATIONS TRUST FUND		843,491
1203	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	4,105	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,388
	FROM GRANTS AND DONATIONS TRUST FUND		1,960
1203A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	4,250,000	
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		400,000

From the funds in Specific Appropriation 1203A, $4,250,000 in nonrecurring funds from the General Revenue Fund is provided for the following fixed capital outlay projects:

Boys & Girls Clubs of Northeast Florida - Camp Deep Pond (HB 2579) (Senate Form 1696).....	750,000
Pace Center for Girls Program - Building (HB 3925) (Senate Form 1875).....	3,500,000

From the funds in Specific Appropriation 1203A, $400,000 in nonrecurring funds from the Social Services Block Grant Trust Fund is provided for the following fixed capital outlay projects:

Filter Family Solutions (HB 3923) (Senate Form 1413).....	200,000
Youth and Family Alternatives - Collaborative Case Management Facility (HB 4419) (Senate Form 1718).....	200,000

1203B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	CHILDREN IN NEED OF SERVICES/FAMILIES IN NEED OF SERVICES SHELTERS		
	FROM SOCIAL SERVICES BLOCK GRANT TRUST FUND		250,000

Funds in Specific Appropriation 1203B are provided for the Alachua County CINS/FINS Youth Shelter Replacement (HB 2663) (Senate Form 1107).

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TOTAL: DELINQUENCY PREVENTION AND DIVERSION			
FROM GENERAL REVENUE FUND		65,023,233	
FROM TRUST FUNDS			27,803,247
TOTAL POSITIONS		20.00	
TOTAL ALL FUNDS			92,826,480
TOTAL: JUVENILE JUSTICE, DEPARTMENT OF			
FROM GENERAL REVENUE FUND		442,900,101	
FROM TRUST FUNDS			144,161,304
TOTAL POSITIONS		3,285.50	
TOTAL ALL FUNDS			587,061,405
TOTAL APPROVED SALARY RATE		134,506,792	
LAW ENFORCEMENT, DEPARTMENT OF			
PROGRAM: EXECUTIVE DIRECTION AND SUPPORT			
EXECUTIVE DIRECTION AND SUPPORT SERVICES			
APPROVED SALARY RATE	7,180,986		
1204 SALARIES AND BENEFITS	POSITIONS	139.00	
FROM GENERAL REVENUE FUND		2,982,487	
FROM FEDERAL GRANTS TRUST FUND			768,428
FROM OPERATING TRUST FUND			6,310,034
1205 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		27,191	
FROM ADMINISTRATIVE TRUST FUND			5,000
FROM FEDERAL GRANTS TRUST FUND			198,602
FROM OPERATING TRUST FUND			73,976
1206 EXPENSES			
FROM GENERAL REVENUE FUND		796,850	
FROM ADMINISTRATIVE TRUST FUND			64,548
FROM FEDERAL GRANTS TRUST FUND			173,285
FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND			287,414
FROM OPERATING TRUST FUND			400,000
1207 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - CRIMINAL INVESTIGATIONS			
FROM OPERATING TRUST FUND			150,000
1208 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - NATIONAL CRIMINAL HISTORY IMPROVEMENT (NCHIP-NARIP) - STATE GOVERNMENT			
FROM FEDERAL GRANTS TRUST FUND			3,910,162
1209 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - NATIONAL CRIMINAL HISTORY IMPROVEMENT (NCHIP-NARIP) - LOCAL UNITS OF GOVERNMENTS			
FROM FEDERAL GRANTS TRUST FUND			1,529,434
1210 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - PROJECT SAFE NEIGHBORHOODS			
FROM FEDERAL GRANTS TRUST FUND			1,500,000
1211 AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - BYRNE JUSTICE ASSISTANCE GRANT (JAG) PROGRAM - LOCAL UNITS OF GOVERNMENT			
FROM FEDERAL GRANTS TRUST FUND			8,835,535
1212 OPERATING CAPITAL OUTLAY			
FROM GENERAL REVENUE FUND		12,616	
FROM FEDERAL GRANTS TRUST FUND			3,242
FROM OPERATING TRUST FUND			250

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1213	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM GENERAL REVENUE FUND	9,650	
1213A	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM OPERATING TRUST FUND		41,854
1214	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	67,480	
	FROM ADMINISTRATIVE TRUST FUND . . .		15,000
	FROM FEDERAL GRANTS TRUST FUND . . .		218,573
	FROM OPERATING TRUST FUND		152,372
1215	SPECIAL CATEGORIES DOMESTIC SECURITY FROM OPERATING TRUST FUND		500
1216	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	16,778	
	FROM ADMINISTRATIVE TRUST FUND . . .		25,314
1217	SPECIAL CATEGORIES TENANT BROKER COMMISSIONS FROM OPERATING TRUST FUND		200,000

From the funds provided in Specific Appropriation 1217, the Department of Law Enforcement is authorized to pay tenant broker fees related to the private sector lease addressing overcrowding at the headquarters facility.

1218	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	98,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,000
1219	SPECIAL CATEGORIES GRANTS AND AIDS - BYRNE JUSTICE ASSISTANCE GRANT (JAG) PROGRAM - STATE GOVERNMENT FROM FEDERAL GRANTS TRUST FUND . . .		6,500,000
1220	SPECIAL CATEGORIES GRANTS AND AID - RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM - LOCAL UNITS OF GOVERNMENT FROM FEDERAL GRANTS TRUST FUND . . .		1,247,724
1221	SPECIAL CATEGORIES GRANTS AND AID - RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM - STATE AGENCY FROM FEDERAL GRANTS TRUST FUND . . .		2,100,000
1222	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	21,792	
	FROM ADMINISTRATIVE TRUST FUND . . .		4,285
	FROM OPERATING TRUST FUND		18,999
1223	FIXED CAPITAL OUTLAY FACILITIES REPAIRS AND MAINTENANCE FROM GENERAL REVENUE FUND	2,160,156	
1223A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY LIBERTY COUNTY JAIL IMPROVEMENTS FROM GENERAL REVENUE FUND	250,000	

Funds in Specific Appropriation 1223A are provided for Liberty County Jail Improvements (HB 3019) (Senate Form 1454).

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TOTAL: EXECUTIVE DIRECTION AND SUPPORT SERVICES			
FROM GENERAL REVENUE FUND		6,443,000	
FROM TRUST FUNDS			34,737,531
TOTAL POSITIONS		139.00	
TOTAL ALL FUNDS			41,180,531
AVIATION SERVICES			
APPROVED SALARY RATE	361,930		
1224 SALARIES AND BENEFITS	POSITIONS	4.00	
FROM GENERAL REVENUE FUND		530,489	
1225 EXPENSES			
FROM GENERAL REVENUE FUND		913,829	
1226 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM GENERAL REVENUE FUND		72,500	
1227 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM GENERAL REVENUE FUND		37,465	
1228 SPECIAL CATEGORIES			
SPECIAL CATEGORIES - AIRCRAFT MAINTENANCE AND REPAIRS			
FROM GENERAL REVENUE FUND		598,520	
1229 SPECIAL CATEGORIES			
DEFERRED-PAYMENT COMMODITY CONTRACTS			
FROM GENERAL REVENUE FUND		1,290,576	
1230 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM GENERAL REVENUE FUND		1,316	
TOTAL: AVIATION SERVICES			
FROM GENERAL REVENUE FUND		3,444,695	
TOTAL POSITIONS		4.00	
TOTAL ALL FUNDS			3,444,695
PROGRAM: FLORIDA CAPITOL POLICE PROGRAM			
CAPITOL POLICE SERVICES			
APPROVED SALARY RATE	4,196,960		
1231 SALARIES AND BENEFITS	POSITIONS	88.00	
FROM GENERAL REVENUE FUND		2,748	
FROM OPERATING TRUST FUND			6,497,044
1232 OTHER PERSONAL SERVICES			
FROM OPERATING TRUST FUND			28,778
1233 EXPENSES			
FROM OPERATING TRUST FUND			532,837
1234 OPERATING CAPITAL OUTLAY			
FROM OPERATING TRUST FUND			85,369
1235 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM OPERATING TRUST FUND			30,500
1236 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM OPERATING TRUST FUND			61,984
1237 SPECIAL CATEGORIES			
CAPITOL COMPLEX SECURITY			
FROM GENERAL REVENUE FUND		7,360	

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	FROM OPERATING TRUST FUND		42,100
1238	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM OPERATING TRUST FUND		87,199
1239	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM OPERATING TRUST FUND		68,064
1240	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM OPERATING TRUST FUND		4,000
1241	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	328	
	FROM OPERATING TRUST FUND		25,489
TOTAL:	CAPITOL POLICE SERVICES FROM GENERAL REVENUE FUND	10,436	
	FROM TRUST FUNDS		7,463,364
	TOTAL POSITIONS	88.00	
	TOTAL ALL FUNDS		7,473,800

PROGRAM: INVESTIGATIONS AND FORENSIC SCIENCE PROGRAM

CRIME LAB SERVICES

APPROVED SALARY RATE 25,083,888

1242	SALARIES AND BENEFITS POSITIONS	446.00	
	FROM GENERAL REVENUE FUND	30,142,238	
	FROM FEDERAL GRANTS TRUST FUND . . .		11,769
	FROM OPERATING TRUST FUND		5,319,971
1243	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	59,985	
	FROM FEDERAL GRANTS TRUST FUND . . .		168,321
1244	EXPENSES FROM GENERAL REVENUE FUND	7,996,806	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,800,000
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		510,531
	FROM OPERATING TRUST FUND		2,721,606

From the funds in Specific Appropriation 1244, the Department of Law Enforcement is authorized to distribute rape kits to local law enforcement agencies and rape crisis centers statewide at no cost. In addition, the department is authorized to use additional federal funds and any other available funds contained in Specific Appropriation 1244 for the purpose of processing rape kits, including the backlog of non-suspect rape cases.

1245	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - CRIMINAL INVESTIGATIONS FROM FEDERAL GRANTS TRUST FUND . . .		741,091
	FROM OPERATING TRUST FUND		2,379,702
1246	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	1,295,183	
	FROM ADMINISTRATIVE TRUST FUND . . .		5,000
	FROM FEDERAL GRANTS TRUST FUND . . .		1,223,100
	FROM OPERATING TRUST FUND		332,000
1247	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM GENERAL REVENUE FUND	168,960	
1248	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	2,753,433	

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	FROM FEDERAL GRANTS TRUST FUND . . .		1,190,200
	FROM OPERATING TRUST FUND		750,000
1249	SPECIAL CATEGORIES		
	OVERTIME		
	FROM GENERAL REVENUE FUND	294,300	
	FROM FEDERAL GRANTS TRUST FUND . . .		404,976
	FROM OPERATING TRUST FUND		150,000
1250	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM ADMINISTRATIVE TRUST FUND . . .		6,244
	FROM OPERATING TRUST FUND		77,994
1251	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	50,000	
1252	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	137,288	
	FROM OPERATING TRUST FUND		4,376
TOTAL:	CRIME LAB SERVICES		
	FROM GENERAL REVENUE FUND	42,898,193	
	FROM TRUST FUNDS		18,796,881
	TOTAL POSITIONS	446.00	
	TOTAL ALL FUNDS		61,695,074

INVESTIGATIVE SERVICES

From the funds in Specific Appropriations 1253 through 1266, the Department of Law Enforcement shall investigate all deaths of inmates who are in the custody of the Department of Corrections.

From the funds in Specific Appropriations 1253 through 1266, within existing and any new resources, the Department of Law Enforcement shall, with the agreement of the head of the local law enforcement agency, investigate all use of force incidents that occur within the state and that result in death or serious bodily injury. This requirement applies to uses of force by a law enforcement officer or a correctional officer as those terms are defined in s. 943.10, Florida Statutes.

APPROVED SALARY RATE 44,401,609

1253	SALARIES AND BENEFITS POSITIONS	710.00	
	FROM GENERAL REVENUE FUND	50,012,425	
	FROM FEDERAL GRANTS TRUST FUND . . .		160,599
	FROM OPERATING TRUST FUND		10,254,980
1254	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	349,231	
	FROM ADMINISTRATIVE TRUST FUND . . .		25,621
	FROM FEDERAL GRANTS TRUST FUND . . .		262,486
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		42,938
	FROM OPERATING TRUST FUND		108,639
1255	EXPENSES		
	FROM GENERAL REVENUE FUND	8,715,893	
	FROM ADMINISTRATIVE TRUST FUND . . .		132,670
	FROM FEDERAL GRANTS TRUST FUND . . .		235,647
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		833,472
	FROM GRANTS AND DONATIONS TRUST FUND		4,500
	FROM OPERATING TRUST FUND		3,582,354
	FROM REVOLVING TRUST FUND		1,000,000
	FROM FEDERAL LAW ENFORCEMENT TRUST FUND		550,000

From the funds provided in Specific Appropriation 1255 from the Forfeiture and Investigative Support Trust Fund, up to $25,000 per case, but not exceeding $150,000 in total for all cases, may be expended for

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rewards leading to the capture of fugitives, if such funds are available.

1256	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	133,169	
	FROM ADMINISTRATIVE TRUST FUND . . .		5,000
	FROM FEDERAL GRANTS TRUST FUND . . .		159,509
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		190,574
	FROM OPERATING TRUST FUND		10,000
1257	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	282,091	
	FROM FEDERAL GRANTS TRUST FUND . . .		175,000
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		580,000
1258	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,153,819	
	FROM ADMINISTRATIVE TRUST FUND . . .		5,000
	FROM FEDERAL GRANTS TRUST FUND . . .		297,441
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		34,624
	FROM OPERATING TRUST FUND		309,396
	FROM FEDERAL LAW ENFORCEMENT TRUST FUND		50,000
1259	SPECIAL CATEGORIES		
	DOMESTIC SECURITY		
	FROM GENERAL REVENUE FUND	850,267	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,522,672
	FROM OPERATING TRUST FUND		500,000
1260	SPECIAL CATEGORIES		
	GRANTS AND AIDS - A CHILD IS MISSING PROGRAM		
	FROM GENERAL REVENUE FUND	232,461	

Funds in Specific Appropriation 1260 are provided for a recurring base appropriations project, A Child is Missing program.

1261	SPECIAL CATEGORIES		
	GRANTS AND AIDS - SPECIAL PROJECTS		
	FROM GENERAL REVENUE FUND	3,746,250	
	FROM FORFEITURE AND INVESTIGATIVE SUPPORT TRUST FUND		300,000

From the funds in Specific Appropriation 1261, $3,546,250 in nonrecurring funds from the General Revenue Fund is provided for the following projects:

Alzheimer's Project, Inc. - Bringing the Lost Home (HB 3801)	200,000
Broward County Sheriff's Office - Cold Cases and Property Crime Backlog Reduction (HB 4647) (Senate Form 1975)	250,000
Broward County Sheriff's Office Real-Time Crime Center Expansion (HB 4643) (Senate Form 1974)	500,000
City of Cape Coral - Real-Time Crime Center (HB 9059) (Senate Form 1615)	250,000
City of Jacksonville - Cure Violence (HB 3605) (Senate Form 1667)	500,000
Hillsborough County Sheriff's Office Explosive Ordnance Disposal (EOD) Team - Response Vehicle (HB 2143)	546,250
Jacksonville Pre-Trial Release Pilot Program (HB 4307)	500,000
Pinellas County Sheriff's Office - Eckerd College Search & Rescue (EC-SAR) Program (HB 4723) (Senate Form 2346)	250,000
Project Cold Case (HB 2911) (Senate Form 1670)	150,000
Resources in Community Hope (RICH) House (HB 2257) (Senate Form 2169)	150,000
Tampa Police Department Bomb Squad Response Vehicle (HB 4505) (Senate Form 1152)	250,000

1262	SPECIAL CATEGORIES		
	OVERTIME		
	FROM ADMINISTRATIVE TRUST FUND . . .		3,013

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	FROM FEDERAL GRANTS TRUST FUND . . .		314,125
	FROM GRANTS AND DONATIONS TRUST FUND		4,250
	FROM FEDERAL LAW ENFORCEMENT TRUST FUND		1,018,486
1263	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	461,490	
	FROM ADMINISTRATIVE TRUST FUND . . .		366,407
	FROM OPERATING TRUST FUND		412,391
1264	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	529,301	
	FROM OPERATING TRUST FUND		80,592
1265	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	72,000	
	FROM OPERATING TRUST FUND		2,400
1266	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	223,741	
	FROM OPERATING TRUST FUND		29,674
TOTAL:	INVESTIGATIVE SERVICES		
	FROM GENERAL REVENUE FUND	66,762,138	
	FROM TRUST FUNDS		23,564,460
	TOTAL POSITIONS	710.00	
	TOTAL ALL FUNDS		90,326,598

MUTUAL AID AND PREVENTION SERVICES

APPROVED SALARY RATE 1,224,445

1267	SALARIES AND BENEFITS POSITIONS	17.00	
	FROM GENERAL REVENUE FUND	1,170,716	
	FROM OPERATING TRUST FUND		588,890
1268	EXPENSES		
	FROM GENERAL REVENUE FUND	77,251	
	FROM OPERATING TRUST FUND		50,000
1269	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	9,441	
1270	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	2,952	
1271	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	6,224	
	FROM OPERATING TRUST FUND		121
TOTAL:	MUTUAL AID AND PREVENTION SERVICES		
	FROM GENERAL REVENUE FUND	1,266,584	
	FROM TRUST FUNDS		639,011
	TOTAL POSITIONS	17.00	
	TOTAL ALL FUNDS		1,905,595

PROGRAM: CRIMINAL JUSTICE INFORMATION PROGRAM

From the funds in Specific Appropriations 1272 through 1290, the Department of Law Enforcement shall serve as the lead Criminal Justice Information Systems coordinator and shall perform the functions necessary to allow governmental entities to use a fully isolated cloud platform that complies with the Federal Bureau of Investigation's

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

Criminal Justice Information Services Security Policy.

INFORMATION NETWORK SERVICES TO THE LAW ENFORCEMENT COMMUNITY				
	APPROVED SALARY RATE	6,635,504		
1272	SALARIES AND BENEFITS	POSITIONS	121.00	
	FROM GENERAL REVENUE FUND		324,819	
	FROM FEDERAL GRANTS TRUST FUND			69,602
	FROM OPERATING TRUST FUND			8,754,296
1273	OTHER PERSONAL SERVICES			
	FROM ADMINISTRATIVE TRUST FUND			5,869
	FROM FEDERAL GRANTS TRUST FUND			177,681
	FROM OPERATING TRUST FUND			150,000
1274	EXPENSES			
	FROM GENERAL REVENUE FUND		38,890	
	FROM ADMINISTRATIVE TRUST FUND			2,202
	FROM FEDERAL GRANTS TRUST FUND			100,000
	FROM OPERATING TRUST FUND			8,296,379
1275	OPERATING CAPITAL OUTLAY			
	FROM ADMINISTRATIVE TRUST FUND			5,000
	FROM FEDERAL GRANTS TRUST FUND			100,000
	FROM OPERATING TRUST FUND			1,991,018
1276	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		599	
	FROM ADMINISTRATIVE TRUST FUND			113,100
	FROM FEDERAL GRANTS TRUST FUND			300,000
	FROM OPERATING TRUST FUND			9,894,157
1277	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM ADMINISTRATIVE TRUST FUND			2,129
	FROM OPERATING TRUST FUND			30,662
1278	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM OPERATING TRUST FUND			10,000
1279	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		6,603	
	FROM OPERATING TRUST FUND			34,871
TOTAL:	INFORMATION NETWORK SERVICES TO THE LAW ENFORCEMENT COMMUNITY			
	FROM GENERAL REVENUE FUND		370,911	
	FROM TRUST FUNDS			30,036,966
	TOTAL POSITIONS		121.00	
	TOTAL ALL FUNDS			30,407,877

PREVENTION AND CRIME INFORMATION SERVICES

From the funds in Specific Appropriations 1282 and 1285, $1,830,000 in recurring funds and $1,737,175 in nonrecurring funds from the General Revenue Fund is provided to the Department of Law Enforcement to implement criminal justice data collection and reporting that complies with sections 900.05 and 943.6871, Florida Statutes. These funds shall be placed in reserve. Upon completion of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the department's planned quarterly expenditures. The department shall submit monthly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the Department of Management Services, and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee. Each status report must include progress made to date for each project milestone,

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deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. The Department of Law Enforcement shall competitively procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation services for all agency staff and vendor work needed to implement the initiative. The contract shall require that all deliverables be simultaneously provided to the department, the Department of Management Services, the Executive Office of the Governor's Office of Policy and Budget, and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee.

APPROVED SALARY RATE 13,371,125

1280	SALARIES AND BENEFITS POSITIONS	320.00	
	FROM GENERAL REVENUE FUND	1,667,144	
	FROM FEDERAL GRANTS TRUST FUND . . .		204,946
	FROM OPERATING TRUST FUND		16,220,064
1281	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	51	
	FROM ADMINISTRATIVE TRUST FUND . . .		5,026
	FROM FEDERAL GRANTS TRUST FUND . . .		639,524
	FROM OPERATING TRUST FUND		178,126
1282	EXPENSES		
	FROM GENERAL REVENUE FUND	1,848,375	
	FROM ADMINISTRATIVE TRUST FUND . . .		85,781
	FROM FEDERAL GRANTS TRUST FUND . . .		628,962
	FROM OPERATING TRUST FUND		1,800,000
1283	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	2,600	
	FROM FEDERAL GRANTS TRUST FUND . . .		489,099
	FROM OPERATING TRUST FUND		150,000
1284	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM OPERATING TRUST FUND		93,168
1284A	SPECIAL CATEGORIES		
	FLORIDA INCIDENT BASED REPORTING SYSTEM (FIBRS)		
	FROM GENERAL REVENUE FUND	2,574,489	

From the funds in Specific Appropriation 1284A, nonrecurring funds from the General Revenue Fund is provided to the Department of Law Enforcement for the Florida Incident-Based Reporting System. Of these funds, $1,930,867 shall be placed in reserve. Upon completion of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the department's planned quarterly expenditures. The department shall submit monthly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the Department of Management Services, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. Each status report must include progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. The Department of Law Enforcement shall competitively procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation services for all agency staff and vendor work needed to implement the initiative. The contract shall require that all deliverables be simultaneously provided to the department, the Department of Management Services, the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee.

1285	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	3,867,175	

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	FROM ADMINISTRATIVE TRUST FUND . . .		2,000
	FROM FEDERAL GRANTS TRUST FUND . . .		1,660,863
	FROM OPERATING TRUST FUND		3,117,670
1287	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM ADMINISTRATIVE TRUST FUND . . .		33,205
	FROM OPERATING TRUST FUND		73,739
1288	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM OPERATING TRUST FUND		5,160
1289	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	2,000	
	FROM OPERATING TRUST FUND		15,600
1290	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	8,164	
	FROM OPERATING TRUST FUND		92,283
TOTAL:	PREVENTION AND CRIME INFORMATION SERVICES		
	FROM GENERAL REVENUE FUND	9,969,998	
	FROM TRUST FUNDS		25,495,216
	TOTAL POSITIONS	320.00	
	TOTAL ALL FUNDS		35,465,214

PROGRAM: CRIMINAL JUSTICE PROFESSIONALISM

LAW ENFORCEMENT STANDARDS COMPLIANCE

APPROVED SALARY RATE 2,661,639

1291	SALARIES AND BENEFITS POSITIONS	50.00	
	FROM CRIMINAL JUSTICE STANDARDS		
	AND TRAINING TRUST FUND		3,693,967
	FROM FEDERAL GRANTS TRUST FUND . . .		10,239
1292	OTHER PERSONAL SERVICES		
	FROM CRIMINAL JUSTICE STANDARDS		
	AND TRAINING TRUST FUND		175,000
1293	EXPENSES		
	FROM CRIMINAL JUSTICE STANDARDS		
	AND TRAINING TRUST FUND		350,000
	FROM FEDERAL GRANTS TRUST FUND . . .		64,300
1294	OPERATING CAPITAL OUTLAY		
	FROM FEDERAL GRANTS TRUST FUND . . .		47,000
1296	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM CRIMINAL JUSTICE STANDARDS		
	AND TRAINING TRUST FUND		100,000
	FROM FEDERAL GRANTS TRUST FUND . . .		35,000
1297	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM CRIMINAL JUSTICE STANDARDS		
	AND TRAINING TRUST FUND		10,272
1299	SPECIAL CATEGORIES		
	GRANTS AND AIDS - SPECIAL EDUCATION AND		
	TECHNICAL TRAINING		
	FROM GENERAL REVENUE FUND	6,400,000	
1300	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM CRIMINAL JUSTICE STANDARDS		
	AND TRAINING TRUST FUND		6,500

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1301	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		16,865
TOTAL:	LAW ENFORCEMENT STANDARDS COMPLIANCE		
	FROM GENERAL REVENUE FUND	6,400,000	
	FROM TRUST FUNDS		4,509,143
	TOTAL POSITIONS	50.00	
	TOTAL ALL FUNDS		10,909,143

LAW ENFORCEMENT TRAINING AND CERTIFICATION SERVICES

APPROVED SALARY RATE 2,948,589

1302	SALARIES AND BENEFITS POSITIONS	54.00	
	FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		3,907,652
1303	OTHER PERSONAL SERVICES FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		125,000
1304	EXPENSES FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		1,200,000
1305	OPERATING CAPITAL OUTLAY FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		45,000
1306	SPECIAL CATEGORIES CONTRACTED SERVICES FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		725,000
1307	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .		1,249
	FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		41,857
1308	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		9,360
1309	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		6,000
1310	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM CRIMINAL JUSTICE STANDARDS AND TRAINING TRUST FUND		17,607
TOTAL:	LAW ENFORCEMENT TRAINING AND CERTIFICATION SERVICES		
	FROM TRUST FUNDS		6,078,725
	TOTAL POSITIONS	54.00	
	TOTAL ALL FUNDS		6,078,725

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: LAW ENFORCEMENT, DEPARTMENT OF		
FROM GENERAL REVENUE FUND	137,565,955	
FROM TRUST FUNDS		151,321,297
TOTAL POSITIONS	1,949.00	
TOTAL ALL FUNDS		288,887,252
TOTAL APPROVED SALARY RATE	108,066,675	

LEGAL AFFAIRS, DEPARTMENT OF, AND ATTORNEY GENERAL

PROGRAM: OFFICE OF ATTORNEY GENERAL

VICTIM SERVICES

For each project or program specifically identified in proviso in Specific Appropriations 1316 and 1318, the Department of Legal Affairs shall submit a report on the current status of the project or program to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee. The report shall list all performance measures and indicate whether the contractor is meeting each measure and is due by February 1, 2021.

APPROVED SALARY RATE	5,684,049			
1311 SALARIES AND BENEFITS	POSITIONS	138.00		
FROM GENERAL REVENUE FUND			158,096	
FROM CRIMES COMPENSATION TRUST FUND				6,125,341
FROM CRIME STOPPERS TRUST FUND				149,818
FROM FEDERAL GRANTS TRUST FUND				1,601,497
FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND				365,163
1312 OTHER PERSONAL SERVICES				
FROM GENERAL REVENUE FUND			22,166	
FROM CRIMES COMPENSATION TRUST FUND				74,676
FROM CRIME STOPPERS TRUST FUND				68,900
FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND				1,000
1313 EXPENSES				
FROM GENERAL REVENUE FUND			174,081	
FROM CRIMES COMPENSATION TRUST FUND				982,792
FROM CRIME STOPPERS TRUST FUND				40,000
FROM FEDERAL GRANTS TRUST FUND				50,000
FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND				228,373
1314 OPERATING CAPITAL OUTLAY				
FROM CRIMES COMPENSATION TRUST FUND				123,407
FROM CRIME STOPPERS TRUST FUND				2,380
FROM FEDERAL GRANTS TRUST FUND				2,286
FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND				7,695
1315 SPECIAL CATEGORIES				
AWARDS TO CLAIMANTS				
FROM GENERAL REVENUE FUND			900,000	
FROM CRIMES COMPENSATION TRUST FUND				16,000,000
FROM FEDERAL GRANTS TRUST FUND				9,600,000

From the funds in Specific Appropriation 1315, $900,000 in nonrecurring funds from the General Revenue Fund is provided to make awards to claimants if trust fund revenues are not available for that purpose. These funds shall be held in reserve. The department is authorized to submit budget amendments to request release of funds held in reserve pursuant to the provisions of chapter 216, Florida Statutes.

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1316 SPECIAL CATEGORIES
VICTIM SERVICES
FROM GENERAL REVENUE FUND 950,000

From the funds in Specific Appropriation 1316, $200,000 in recurring funds from the General Revenue Fund is provided for Quigley House to provide services to victims of sexual and domestic violence (recurring base appropriations project).

From the funds in Specific Appropriation 1316, $500,000 in recurring funds from the General Revenue Fund is provided to the Florida Council Against Sexual Violence (recurring base appropriations project). At least 95 percent of the funds provided shall be distributed to certified rape crisis centers to provide services statewide for victims of sexual assault.

From the funds in Specific Appropriation 1316, $250,000 in nonrecurring funds from the General Revenue Fund is provided for End Human Trafficking, Inc., to support operational activities as the Direct Support Organization launches the nonprofit (HB 3743) (Senate Form 1408).

1317 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILD ADVOCACY CENTERS
FROM GENERAL REVENUE FUND 4,193,240

From the funds in Specific Appropriation 1317, $3,500,000 in recurring funds from the General Revenue Fund shall be allocated to the Children's Advocacy Centers throughout Florida for the reimbursement of expenses incurred in providing child advocacy center services (recurring base appropriations project).

The funds shall be distributed to the Florida Network of Children's Advocacy Centers, Inc., whose Board of Directors shall develop funding criteria and an allocation methodology that ensures an equitable distribution of those funds among network participant centers that meet the standards set forth in section 39.3035, Florida Statutes. The criteria and methodologies shall take into account factors that include, but need not be limited to, the Center's accreditation status with respect to the National Children's Alliance, the child population of the area being served by the children's advocacy center and the number of children provided a core service by the Children's Advocacy Center. By a majority vote of the Board of Directors of the Florida Network of Children's Advocacy Centers funds may be reallocated throughout the year as needed.

This funding may not be used to supplant local government reductions in Children's Advocacy Center funding. Child Advocacy Centers must certify each fiscal year that funds from this appropriation are not supplanting local governmental funds.

From the funds in Specific Appropriation 1317, the Florida Network of Children's Advocacy Centers may spend up to $213,240 for administration and up to $80,000 for contract monitoring and oversight (recurring base appropriations project).

From the funds in Specific Appropriation 1317, $300,000 in recurring funds from the General Revenue Fund shall be used for forensic interviews, specialized interviews, and medical assessments shared with child protection teams operating in Children's Advocacy Centers. These funds may not be used for administrative support and may not be used to supplant funding for the child protection program operated by the Department of Health (recurring base appropriations project).

From the funds in Specific Appropriation 1317, $100,000 in recurring funds from the General Revenue Fund is provided for additional child advocacy services in Walton County and shall be added to the allocation of funds from this appropriation for the Walton County Children's Advocacy Center (recurring base appropriations project).

From the funds in Specific Appropriation 1317, the Department of Legal Affairs must provide to the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by July 15, 2020, the contract between the department and the Florida Network of Children's Advocacy Centers, the Fiscal Year 2020-2021 budgets submitted by the local child advocacy centers, and the approved allocation of

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funds to the local children's advocacy centers. The Department of Legal Affairs must provide monthly reports that detail the requests for monthly payments submitted by local children's advocacy centers and the status of those requests for reimbursement.

1318 SPECIAL CATEGORIES
CONTRACTED SERVICES

FROM GENERAL REVENUE FUND	4,751,000	
FROM CRIMES COMPENSATION TRUST FUND		45,243
FROM CRIME STOPPERS TRUST FUND . . .		1,000
FROM FEDERAL GRANTS TRUST FUND . . .		100,000
FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND		208,408

From the funds in Specific Appropriation 1318, $1,660,000 in recurring funds from the General Revenue Fund is provided to the Monique Burr Foundation (MBF) Child Safety Matters Prevention Education program (recurring base appropriations project).

From the funds in Specific Appropriation 1318, $800,000 in recurring funds from the General Revenue Fund is provided to the Florida Sheriffs Association (recurring base appropriations project). These funds shall be used to enhance Crisis Intervention Team (CIT) training for law enforcement and correctional officers in local sheriff's offices and police departments. The training must include evidence-based approaches designed to improve the outcomes of law enforcement interactions with persons who have mental health issues. Agencies who have conducted minimal or no CIT training must be given priority for training. Local law enforcement agencies may use the funds to pay necessary expenditures resulting from a demonstrated financial hardship that currently prevents officers from receiving CIT training. Funds can also be provided to local community mental health providers to provide additional CIT training in partnership with local law enforcement agencies. A maximum of $75,000 of these funds may be used by the Florida Sheriffs Association to hire a contract coordinator.

From the funds in Specific Appropriation 1318, $700,000 in recurring funds from the General Revenue Fund is provided for the Bridging Freedom Program in Pasco County to provide individualized, holistic, therapeutic safe homes for children traumatized by child sex trafficking (recurring base appropriations project).

From the funds in Specific Appropriation 1318, $1,575,000 in nonrecurring funds from the General Revenue Fund is provided for the following programs:

Nancy J. Cotterman Crisis Intervention Programs (HB 3287) (Senate Form 1580)	175,000
The Florida Council On The Social Status of Black Men and Boys (Senate Form 2560)	150,000
Voices for Florida - Open Doors Outreach Network (HB 3169) (Senate Form 1890)	1,250,000

1319 SPECIAL CATEGORIES
GRANTS AND AIDS - MINORITY COMMUNITIES
CRIME PREVENTION PROGRAMS
FROM GENERAL REVENUE FUND 4,337,835

Recurring funds from the General Revenue Fund in Specific Appropriation 1319 are provided to the following recurring base appropriations projects:

Community Coalition, Inc.	950,000
Adult Mankind Organization, Inc.	950,000
The Urban League of Broward County, Inc.	2,437,835

1320 SPECIAL CATEGORIES
GRANTS AND AIDS - CRIME STOPPERS
FROM CRIME STOPPERS TRUST FUND . . . 4,500,000

1321 SPECIAL CATEGORIES
GRANTS AND AIDS - JUSTICE COALITION
FROM GENERAL REVENUE FUND 150,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1322	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM CRIMES COMPENSATION TRUST FUND		59,106
	FROM CRIME STOPPERS TRUST FUND		559
	FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND		8,530
1323	SPECIAL CATEGORIES		
	GRANTS AND AIDS - VICTIM ASSISTANCE SERVICES		
	FROM FEDERAL GRANTS TRUST FUND		100,201,332
1324	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	614	
	FROM CRIMES COMPENSATION TRUST FUND		38,796
	FROM CRIME STOPPERS TRUST FUND		541
	FROM FLORIDA CRIME PREVENTION TRAINING INSTITUTE REVOLVING TRUST FUND		1,700
TOTAL:	VICTIM SERVICES		
	FROM GENERAL REVENUE FUND	15,637,032	
	FROM TRUST FUNDS		140,588,543
	TOTAL POSITIONS	138.00	
	TOTAL ALL FUNDS		156,225,575

EXECUTIVE DIRECTION AND SUPPORT SERVICES

From the funds in Specific Appropriations 1325, 1327, and 1335, $100,000 from the General Revenue Fund is provided for staff support to the Statewide Task Force on Opioid Abuse.

APPROVED SALARY RATE 7,812,214

1325	SALARIES AND BENEFITS POSITIONS	153.00	
	FROM GENERAL REVENUE FUND	7,039,716	
	FROM ADMINISTRATIVE TRUST FUND		3,804,787
	FROM CRIMES COMPENSATION TRUST FUND		2,214
	FROM OPERATING TRUST FUND		11,122
1326	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	80,007	
	FROM ADMINISTRATIVE TRUST FUND		163,535
1327	EXPENSES		
	FROM GENERAL REVENUE FUND	1,003,655	
	FROM ADMINISTRATIVE TRUST FUND		904,529
	FROM OPERATING TRUST FUND		30,000
1328	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	84,961	
	FROM ADMINISTRATIVE TRUST FUND		472,801
1329	SPECIAL CATEGORIES		
	ATTORNEY GENERAL'S LAW LIBRARY		
	FROM GENERAL REVENUE FUND	565,476	
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		2,800
1330	SPECIAL CATEGORIES		
	COMMISSION ON THE STATUS OF WOMEN		
	FROM GENERAL REVENUE FUND	109,173	
1331	SPECIAL CATEGORIES		
	LAW ENFORCEMENT OFFICER OF THE YEAR PROGRAM AND VICTIM SERVICES RECOGNITION AWARDS PROGRAM		
	FROM ADMINISTRATIVE TRUST FUND		20,000

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1332	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	2,904,807	
	FROM ADMINISTRATIVE TRUST FUND . . .		53,268
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		73,200
	FROM OPERATING TRUST FUND		2,000

From the funds in Specific Appropriation 1332, $100,000 in nonrecurring funds from the General Revenue Fund is provided to the Cuban American Bar Association Pro Bono Project, Inc. (HB 3825). The project shall provide free legal representation throughout the state to individuals and families whose household income is within 125 percent of the federal poverty guidelines on matters related but not limited to human trafficking, domestic violence, guardianship, probate, consumer finance, and landlord tenant disputes. These funds shall be used to fund court costs, filing fees, litigation expenses, and direct administrative support.

From the funds in Specific Appropriation 1332, $2,685,000 in nonrecurring funds from the General Revenue Fund is provided for the following programs:

Floridians for Puerto Rico, Inc. (Senate Form 2502).....	1,150,000
Legal Center of Florida P.A. (Senate Form 2503).....	1,385,000
Virgil Hawkins Florida Chapter of the National Bar Association Fellowship Program (HB 3895) (Senate Form 1104).....	150,000

1333	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	45,080	
	FROM ADMINISTRATIVE TRUST FUND . . .		40,032
1334	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	292	
	FROM ADMINISTRATIVE TRUST FUND . . .		3,696
1335	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	34,038	
	FROM ADMINISTRATIVE TRUST FUND . . .		16,263
1336	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM GENERAL REVENUE FUND	3,488,420	
	FROM ADMINISTRATIVE TRUST FUND . . .		3,283,876

From the funds in Specific Appropriation 1336, the Department of Legal Affairs shall competitively procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation services for all agency staff and vendor work needed to implement the Agency-wide Information Technology Modernization Program. The department shall submit quarterly IV&V and project status reports to the Executive Office of the Governor's Office of Policy and Budget, and the chairs of the Senate Appropriations Committee and the House of Representatives Appropriations Committee. Each status report must include progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks.

TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	15,355,625	
	FROM TRUST FUNDS		8,884,123
	TOTAL POSITIONS	153.00	
	TOTAL ALL FUNDS		24,239,748

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

CRIMINAL AND CIVIL LITIGATION

APPROVED SALARY RATE 51,750,526

1337	SALARIES AND BENEFITS POSITIONS	951.00	
	FROM GENERAL REVENUE FUND	25,216,983	
	FROM CRIMES COMPENSATION TRUST FUND		7,103
	FROM FEDERAL GRANTS TRUST FUND		12,536,120
	FROM LEGAL SERVICES TRUST FUND		24,394,262
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		11,145,888
	FROM MOTOR VEHICLE WARRANTY TRUST FUND		1,749,929
	FROM OPERATING TRUST FUND		1,182,875
1338	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	158,612	
	FROM FEDERAL GRANTS TRUST FUND		126,827
	FROM GRANTS AND DONATIONS TRUST FUND		25,888
	FROM LEGAL SERVICES TRUST FUND		1,066,859
	FROM MOTOR VEHICLE WARRANTY TRUST FUND		6,271
1339	EXPENSES		
	FROM GENERAL REVENUE FUND	3,188,153	
	FROM FEDERAL GRANTS TRUST FUND		2,820,822
	FROM GRANTS AND DONATIONS TRUST FUND		25,000
	FROM LEGAL SERVICES TRUST FUND		4,046,311
	FROM MOTOR VEHICLE WARRANTY TRUST FUND		431,445
	FROM OPERATING TRUST FUND		132,830
1340	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	313,745	
	FROM FEDERAL GRANTS TRUST FUND		303,530
	FROM GRANTS AND DONATIONS TRUST FUND		10,000
	FROM LEGAL SERVICES TRUST FUND		667,391
	FROM MOTOR VEHICLE WARRANTY TRUST FUND		44,114
1341	LUMP SUM		
	ATTORNEY GENERAL RESERVE POSITIONS FOR AGENCY CONTRACTS		
	POSITIONS	50.00	

The positions in Specific Appropriation 1341 shall be released as necessary to allow the Office of the Attorney General to contract with state agencies to provide legal representation.

1342	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	53,927	
	FROM FEDERAL GRANTS TRUST FUND		299,250
	FROM OPERATING TRUST FUND		68,823
1343	SPECIAL CATEGORIES		
	MEDICAID FRAUD INFORMANT REWARDS		
	FROM OPERATING TRUST FUND		1,000,000
1344	SPECIAL CATEGORIES		
	ANTITRUST INVESTIGATIONS		
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		1,574,228
1345	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	157,884	
	FROM FEDERAL GRANTS TRUST FUND		2,769,731
	FROM GRANTS AND DONATIONS TRUST FUND		500,000
	FROM LEGAL SERVICES TRUST FUND		1,743,399

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

	FROM MOTOR VEHICLE WARRANTY TRUST FUND		154,281
	FROM OPERATING TRUST FUND		275,000
1346	SPECIAL CATEGORIES		
	CONSUMER PROTECTION LITIGATION		
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		5,314,351
1347	SPECIAL CATEGORIES		
	LITIGATION EXPENSES		
	FROM LEGAL SERVICES TRUST FUND		262,500
1348	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	216,498	
	FROM FEDERAL GRANTS TRUST FUND		226,691
	FROM LEGAL SERVICES TRUST FUND		82,483
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		45,666
	FROM MOTOR VEHICLE WARRANTY TRUST FUND		3,682
1349	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	62,376	
	FROM FEDERAL GRANTS TRUST FUND		97,661
1350	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	1,053	
	FROM FEDERAL GRANTS TRUST FUND		351
	FROM LEGAL SERVICES TRUST FUND		1,068
1351	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	110,073	
	FROM FEDERAL GRANTS TRUST FUND		59,097
	FROM LEGAL SERVICES TRUST FUND		103,765
	FROM LEGAL AFFAIRS REVOLVING TRUST FUND		40,772
	FROM MOTOR VEHICLE WARRANTY TRUST FUND		7,388
	FROM OPERATING TRUST FUND		358
1352	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM GENERAL REVENUE FUND	12,483	
	FROM FEDERAL GRANTS TRUST FUND		35,000
	FROM LEGAL SERVICES TRUST FUND		223,053
1353	DATA PROCESSING SERVICES		
	NORTHWEST REGIONAL DATA CENTER (NWRDC)		
	FROM GENERAL REVENUE FUND	503	
TOTAL:	CRIMINAL AND CIVIL LITIGATION		
	FROM GENERAL REVENUE FUND	29,492,290	
	FROM TRUST FUNDS		75,612,063
	TOTAL POSITIONS	1,001.00	
	TOTAL ALL FUNDS		105,104,353

PROGRAM: OFFICE OF STATEWIDE PROSECUTION

PROSECUTION OF MULTI-CIRCUIT ORGANIZED CRIME

APPROVED SALARY RATE 5,185,034

1354	SALARIES AND BENEFITS POSITIONS	77.50	
	FROM GENERAL REVENUE FUND	6,820,992	
	FROM CRIMES COMPENSATION TRUST FUND		1,452
	FROM FEDERAL GRANTS TRUST FUND		294,974
	FROM OPERATING TRUST FUND		182,666

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

1355	SPECIAL CATEGORIES STATEWIDE PROSECUTION FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM OPERATING TRUST FUND	1,313,689	 39,602 883,103
1356	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND . . . . . FROM OPERATING TRUST FUND	11,724	 752
1357	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	936	
1358	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM OPERATING TRUST FUND	25,182	 2,135
TOTAL:	PROSECUTION OF MULTI-CIRCUIT ORGANIZED CRIME FROM GENERAL REVENUE FUND	8,172,523	
	FROM TRUST FUNDS		1,404,684
	TOTAL POSITIONS	77.50	
	TOTAL ALL FUNDS		9,577,207

PROGRAM: FLORIDA ELECTIONS COMMISSION

CAMPAIGN FINANCE AND ELECTION FRAUD ENFORCEMENT

APPROVED SALARY RATE 826,285

1359	SALARIES AND BENEFITS POSITIONS FROM ELECTIONS COMMISSION TRUST FUND	15.00	 1,179,648
1360	OTHER PERSONAL SERVICES FROM ELECTIONS COMMISSION TRUST FUND		76,354
1361	EXPENSES FROM ELECTIONS COMMISSION TRUST FUND		295,339
1362	OPERATING CAPITAL OUTLAY FROM ELECTIONS COMMISSION TRUST FUND		10,000
1363	SPECIAL CATEGORIES CONTRACTED SERVICES FROM ELECTIONS COMMISSION TRUST FUND		22,533
1364	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ELECTIONS COMMISSION TRUST FUND		5,541
1365	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ELECTIONS COMMISSION TRUST FUND		 4,806

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SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS

TOTAL: CAMPAIGN FINANCE AND ELECTION FRAUD ENFORCEMENT		
FROM TRUST FUNDS		1,594,221
TOTAL POSITIONS	15.00	
TOTAL ALL FUNDS		1,594,221
TOTAL: LEGAL AFFAIRS, DEPARTMENT OF, AND ATTORNEY GENERAL		
FROM GENERAL REVENUE FUND	68,657,470	
FROM TRUST FUNDS		228,083,634
TOTAL POSITIONS	1,384.50	
TOTAL ALL FUNDS		296,741,104
TOTAL APPROVED SALARY RATE	71,258,108	
TOTAL OF SECTION 4		
FROM GENERAL REVENUE FUND	4,224,398,595	
FROM TRUST FUNDS		738,814,819
TOTAL POSITIONS	42,465.75	
TOTAL ALL FUNDS		4,963,213,414

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

SPECIFIC
APPROPRIATION

The moneys contained herein are appropriated from the named funds to the Department of Agriculture and Consumer Services, Department of Environmental Protection, Fish and Wildlife Conservation Commission and the Department of Transportation as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

AGRICULTURE AND CONSUMER SERVICES, DEPARTMENT OF,
AND COMMISSIONER OF AGRICULTURE

PROGRAM: OFFICE OF THE COMMISSIONER AND
ADMINISTRATION

AGRICULTURAL LAW ENFORCEMENT

APPROVED SALARY RATE 15,174,785

1366	SALARIES AND BENEFITS POSITIONS	302.00	
	FROM GENERAL REVENUE FUND	17,679,805	
	FROM DIVISION OF LICENSING TRUST FUND		1,360,892
	FROM GENERAL INSPECTION TRUST FUND		1,875,575
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		1,050,851
1367	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	86,105	
1368	EXPENSES		
	FROM GENERAL REVENUE FUND	1,640,918	
	FROM DIVISION OF LICENSING TRUST FUND		209,425
	FROM GENERAL INSPECTION TRUST FUND		258,371
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		50,820
1369	AID TO LOCAL GOVERNMENTS		
	DOMESTIC MARIJUANA ERADICATION PROGRAM		
	FROM FEDERAL GRANTS TRUST FUND		500,000
1370	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	125,747	
	FROM DIVISION OF LICENSING TRUST FUND		18,687
1370A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		600,000
1371	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	231,408	
	FROM DIVISION OF LICENSING TRUST FUND		11,500
	FROM GENERAL INSPECTION TRUST FUND		25,000
1372	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	1,326,732	
1373	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	106,242	
	FROM GENERAL INSPECTION TRUST FUND		23,916
1374	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	74,003	
	FROM DIVISION OF LICENSING TRUST FUND		7,492

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

	FROM GENERAL INSPECTION TRUST FUND .		5,561
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		529
TOTAL:	AGRICULTURAL LAW ENFORCEMENT		
	FROM GENERAL REVENUE FUND	21,270,960	
	FROM TRUST FUNDS		5,998,619
	TOTAL POSITIONS	302.00	
	TOTAL ALL FUNDS		27,269,579

AGRICULTURAL WATER POLICY COORDINATION

APPROVED SALARY RATE 3,233,120

1375	SALARIES AND BENEFITS POSITIONS	59.00	
	FROM GENERAL REVENUE FUND	157,093	
	FROM GENERAL INSPECTION TRUST FUND .		107,998
	FROM LAND ACQUISITION TRUST FUND . .		4,471,868
1376	EXPENSES		
	FROM LAND ACQUISITION TRUST FUND . .		562,163
1377	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL INSPECTION TRUST FUND .		128,664
	FROM LAND ACQUISITION TRUST FUND . .		249,864
1378	SPECIAL CATEGORIES		
	NITRATE RESEARCH AND REMEDIATION		
	FROM GENERAL INSPECTION TRUST FUND .		615,872
1379	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM LAND ACQUISITION TRUST FUND . .		12,166
1380	SPECIAL CATEGORIES		
	AGRICULTURAL NONPOINT SOURCES BEST MANAGEMENT PRACTICES IMPLEMENTATION		
	FROM GENERAL REVENUE FUND	8,900,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		377,207
	FROM GENERAL INSPECTION TRUST FUND .		1,400,000
	FROM LAND ACQUISITION TRUST FUND . .		25,200,682

From the funds in Specific Appropriation 1380, $1,500,000 in nonrecurring funds from the Land Acquisition Trust Fund is provided for water supply planning and conservation.

1381	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM LAND ACQUISITION TRUST FUND . .		17,154
1382	FIXED CAPITAL OUTLAY		
	OKEECHOBEE RESTORATION AGRICULTURAL PROJECTS		
	FROM GENERAL REVENUE FUND	4,000,000	
TOTAL:	AGRICULTURAL WATER POLICY COORDINATION		
	FROM GENERAL REVENUE FUND	13,057,093	
	FROM TRUST FUNDS		33,143,638
	TOTAL POSITIONS	59.00	
	TOTAL ALL FUNDS		46,200,731

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 10,209,867

1383	SALARIES AND BENEFITS POSITIONS	186.25	
	FROM GENERAL REVENUE FUND	5,738,313	
	FROM ADMINISTRATIVE TRUST FUND . . .		6,662,288
	FROM FEDERAL GRANTS TRUST FUND . . .		3,976
	FROM GENERAL INSPECTION TRUST FUND .		941,359
	FROM LAND ACQUISITION TRUST FUND . .		1,345,262

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1384	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	246,049	
	FROM ADMINISTRATIVE TRUST FUND . . .		45,643

From the funds in Specific Appropriation 1384, $150,000 in recurring funds from the General Revenue Fund is provided for the Fostering Success Pilot Project, in consultation with the Guardian ad Litem Program, to develop and implement internships/shadowing for foster youth.

1385	EXPENSES		
	FROM ADMINISTRATIVE TRUST FUND . . .		1,452,191
	FROM GENERAL INSPECTION TRUST FUND .		157,532
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		51,881
1386	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	3,614	
1386A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM ADMINISTRATIVE TRUST FUND . . .		35,121
1387	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM ADMINISTRATIVE TRUST FUND . . .		12,456
1388	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	101,000	
	FROM ADMINISTRATIVE TRUST FUND . . .		618,000
	FROM GENERAL INSPECTION TRUST FUND .		899,574

From the funds in Specific Appropriation 1388, $100,000 in recurring funds from the General Revenue Fund is provided for employment readiness training and placement services, completed in coordination with the Department of Children and Families and the Department of Economic Opportunity, for foster youth participating in the Fostering Success Pilot Project within the Department of Agriculture and Consumer Services.

1389	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	20,833	
	FROM ADMINISTRATIVE TRUST FUND . . .		83,815
1390	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	7,500	
1390A	SPECIAL CATEGORIES		
	TENANT BROKER COMMISSIONS		
	FROM GENERAL INSPECTION TRUST FUND .		84,000
1391	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	33,521	
	FROM ADMINISTRATIVE TRUST FUND . . .		18,774
	FROM GENERAL INSPECTION TRUST FUND .		662
	FROM LAND ACQUISITION TRUST FUND . .		3,564
1391A	FIXED CAPITAL OUTLAY		
	REPAIRS AND IMPROVEMENTS - SHAW BUILDING WINTERHAVEN		
	FROM GENERAL INSPECTION TRUST FUND .		250,000

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TOTAL: EXECUTIVE DIRECTION AND SUPPORT SERVICES			
FROM GENERAL REVENUE FUND		6,150,830	
FROM TRUST FUNDS			12,666,098
TOTAL POSITIONS		186.25	
TOTAL ALL FUNDS			18,816,928
DIVISION OF LICENSING			
APPROVED SALARY RATE	10,657,228		
1392 SALARIES AND BENEFITS	POSITIONS	302.00	
FROM DIVISION OF LICENSING TRUST FUND			16,849,666
1393 OTHER PERSONAL SERVICES			
FROM DIVISION OF LICENSING TRUST FUND			1,583,870
1394 EXPENSES			
FROM DIVISION OF LICENSING TRUST FUND			4,281,781
1395 OPERATING CAPITAL OUTLAY			
FROM DIVISION OF LICENSING TRUST FUND			349,130
1396 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM DIVISION OF LICENSING TRUST FUND			26,859
1397 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM DIVISION OF LICENSING TRUST FUND			9,990,177
1398 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM DIVISION OF LICENSING TRUST FUND			75,718
1399 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM DIVISION OF LICENSING TRUST FUND			90,437
TOTAL: DIVISION OF LICENSING			
FROM TRUST FUNDS			33,247,638
TOTAL POSITIONS		302.00	
TOTAL ALL FUNDS			33,247,638
OFFICE OF ENERGY			
APPROVED SALARY RATE	605,934		
1400 SALARIES AND BENEFITS	POSITIONS	14.00	
FROM GENERAL REVENUE FUND		490,223	
FROM FEDERAL GRANTS TRUST FUND			647,736
1401 OTHER PERSONAL SERVICES			
FROM FEDERAL GRANTS TRUST FUND			127,165
1402 EXPENSES			
FROM GENERAL REVENUE FUND		47,212	
FROM FEDERAL GRANTS TRUST FUND			380,000
1403 OPERATING CAPITAL OUTLAY			
FROM FEDERAL GRANTS TRUST FUND			2,500
1404 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM FEDERAL GRANTS TRUST FUND			52,687

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1405	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM FEDERAL GRANTS TRUST FUND . . .		4,513
1406	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . .	1,645	1,373
1407	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY UNITED STATES DEPARTMENT OF ENERGY SPECIAL PROJECTS FROM FEDERAL GRANTS TRUST FUND . . .		850,000
TOTAL:	OFFICE OF ENERGY FROM GENERAL REVENUE FUND	539,080	
	FROM TRUST FUNDS		2,065,974
	TOTAL POSITIONS	14.00	
	TOTAL ALL FUNDS		2,605,054

PROGRAM: FOREST AND RESOURCE PROTECTION

FLORIDA FOREST SERVICE

APPROVED SALARY RATE 46,764,493

1408	SALARIES AND BENEFITS POSITIONS	1,180.00	
	FROM GENERAL REVENUE FUND	12,742,706	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,982,646
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		1,147,233
	FROM INCIDENTAL TRUST FUND		6,729,805
	FROM LAND ACQUISITION TRUST FUND . .		50,259,953
1409	OTHER PERSONAL SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		511,014
	FROM INCIDENTAL TRUST FUND		476,715
	FROM LAND ACQUISITION TRUST FUND . .		910,865
1410	EXPENSES FROM FEDERAL GRANTS TRUST FUND . . .		954,488
	FROM INCIDENTAL TRUST FUND		4,974,124
	FROM LAND ACQUISITION TRUST FUND . .		8,107,814
1411	AID TO LOCAL GOVERNMENTS AMERICA THE BEAUTIFUL PROGRAM FROM FEDERAL GRANTS TRUST FUND . . .		565,930
1412	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - VOLUNTEER FIRE ASSISTANCE FROM FEDERAL GRANTS TRUST FUND . . .		275,763
1413	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - RURAL COMMUNITY FIRE PROTECTION FROM FEDERAL GRANTS TRUST FUND . . .		72,589
1414	AID TO LOCAL GOVERNMENTS STATE FOREST RECEIPT DISTRIBUTION FROM INCIDENTAL TRUST FUND		595,000
1415	OPERATING CAPITAL OUTLAY FROM FEDERAL GRANTS TRUST FUND . . .		617,775
	FROM LAND ACQUISITION TRUST FUND . .		232,299
1416	SPECIAL CATEGORIES FORESTRY WILDFIRE PROTECTION/SUPPRESSION EQUIPMENT FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		3,296,405
	FROM INCIDENTAL TRUST FUND		156,868

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	FROM LAND ACQUISITION TRUST FUND . .		4,134,975
1416A	SPECIAL CATEGORIES TRANSFER TO AGRICULTURAL EMERGENCY ERADICATION TRUST FUND FROM GENERAL REVENUE FUND	3,500,000	
1416B	SPECIAL CATEGORIES DISASTER RECOVERY AND RELIEF FROM FEDERAL GRANTS TRUST FUND . . .		6,627,338
1417	SPECIAL CATEGORIES OFF-HIGHWAY VEHICLE RECREATION PROGRAM FROM INCIDENTAL TRUST FUND		500,000
1418	SPECIAL CATEGORIES LAND MANAGEMENT FROM LAND ACQUISITION TRUST FUND . .		6,892,175
1419	SPECIAL CATEGORIES CONTRACTED SERVICES FROM FEDERAL GRANTS TRUST FUND . . . FROM INCIDENTAL TRUST FUND . . . . . FROM LAND ACQUISITION TRUST FUND . .		1,318,687 477,107 802,137
1420	SPECIAL CATEGORIES ON-CALL FEES FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND . . . . . . FROM INCIDENTAL TRUST FUND		333,296 10,000
1421	SPECIAL CATEGORIES OVERTIME FROM LAND ACQUISITION TRUST FUND . .		135,172
1422	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND . . . . . FROM INCIDENTAL TRUST FUND . . . . . FROM LAND ACQUISITION TRUST FUND . .	1,823,436	 417,985 185,523
1422A	SPECIAL CATEGORIES AIRCRAFT PURCHASE FROM LAND ACQUISITION TRUST FUND . .		671,000
1423	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM FEDERAL GRANTS TRUST FUND . . . FROM INCIDENTAL TRUST FUND . . . . . FROM LAND ACQUISITION TRUST FUND . .	176,175	 987 33,147 152,754
1423A	FIXED CAPITAL OUTLAY CONSERVATION AND RURAL LAND PROTECTION EASEMENTS AND AGREEMENTS FROM GENERAL REVENUE FUND	8,657,250	
1424	FIXED CAPITAL OUTLAY ROADS, BRIDGES, AND STREAM CROSSING MAINTENANCE - DIVISION OF FORESTRY FROM LAND ACQUISITION TRUST FUND . .		4,918,435
1425	FIXED CAPITAL OUTLAY MAINTENANCE, REPAIRS AND CONSTRUCTION - STATEWIDE FROM LAND ACQUISITION TRUST FUND . .		3,755,000

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

TOTAL: FLORIDA FOREST SERVICE			
FROM GENERAL REVENUE FUND		26,899,567	
FROM TRUST FUNDS			113,233,004
TOTAL POSITIONS	1,180.00		
TOTAL ALL FUNDS			140,132,571
PROGRAM: AGRICULTURE MANAGEMENT INFORMATION CENTER			
OFFICE OF AGRICULTURE TECHNOLOGY SERVICES			
APPROVED SALARY RATE	2,991,523		
1427 SALARIES AND BENEFITS	POSITIONS	54.00	
FROM GENERAL REVENUE FUND		767,995	
FROM DIVISION OF LICENSING TRUST FUND			61,799
FROM GENERAL INSPECTION TRUST FUND			1,890,366
FROM LAND ACQUISITION TRUST FUND			1,518,307
1428 OTHER PERSONAL SERVICES			
FROM GENERAL INSPECTION TRUST FUND			47,348
1429 EXPENSES			
FROM DIVISION OF LICENSING TRUST FUND			263,632
FROM GENERAL INSPECTION TRUST FUND			3,459,287
1430 OPERATING CAPITAL OUTLAY			
FROM GENERAL INSPECTION TRUST FUND			179,000
1431 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM GENERAL INSPECTION TRUST FUND			785,505
1432 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM GENERAL INSPECTION TRUST FUND			9,690
1433 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM DIVISION OF LICENSING TRUST FUND			326
FROM GENERAL INSPECTION TRUST FUND			9,477
FROM LAND ACQUISITION TRUST FUND			6,217
1434 SPECIAL CATEGORIES			
REGULATORY LIFECYCLE MANAGEMENT SYSTEM			
FROM DIVISION OF LICENSING TRUST FUND			1,208,703
TOTAL: OFFICE OF AGRICULTURE TECHNOLOGY SERVICES			
FROM GENERAL REVENUE FUND		767,995	
FROM TRUST FUNDS			9,439,657
TOTAL POSITIONS	54.00		
TOTAL ALL FUNDS			10,207,652
PROGRAM: FOOD SAFETY AND QUALITY			
FOOD SAFETY INSPECTION AND ENFORCEMENT			
APPROVED SALARY RATE	12,937,572		
1435 SALARIES AND BENEFITS	POSITIONS	319.00	
FROM GENERAL REVENUE FUND		2,184,527	
FROM FEDERAL GRANTS TRUST FUND			1,672,100
FROM GENERAL INSPECTION TRUST FUND			15,246,652
1436 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		50,341	
FROM FEDERAL GRANTS TRUST FUND			124,634
FROM GENERAL INSPECTION TRUST FUND			330,662

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1437	EXPENSES		
	FROM GENERAL REVENUE FUND	487,347	
	FROM FEDERAL GRANTS TRUST FUND . . .		732,195
	FROM GENERAL INSPECTION TRUST FUND .		2,209,878
1438	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	20,500	
	FROM FEDERAL GRANTS TRUST FUND . . .		250,747
	FROM GENERAL INSPECTION TRUST FUND .		63,583
1439	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FEDERAL GRANTS TRUST FUND . . .		22,229
	FROM GENERAL INSPECTION TRUST FUND .		472,367
1440	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	254,960	
	FROM FEDERAL GRANTS TRUST FUND . . .		370,707
	FROM GENERAL INSPECTION TRUST FUND .		365,000
1441	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	50,424	
	FROM GENERAL INSPECTION TRUST FUND .		99,406
1442	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	12,531	
	FROM GENERAL INSPECTION TRUST FUND .		77,756
TOTAL:	FOOD SAFETY INSPECTION AND ENFORCEMENT		
	FROM GENERAL REVENUE FUND	3,060,630	
	FROM TRUST FUNDS		22,037,916
	TOTAL POSITIONS	319.00	
	TOTAL ALL FUNDS		25,098,546

PROGRAM: CONSUMER PROTECTION

AGRICULTURAL ENVIRONMENTAL SERVICES

APPROVED SALARY RATE 8,244,102

1443	SALARIES AND BENEFITS POSITIONS	186.00	
	FROM GENERAL REVENUE FUND	787,865	
	FROM FEDERAL GRANTS TRUST FUND . . .		463,192
	FROM GENERAL INSPECTION TRUST FUND .		7,587,462
	FROM PEST CONTROL TRUST FUND		3,414,333
1444	OTHER PERSONAL SERVICES		
	FROM FEDERAL GRANTS TRUST FUND . . .		159,411
	FROM GENERAL INSPECTION TRUST FUND .		217,887
	FROM PEST CONTROL TRUST FUND		12,010
1445	EXPENSES		
	FROM FEDERAL GRANTS TRUST FUND . . .		338,295
	FROM GENERAL INSPECTION TRUST FUND .		1,064,604
	FROM PEST CONTROL TRUST FUND		394,514
1446	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS - OPERATION CLEAN SWEEP		
	FROM GENERAL INSPECTION TRUST FUND .		100,000
1447	AID TO LOCAL GOVERNMENTS		
	MOSQUITO CONTROL PROGRAM		
	FROM GENERAL INSPECTION TRUST FUND .		2,660,000

From the funds provided in Specific Appropriation 1447, $387,389 from the General Inspection Trust Fund shall be used to support personnel at the Institute of Food and Agricultural Sciences (IFAS)/Florida Medical Entomology Laboratory to perform applied research to develop and test formulations, application techniques, and procedures of pesticides and biological control agents for the control of arthropods, and in

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particular, biting arthropods of public health or nuisance importance.

From the funds provided in Specific Appropriation 1447, $500,000 from the General Inspection Trust Fund shall be used for competitive grants as approved by the department for applied and basic research into the practical methods of control to be used by local mosquito control agencies, including research into the prevention of mosquito-borne illnesses. The research may be conducted by any public university or college in Florida.

1448	OPERATING CAPITAL OUTLAY		
	FROM FEDERAL GRANTS TRUST FUND . . .		102,500
	FROM GENERAL INSPECTION TRUST FUND .		61,429
1449	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FEDERAL GRANTS TRUST FUND . . .		130,000
	FROM PEST CONTROL TRUST FUND		106,000
1450	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	302,958	
	FROM FEDERAL GRANTS TRUST FUND . . .		296,278
	FROM GENERAL INSPECTION TRUST FUND .		235,124
	FROM PEST CONTROL TRUST FUND		206,425

From the funds in Specific Appropriation 1450, $200,000 in nonrecurring funds from the General Revenue Fund is provided for the Agricultural Plastic Recycling Market Development Initiative (HB 4109)(Senate Form 1585).

1451	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	58,042	
	FROM GENERAL INSPECTION TRUST FUND .		37,041
1452	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	16,635	
	FROM GENERAL INSPECTION TRUST FUND .		29,632
	FROM PEST CONTROL TRUST FUND		14,392
TOTAL:	AGRICULTURAL ENVIRONMENTAL SERVICES		
	FROM GENERAL REVENUE FUND	1,165,500	
	FROM TRUST FUNDS		17,630,529
	TOTAL POSITIONS	186.00	
	TOTAL ALL FUNDS		18,796,029

CONSUMER PROTECTION

APPROVED SALARY RATE 10,804,925

1453	SALARIES AND BENEFITS POSITIONS	284.00	
	FROM GENERAL INSPECTION TRUST FUND .		15,811,990
1454	OTHER PERSONAL SERVICES		
	FROM GENERAL INSPECTION TRUST FUND .		201,797
1455	EXPENSES		
	FROM GENERAL INSPECTION TRUST FUND .		2,685,257
1456	OPERATING CAPITAL OUTLAY		
	FROM GENERAL INSPECTION TRUST FUND .		223,437
1457	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL INSPECTION TRUST FUND .		831,533
1458	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL INSPECTION TRUST FUND .		429,564

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1459	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL INSPECTION TRUST FUND .		87,276
TOTAL:	CONSUMER PROTECTION		
	FROM TRUST FUNDS		20,270,854
	TOTAL POSITIONS	284.00	
	TOTAL ALL FUNDS		20,270,854

PROGRAM: AGRICULTURAL ECONOMIC DEVELOPMENT

FRUITS AND VEGETABLES INSPECTION AND ENFORCEMENT

APPROVED SALARY RATE 5,028,368

1460	SALARIES AND BENEFITS POSITIONS	117.00	
	FROM CITRUS INSPECTION TRUST FUND .		3,260,181
	FROM FEDERAL GRANTS TRUST FUND . . .		643,531
	FROM GENERAL INSPECTION TRUST FUND .		2,401,272
1461	OTHER PERSONAL SERVICES		
	FROM CITRUS INSPECTION TRUST FUND .		222,554
	FROM FEDERAL GRANTS TRUST FUND . . .		7,500
	FROM GENERAL INSPECTION TRUST FUND .		949,829
1462	EXPENSES		
	FROM CITRUS INSPECTION TRUST FUND .		583,880
	FROM FEDERAL GRANTS TRUST FUND . . .		229,982
	FROM GENERAL INSPECTION TRUST FUND .		567,529
1463	OPERATING CAPITAL OUTLAY		
	FROM CITRUS INSPECTION TRUST FUND .		10,000
	FROM GENERAL INSPECTION TRUST FUND .		23,710
1464	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL INSPECTION TRUST FUND .		288,000
1465	SPECIAL CATEGORIES		
	AUTOMATED TESTING EQUIPMENT		
	FROM CITRUS INSPECTION TRUST FUND .		101,041
1465A	SPECIAL CATEGORIES		
	TRANSFER TO AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		
	FROM GENERAL REVENUE FUND	8,000,000	
1465B	SPECIAL CATEGORIES		
	TRANSFER GENERAL REVENUE TO CITRUS INSPECTION TRUST FUND		
	FROM GENERAL REVENUE FUND	1,000,000	
1466	SPECIAL CATEGORIES		
	CITRUS RESEARCH		
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		8,000,000

The funds provided in Specific Appropriation 1466 shall be transferred to the Citrus Research and Development Foundation, Inc. to conduct, or cause to be conducted, research projects on citrus disease, pursuant to section 581.031(32), Florida Statutes.

From the funds in Specific Appropriation 1466, $3,000,000 in nonrecurring funds is provided to the Citrus Research and Development Foundation to issue a request for proposal to conduct large scale scientific research field trials to demonstrate the impact of utilizing a combination of management and therapeutic tools for new plantings, including, but not limited to, grove design, planting preparation, pest management, and post planting production practices to promote increased production of citrus.

From the funds in Specific Appropriation 1466, the Citrus Research and Development Foundation shall hold quarterly public meetings at locations

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that best represent all geographic regions of the state with an emphasis on citrus production. The public meetings shall include in-depth reporting on the results of non-confidential completed research projects, current research and planned research projects on citrus disease, including but not limited to citrus canker and citrus greening. Scientists, growers, industry representatives, and Citrus Research and Development Foundation administrators must be represented at the public meetings. Public meetings shall provide the opportunity for public input, questions and comments.

Funds in Specific Appropriation 1466, outside of direct operational and staffing costs within the Citrus Research and Development Foundation, shall not be used for any administrative assessment fees from external entities.

1467	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM CITRUS INSPECTION TRUST FUND		38,428
	FROM FEDERAL GRANTS TRUST FUND		268,122
	FROM GENERAL INSPECTION TRUST FUND		53,762
1468	SPECIAL CATEGORIES		
	GRANTS AND AIDS - MARKETING ORDERS		
	FROM CITRUS INSPECTION TRUST FUND		3,167,237
	FROM GENERAL INSPECTION TRUST FUND		669,082
1469	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM CITRUS INSPECTION TRUST FUND		77,652
	FROM GENERAL INSPECTION TRUST FUND		144,212
1470	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM CITRUS INSPECTION TRUST FUND		60,944
	FROM FEDERAL GRANTS TRUST FUND		1,972
	FROM GENERAL INSPECTION TRUST FUND		18,169
TOTAL:	FRUITS AND VEGETABLES INSPECTION AND ENFORCEMENT		
	FROM GENERAL REVENUE FUND	9,000,000	
	FROM TRUST FUNDS		21,788,589
	TOTAL POSITIONS	117.00	
	TOTAL ALL FUNDS		30,788,589

AGRICULTURAL PRODUCTS MARKETING

APPROVED SALARY RATE 4,156,446

1471	SALARIES AND BENEFITS POSITIONS	100.00	
	FROM GENERAL REVENUE FUND	484,023	
	FROM GENERAL INSPECTION TRUST FUND		604,550
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		1,690,296
	FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		2,338,818
	FROM SALTWATER PRODUCTS PROMOTION TRUST FUND		963,457
	FROM FLORIDA AGRICULTURAL PROMOTION CAMPAIGN TRUST FUND		48,711
1472	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	8,600	
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		28,134
	FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		26,753
1473	EXPENSES		
	FROM GENERAL REVENUE FUND	98,541	
	FROM GENERAL INSPECTION TRUST FUND		495,649
	FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		848,391
	FROM SALTWATER PRODUCTS PROMOTION TRUST FUND		154,408
	FROM VITICULTURE TRUST FUND		9,580

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	FROM FLORIDA AGRICULTURAL PROMOTION CAMPAIGN TRUST FUND . . .		188,858
1474	OPERATING CAPITAL OUTLAY FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		10,500
1475	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM FLORIDA AGRICULTURAL PROMOTION CAMPAIGN TRUST FUND . . .		61,000
1476	SPECIAL CATEGORIES GRANTS AND AIDS - VITICULTURE PROGRAM FROM VITICULTURE TRUST FUND		700,000
1477	SPECIAL CATEGORIES FLORIDA AGRICULTURE PROMOTION CAMPAIGN FROM GENERAL REVENUE FUND	4,588,850	
	FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		1,310,000

From the funds in Specific Appropriation 1477, $750,000 in recurring funds from the General Revenue Fund is provided to the Cattle Enhancement Board, Inc., to conduct programs and research designed to expand uses of beef and beef products and strengthen the market position of Florida's cattle industry in this state and in the nation (recurring base appropriations project).

From the funds in Specific Appropriation 1477, $98,850 in nonrecurring funds from the General Revenue Fund is provided to the 2021 Miami International Agriculture, Horse and Cattle Show for promotional activities (HB 3669)(Senate Form 1119).

1478	SPECIAL CATEGORIES FEDERAL VALUE OF PRODUCTION SPECIALTY CROP GRANT FROM FEDERAL GRANTS TRUST FUND . . .		4,074,659
1479	SPECIAL CATEGORIES FEDERAL SUPPORT FOR FLORIDA AGRICULTURE PROMOTIONS FROM FEDERAL GRANTS TRUST FUND . . .		206,586
1480	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	15,219	
	FROM GENERAL INSPECTION TRUST FUND .		112,460
	FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		38,600
	FROM SALTWATER PRODUCTS PROMOTION TRUST FUND		150,000
	FROM FLORIDA AGRICULTURAL PROMOTION CAMPAIGN TRUST FUND . . .		75,000
1481	SPECIAL CATEGORIES AGRICULTURAL LEADERSHIP AND EDUCATION FROM GENERAL INSPECTION TRUST FUND .		300,000
1482	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	25,282	
	FROM GENERAL INSPECTION TRUST FUND .		32,078
	FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		77,568
	FROM SALTWATER PRODUCTS PROMOTION TRUST FUND		16,192
1483	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	16,976	
	FROM GENERAL INSPECTION TRUST FUND .		2,015
	FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		11,623

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

	FROM SALTWATER PRODUCTS PROMOTION TRUST FUND		4,487
	FROM FLORIDA AGRICULTURAL PROMOTION CAMPAIGN TRUST FUND . . .		225
1483A	FIXED CAPITAL OUTLAY CODE AND LIFE SAFETY - STATE FARMERS' MARKETS - STATEWIDE FROM MARKET IMPROVEMENTS WORKING CAPITAL TRUST FUND		180,000
1483B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY FLORIDA HORSE PARK FROM GENERAL REVENUE FUND	500,000	

The nonrecurring funds in Specific Appropriation 1483B are provided for the Florida Horse Park (HB 3195)(Senate Form 2291).

1483C	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY AGRICULTURAL PROMOTION AND EDUCATION FACILITIES FROM GENERAL REVENUE FUND	3,574,065	

The nonrecurring funds provided in Specific Appropriation 1483C shall be used for the following:

Arcadia Rodeo Multi-Functional Facility (HB 3217)(Senate Form 1739)	200,000
Bradford County Fair Association	500,000
Clay County Board of County Commissioners Fairground Renovations & Improvements	500,000
Hernando County Fair Association	424,065
Martin County Fair Association Agriplex & Fairgrounds (HB 2175)	200,000
Northeast Florida Fair Association	250,000
Putnam County Fair Association	750,000
South Florida Fairgrounds Multi-Purpose Exhibition Building (HB 3665)(Senate Form 1625)	250,000
Suwannee County Board of County Commissioners Agricultural Complex & Colloseum	500,000

TOTAL:	AGRICULTURAL PRODUCTS MARKETING FROM GENERAL REVENUE FUND	9,311,556	
	FROM TRUST FUNDS		14,760,598
	TOTAL POSITIONS	100.00	
	TOTAL ALL FUNDS		24,072,154

AQUACULTURE

APPROVED SALARY RATE 1,918,798

1484	SALARIES AND BENEFITS POSITIONS	44.00	
	FROM GENERAL REVENUE FUND	1,959,113	
	FROM GENERAL INSPECTION TRUST FUND .		876,329
1485	OTHER PERSONAL SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		19,700
	FROM GENERAL INSPECTION TRUST FUND .		30,532
1486	EXPENSES FROM GENERAL REVENUE FUND	400,173	
	FROM FEDERAL GRANTS TRUST FUND . . .		29,000
	FROM GENERAL INSPECTION TRUST FUND .		285,966
1487	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	20,000	
	FROM GENERAL INSPECTION TRUST FUND .		12,600
1488	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM GENERAL INSPECTION TRUST FUND .		31,863

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1489	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	80,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		166,385
	FROM GENERAL INSPECTION TRUST FUND .		85,000
1490	SPECIAL CATEGORIES		
	OYSTER PLANTING		
	FROM GENERAL INSPECTION TRUST FUND .		160,000
1491	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	9,299	
	FROM GENERAL INSPECTION TRUST FUND .		4,632
1492	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	11,379	
	FROM GENERAL INSPECTION TRUST FUND .		3,302
1492A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND		
	NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	BASCOM FARMS		
	FROM GENERAL REVENUE FUND	1,800,000	

From the funds in Specific Appropriation 1492A, $1,800,000 in nonrecurring funds from the General Revenue Fund is provided for Bascom Farms/Sturgeon Aquafarms (HB 4997)(Senate Form 2350).

TOTAL:	AQUACULTURE		
	FROM GENERAL REVENUE FUND	4,279,964	
	FROM TRUST FUNDS		1,705,309
	TOTAL POSITIONS	44.00	
	TOTAL ALL FUNDS		5,985,273

ANIMAL PEST AND DISEASE CONTROL

APPROVED SALARY RATE 5,359,477

1493	SALARIES AND BENEFITS POSITIONS	115.00	
	FROM GENERAL REVENUE FUND	6,004,179	
	FROM FEDERAL GRANTS TRUST FUND . . .		474,759
	FROM GENERAL INSPECTION TRUST FUND .		528,199
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		482,313
1494	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	12,104	
	FROM FEDERAL GRANTS TRUST FUND . . .		148,472
	FROM GENERAL INSPECTION TRUST FUND .		67,466
1495	EXPENSES		
	FROM GENERAL REVENUE FUND	365,981	
	FROM FEDERAL GRANTS TRUST FUND . . .		413,164
	FROM GENERAL INSPECTION TRUST FUND .		628,888
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		125,157
1496	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	50,949	
	FROM FEDERAL GRANTS TRUST FUND . . .		25,000
1497	SPECIAL CATEGORIES		
	STATE AGRICULTURAL RESPONSE TEAM (SART)		
	FROM GENERAL REVENUE FUND	300,000	

Funds in Specific Appropriation 1497 are provided to the Department of Agriculture and Consumer Services to coordinate the state's response to animal and agricultural issues in Florida in the event of an emergency or disaster situation.

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1498	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM FEDERAL GRANTS TRUST FUND . . .		495,215
	FROM GENERAL INSPECTION TRUST FUND .		323,958
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		20,000
1499	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	44,638	
	FROM GENERAL INSPECTION TRUST FUND .		43,433
1500	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	36,699	
	FROM GENERAL INSPECTION TRUST FUND .		5,020
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		330
TOTAL:	ANIMAL PEST AND DISEASE CONTROL		
	FROM GENERAL REVENUE FUND	6,814,550	
	FROM TRUST FUNDS		3,781,374
	TOTAL POSITIONS	115.00	
	TOTAL ALL FUNDS		10,595,924

PLANT PEST AND DISEASE CONTROL

APPROVED SALARY RATE 15,198,569

1501	SALARIES AND BENEFITS POSITIONS	378.00	
	FROM GENERAL REVENUE FUND	10,454,911	
	FROM CITRUS INSPECTION TRUST FUND .		462,495
	FROM FEDERAL GRANTS TRUST FUND . . .		6,097,921
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		3,152,876
	FROM PLANT INDUSTRY TRUST FUND . . .		2,030,803
1502	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	21,941	
	FROM CITRUS INSPECTION TRUST FUND .		1,036
	FROM FEDERAL GRANTS TRUST FUND . . .		1,245,118
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		357,786
	FROM PLANT INDUSTRY TRUST FUND . . .		490,409
1503	EXPENSES		
	FROM GENERAL REVENUE FUND	1,181,860	
	FROM CITRUS INSPECTION TRUST FUND .		79,832
	FROM FEDERAL GRANTS TRUST FUND . . .		1,427,724
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		23,748
	FROM PLANT INDUSTRY TRUST FUND . . .		724,622
1504	OPERATING CAPITAL OUTLAY		
	FROM FEDERAL GRANTS TRUST FUND . . .		216,195
	FROM PLANT INDUSTRY TRUST FUND . . .		95,006
1505	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	368,029	
	FROM FEDERAL GRANTS TRUST FUND . . .		52,576
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		300,000
1506	SPECIAL CATEGORIES		
	AGRICULTURAL EMERGENCIES (MEDFLY PROGRAM)		
	FROM AGRICULTURAL EMERGENCY		
	ERADICATION TRUST FUND		1,214,177
1507	SPECIAL CATEGORIES		
	GRANTS AND AIDS - BOLL WEEVIL ERADICATION		
	FROM PLANT INDUSTRY TRUST FUND . . .		150,000

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1508	SPECIAL CATEGORIES APIARIAN INDEMNITIES FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		36,000
1509	SPECIAL CATEGORIES ENDANGERED PLANT SPECIES FROM LAND ACQUISITION TRUST FUND . .		216,000
1509A	SPECIAL CATEGORIES TRANSFER TO AGRICULTURAL EMERGENCY ERADICATION TRUST FUND FROM GENERAL REVENUE FUND	2,000,000	
1510	SPECIAL CATEGORIES CITRUS HEALTH RESPONSE PROGRAM FROM FEDERAL GRANTS TRUST FUND . . . FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		10,803,905 2,000,000
1511	SPECIAL CATEGORIES PLANT PEST AND DISEASE CONTROL FROM FEDERAL GRANTS TRUST FUND . . .		1,007,325
1512	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND . . . . . FROM CITRUS INSPECTION TRUST FUND . FROM FEDERAL GRANTS TRUST FUND . . . FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND . . . . . . FROM PLANT INDUSTRY TRUST FUND . . .	634,481	 7,144 298,260 105,000 228,049

From the funds in Specific Appropriation 1512, $150,000 in nonrecurring funds from the General Revenue Fund is provided to fund voluntary testing of avocado trees for laurel wilt and the destruction of infected trees (HB 3269)(Senate Form 1638).

From the funds in Specific Appropriation 1512, $280,000 in nonrecurring funds from the General Revenue Fund is provided for the Apiculture Diagnostics Pilot Program (HB 3215)(Senate Form 2127).

1513	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND . . . . . FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND	743,905	 252,659
1514	SPECIAL CATEGORIES TRANSFER TO UNIVERSITY OF FLORIDA/ INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES FOR INVASIVE EXOTICS QUARANTINE FACILITY FROM PLANT INDUSTRY TRUST FUND . . .		540,000

Funds in Specific Appropriation 1514 are provided to the University of Florida Institute of Food and Agricultural Sciences for the Invasive Exotics Quarantine Facility (recurring base appropriations project).

1515	SPECIAL CATEGORIES INVASIVE SPECIES CONTROL FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND		500,000
1516	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND . . . . . FROM CITRUS INSPECTION TRUST FUND . FROM FEDERAL GRANTS TRUST FUND . . . FROM AGRICULTURAL EMERGENCY ERADICATION TRUST FUND . . . . . . FROM PLANT INDUSTRY TRUST FUND . . .	129,975	 8,265 7,280 538 62,132

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TOTAL:	PLANT PEST AND DISEASE CONTROL			
	FROM GENERAL REVENUE FUND		15,535,102	
	FROM TRUST FUNDS			34,194,881
	TOTAL POSITIONS		378.00	
	TOTAL ALL FUNDS			49,729,983

FOOD, NUTRITION AND WELLNESS

APPROVED SALARY RATE 4,751,421

1517	SALARIES AND BENEFITS	POSITIONS	100.00	
	FROM GENERAL REVENUE FUND		174,092	
	FROM FOOD AND NUTRITION SERVICES TRUST FUND			6,707,227
1518	OTHER PERSONAL SERVICES			
	FROM FOOD AND NUTRITION SERVICES TRUST FUND			287,126
1519	EXPENSES			
	FROM GENERAL REVENUE FUND		50,000	
	FROM FOOD AND NUTRITION SERVICES TRUST FUND			1,861,986
	FROM GENERAL INSPECTION TRUST FUND .			174,160
1520	AID TO LOCAL GOVERNMENTS			
	GRANTS AND AIDS - SCHOOL LUNCH PROGRAM			
	FROM FOOD AND NUTRITION SERVICES TRUST FUND			1,245,062,742
1521	AID TO LOCAL GOVERNMENTS			
	GRANTS AND AIDS - SCHOOL LUNCH PROGRAM - STATE MATCH			
	FROM GENERAL REVENUE FUND		9,295,134	
1522	AID TO LOCAL GOVERNMENTS			
	GRANTS AND AIDS - SCHOOL BREAKFAST PROGRAM			
	FROM GENERAL REVENUE FUND		7,590,912	
1523	OPERATING CAPITAL OUTLAY			
	FROM FOOD AND NUTRITION SERVICES TRUST FUND			57,438
1524	SPECIAL CATEGORIES			
	SUPPORT FOR FOOD BANK			
	FROM GENERAL REVENUE FUND		2,100,000	

From the funds in Specific Appropriation 1524, $450,000 in recurring funds from the General Revenue Fund (recurring base appropriations project) and $1,250,000 in nonrecurring funds from the General Revenue Fund are provided to Feeding Florida, formerly known as Florida Association of Food Banks (HB 2799)(Senate Form 2050).

From the funds in Specific Appropriation 1524, $100,000 in nonrecurring funds from the General Revenue Fund is provided for the North Miami Food Pantry (HB 3437)(Senate Form 2283).

From the funds in Specific Appropriation 1524, $300,000 in nonrecurring funds from the General Revenue Fund is provided for the Jewish Federation of Sarasota-Manatee Sustainable Space Garden (HB 2095)(Senate Form 1232).

1525	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM FOOD AND NUTRITION SERVICES TRUST FUND			7,645,665
	FROM GENERAL INSPECTION TRUST FUND .			45,840
1526	SPECIAL CATEGORIES			
	FARM SHARE PROGRAM			
	FROM GENERAL REVENUE FUND		1,684,909	

From the funds in Specific Appropriation 1526, $434,909 in recurring funds from the General Revenue Fund (recurring base appropriations project) and $1,250,000 in nonrecurring funds from the General Revenue

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Fund are provided to Farm Share (HB 2317)(Senate Form 2145).

From the funds provided in Specific Appropriation 1526, Farm Share may not allow any candidate for elective office to host a food distribution event during the period of time between the last day of the election qualifying period and the date of the election, if the candidate is opposed for election or re-election at the time of the event. This provision does not apply when the event is in response to a direct emergency.

1527	SPECIAL CATEGORIES GRANTS AND AIDS - EMERGENCY FEEDING ORGANIZATIONS FROM FOOD AND NUTRITION SERVICES TRUST FUND		12,239,092
1528	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	8,509	
	FROM FOOD AND NUTRITION SERVICES TRUST FUND		43,990
1529	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM FOOD AND NUTRITION SERVICES TRUST FUND		29,856
TOTAL:	FOOD, NUTRITION AND WELLNESS FROM GENERAL REVENUE FUND	20,903,556	
	FROM TRUST FUNDS		1,274,155,122
	TOTAL POSITIONS	100.00	
	TOTAL ALL FUNDS		1,295,058,678
TOTAL:	AGRICULTURE AND CONSUMER SERVICES, DEPARTMENT OF, AND COMMISSIONER OF AGRICULTURE FROM GENERAL REVENUE FUND	138,756,383	
	FROM TRUST FUNDS		1,620,119,800
	TOTAL POSITIONS	3,740.25	
	TOTAL ALL FUNDS		1,758,876,183
	TOTAL APPROVED SALARY RATE	158,036,628	

ENVIRONMENTAL PROTECTION, DEPARTMENT OF

PROGRAM: ADMINISTRATIVE SERVICES

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 12,528,426

1530	SALARIES AND BENEFITS POSITIONS	219.00	
	FROM ADMINISTRATIVE TRUST FUND . . .		7,944,499
	FROM INLAND PROTECTION TRUST FUND .		209,897
	FROM FEDERAL GRANTS TRUST FUND . . .		78,830
	FROM GRANTS AND DONATIONS TRUST FUND		12,563
	FROM INTERNAL IMPROVEMENT TRUST FUND		1,822
	FROM LAND ACQUISITION TRUST FUND . .		9,931,021
1531	OTHER PERSONAL SERVICES FROM ADMINISTRATIVE TRUST FUND . . .		485,660
	FROM INLAND PROTECTION TRUST FUND .		205,344
	FROM FEDERAL GRANTS TRUST FUND . . .		539,645
	FROM INTERNAL IMPROVEMENT TRUST FUND		499,619
1532	EXPENSES FROM ADMINISTRATIVE TRUST FUND . . .		2,510,571
	FROM INLAND PROTECTION TRUST FUND .		32,559
	FROM FEDERAL GRANTS TRUST FUND . . .		1,455
	FROM INTERNAL IMPROVEMENT TRUST FUND		4,980
	FROM LAND ACQUISITION TRUST FUND . .		16,018

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1533	OPERATING CAPITAL OUTLAY		
	FROM ADMINISTRATIVE TRUST FUND . . .		16,275
1534	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM ADMINISTRATIVE TRUST FUND . . .		220,231
1535	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		340,149
	FROM FEDERAL GRANTS TRUST FUND . . .		333,794
	FROM INTERNAL IMPROVEMENT TRUST FUND		2,859,188
1536	SPECIAL CATEGORIES		
	OUTSOURCING/PRIVATIZATION		
	FROM ADMINISTRATIVE TRUST FUND . . .		250,000
1537	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM ADMINISTRATIVE TRUST FUND . . .		43,094
	FROM INLAND PROTECTION TRUST FUND .		1,185
	FROM FEDERAL GRANTS TRUST FUND . . .		445
	FROM INTERNAL IMPROVEMENT TRUST FUND		2,396
	FROM LAND ACQUISITION TRUST FUND . .		56,051
1538	SPECIAL CATEGORIES		
	TENANT BROKER COMMISSIONS		
	FROM GRANTS AND DONATIONS TRUST FUND		100,000
1539	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM ADMINISTRATIVE TRUST FUND . . .		37,809
	FROM GRANTS AND DONATIONS TRUST FUND		1,220
	FROM LAND ACQUISITION TRUST FUND . .		45,198
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM TRUST FUNDS		26,781,518
	TOTAL POSITIONS	219.00	
	TOTAL ALL FUNDS		26,781,518

FLORIDA GEOLOGICAL SURVEY

APPROVED SALARY RATE 1,523,633

1540	SALARIES AND BENEFITS POSITIONS	33.00	
	FROM FEDERAL GRANTS TRUST FUND . . .		137,661
	FROM INTERNAL IMPROVEMENT TRUST FUND		689,248
	FROM LAND ACQUISITION TRUST FUND . .		660,091
	FROM MINERALS TRUST FUND		464,752
	FROM WATER QUALITY ASSURANCE TRUST FUND		481,622
1541	OTHER PERSONAL SERVICES		
	FROM INTERNAL IMPROVEMENT TRUST FUND		61,257
	FROM WATER QUALITY ASSURANCE TRUST FUND		8,508
1542	EXPENSES		
	FROM MINERALS TRUST FUND		29,960
	FROM WATER QUALITY ASSURANCE TRUST FUND		370,810
1543	OPERATING CAPITAL OUTLAY		
	FROM MINERALS TRUST FUND		42,195
	FROM WATER QUALITY ASSURANCE TRUST FUND		19,838

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1544	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM MINERALS TRUST FUND		400,000
1545	SPECIAL CATEGORIES		
	FLORIDA GEOLOGICAL SURVEY GRANTS		
	FROM FEDERAL GRANTS TRUST FUND . . .		573,844
	FROM GRANTS AND DONATIONS TRUST FUND		292,907
1546	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM INTERNAL IMPROVEMENT TRUST FUND		60,000
	FROM MINERALS TRUST FUND		5,700
	FROM WATER QUALITY ASSURANCE TRUST FUND		80,000
1547	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM FEDERAL GRANTS TRUST FUND . . .		842
	FROM INTERNAL IMPROVEMENT TRUST FUND		4,217
	FROM LAND ACQUISITION TRUST FUND . .		4,038
	FROM MINERALS TRUST FUND		2,010
	FROM WATER QUALITY ASSURANCE TRUST FUND		2,947
1548	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM INTERNAL IMPROVEMENT TRUST FUND		2,120
	FROM LAND ACQUISITION TRUST FUND . .		2,518
	FROM MINERALS TRUST FUND		4,323
TOTAL:	FLORIDA GEOLOGICAL SURVEY		
	FROM TRUST FUNDS		4,401,408
	TOTAL POSITIONS	33.00	
	TOTAL ALL FUNDS		4,401,408

TECHNOLOGY AND INFORMATION SERVICES

APPROVED SALARY RATE 4,763,210

1549	SALARIES AND BENEFITS POSITIONS	96.00	
	FROM LAND ACQUISITION TRUST FUND . .		7,133,965
1550	OTHER PERSONAL SERVICES		
	FROM WORKING CAPITAL TRUST FUND . .		1,660,944
1551	EXPENSES		
	FROM LAND ACQUISITION TRUST FUND . .		759,810
	FROM WORKING CAPITAL TRUST FUND . .		4,770,615
1552	OPERATING CAPITAL OUTLAY		
	FROM WORKING CAPITAL TRUST FUND . .		50,625
1553	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM INTERNAL IMPROVEMENT TRUST FUND		27,700
	FROM WORKING CAPITAL TRUST FUND . .		3,316,516
1554	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM LAND ACQUISITION TRUST FUND . .		25,964
1555	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM LAND ACQUISITION TRUST FUND . .		32,272

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002954

SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1556	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM WORKING CAPITAL TRUST FUND . .		1,589,827
TOTAL:	TECHNOLOGY AND INFORMATION SERVICES FROM TRUST FUNDS		19,368,238
	TOTAL POSITIONS	96.00	
	TOTAL ALL FUNDS		19,368,238

OFFICE OF EMERGENCY RESPONSE

APPROVED SALARY RATE 486,411

1557	SALARIES AND BENEFITS POSITIONS FROM COASTAL PROTECTION TRUST FUND . FROM INLAND PROTECTION TRUST FUND .	6.00	288,236 154,651
1558	OTHER PERSONAL SERVICES FROM COASTAL PROTECTION TRUST FUND .		61,443
1559	EXPENSES FROM COASTAL PROTECTION TRUST FUND . FROM INLAND PROTECTION TRUST FUND .		110,921 65,116
1560	OPERATING CAPITAL OUTLAY FROM COASTAL PROTECTION TRUST FUND .		7,818
1561	SPECIAL CATEGORIES ACQUISITION AND REPLACEMENT OF PATROL VEHICLES FROM COASTAL PROTECTION TRUST FUND .		63,594
1562	SPECIAL CATEGORIES HAZARDOUS WASTE CLEANUP FROM COASTAL PROTECTION TRUST FUND .		605,883
1563	SPECIAL CATEGORIES ON-CALL FEES FROM COASTAL PROTECTION TRUST FUND .		25,902
1564	SPECIAL CATEGORIES PAYMENTS FOR RESTORATION AND DAMAGE FROM COASTAL PROTECTION TRUST FUND .		25,000
1565	SPECIAL CATEGORIES ABANDONED DRUM REMOVAL AND DISPOSAL FROM COASTAL PROTECTION TRUST FUND .		70,000
1566	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM COASTAL PROTECTION TRUST FUND . FROM INLAND PROTECTION TRUST FUND .		3,234 1,182
1567	SPECIAL CATEGORIES UNDERGROUND STORAGE TANK CLEANUP FROM INLAND PROTECTION TRUST FUND .		80,759
1568	SPECIAL CATEGORIES TRANSFER TO THE MARINE RESOURCES CONSERVATION TRUST FUND OR STATE GAME TRUST FUND IN THE FWCC FOR LAW ENFORCEMENT FROM COASTAL PROTECTION TRUST FUND . FROM SOLID WASTE MANAGEMENT TRUST FUND		11,310,256 2,822,599
1569	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM COASTAL PROTECTION TRUST FUND .		1,342

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002955

TOTAL: OFFICE OF EMERGENCY RESPONSE
FROM TRUST FUNDS 15,697,936

TOTAL POSITIONS 6.00
TOTAL ALL FUNDS 15,697,936

PROGRAM: STATE LANDS

LAND ADMINISTRATION AND MANAGEMENT

APPROVED SALARY RATE 6,548,199

1570 SALARIES AND BENEFITS POSITIONS 127.00
FROM INTERNAL IMPROVEMENT TRUST FUND 7,392,991
FROM LAND ACQUISITION TRUST FUND . . 1,994,256

1571 OTHER PERSONAL SERVICES
FROM GRANTS AND DONATIONS TRUST FUND 50,000
FROM INTERNAL IMPROVEMENT TRUST FUND 519,950
FROM LAND ACQUISITION TRUST FUND . . 193,310

1572 EXPENSES
FROM GRANTS AND DONATIONS TRUST FUND 55,000
FROM INTERNAL IMPROVEMENT TRUST FUND 765,917
FROM LAND ACQUISITION TRUST FUND . . 301,758

1573 OPERATING CAPITAL OUTLAY
FROM GRANTS AND DONATIONS TRUST FUND 5,000
FROM INTERNAL IMPROVEMENT TRUST FUND 15,000
FROM LAND ACQUISITION TRUST FUND . . 1,920

1574 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM INTERNAL IMPROVEMENT TRUST FUND 192,000

1575 SPECIAL CATEGORIES
LAND MANAGEMENT
FROM LAND ACQUISITION TRUST FUND . . 3,641,698

Funds in Specific Appropriation 1575 may be used for resource stewardship, including program management, inventory management, administration, and planning.

1576 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM INTERNAL IMPROVEMENT TRUST FUND 2,045,161
FROM LAND ACQUISITION TRUST FUND . . 277,941

1577 SPECIAL CATEGORIES
STATE LANDS STEWARDSHIP
FROM INTERNAL IMPROVEMENT TRUST FUND 200,000
FROM LAND ACQUISITION TRUST FUND . . 250,000

1578 SPECIAL CATEGORIES
TIDE STATIONS AND BENCHMARKS
FROM INTERNAL IMPROVEMENT TRUST FUND 850,000

1579 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM INTERNAL IMPROVEMENT TRUST FUND 47,634
FROM LAND ACQUISITION TRUST FUND . . 12,849

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002956

1580 SPECIAL CATEGORIES
PAYMENT IN LIEU OF TAXES
FROM INTERNAL IMPROVEMENT TRUST FUND 1,160,000

1581 SPECIAL CATEGORIES
TENANT BROKER COMMISSIONS
FROM GRANTS AND DONATIONS TRUST FUND 75,000

1582 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM INTERNAL IMPROVEMENT TRUST FUND 39,522
FROM LAND ACQUISITION TRUST FUND . . 10,930

1583 FIXED CAPITAL OUTLAY
LAND ACQUISITION, ENVIRONMENTALLY ENDANGERED, UNIQUE/ IRREPLACEABLE LANDS, STATEWIDE
FROM LAND ACQUISITION TRUST FUND . . 67,000,000

1583A FIXED CAPITAL OUTLAY
WORKING WATERFRONTS PROGRAM
FROM LAND ACQUISITION TRUST FUND . . 2,000,000

1584 FIXED CAPITAL OUTLAY
LAND ACQUISITION-FLORIDA COMMUNITIES TRUST
FROM LAND ACQUISITION TRUST FUND . . 10,000,000

1585 FIXED CAPITAL OUTLAY
DEBT SERVICE
FROM LAND ACQUISITION TRUST FUND . . 134,975,355

Funds provided in Specific Appropriation 1585 are for Fiscal Year 2020-2021 debt service on bonds. These funds may be used to refinance any or all series if it is in the best interest of the state as determined by the Division of Bond Finance. If the debt service varies as a result of a change in the interest rate, timing of issuance, or other circumstances, there is appropriated from the Land Acquisition Trust Fund an amount sufficient to pay such debt service.

TOTAL: LAND ADMINISTRATION AND MANAGEMENT
FROM TRUST FUNDS 234,073,192

TOTAL POSITIONS 127.00
TOTAL ALL FUNDS 234,073,192

PROGRAM: DISTRICT OFFICES

REGULATORY DISTRICT OFFICES

APPROVED SALARY RATE 28,423,945

1586 SALARIES AND BENEFITS POSITIONS 535.00
FROM GENERAL REVENUE FUND 557,886
FROM ADMINISTRATIVE TRUST FUND . . . 1,376,380
FROM AIR POLLUTION CONTROL TRUST FUND 4,911,925
FROM COASTAL PROTECTION TRUST FUND . 922,477
FROM INLAND PROTECTION TRUST FUND . 2,916,210
FROM FEDERAL GRANTS TRUST FUND . . . 1,571,153
FROM INTERNAL IMPROVEMENT TRUST FUND 775,629
FROM LAND ACQUISITION TRUST FUND . . 13,229,143
FROM PERMIT FEE TRUST FUND 7,867,482
FROM SOLID WASTE MANAGEMENT TRUST FUND 1,485,692
FROM WATER QUALITY ASSURANCE TRUST FUND 3,298,598

1587 OTHER PERSONAL SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 62,750

AMERICAN OVERSIGHT

SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

	FROM AIR POLLUTION CONTROL TRUST FUND		159,229
	FROM INLAND PROTECTION TRUST FUND		72,455
	FROM FEDERAL GRANTS TRUST FUND		24,989
	FROM PERMIT FEE TRUST FUND		62,896
	FROM WATER QUALITY ASSURANCE TRUST FUND		247,132
1588	EXPENSES		
	FROM GENERAL REVENUE FUND	724,342	
	FROM ADMINISTRATIVE TRUST FUND		411,119
	FROM AIR POLLUTION CONTROL TRUST FUND		474,657
	FROM COASTAL PROTECTION TRUST FUND		18,949
	FROM INLAND PROTECTION TRUST FUND		357,121
	FROM FEDERAL GRANTS TRUST FUND		44,016
	FROM LAND ACQUISITION TRUST FUND		1,218,703
	FROM PERMIT FEE TRUST FUND		644,459
	FROM SOLID WASTE MANAGEMENT TRUST FUND		189,464
	FROM WATER QUALITY ASSURANCE TRUST FUND		334,615
1589	OPERATING CAPITAL OUTLAY		
	FROM ADMINISTRATIVE TRUST FUND		2,876
	FROM AIR POLLUTION CONTROL TRUST FUND		81,740
	FROM SOLID WASTE MANAGEMENT TRUST FUND		60,919
1590	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	357,327	
	FROM ADMINISTRATIVE TRUST FUND		87,585
	FROM AIR POLLUTION CONTROL TRUST FUND		21,644
	FROM INLAND PROTECTION TRUST FUND		1,860
	FROM LAND ACQUISITION TRUST FUND		9,325
	FROM PERMIT FEE TRUST FUND		8,070
	FROM SOLID WASTE MANAGEMENT TRUST FUND		6,550
	FROM WATER QUALITY ASSURANCE TRUST FUND		14,145

From the funds provided in Specific Appropriation 1590, $325,000 in nonrecurring funds from the General Revenue Fund is provided for the Monroe County Mobile Vessel Pumpout Program (HB 2813) (Senate Form 1194).

1591	SPECIAL CATEGORIES		
	HAZARDOUS WASTE CLEANUP		
	FROM COASTAL PROTECTION TRUST FUND		120,000
1592	SPECIAL CATEGORIES		
	ON-CALL FEES		
	FROM COASTAL PROTECTION TRUST FUND		173,625
1593	SPECIAL CATEGORIES		
	ABANDONED DRUM REMOVAL AND DISPOSAL		
	FROM COASTAL PROTECTION TRUST FUND		30,000
1594	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM ADMINISTRATIVE TRUST FUND		7,010
	FROM AIR POLLUTION CONTROL TRUST FUND		25,017
	FROM COASTAL PROTECTION TRUST FUND		4,698
	FROM INLAND PROTECTION TRUST FUND		14,854
	FROM FEDERAL GRANTS TRUST FUND		8,342
	FROM INTERNAL IMPROVEMENT TRUST FUND		3,951
	FROM LAND ACQUISITION TRUST FUND		67,038
	FROM PERMIT FEE TRUST FUND		42,246
	FROM SOLID WASTE MANAGEMENT TRUST FUND		7,567
	FROM WATER QUALITY ASSURANCE TRUST FUND		16,461

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002958

SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1595	SPECIAL CATEGORIES UNDERGROUND STORAGE TANK CLEANUP FROM INLAND PROTECTION TRUST FUND .		34,000
1596	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	11,589	
	FROM ADMINISTRATIVE TRUST FUND . . .		3,133
	FROM AIR POLLUTION CONTROL TRUST FUND		26,530
	FROM COASTAL PROTECTION TRUST FUND .		4,013
	FROM INLAND PROTECTION TRUST FUND .		14,062
	FROM FEDERAL GRANTS TRUST FUND . . .		8,311
	FROM LAND ACQUISITION TRUST FUND . .		72,583
	FROM PERMIT FEE TRUST FUND		51,750
	FROM SOLID WASTE MANAGEMENT TRUST FUND		8,974
	FROM WATER QUALITY ASSURANCE TRUST FUND		16,187
1597	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY POLLUTION RESTORATION PROJECTS/GRANT & AID FROM WATER QUALITY ASSURANCE TRUST FUND		150,000
TOTAL:	REGULATORY DISTRICT OFFICES FROM GENERAL REVENUE FUND	1,651,144	
	FROM TRUST FUNDS		43,882,309
	TOTAL POSITIONS	535.00	
	TOTAL ALL FUNDS		45,533,453

PROGRAM: WATER POLICY AND ECOSYSTEMS RESTORATION

WATER POLICY AND ECOSYSTEMS RESTORATION

APPROVED SALARY RATE 1,426,287

1598	SALARIES AND BENEFITS POSITIONS	24.00	
	FROM ADMINISTRATIVE TRUST FUND . . .		279,089
	FROM FEDERAL GRANTS TRUST FUND . . .		494,820
	FROM LAND ACQUISITION TRUST FUND . .		1,433,473
1599	OTHER PERSONAL SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		287,452
	FROM LAND ACQUISITION TRUST FUND . .		19,094
1600	EXPENSES FROM ADMINISTRATIVE TRUST FUND . . .		75,392
	FROM FEDERAL GRANTS TRUST FUND . . .		2,000
	FROM LAND ACQUISITION TRUST FUND . .		123,329
1601	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT ENVIRONMENTAL RESOURCE PERMITTING PROGRAM FROM GENERAL REVENUE FUND	1,851,231	
1602	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT - OPERATIONS FROM GENERAL REVENUE FUND	3,360,000	
1603	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - SUWANNEE RIVER WATER MANAGEMENT DISTRICT - OPERATIONS FROM GENERAL REVENUE FUND	2,287,000	
1604	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - SUWANNEE RIVER WATER MANAGEMENT DISTRICT - ENVIRONMENTAL RESOURCE PERMITTING FROM GENERAL REVENUE FUND	453,000	

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-002959

Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 3:15 PM
To: Sokoloski, Kristin; Philpot, Toby; Strickland, Katie
Cc: Kidder, Beth; Harris, Shevaun
Subject: Re: 2:00 PM CDC LTC Provider Call

Thank you!!! Very helpful

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 2:59:00 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Kidder, Beth <Beth.Kidder@ahca.myflorida.com>; Harris, Shevaun <Shevaun.Harris@ahca.myflorida.com>
Subject: 2:00 PM CDC LTC Provider Call

Joined 2:11 PM; my RAW notes below, Tori Henley will also be sending notes shortly.

My key take away:

- Lots of discussion about preserving PPE/ Supply shortages
- Lots of discussion about whether to transfer COVID position patients to hospital (only if clinically indicated)
- Apparent lower standard re isolation than we have previously discussed

Dr Jackson/ Lt Commander Slipka (sp)

- Long Stay units: residents should be closely monitored
- ALF should also increase their vigilance, temperature, pulse ox daily
- Pay attention to increases in temperature and heart rate and oxygen levels
- If case found, check at least 2x daily monitoring of those in facilities
- Consider hospitalization for older adults with concerning changes
- Have discussions with residents and families about health care preferences/ end of life care preferences
- Currently no licensed anti-viral drugs for patients
- Older. Those with commodities, be causes with administering fluids, could end up in lungs and worsen breather
- Secondary infection, not comment here but do happen, so watch out for this.
- Avoid cortico steroid unless needed for other condition, because potential for prolonging viral replication (this happened with MURS)
- Investigational therapies: Nucleotide analog being studied (did not catch name), available on limited basis through trials and compassionate use
- Use of NSAID like ibuprofen- not enough data to make recommendation at this time

Next Speaker -

AMERICAN OVERSIGHT

- Those with other health conditions and frail and older adults at highest risk for COVID 19, more likely to experience severe illness, require hospitalization, risk of death
- Ill visitors and personnel are most likely cause of introduction into the facilities
- Experience:
- Discovered clusters of symptomatic residents at multiple facilities in same areas
- Ill health care personnel among those identified with earliest COVID 19
- Also seen visitors with COVID 19
- Have seem movement of health care personal who may have been at one of more of the facilities
- Residents move quickly from what seems to be mild to severe
- We expect will more cases will be identified in more communities
- To protect vulnerable, ND and ALF should assume COVID already in their community and take aggressive measures

- Strategies:

(1) Restrict Visitation; both CDC and CMS have issued strong recommendation to immediately restrict all visitation, with some exceptions NO ill persons should be allowed to enter the facilities,

(2) Recognize negative impact of social isolation, but these measures are necessary, strong communication with facilities is critical- CDC has created a template letter that facilities can use which explains why, how, PPEs, social distancing, etc.

(3) Encourage alternative methods of communication with residents and families: Phone or video conferencing with families; maintain contact information or family and friends of residents and make sure that have the best contact info for the facilities; post signage with rules about visitation with contract person; restrict all non-essential health care personnel from entering building. Now is the time to think about how to do this – Create list of staff, visiting consultants and any other services that enter your facilities; engage each to crate plan to limit or stop their visits; review services provided and prioritize (must continue, may be delayed, those that can be stopped). Ultimately the decision will be local/ at the facility level. Create communication chain with your staff to rapidly communication changes.

(4) Social Distancing: CDC recommends that group activities by cancelled, and that residents keep distance of 6 feet; communal dining should be halted, residents must continue to be safely fed, encourage to find crated ways to keep residents active and engaged.

(5) Ill health care personnel: Actively monitoring both residents and personnel is critical; wellbeing of facility staff essential to continued care of residents; facilities staff must have the ability to stay home when they are ill; staff should regularly monitor themselves even when not working; at start of each shift need symptom screening and temperature taking; if become sick during the day, stop what they are doing out on facemask and go home

(6) As soon as an ill resident is identify, immediately restrict to room, if facility has isolation (lost this string) use PPE, if not use mask, gloves, gown. Personally perform frequent hand hygiene – and universal use of facemasks should be considered. NF ALF and other must notify health department for residents with severe respiratory infection or if they identify a cluster with respiratory symptoms.

(7) If require transfer to hospital, health department, receiving facility, ambulance should be notified of symptom

(8) We are currently experiencing a severe PPE shortage. Now is not the time to be expanding your use of PPE, you should be talking about how to preserve the PPE supply. Prioritize gowns only for certain situations, high contact resident are activities; aerosol activities, discussed reusing gowns and eyewear . . . . .

QUESTIONS:

If our facility does not have airborne infection isolation room, should we transfer our residents who are COVID 19 positive

ANSSWR:

Not required for care of residents with COVID 19; use is available should be prioritized for aerosol generating procedures

AMERICAN OVERSIGHT

Ideally place in single person room with private bathroom but room sharing and cohorting may be necessary
Transfer should be considered only if resident clinically is requiring a higher or different level of care
The decision of whether to hospitalize should really be based on clinical assessment of their status and not based on just have COVID19

QUESTION

What is your best recommended if we have a resident we think MIGHT have COVID 19

If you suspect that they may have COVID 19, move to their room and close door, resident should stay in room with staff where gloves, down, face mask and eye protection, notify the health department immediately

QUESNTION

How do we get the test for COVIFD 19

ANSWER

May be able to access testing through network of state and commercial labs; contact your local health department or existing lab vendor

QUESIOTN

What clinical samples are best for testing?

ANSWER

CDC recommendation nose swab; or both nose and mouth swab; for patients with productive cough , can use sputum; do not recommend inducing sputum; etc.

QUESTION:

If someone has appositive test for another virus, does that mean they do not have COVID 19

ANSWER:

We are seeing patients with another virus AND COVID 19, so no

Question:

How do you decide which residents should have increased monitoring?

ANSWER:

Probably make sense to actively monitor all residents; check vital signs upon admission and at least daily; if mild symptom, monitor twice daily, if a COVID case in the facility, all residents at least twice daily

QUESTION:

AMERICAN OVERSIGHT

PPS: You mentioned updating more supply opportunities; If a facility is running short, where can they obtain more supplies?

ANSWER:

PPE supply is running very low; assess your inventory and if you are unable to obtain more from suppliers; reach out and contact your health department and coalition

WUESTION:

How can I best prepare by facility

ANSWER

CDC has a checklist online under health care facilities/ LTC facilities; there is a preparing for COVID 19 LTC facilities/ nursing home page; this will help you develop a preparedness plan

QUESTION:

If positive test for COVID 19, does resident have to be hospitalized?

ANSWER:

No need is some cases, but increased monitoring is always a good idea

QUESTION:

What do you mean preserving PPE, some strategies

ANSWER

Prolong limited supply of PPE- may differ depending on type: Extended use of PPE; Selected use and Reuse of PPE. CDC will be putting out more detail on this (SOON)

QUESTION

What do you mean actively monitor health care personnel?

ANSWER

Monitoring their own symptoms; also check temperature at start of each shift and report any symptoms on respiratory distress, report any symptoms

QUESTION

Treatment of COVID 19- Use of empiric antibiotics:

ANSWER:

AMERICAN OVERSIGHT

Fever and respiratory, reasonable to try to treat with antibiotics, COVID 19 can cause an pneumonia that looks like bacterial on chest x rays; secondary bacterial infections can happened, have not seen that much yet with COVID

QUESTION

How do you know if you cleaning agent will work

ANSWER

Should be using an EPA registered hospital grade disinfectant; lots if information online. Use of cleaning and disinfecting high touch surface and shared equipment (blood pressure cuff, Hoyer lift, etc.)- Those should be cleaned immediately after each use, before each use. Also, be careful with your constant monitoring program, make sure all equipment is sanitized each time.

QUESTION

Should our facility be using M95 respirators or face masks?

ANSWER

If you have respiratory protection program, you should use them. Most nursing homes do not, and given supply shortages, facemasks are an acceptable alternative. You should also be thinking about how to preserve the PPE that you have

QUESTION

More about investigational therapies?

ANSWER

- "Remdesibir"- trials going on and limited basis compassionate use
- Trials going on outside US, HIV drugs and other drugs that suppress immune system
- No solid data on any yet so no CDC recommendation

QUESTION

Should my facility be performing COVID testing?

ANSWER

Currently, if you suspect someone has COVID, contact your health department for further guidance

QUESTION

If we have residents on hospice who have requested presence of their family members?

ANSWER

AMERICAN OVERSIGHT

Should be screened, provided face mask, instructed to frequently perform hand hygiene, limited to certain location in the building; encourage facilities to talk through with residents and family members

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 7:33 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Kidder"","" Beth; " "Miller"","" James; " "Kotas"","" James; " "Grow"","" Stefan; " "Ward"","" Scott; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; James.Kotas@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Scott.Ward@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Cc: Manderfield, Patrick
Subject: Fwd: DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELED ON NILE RIVER CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN

From: "Moscoso, Alberto" <Alberto.Moscoso@flhealth.gov>

Date: March 7, 2020 at 7:06:26 PM EST
To: "Feedback, NewsMedia" <NewsMedia@flhealth.gov>
Subject: DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELED ON NILE RIVER CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Florida HEALTH

FOR IMMEDIATE RELEASE
March 7, 2020

Contact: Communications Office
NewsMedia@flhealth.gov
(850) 245-4111

DEPARTMENT OF HEALTH ADVISES INDIVIDUALS WHO TRAVELED ON NILE RIVER CRUISE TO SELF-ISOLATE FOR 14 DAYS FROM THE DATE OF RETURN

TALLAHASSEE — The Florida Department of Health is advising all individuals who traveled on a river cruise on the Nile River in Egypt in February 2020 to self-isolate for 14 days following their date of return to the United States. Several passengers in the United States recently developed symptoms and have been confirmed to be infected with coronavirus disease 2019 (COVID-19), including two presumptive positive cases in Florida.

AMERICAN OVERSIGHT

The Department has been made aware that persons who were on tours in Egypt, Israel and Jordan between Feb 4-18, 2020 may have been exposed to COVID-19. Persons who traveled to these areas and have become sick are advised to stay home and isolated from others for the duration of their illness. Before seeking medical care, individuals who may have been exposed to COVID-19 should contact their nearest county health department.

For self-isolation guidelines, please visit: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/need-to-know/Self-Isolation.html

For more information regarding what travelers need to know, visit: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/travel-notice.html

In addition, please visit http://www.floridahealth.gov/all-county-locations.html to locate and obtain contact information for your local county health department.

COVID-19 is spread from person to person through small droplets from the nose or mouth, including when an individual coughs or sneezes. These droplets may land on objects and surfaces. Other people may contract COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Symptoms of COVID-19 are fever, cough and shortness of breath. Symptoms may appear in as few as two days or as many as 14 days following exposure. Most people recover from the COVID-19 without needing special treatment. The elderly and those with underlying medical problems like high blood pressure, heart problems and diabetes, are more likely to develop serious illness.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. As a reminder, the Department always recommends everyday preventive actions to help impede the spread of respiratory diseases, including:

- Avoiding close contact with people who are sick;
- Staying home when you are sick and avoiding contact with persons in poor health;
- Avoiding touching your eyes, nose and mouth with unwashed hands;
- Covering your cough or sneeze with a tissue, then disposing of the tissue;
- Washing your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, after blowing your nose, coughing or sneezing;

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty; and

- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.

The CDC does not recommend that asymptomatic, healthy people wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

A person that experiences a fever and symptoms of respiratory illness, such as fever, cough or shortness of breath, within 14 days after travel from China, Italy, Iran, South Korea, Japan and any other destination under CDC travel advisory should call ahead to their health care provider and local county health department and mention their recent travel or close contact.

If a person has had close contact with someone showing these symptoms who has recently traveled from this area or been in contact with a person with laboratory-confirmed COVID-19, they should call ahead to a health care professional and the county health department. The health care professional will work with the Department to determine if the person should be tested for COVID-19.

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Please visit the Department's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

For any other questions related to COVID-19 in Florida, please contact the Department's dedicated COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov. **The Call Center is available 24 hours a day, seven days a week.**

The CDC also has a website with information related to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov

##

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:14 PM
To: ""Roberts"","" William; William.Roberts@ahca.myflorida.com
Subject: RE: MOU
Attachments: Agency Agreement Template 2100-0062_December2018.docx

I filled in the parties. It's with Bob Asztalos with FHCA to come to the Agency to help consult and collaborate on COIVD-19 response. I asked him for a little more detail, but can you begin adapting the MOU for those purposes? He'll just be here so we can make things happen faster.

From: Roberts, William <William.Roberts@ahca.myflorida.com>
Sent: Monday, March 16, 2020 10:35 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: FW: MOU

I think our agency agreement template (attached) would provide a good framework for this type of agreement. It contains the necessary boilerplate and could be adapted. Once we have a better idea of what the associations will be doing, we can plug in a description of the services and make any necessary tweaks.

From: Roberts, William
Sent: Monday, March 16, 2020 10:12 AM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: RE: MOU

2 things come to mind immediately:
-They would have to sign a business associate agreement under HIPAA.
-They would have to hold us harmless from all liability.

I'll keep thinking about it.

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 6:31 AM
To: Roberts, William <William.Roberts@ahca.myflorida.com>
Subject: MOU

Bill,

We're considering allowing some members of trade associations to work with us here at the agency for a while to help with quick response to facility issues. Can you brainstorm what we would put in an MOU with them? Definitely strict confidentiality provisions.

Thanks,

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Agreement No. [INSERT AGREEMENT #]
STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
AGENCY AGREEMENT

In exchange for the mutual promises contained herein, this Memorandum of Understanding Agreement is entered into between the State of Florida, **AGENCY FOR HEALTH CARE ADMINISTRATION**, hereinafter referred to as the **"Agency"**, whose address is 2727 Mahan Drive, Tallahassee, Florida 32308, and Bob Asztalos, Florida Health Care Association, hereinafter referred to as the **"FHCA"** whose address is 307 West Park Avenue, Tallahassee, Florida, 32301, to provide consultation and assistance.

I. OVERVIEW/PURPOSE

[INCLUDE a brief background description, summary of services to be provided and intended outcomes.]

II. LEGAL AUTHORITY

N/A

III. [IF APPLICABLE, INCLUDE]DEFINITIONS

[INCLUDE a list of any terms within the Agreement that require additional clarification/ information.]

IV. TERM

A. Term

This Agreement shall begin upon execution by all Parties or **[INSERT Begin Date]** (whichever is later) and end on **[INSERT End Date]**, inclusive.

B. Renewal

In accordance with Section 287.057(13), Florida Statutes, this Agreement may be renewed for a period that may not exceed three (3) years or the term of the original Agreement, whichever period is longer. Renewal of the Agreement shall be in writing and subject to the same terms and conditions set forth in the initial Agreement. A renewal Agreement may not include any compensation for costs associated with the renewal. Renewals are optional and subject to the availability of funds.

C. Amendment

This Agreement may be amended upon written Agreement signed by all Parties.

V. MONETARY VALUE

There are no costs associated with this Agreement.

VI. CONTACT INFORMATION

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A. The Agency's Agreement Manager's contact information is as follows:

Molly McKinstry
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308
(850) 412-4420
Molly.Mckinstry@ahca.myflorida.com

B. The [INSERT PARTY'S REFERRED TO AS NAME] Agreement Manager's contact information is as follows:

Bob Asztalos
307 West Park Avenue
Tallahassee, Florida, 32301
(850) 224-3907
basztalos@fhca.org

C. All matters pertaining to this Agreement shall be directed to the Agreement Managers for appropriate action or disposition. A change in Agreement Manager by any Party shall be reduced to writing through an amendment to this Agreement by the Agency.

VII. SCOPE

A. Services Provided by the Agency
[INCLUDE a list services the Agency will provide.]

B. Services Provided by [INSERT Party's Referred To As Name]
[INCLUDE a list services the Party shall provide.]

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C. Deliverables Section

TABLE 1 – DELIVERABLE SCHEDULE			
No.	**Deliverable**	**Supporting Documentation**	**Due Date**
1.			

VIII. [INSERT PARTY'S REFERRED TO AS NAME] HEREBY AGREES:

A. [IF APPLICABLE, INCLUDE]Monitoring

1. To provide reports as specified in **Section VII., Item B.**, Services Provided by [INSERT Party's Referred to as Name]. These reports will be used for monitoring progress or performance of the contractual services.

2. To permit persons duly authorized by the Agency to inspect any records, papers, documents, facilities, goods and services of [INSERT Party's Referred to as Name] which are relevant to this Agreement.

3. To ensure that each of its employees or subcontractors who performs activities related to the services associated with this Agreement will report to the Agency any health care facility that is the subject of these services that may have violated the law. To report concerns pertaining to a health care facility, the [INSERT Party's Referred to as Name] employee or subcontractor may contact the Agency Complaint Hotline by calling 1-888-419-3456 or by completing the online complaint form found at https://apps.ahca.myflorida.com/hcfc.

4. To ensure that each of its employees or subcontractors who performs activities related to the services associated with this Agreement, will report to the Agency areas of concern relative to the operation of any entity covered by this Agreement. To report concerns, the [INSERT Party's Referred to as Name] employee or subcontractor may contact the Agency Complaint Hotline by calling 1-877-254-1055 or by completing the online complaint form found at https://apps.ahca.myflorida.com/smmc_cirts/.

5. To ensure that reports which represent individuals receiving services are at risk for, or have suffered serious harm, impairment, or death are reported to the Agency immediately and no later than twenty four (24) clock hours after the observation is made. Reports that reflect noncompliance that does not rise to the level of concern noted above shall be reported to the Agency within ten (10) calendar days of the observation.

B. Health Insurance Portability and Accountability Act

1. To comply with the Department of Health and Human Services Privacy Regulations in the CFR, Title 45, Sections 160 and 164, regarding disclosure of protected health information as specified in **Attachment II**, Business Associate Agreement. If required by the HIPAA Compliance Officer

AMERICAN OVERSIGHT

2. To ensure it meets all Federal regulations regarding required standard electronic transactions and standards for privacy and individually identifiable health information as identified in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 and associated regulations.

3. To conduct all activities in compliance with 45 CFR 164 Subpart C to ensure data security, including, but not limited to encryption of all information that is confidential under Florida or Federal law, while in transmission and while resident on portable electronic media storage devices. Encryption is required and shall be consistent with Federal Information Processing Standards (FIPS), and/or the National Institute of Standards and Technology (NIST) publications regarding cryptographic standards.

C. Confidentiality of Information

1. To not use or disclose any confidential information, including social security numbers that may be supplied under this Agreement pursuant to law, and also including the identity or identifying information concerning a Medicaid recipient or services under this Agreement for any purpose not in conformity with State and Federal laws, except upon written consent of the recipient, or his/her guardian.

2. That all personally identifiable information, including Medicaid information, obtained by [INSERT Party's Referred to as Name] shall be treated as privileged and confidential information and shall be used only as authorized for purposes directly related to the administration of this Agreement. [INSERT Party's Referred to as Name] must have a process that specifies that patient-specific information remains confidential, is used solely for the purposes of data analysis or [INSERT Party's Referred to as Name] responsibilities under this Agreement, and is exchanged only for the purpose of conducting a review or other duties outlined in this Agreement.

3. All patient-specific information received by [INSERT Party's Referred to as Name] can be shared only with those agencies that have legal authority to receive such information and cannot be otherwise transmitted for any purpose other than those for which [INSERT Party's Referred to as Name] is retained by the Agency. [INSERT Party's Referred to as Name] must have in place written confidentiality policies and procedures to ensure confidentiality and to comply with all Federal and State laws (including the HIPAA and HITECH Acts) governing confidentiality, including electronic treatment records, facsimile mail, and electronic mail).

4. All subcontracts must explicitly state expectations about the confidentiality of information, and the subcontractor is held to the same confidentiality requirements as [INSERT Party's Referred to as Name]. If provider-specific data are released to the public, [INSERT Party's Referred to as Name] shall have policies and procedures for exercising due care in compiling and releasing such data that address statutory protections of quality assurance and confidentiality while assuring that open records requirements of Chapter 119, F.S., are met.

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5. [INSERT Party's Referred to as Name] and its subcontractors shall comply with the requirements of Section 501.171, F.S. and shall, in addition to the reporting requirements therein, report to the Agency any breach of personal information.

6. Any releases of information to the media, the public, or other entities require prior approval from the Agency.

7. Ensure all services will be performed within the borders of the United States and its territories and protectorates.

8. State-owned Data shall be processed, accessed and stored in data centers that are located only in the forty-eight (48) contiguous U.S.

D. Public Records Requests

1. To comply with Section 119.0701, F.S., if applicable, and all other applicable parts of the Florida Public Records Act.

2. To keep and maintain public records that ordinarily and necessarily would be required in order to perform services under this Agreement.

3. To provide the public with access to public records on the same terms and conditions that the Agency would provide the records and at a cost that does not exceed the cost provided in Section 119.07, F.S., or as otherwise provided by law.

4. That upon request from the appropriate Agency custodian of public records, provide the Agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost in Section 119.07, F.S., or as otherwise provided by law.

5. To ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement term and following completion of this Agreement if the Party does not transfer the records to the Agency.

6. To not collect an individual's social security number unless [INSERT Party's Referred to as Name] has stated in writing the purpose for its collection. [INSERT Party's Referred to as Name] collecting an individual's social security number shall provide a copy of the written statement to the Agency and otherwise comply with applicable portions of Section 119.071(5), F.S.

7. To meet all requirements for retaining public records and transfer, at no cost, to the Agency all public records in possession of [INSERT Party's Referred to as Name] upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the Agency in a format that is compatible with the information technology systems of the Agency.

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8. If [INSERT Party's Referred to as Name] does not comply with a public records request, the Agency shall enforce Agreement provisions in accordance with this Agreement.

9. **IF [INSERT PARTY'S REFERRED TO AS NAME] HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PARTY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE AGENCY CUSTODIAN OF PUBLIC RECORDS FOR THIS AGREEMENT. THE AGENCY CUSTODIAN OF PUBLIC RECORDS FOR THIS AGREEMENT IS THE AGREEMENT MANAGER.**

IX. Invoices shall be submitted on [INSERT Party's Referred to as Name] letterhead to the Agency's designated Agreement Manager within fifteen (15) calendar days of completion and Agency approval of deliverable(s). Invoice(s) shall include, at a minimum:

1. Invoice date;
2. Invoice number;
3. Agency's Agreement number;
4. Detailed description of the services rendered;
5. Date(s) on which services were rendered;
6. Payment remittance address; and
7. Other supporting documentation as requested by the Agency

X. **[IF APPLICABLE INCLUDE any other required language that is specific to this Agreement.]**

IN WITNESS THEREOF, the Parties hereto have caused this [INSERT number of pages to be spelled out] ([INSERT NUMERIC NUMBER]) page Agreement, which includes any referenced attachments, to be executed by their undersigned officials as duly authorized. This Agreement is not valid until signed and dated by all Parties.

INSERT PARTY'S NAME	**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**
SIGNED BY: _____	**SIGNED BY:** _____
NAME: _____	**NAME:** _____
TITLE: _____	**TITLE:** _____
DATE: _____	**DATE:** _____

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List of Attachments included as part of this Agreement:

Specify Type	Letter/ Number	Description
Attachment	**I**	Title of Attachment I here (# Pages)
Attachment	**II**	Business Associate Agreement (4 Pages)

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Tuesday, March 17, 2020 4:01 PM
To: ""Mayhew"","" Mary; " "Strickland"","" Katie; Mary.Mayhew@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com
Attachments: 3.17.20.docx

Opening

- Governor DeSantis and the State Emergency Operations Team continue to take comprehensive steps to protect the citizens of Florida.
- This Administration is prepared to meet and respond to this public health challenge.
- Let me assure all Floridians that every flexibility we can offer to health care providers and facilities is being explored to enhance communities' ability to respond to COVID-19.
- Our charge is to equip and resource the health care workforce on the frontlines with every necessary tool to protect the most vulnerable from the threat of COVID-19.
- We are taking decisive action to help prevent the impact and spread of this disease.
- Most importantly, we cannot afford to take the risk of spread in our skilled nursing and assisted living facilities.
- We know risk is greatest for our elderly – disproportionately impacting those 65 and older and those with underlying health conditions.
- While there may not be any identified community spread at this time, we know the first line of defense is stopping spread before it gets in the door.
- For our elderly and medically frail, the risk of fatality is high.
- It's why the Governor has taken decisive action to issued stronger visitation restrictions to eliminate any possible exposure to COVID-19.

Testing and Transfer

- For our nursing homes and assisted living facilities, We need to be able to quickly identify any individual in your facility that may be at risk for COVID-19.

- We need all of you, every facility, to work in coordination with your local county health department , the moment you anticipate someone may need to be tested or transferred to hospital.

- Florida's local county health departments are ready, and skilled to support you in determining what need to happen in terms of testing.

- They are ready to evaluate the precautions that may need to occur in your facility such as isolating other residents.

- To support and assist you to the extent hospital transfer is required.

AMERICAN OVERSIGHT

- We understand that many of you are not going to have the level of PPE that is often more readily available in hospital.

- If you are in need of certain PPE, contact your local county emergency manager if you cannot get it through your regular supply chain or if that is going to be delayed.

- While it is not a guarantee that the state will be able to turn that supply around to you, it will at least be recorded as a mission and a need – so the state can have a statewide perspective on what supplies are needed where.

- But again your local county health department and their skilled staff can help support you the moment you suspect someone may need to be tested or transferred to the hospital.

- We have over 11 long-term care facilities that have a suspected or confirmed COVID-19 case.

Prepare for Surge

- Hospitals across Florida must begin to plan for and develop a strategy for patient volume and complexity in the event of a surge of patients.
- CEOs, Administrators and medical team leadership must prepare now for how they will triage patients, allocate PPE resources and other critical life-saving equipment.
- Prepare contingency plans for capacity for hospitalization, ICU beds and ventilator supply.
- Develop and Refine protocols that define how patients will be triaged for admission, observation, discharge, and quarantine in a potential surge environment.
- Identifying locations and staffing plans that separate vulnerable patients from COVID-19 activities must be carefully considered.

- Hospitals systems should consider post-poneing elective surgeries, and taking additional steps to reduce non-life threatening procedure demand on doctors and nurses.

- Health systems in every community should begin planning for how they will communicate internally with their workforce, and externally to the public about hospital operations.

- A designated communications strategy will ensure patients and their families are equipped with just as much actionable information as hospital personnel.

Ventilators

- Hospitals should be taking inventory of ventilators for potential surge of critical patients.

- Ventilators assist respiratory functions – and are a vital medical support for patients in the critical stages of COVID-19.
- Hospital should be planning and preparing to acquire more ventilators, and should look at purchasing or rental markets to explore options.

AMERICAN OVERSIGHT

Personal Protective Equipment

- All hospitals should communicate and provide training on proper donning and doffing of personal protective equipment, including fit testing of N95 masks.
- Facilities should be monitoring rates of PPE use to ensure adequate supply.
- Inventories should be taken on PPE, to include burn rate of equipment, next anticipated delivery of PPE supplies and proper allocation to health care staff.

Exploring Financial Assistance for Medicaid Providers

- The state is cognizant of the economic hardships that may be faced by Medicaid Providers
- Our Agency will do everything possible to ensure providers can continue offering critical services in Florida
- We will do what is allowable within federal guidelines to ensure a prompt response to issues as they arise
- The Agency is exploring opportunities to make advanced payments to hospitals and providers that face financial hardships due to their COVID-19 response in order to stabilize and ensure continuity of care.
- Our Agency is currently monitoring the COVID-19 bill that is moving through Congress. This proposed FMAP increase could potentially provide additional funding to hospitals through the LIP program.
- Our Agency is also exploring relief for Medicaid providers with outstanding debt owed, by temporarily suspending terms of payment agreements for 90 days.

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:08 AM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com
Subject: Re: Information push request

Made updates below. The CDC still uses PUI but I don't see where DOH does anymore. Edited to use the DOH terminology.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Any individual entering the emergency room or triage area of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area if not already.
- All staff working triage desk must wear appropriate PPE.
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under public health monitoring for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the possible COVID-19 patient in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Staff who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Staff

Provide staff with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

Healthcare staff must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html

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Staff should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:38:59 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Information push request

Completely agree. Also I thought you said they weren't using the phrase person under investigation anymore? And I don't think it is all that common to use the acronym HCP regarding healthcare personnel. Finally we should consider whether or not there should be a logo from DOH along with our logo when we send this out to the hospitals are we just sending this to hospitals or is this intended to go to any other facilities?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:33 AM
To: Strickland, Katie; Mayhew, Mary; McKinstry, Molly
Subject: Re: Information push request

Can we create the TOP 5 bullets before diving into the more formal CDC Guidance

· Any individual entering the E.R. or triage of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area.

· All staff working triage desk must have and wear appropriate PPE.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:17:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Fwd: Information push request

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Please see the draft below for review. Thank you.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department.

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Healthcare Personnel

Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.

HCP should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

From: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 5:55:18 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Strickland,

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Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: Information push request

Molly –

DOH (Samantha Cooksey) just said AHCA not DOH should take the lead on drafting content for the e-blast to the hospitals. Dr. Rivkees would like the information sent out to include:

- Direction that upon entering the E.R. door or triage of the hospital...if someone has a cough, fever, runny nose, etc., they should immediately be placed in a mask and possibly held in a separate triage area.
- Make sure they protect their staff including those working the triage desk.
- Make sure staff are trained on airborne pathogens, how to appropriately don PPE, etc.
- Include links to information like CDC guidance or guidance on how to use PPE and surface cleaning.

DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
Kimberly.Stewart@ahca.myflorida.com

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REPORTE FRAUDE DE MEDICAID

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

Ryan and Team - can we have staff do another eblast today once we have info?
Thanks
Get Outlook for iOS

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly

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Cc: MacLafferty, Laura; Stewart, Kimberly
Subject: Information push request

Dr. Rivkees stopped by and requested information get pushed out to the hospitals (possibly via eblast). He stated the message should be that everyone should have a mask immediately upon entering the ED with a cough (including triage) and possibly have a separate waiting area. Also, to be sure the staff is protected (including triage desk), and trained on airborne contaminations, how to appropriately don PPE, and surface cleaning.

DOH is working on the content.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 9:07 AM
To: Schmidt, Clifford; McClendon, Alexander; Sokoloski, Kristin
Cc: Haddock, Taylor; McKinstry, Molly
Subject: FW: [External] Test Message - Novel Coronavirus Visitor Screening Toolkit
Attachments: [External] COVID-19 Update for Nursing Homes (52.9 KB); [External] COVID-19 Facility Visitor Screening Toolkit (38.3 KB)

These two e-blasts can be added to the roll up. Thank you!

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:09 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Update for Nursing Homes

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COVID-19 Update for Nursing Homes

Nursing Home Conference Call
with Health & Regulatory Partners
Wednesday, March 11, at 11:00 a.m. EST
Dial 1-866-951-1151 Room # 8484844

FHCA and Partners Nursing Home Conference Call on Coronavirus
Wednesday, March 11, at 11:00 a.m. EST
Dial 1-866-951-1151 and enter Room Number 8484844#

FHCA will host a Nursing Home/Health & Regulatory Partners Conference Call on Coronavirus Disease (COVID-19) tomorrow (Wed., March 11) at 11:00 a.m. EST.

Presenters/Areas of Focus include but are not limited to:

- *Florida Division of Emergency Management Director Jared Moskowitz:* Update on restricted entry criteria; Personal Protective Equipment (PPE) supply update
- *Agency for Health Care Administration Secretary Mary Mayhew & Leadership Team:* Nursing Home/Hospital transfer and admission protocols; survey changes pursuant to CMS Memo QSO-20-12 - Suspension of Non-Emergency Surveys; visitor screening/restrictions; isolation and COVID-19 testing protocols; Emergency Status System (ESS) reporting

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- *FHCA Highlights:* Visitor screening toolkit updates, hospital transfer resources, communications
- Participant Q&A

To access last week's FHCA/Partners Provider Call recordings, click here.

Recent Updates for Nursing Centers
The Florida Department of Health and Centers for Medicare and Medicaid Services (CMS) have issued guidance regarding screening and restricting visitors in nursing homes. CMS has revised its QSO-20-14-NH Memo, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-2019) in Nursing Homes (March 9, 2020). According to the Memo, facilities should *actively screen and restrict visitation* by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat
2. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness
3. International travel, travel on a cruise ship or travel to countries outside the United States within the last 14 days
4. Residing in a community where community-based spread of COVID-19 is occurring. Visit the Florida Department of Health COVID-19 web page for updates on confirmed Florida cases by county

Visitor Screening Toolkit
FHCA has updated our Visitor Screening Toolkit to reflect the updated guidance from CMS and the Department of Health. The toolkit includes recommendations for restricting, limiting or discouraging visitors, resources for conducting visitor and employee screenings, as well as sample signage to post in your center to alert visitors to your screening activities. It's designed to serve as a best practice to support centers' COVID-19 prevention activities. Centers should consult their legal and clinical teams when developing and implementing any company-specific procedures and protocols. Special thanks to Clear Choice Health Care and Avante Group for their contributions to this document.

SNF-Hospital Transfer Communication Tool
FHCA, in partnership with the Florida Hospital Association, has developed a SNF to Hospital and Hospital to SNF COVID-19 Transfer Communication Tool. The tool can be used to document an individual's medical status related to COVID-19 to help facilitate communication between nursing centers and hospitals during patient transfers and admissions.

Stay Informed
Please continue visiting FHCA's dedicated coronavirus web page, which includes updates from DOH, the Centers for Disease Control and Prevention

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(CDC), CMS and AHCA, along with links to support centers' strategies for reducing the spread of COVID-19.

FHCA will continue to provide updates on COVID-19 from our state and federal partners. If you have questions in the meantime, please contact FHCA: Deborah Franklin at dfranklin@fhca.org; Bob Asztalos at basztalos@fhca.org; or Melanie Motiska at mmotiska@fhca.org. Media inquiries can be directed to Kristen Knapp at kknapp@fhca.org.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: AHCA_Notice <AHCANotice@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:11 PM
To: Haddock, Taylor
Subject: [External] COVID-19 Facility Visitor Screening Toolkit



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The Agency for Health Care Administration would like to thank the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines. Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time. Although this guidance applies to nursing homes, many sections are appropriate for other facility types and should be followed where applicable.

The Agency is making this available as a resource to your facility. Please also review the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf.

This visitor screening toolkit contains:

- COVID-19 (Respiratory) Checklist
- Sample Letter to Residents, Families and Visitors on Screening Protocol
- Sample Communication to Vendors or Business Partners
- COVID-19 Screener Competency Checklist
- Visitor Screening Tool
- Screener Sign-In Form
- Sample Letter to Employees
- Employee Screening Tool
- Signage from the CDC, including handwashing signage
- Sample signage for visitor screening protocols

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The toolkit can be found here:
https://www.fhca.org/images/uploads/pdf/FHCACOVIDVisitorScreeningToolkit.pdf

The Agency recognizes that facilities need to be overly cautious at this time to protect their patients and residents. Comprehensive screenings may include temperature taking and restricting visitors if necessary.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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This message was sent to Taylor.Haddock@ahca.myflorida.com from:

State of Florida Agency for Health Care Administration | AHCANotice@ahca.myflorida.com | HQA Provider Notice | 2727 Mahan Drive, Ft. Knox Bldg. #1, Room 136 | Tallahassee, FL 32308

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 2:34 PM
To: ""Ernst"","" Colleen; Colleen.Ernst@eog.myflorida.com
Attachments: QSO20-14. COVID-19 Nursing Homes - REVISED 3-9-2020 508.pdf

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation*.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.

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Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

How should facilities monitor or *restrict* visitors?
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness.*
3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. *Residing in a community where community-based spread of COVID-19 is occurring.*

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

- ***Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*

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- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. *Limiting or Discouraging visitation:*
   a) ***Limiting:*** *For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend* ***limiting*** *visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*
   b) ***Discouraging:*** *For all other facilities (nationwide) not in those counties referenced above, we recommend* ***discouraging*** *visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.*
2. *Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.*
3. *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*
4. *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)*
5. *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for*

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Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
    c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
    a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
    b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

How should facilities monitor or restrict health care facility staff?

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
    - Immediately stop work, put on a facemask, and self-isolate at home;
    - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
    - Contact and follow the local health department recommendations for next steps (e.g., testing).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

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Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?
Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?
A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. ***Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).***

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Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices,* tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

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CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 5:13 PM
To: ""Primrose"","" Nicholas; Nicholas.Primrose@eog.myflorida.com
Subject: RE: [External]

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat;
2. In the last 14 days has had a confirmed diagnosis of the Novel Coronavirus Disease 2019;
3. In the last 14 days has travelled with someone with a confirmed diagnosis of the Novel Coronavirus Disease 2019;
4. In the last 14 days has been under investigation for the Novel Coronavirus Disease 2019;
5. In the last 14 days has travelled internationally to any countries with sustained community transmission as identified by the Centers for Disease Control and Prevention. Affected countries can be found online at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html; or
5. Reside in a community where community-spread of the Novel Coronavirus Disease 2019 is occurring. A list of counties with confirmed cases of the Novel Coronavirus Disease 2019 can be found online at: http://www.floridahealth.gov/diseases-and-conditions/COVID-19/index.html.

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:11 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External]

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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Please note that under Florida law correspondence sent to the Governor's Office, which is not confidential or exempt pursuant to chapter 119 of the Florida Statutes, is a public record made available upon request.

AMERICAN OVERSIGHT

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:41 AM
To: ""Mayhew"","" Mary; Mary.Mayhew@ahca.myflorida.com
Cc: Philpot, Toby; McKinstry, Molly; Manderfield, Patrick; Smoak, Kimberly
Subject: for the 11 am call

Tuesday, March 10, 2020 Residential Facility/Aging Population Call

AHCA COVID-19 Talking Points

- My top priority is the health and safety of residents and patients in the facilities AHCA regulates. That's why we continue to have these calls and why my agency is proactively sending out guidance to facilities as more information becomes available.

- We understand this is a rapidly evolving situation worldwide, and AHCA and partner agencies remain committed to doing everything possible to equip facilities with the best information to protect patients and residents.

Screening Visitors

- We know the most effective way to protect Florida's most vulnerable residents is to prevent the infection or those with symptoms of an infection from entering the facility.

- To that end, nursing homes, assisted living facilities, intermediate care facilities, adult family care homes, APD providers, and other residential facilities are expected to implement screening interventions for visitors, vendors and staff.

- I would like to take a moment to extend my gratitude to the Florida Health Care Association for working to develop a facility visitor screening toolkit that encompasses the most current CMS and CDC guidelines on this subject.

- Ensuring all facilities are properly screening—and if necessary, restricting visitors—is of the upmost importance at this time.

- We are making this available as a resource to your facility via e-blast today. Since guidance may change, please monitor for updates with this tool. Because of new guidance issued last night by CMS, FHCA will make changes to the tool today.

- DOH has posted to its website a flow chart of visitor screening guidelines. It's available online and outlines criteria for which your facility should be screening visitors and restricting entry.

    - Individuals who have traveled and returned any international travel or a cruise within the last 14 days should not be allowed entry.
    - Individuals who report signs or symptoms of a respiratory infection such as fever, cough or shortness of breath should not be allowed into your facility.

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- And individuals who have had **contact** with someone who has OR is under investigation for COVID-19 should not be allowed entry.

Inspections and CMS Guidance

- Infection prevention and control are so foundational to the health and welfare of patients and residents, it's among the highest priorities for the Agency as they inspect facilities.

- Per recent CMS guidance, AHCA will be visiting facilities with any previous infection control issues – first, with those with serious deficiencies.

- We understand that infection prevention protocols are engrained in standard operating procedures across Florida health care facilities. Hospitals, nursing homes and others routinely focus staff training and conduct drills on these practices.

- Please also take a moment to make yourself familiar with the recent memo from CMS outlining additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf

- Additionally, CMS has issued guidance for hospice facilities

Transfer Documents

- We've also been working to develop a Skilled Nursing Facility to Hospital & Hospital to SNF COVID-19 Transfer Communication Tool to assist with communication.

- This tool should assist when transfers as necessary and documents an individual's medical status related to COVID-19 to help facilitate communication between a nursing facility and a hospital.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Monday, March 16, 2020 12:02 PM
To: Bob Asztalos - FHCA (basztalos@fhca.org)
Cc: McKinstry, Molly
Subject: MOU
Attachments: Agency Agreement Template 2100-0062_December2018.docx

Bob, We are preparing an MOU in anticipation of you coming to work at AHCA. Can you provide me with something explaining the purpose/scope?

In case you need your legal team to review, this is the template we are adapting.

Main points:

- Public records (as applicable)
- HIPAA
- Confidentiality

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Agreement No. [INSERT AGREEMENT #]
STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
AGENCY AGREEMENT

In exchange for the mutual promises contained herein, this [INSERT AGREEMENT TYPE] Agreement is entered into between the State of Florida, **AGENCY FOR HEALTH CARE ADMINISTRATION**, hereinafter referred to as the **"Agency"**, whose address is 2727 Mahan Drive, Tallahassee, Florida 32308, and **[INSERT PARTY'S NAME]** hereinafter referred to as the **"[INSERT Party's Referred to as Name]"**, whose address is [INSERT Party's Address], to provide [INSERT service description].

I. OVERVIEW/PURPOSE

[INCLUDE a brief background description, summary of services to be provided and intended outcomes.]

II. LEGAL AUTHORITY

[INCLUDE any statutory and/or other legal authority requirements of the Agreement, if applicable.]

III. [IF APPLICABLE, INCLUDE]DEFINITIONS

[INCLUDE a list of any terms within the Agreement that require additional clarification/ information.]

IV. TERM

A. Term

This Agreement shall begin upon execution by all Parties or **[INSERT Begin Date]** (whichever is later) and end on **[INSERT End Date]**, inclusive.

B. Renewal

In accordance with Section 287.057(13), Florida Statutes, this Agreement may be renewed for a period that may not exceed three (3) years or the term of the original Agreement, whichever period is longer. Renewal of the Agreement shall be in writing and subject to the same terms and conditions set forth in the initial Agreement. A renewal Agreement may not include any compensation for costs associated with the renewal. Renewals are optional and subject to the availability of funds.

C. Amendment

This Agreement may be amended upon written Agreement signed by all Parties.

V. MONETARY VALUE

[CHOOSE ONE OF THE FOLLOWING:]
[Include the following statement for Non-Monetary Agreements only]
There are no costs associated with this Agreement.

[Include the following statement for Monetary Agreements only]

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To pay for services according to the conditions within this Agreement, in an amount not to exceed **[INSERT $AMOUNT]** subject to the availability of funds. The State of Florida's performance and obligation to pay under this Agreement is contingent upon an annual appropriation by the Legislature.

VI. CONTACT INFORMATION

A. The Agency's Agreement Manager's contact information is as follows:

[INSERT Contact Name]
Agency for Health Care Administration
2727 Mahan Drive, MS #[INSERT MS #]
Tallahassee, FL 32308
[INSERT Phone Number]
[INSERT Email Address]

B. The [INSERT PARTY'S REFERRED TO AS NAME] Agreement Manager's contact information is as follows:

[INSERT Contact Name]
[INSERT Company Name]
[INSERT Address]
[INSERT City State Zip]
[INSERT Phone Number]
[INSERT Email Address]

C. All matters pertaining to this Agreement shall be directed to the Agreement Managers for appropriate action or disposition. A change in Agreement Manager by any Party shall be reduced to writing through an amendment to this Agreement by the Agency.

VII. SCOPE

A. Services Provided by the Agency
[INCLUDE a list services the Agency will provide.]

B. Services Provided by [INSERT Party's Referred To As Name]
[INCLUDE a list services the Party shall provide.]

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C. Deliverables Section

TABLE 1 – DELIVERABLE SCHEDULE			
No.	**Deliverable**	**Supporting Documentation**	**Due Date**
1.			

VIII. [INSERT PARTY'S REFERRED TO AS NAME] HEREBY AGREES:

A. [IF APPLICABLE, INCLUDE]Monitoring

1. To provide reports as specified in **Section VII., Item B.**, Services Provided by [INSERT Party's Referred to as Name]. These reports will be used for monitoring progress or performance of the contractual services.

2. To permit persons duly authorized by the Agency to inspect any records, papers, documents, facilities, goods and services of [INSERT Party's Referred to as Name] which are relevant to this Agreement.

3. To ensure that each of its employees or subcontractors who performs activities related to the services associated with this Agreement will report to the Agency any health care facility that is the subject of these services that may have violated the law. To report concerns pertaining to a health care facility, the [INSERT Party's Referred to as Name] employee or subcontractor may contact the Agency Complaint Hotline by calling 1-888-419-3456 or by completing the online complaint form found at https://apps.ahca.myflorida.com/hcfc.

4. To ensure that each of its employees or subcontractors who performs activities related to the services associated with this Agreement, will report to the Agency areas of concern relative to the operation of any entity covered by this Agreement. To report concerns, the [INSERT Party's Referred to as Name] employee or subcontractor may contact the Agency Complaint Hotline by calling 1-877-254-1055 or by completing the online complaint form found at https://apps.ahca.myflorida.com/smmc_cirts/.

5. To ensure that reports which represent individuals receiving services are at risk for, or have suffered serious harm, impairment, or death are reported to the Agency immediately and no later than twenty four (24) clock hours after the observation is made. Reports that reflect noncompliance that does not rise to the level of concern noted above shall be reported to the Agency within ten (10) calendar days of the observation.

B. Health Insurance Portability and Accountability Act

1. To comply with the Department of Health and Human Services Privacy Regulations in the CFR, Title 45, Sections 160 and 164, regarding disclosure of protected health information as specified in **Attachment II**, Business Associate Agreement. If required by the HIPAA Compliance Officer

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2. To ensure it meets all Federal regulations regarding required standard electronic transactions and standards for privacy and individually identifiable health information as identified in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 and associated regulations.

3. To conduct all activities in compliance with 45 CFR 164 Subpart C to ensure data security, including, but not limited to encryption of all information that is confidential under Florida or Federal law, while in transmission and while resident on portable electronic media storage devices. Encryption is required and shall be consistent with Federal Information Processing Standards (FIPS), and/or the National Institute of Standards and Technology (NIST) publications regarding cryptographic standards.

C. Confidentiality of Information

1. To not use or disclose any confidential information, including social security numbers that may be supplied under this Agreement pursuant to law, and also including the identity or identifying information concerning a Medicaid recipient or services under this Agreement for any purpose not in conformity with State and Federal laws, except upon written consent of the recipient, or his/her guardian.

2. That all personally identifiable information, including Medicaid information, obtained by [INSERT Party's Referred to as Name] shall be treated as privileged and confidential information and shall be used only as authorized for purposes directly related to the administration of this Agreement. [INSERT Party's Referred to as Name] must have a process that specifies that patient-specific information remains confidential, is used solely for the purposes of data analysis or [INSERT Party's Referred to as Name] responsibilities under this Agreement, and is exchanged only for the purpose of conducting a review or other duties outlined in this Agreement.

3. All patient-specific information received by [INSERT Party's Referred to as Name] can be shared only with those agencies that have legal authority to receive such information and cannot be otherwise transmitted for any purpose other than those for which [INSERT Party's Referred to as Name] is retained by the Agency. [INSERT Party's Referred to as Name] must have in place written confidentiality policies and procedures to ensure confidentiality and to comply with all Federal and State laws (including the HIPAA and HITECH Acts) governing confidentiality, including electronic treatment records, facsimile mail, and electronic mail).

4. All subcontracts must explicitly state expectations about the confidentiality of information, and the subcontractor is held to the same confidentiality requirements as [INSERT Party's Referred to as Name]. If provider-specific data are released to the public, [INSERT Party's Referred to as Name] shall have policies and procedures for exercising due care in compiling and releasing such data that address statutory protections of quality assurance and confidentiality while assuring that open records requirements of Chapter 119, F.S., are met.

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5. [INSERT Party's Referred to as Name] and its subcontractors shall comply with the requirements of Section 501.171, F.S. and shall, in addition to the reporting requirements therein, report to the Agency any breach of personal information.

6. Any releases of information to the media, the public, or other entities require prior approval from the Agency.

7. Ensure all services will be performed within the borders of the United States and its territories and protectorates.

8. State-owned Data shall be processed, accessed and stored in data centers that are located only in the forty-eight (48) contiguous U.S.

D. Public Records Requests

1. To comply with Section 119.0701, F.S., if applicable, and all other applicable parts of the Florida Public Records Act.

2. To keep and maintain public records that ordinarily and necessarily would be required in order to perform services under this Agreement.

3. To provide the public with access to public records on the same terms and conditions that the Agency would provide the records and at a cost that does not exceed the cost provided in Section 119.07, F.S., or as otherwise provided by law.

4. That upon request from the appropriate Agency custodian of public records, provide the Agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost in Section 119.07, F.S., or as otherwise provided by law.

5. To ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement term and following completion of this Agreement if the Party does not transfer the records to the Agency.

6. To not collect an individual's social security number unless [INSERT Party's Referred to as Name] has stated in writing the purpose for its collection. [INSERT Party's Referred to as Name] collecting an individual's social security number shall provide a copy of the written statement to the Agency and otherwise comply with applicable portions of Section 119.071(5), F.S.

7. To meet all requirements for retaining public records and transfer, at no cost, to the Agency all public records in possession of [INSERT Party's Referred to as Name] upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the Agency in a format that is compatible with the information technology systems of the Agency.

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8. If [INSERT Party's Referred to as Name] does not comply with a public records request, the Agency shall enforce Agreement provisions in accordance with this Agreement.

9. **IF [INSERT PARTY'S REFERRED TO AS NAME] HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PARTY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE AGENCY CUSTODIAN OF PUBLIC RECORDS FOR THIS AGREEMENT. THE AGENCY CUSTODIAN OF PUBLIC RECORDS FOR THIS AGREEMENT IS THE AGREEMENT MANAGER.**

IX. Invoices shall be submitted on [INSERT Party's Referred to as Name] letterhead to the Agency's designated Agreement Manager within fifteen (15) calendar days of completion and Agency approval of deliverable(s). Invoice(s) shall include, at a minimum:

1. Invoice date;
2. Invoice number;
3. Agency's Agreement number;
4. Detailed description of the services rendered;
5. Date(s) on which services were rendered;
6. Payment remittance address; and
7. Other supporting documentation as requested by the Agency

X. **[IF APPLICABLE INCLUDE any other required language that is specific to this Agreement.]**

IN WITNESS THEREOF, the Parties hereto have caused this [INSERT number of pages to be spelled out] ([INSERT NUMERIC NUMBER]) page Agreement, which includes any referenced attachments, to be executed by their undersigned officials as duly authorized. This Agreement is not valid until signed and dated by all Parties.

INSERT PARTY'S NAME	**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**
SIGNED BY: _____	**SIGNED BY:** _____
NAME: _____	**NAME:** _____
TITLE: _____	**TITLE:** _____
DATE: _____	**DATE:** _____

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FL-AHCA-20-0902-A-003023

Agreement No. [INSERT AGREEMENT #]
STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
AGENCY AGREEMENT

List of Attachments included as part of this Agreement:

Specify Type	Letter/ Number	Description
Attachment	**I**	Title of Attachment I here (# Pages)
Attachment	**II**	Business Associate Agreement (4 Pages)

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

AMERICAN OVERSIGHT

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 6:52 PM
To: ""Smoak"","" Kimberly; " "McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Fwd: ALF Emergency Order

Can you call me on this?
Get Outlook for iOS

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 6:42:38 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Good catch, spoke with Francis and included.

In Chapter 400 there is a definition of nursing home, but then other facilities fall into other sections. Can you make sure the facilities I listed are adequate/appropriate for all the AHCA would license AND have a vulnerable population?

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
Facsimile: (850) 488-9810
nicholas.primrose@eog.myflorida.com

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From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: March 10, 2020 5:47 PM
To: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Subject: Re: ALF Emergency Order

I'm looking for APD group homes as well

Get Outlook for iOS

From: Primrose, Nicholas <Nicholas.Primrose@eog.myflorida.com>
Sent: Tuesday, March 10, 2020 5:34:12 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>

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Cc: Sayler, Erik <erik.sayler@em.myflorida.com>; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] RE: ALF Emergency Order

Updated to include Adult Family Care and Nursing Home Facilities & community spread (as directed by CMS in the attached PDF they released yesterday).

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
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From: Primrose, Nicholas
Sent: March 10, 2020 5:07 PM
To: Moskowitz, Jared <jared.moskowitz@em.myflorida.com>; Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>; Bussey, Jon <jon.bussey@em.myflorida.com>; Guthrie, Kevin <Kevin.guthrie@em.myflorida.com>
Cc: Sayler, Erik <erik.sayler@em.myflorida.com>
Subject: ALF Emergency Order

Updated to include new language after consultation with DOH.

Nicholas A. Primrose
Deputy General Counsel
Executive Office of the Governor
400 South Monroe Street, Suite 209
Tallahassee, Florida 32399
Office: (850) 717-9310
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AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:06 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: RE: CDC: COVID-19 and Cruise Ship Travel

Let's discuss

From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:03 PM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Subject: Re: CDC: COVID-19 and Cruise Ship Travel

Samantha said you sent her an email about a hospital with isolation space if needed - can you share that? thanks

---

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 7:28 PM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Manderfield, Patrick <Patrick.Manderfield@ahca.myflorida.com>
Subject: CDC: COVID-19 and Cruise Ship Travel

https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship

I copied the Pertinent Part at the end of document highlighted and pasted below:

If you were on a cruise in the past 14 days:

- Monitor your health and limit interactions with others for 14 days after returning to the United States.
- If a case of COVID-19 was reported on your ship during the cruise, stay home during these 14 days and practice social distancing.
- Stay home if you feel sick with fever, cough, or have trouble breathing and call ahead before you seek medical care

COVID-19 and Cruise Ship Travel

Key Points

- CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel worldwide.
- Sustained community spread of respiratory illness caused by COVID-19 has been reported in many countries.

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- Cruise ship passengers are at increased risk of person-to-person spread of infectious diseases, including COVID-19.
- Older adults and travelers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.

What is the current situation?

CDC typically posts travel health notices for countries and other international destinations, not conveyances, such as ships, airplanes, or trains. Because of the unusual nature of the novel coronavirus outbreak, the US government is advising US travelers, particularly those with underlying health issues, to defer cruise ship travel.

Recent reports of COVID-19 on cruise ships highlight the risk of infection to cruise ship passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships.

Person-to-person spread of COVID-19 is occurring and countries are reporting both travel-related cases and community spread of the disease. As the outbreak of COVID-19 continues, there remains a risk of infected travelers and crew boarding cruise ships.

It has become clear that people with underlying conditions such as heart disease, chronic lung disease, diabetes, and other conditions that cause suppression of immune system particularly among the older adults, are at a high risk of serious disease if infected with the novel coronavirus.

To best protect these vulnerable individuals, we recommend that such individuals avoid situations that increase their risk of acquiring infections. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.

In addition, The U.S. Department of State recommends against cruise ship travel. This is a dynamic situation and those traveling by ship may be impacted by travel restrictions affecting their itineraries or ability to disembark or may be subject to quarantine procedures implemented by the local authorities. While the U.S. government has successfully evacuated hundreds of our citizens in the previous weeks, repatriation flights should not be relied upon as an option for US citizens under the potential risk of quarantine by local authorities. U.S. citizens should evaluate the risks associated with choosing to remain in an area that may be subject to quarantine and take the appropriate proactive measures. Passengers who plan to travel by cruise ship should contact their cruise line companies directly for further information on the current rules and restrictions and continue to monitor the travel.state.gov website for updated information.

What can travelers do to protect themselves and others?

CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel at this time. If you do travel by cruise ship during the COVID-19 outbreak:

- Older adults and travelers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.
- Discuss cruise ship travel with your healthcare provider prior to travel.
- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol. Soap and water should be used if hands are visibly dirty.

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- It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.
- Avoid traveling if you are sick.
- If you get sick with fever or new or worsening cough or difficulty breathing during your cruise, stay in your cabin and notify the onboard medical center immediately.

If you were on a cruise in the past 14 days:

- **Monitor your health and limit interactions with others for 14 days after returning to the United States.**
  - **If a case of COVID-19 was reported on your ship during the cruise, stay home during these 14 days and practice social distancing.**
- Stay home if you feel sick with fever, cough, or have trouble breathing and call ahead before you seek medical care
- Seek medical advice. Call ahead before going to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.
- Do not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol. Soap and water should be used if hands are visibly dirty.

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Southerland, Ashleigh

From: Miller, James <James.Miller@ahca.myflorida.com>
Sent: Friday, March 13, 2020 12:40 PM
To: ""Clary"","" Shannon; Shannon.Clary@ahca.myflorida.com
Subject: FW: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

From: Miller, James
Sent: Friday, March 13, 2020 12:35 PM
To: Clary, Shannon <Shannon.Clary@ahca.myflorida.com>
Subject: IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Good Afternoon AHCA Employees,

See below guidance received from the Department of Management Services as it pertains to travel restrictions for state employees.

If you or your immediate household/family members have traveled internationally, and returned in the last 14 days, please raise circumstance this your bureau chief.

Please know that AHCA's Executive Leadership Team is evaluating next steps and will pass along additional information as it comes available.

As always if you have additional questions, please feel free to reach out to Human Resources at 850-412-3900.

From: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Sent: Thursday, March 12, 2020 8:51:05 PM
To: Satter, Jonathan <Jonathan.Satter@dms.myflorida.com>
Subject: [External] IMPORTANT: Travel Restrictions for Employees of the State Personnel System (COVID-19)AP

Since the first two presumptive positive cases were identified in Florida on March 1, 2020, Governor DeSantis has proactively and aggressively prepared the state to combat Coronavirus Disease 2019 (COVID-19). The Governor's top priority is the health, safety and welfare of all Floridians.

Today, Governor DeSantis directed the Department of Management Service to provide the following direction to all employees in the State Personnel System:

Business

- All non-essential in-state and all out-of-state travel for state business is prohibited for the next 30 days.

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- Florida National Guard, state Law Enforcement, state Emergency and Medical personnel are allowed to travel if the travel is deemed mission critical and is specifically approved by the agency head.
- Employees should avoid, when possible, attending large gatherings.
- Videoconferencing and virtual meetings are encouraged in lieu of travel.

Personal

- When on personal travel, state employees should follow CDC best practices for prevention and treatment of COVID-19, especially employees who are considered at-risk or who have dependents or care for those with underlying conditions or vulnerabilities.
- State employees who personally travel internationally will not be allowed to return to work for 14 days upon returning to the United States. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.
- State employees who personally travel on a cruise or to an area of the United States experiencing community spread of COVID-19 as identified by the Centers for Disease Control and Prevention or a state public health agency will not be allowed to return to work for 14 days upon returning home. Employees will need to utilize their available sick, annual or personal leave during this 14-day period. Employees who can work remotely may be able to so in consultation with their supervisor. Employees without available leave or access to a sick leave pool, and who are unable to work remotely, may be subject to leave without pay.

This travel policy applies to all employees of the State Personnel System, including the heads of executive agencies. Please consult your supervisor/HR Office and your agency's telework and leave policies for guidance regarding your specific situation.

Thank you in advance for joining in efforts to reduce the spread of COVID-19. We will continue to closely monitor and evaluate available information and guidance as this is a rapidly evolving situation.

We appreciate your patience and commitment to protecting our communities. If you have questions, please call John Apthorp at (850) 922-1274.

-JRS

Jonathan R. Satter | Secretary
Office of the Secretary
850.414.1159 (office)
Florida Department of Management Services
We Serve Those Who Serve Florida



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How Are We Doing? Click Here to Take the DMS Customer Satisfaction Survey

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 15, 2020 4:59 PM
To: ""McKinstry"","" Molly; Molly.McKinstry@ahca.myflorida.com
Subject: draft alert
Attachments: Facility Provider Alert 3.14.20.docx

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Facility Guidance on Visitor Screenings, Transfer Protocol, Hospital Facility Usage, and COVID-19 Patient Screenings

The Agency for Health Care Administration (AHCA) understands that the public health emergency regarding COVID-19 is a rapidly evolving situation. AHCA will continue to provide information and guidance to facilities from the CDC, CMS and Florida DOH.

Transfer Protocol

With recent reports of alarming potential infection and fatality rates, it is imperative that nursing homes and other long-term care residential providers which are unable to comply with CDC guidance for standard infection precautions for COVID-19 transmission, especially negative pressure rooms and skilled use of N95 masks, should seek transfer of individuals who fit criteria for testing or who have tested positive to facilities that can comply with these infection control requirements.

To accept a patient who is being discharged, long-term care residential providers may work to request testing of anyone who meets the criteria of being at risk of COVID-19.

Visitor Screening

Nursing homes, assisted living facilities, adult family-care homes, long-term care facilities and adult group homes: Per the recent emergency order, these facilities must restrict all visitors except for end of life circumstances.

*** Residents of assisted living facilities should be comprehensively screened if they return from leaving the campus. If they cannot pass the screening requirements, these residents should not be allowed reentry to the facility.*

Hospitals: The CDC recommends screening patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. To achieve this, facilities must dedicate staff to these screenings and may need to restrict entrances.

PPE Supplies

If your facility is unable to source adequate supplies of PPE through your normal supply chain, please coordinate with your local emergency operations center based upon any anticipated supply shortages.

Hospital Space Usage

During a state of emergency, hospitals have greater flexibility to utilize space as appropriate to care for patients.

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- This includes using spaces for patient care that may not have been designed and approved for such uses.
- Each facility is responsible for using the existing spaces and systems to the best of their ability to provide the appropriate level care and safety for patients.

Patient Screening at Alternative Site

The Florida Division of Emergency Management and local EOCs will be helping to coordinate and support efforts to stand up alternative screening sites.

Across the Board AHCA Licensure Extensions for 90 Days

AHCA will be granting a 90-day extension to all licenses for health care providers and regulated facilities.

Increased Federal Flexibility

To take full advantage of the flexibilities provided through the declaration by President Trump of a national state of an emergency, AHCA will eliminate regulatory barriers that may delay critical health care response.

- CMS has issued a set of blanket waivers that states may utilize in response to COVID-19.
- The Agency has already received authority for many of these waivers related to health care facilities and licensure requirements, and we are actively working to receive the federal authority needed for many of the items listed in this alert related to the Medicaid program. For a full list of the blanket waivers issued by CMS, click on this link: https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf.

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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Thursday, March 12, 2020 6:26 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; " "MacLafferty"","" Laura; Molly.McKinstry@ahca.myflorida.com; Laura.MacLafferty@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Emergency Rule
Attachments: Notice of Emergency Rule Screening.docx

Molly, Laura, Kim,

Attached is a (very rough) draft of an emergency rule which incorporates the Governor's Emergency Order. In addition, it also includes the ability to restrict any access, with some exceptions. Can you please review and make any changes to the rule you think necessary? Any suggestions are welcome.

We need to do individual rules for: nursing homes, assisted living facilities, adult family-care homes, adult group homes, and any other facilities we think need to be included.

In addition, I also included the required statement of emergency. The statement of emergency should be tailored to fit each facility type. (Number of facilities, residents, and so on.) Can you help gather that information so we can plug it in to each rule? Some of the things, like number of counties, will just need to be plugged in depending on what day we publish the rule to ensure accuracy.

Kim – heads up, I think this is coming soon. We'll need your help formatting and publishing.

Please let me know if you have any questions.

Thanks,

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Notice of Emergency Rule

AGENCY FOR HEALTH CARE ADMINISTRATION Health Facility and Agency Licensing RULE NO.: RULE TITLE: 59AER20-1 Screening Requirements for XXX Facility.

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Novel Coronavirus Disease 2019 (COVID-19) is a severe respiratory illness that can spread among humans through respiratory transmission. According to the Centers for Disease Control and Prevention (CDC), people at risk for serious illness from COVID-19 include older adults and people with serious chronic medical conditions.[1] In late 2019, a new and significant outbreak of COVID-19 emerged in China and the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. The CDC also confirmed instances of community spread of COVID-19 in the United States and issued written guidance to help control the spread of COVID-19 in long-term care facilities.[2]

On March 7, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency in the State of Florida as a result of COVID-19. As of March 9, 2020, eight counties in Florida have positive cases for COVID-19. There have been two confirmed deaths in Florida as a result of COVID-19. Both individuals were elderly. On March 9, 2020, Florida Governor Ron DeSantis declared a state of emergency in Florida.

At Life Care Center nursing home of Kirkland, Washington, outside of Seattle, 15 elderly residents died as a result of a COVID-19 outbreak in the facility. According to the United States Census Bureau, Florida has the largest percentage of residents age 65 and older in the nation. Thousands of frail elders live in Florida's XXX nursing/ALF facilities. Ensuring XXX facilities screen all visitors and staff for symptoms of COVID-19 is essential to protecting the health, safety and welfare of vulnerable residents.

This emergency rule establishes a process by which XXX facilities screen all visitors and staff for COVID-19 symptoms before allowing entry to the facility. Any visitor or staff member exhibiting symptoms of COVID-19 must be denied entry to the facility. Prompt implementation of this rule is necessary to ensure the health, safety and welfare of residents of Florida's assisted living facilities.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The procedure used to adopt this emergency rule is fair as the State of Florida is under a declaration of emergency due to the outbreak of COVID-19. This emergency rule is necessary and fair to ensure the health, safety, and welfare of the facility residents, and provides at least the procedural protection given by other statutes, the State Constitution, or the United States Constitution; and takes only that action necessary to protect the public interest under the emergency procedure.

SUMMARY OF THE RULE: This emergency rule establishes screening requirements for nursing home staff and visitors to avoid the spreading COIVD-19 to health care facilities. Screening requirements include…

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS:

---

[1] https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

[2] Guidance for Infection Control and Prevention for Corona Virus Disease 2019 (COVID-19) in Nursing Homes (*Revised*), Ref: QSO-20-14-BH, March 9, 2020.

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59x-xxx Screening Requirements for Non-Residents.

(1) SCREENING REQUIREMENTS. Any non-resident individual, including staff, seeking entry to an assisted living facility must be actively screened by the facility. An individual who meets any of the screening criteria must be prohibited from entering the facility or facility grounds until they no longer meet the screening criteria.
(a) The screening criteria must include the following:
1. Any person infected with COVID-19 who has not had two consecutive negative test results separated by 24 hours; or
2. Any person showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat; or
3. Any person who has been in contact with any persons infected with COVID-19 who has not tested negative for COVID-19 is prohibited from visiting a facility until 14 days after their interaction with the person or persons infected with COVID-19; or
4. Any person who traveled internationally is prohibited from visiting a facility until 14 days after their return to the United States; or
5. Any person who traveled on a cruise ship is prohibited from visiting a facility until 14 days after their return to the United States; or
6. Any person who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency, is prohibited from visiting a facility within 14 days of their presence in the community with community spread; or
7. Any person who resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency is prohibited from visiting a facility.
(b) For those individuals that do not meet the above criteria, facilities may allow entry but may require visitors to use Personal Protective Equipment such as facemasks.
(2) LIMITED ENTRY. Any facility may, at the facility's discretion, prohibit the entry of any non-resident individuals to the facility except in certain circumstances:
1. Family members, friends, and visiting residents in end-of-life situations;
2. Hospice or palliative care workers caring for residents in end-of-life situations; or
3. Any third-party providing necessary health care to a resident;
(c) Individuals seeking entry to the facility must still comply with the screening requirements.
(b) The facility may require any of the individuals entering the facility to wear Personal Protective Equipment.
(3) DOCUMENTATION.
(a) Individuals entering a facility subject to the screening criteria may be screened using a standardized questionnaire or other form of documentation.
(b) The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include, at a minimum:
1. Name of the individual;
2. Date and time of entry; and
3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria.

AMERICAN OVERSIGHT

Southerland, Ashleigh

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Wednesday, March 11, 2020 5:29 PM
To: ""Mayhew"","" Mary; " "Kidder"","" Beth; " "McKinstry"","" Molly; " "Miller"","" James; " "Strickland"","" Katie; " "Smoak"","" Kimberly; " "Grow"","" Stefan; Molly.McKinstry@ahca.myflorida.com; James.Miller@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Beth.Kidder@ahca.myflorida.com; Katie.Strickland@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com; Stefan.Grow@ahca.myflorida.com
Subject: Agenda

AHCA COVID-19 Leadership Call

Wednesday – March 11, 2020

Secretary Mayhew

- Opening Remarks and Executive Update
- Executive Order issued by Governor DeSantis
    - Any follow-up – Outside FL List of areas impacted by Community Spread

HQA

- EOC Update
    - Announcements
    - Staffing Plan
- New E-blasts and Communications
- Internal COVID-19 Website Daily Updates
    - CDC Documents Added
    - CMS Documents Added
- FHCA Call Tomorrow – 11AM

- Facility Visits

Medicaid

- MCO/Health Plan Policy Transmittal ---- send out Thursday morning
    - LTC Care Coordination/Case Management
    - Telemedicine
- Clarify Billing/Coding for Lab Corp/Quest
- National Updates – CMS, NAMD, etc.

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Inquiries

- Mayo Clinic – Telemedicine
- Senator Rubio – Number of ICU Beds

Daily Roll-up

- Items to Note

Association Calls

- AHCA Feedback or Deliverables

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Monday, March 16, 2020 2:26 PM
To: ""McKinstry"","" Molly; " "Smoak"","" Kimberly; " "Mayhew"","" Mary; " "Philpot"","" Toby; " "Manderfield"","" Patrick; Molly.McKinstry@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: Fwd: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays
Attachments: Conference Calls Action Item Tracking Log.xlsx

Get Outlook for iOS

From: Henley, Victoria <Victoria.Henley@ahca.myflorida.com>
Sent: Monday, March 16, 2020 2:25:24 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; McClendon, Alexander <Alexander.McClendon@ahca.myflorida.com>; Smith, Brandi <Brandi.Smith@ahca.myflorida.com>; Schmidt, Clifford <Clifford.Schmidt@ahca.myflorida.com>; Jones, Nicole <Nicole.Jones@ahca.myflorida.com>; Ryals, Christopher <Christopher.Ryals@ahca.myflorida.com>
Subject: RE: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays

Hi Katie,

The attached has been updated for the calls listed below. I don't have any more COVID-19 calls on my calendar today.

- 11:00 – 12:00 Nursing Home Provider Call w FHCA and Partners
- 11:15 – 11:45 County EOC Call
- 1:00 – 2:00 Ad Hoc All Plan Call

Please let me know if you need anything else.

Thanks!
-Tori

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 12:20 PM
To: Henley, Victoria <Victoria.Henley@ahca.myflorida.com>
Cc: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: Re: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays

Thank you.

Get Outlook for iOS

From: Henley, Victoria <Victoria.Henley@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 12:05:50 PM
To: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>

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Cc: Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: RE: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays

Hi Katie,

I was not able to join the 11:00 call, but I will be sending you the spreadsheet updated with information from the 11:30 call shortly.

Thanks!
-Tori

From: Henley, Victoria
Sent: Tuesday, March 10, 2020 11:09 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Cc: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>
Subject: RE: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays

Good Morning,

I'm getting an error message that the conference is full when I try to dial in.

Please advise, thanks!
-Tori

-----Original Appointment-----
From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Monday, March 9, 2020 1:43 PM
To: Philpot, Toby; Mayhew, Mary; McKinstry, Molly; Smoak, Kimberly; Strickland, Katie; Manderfield, Patrick
Cc: Henley, Victoria; Schmidt, Clifford; Sokoloski, Kristin; McClendon, Alexander; Smith, Brandi
Subject: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays
When: Tuesday, March 10, 2020 11:00 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).
Where: 1-888-585-9008; 488-097-156

-----Original Appointment-----
From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 1:26 PM
To: Philpot, Toby; Mayhew, Mary; McKinstry, Molly; Smoak, Kimberly; Strickland, Katie; Manderfield, Patrick
Subject: ESF-8 Aging Population (NH/ALF) Call - Only on Tuesdays
When: Occurs every Tuesday effective 3/10/2020 from 11:00 AM to 11:30 AM (UTC-05:00) Eastern Time (US & Canada).
Where: 1-888-585-9008; 488-097-156

11AM Every Tuesday – Weekly call with vulnerable population partners – Nursing Home and Assisted Living Facilities – FDOH will provide updates and give partners an opportunity to ask questions.

1-888-585-9008; Code: 488-097-156

From: State of Florida Agency for Health Care Administration <AHCANotice@ahca.myflorida.com>
Sent: Monday, March 9, 2020 9:58 AM

AMERICAN OVERSIGHT

To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Subject: [External] Aging and Vulnerable Populations Call - Hosted by the Florida Department of Health



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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Aging and Vulnerable Populations Call
Hosted by the Florida Department of Health

Every Tuesday
11:00 AM to 11:30 AM

Call-In Information
Call-In Number: 888-585-9008
Participant Code: 488-097-156

Description
This is a weekly conference call hosted by the Florida Department of Health to disseminate the most up-to-date information regarding COVID-19. All residential facilities that provide care and support to aging and vulnerable populations are invited to participate on the call. There will be an opportunity for questions as time permits.

Standing Agenda
- Situation Updates from the Florida Department of Health
- Briefing from the Agency for Healthcare Administration
- Updates from other State Agencies
- Questions from Partners

Intended Audience
This call is intended residential facilities that provide care and support to aging and vulnerable populations in Florida. Other partners should relay any questions or concerns to their local county health department.

Contact the Joint Information Center at JIC-Reports@em.myflorida.com for help with any technical issues with the Conference Call.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 44,000 health care facilities and 53 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via Facebook (AHCAFlorida), Twitter (@AHCA_FL) and YouTube (/AHCAFlorida).

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Date/Time	Meeting Title	Was the Call Recorded?	Meeting Description
3/6/2020 2:00 - 2:30	Leading Age Call		Surgeon General Scott A. Rivkees and Secretary Mayhew made remarks. Dr. Rivkees stated there has been no evidence of person-to-person transfer in FL, there are 4 confirmed cases in FL, case counts are based on state residency,facilities should be screening visitors, vendors and staff for symtoms and travel history. Anyone who has been to Italy, South Korea, China or Iran must self isolate for 14 days. Secretary Mayhew emphasized the need for consistent messaging regarding COVID-19. There are 3 state labs in florida testing for COVID19 located in Jacksonville, Tampa and Miami.
3/6/2020 3:30 - 4:00	FHA	Y	Much of the same information from the Leading Age call detailed above. Some communities are shifting from containment to mitigation. As of noon 164 cases, 11 deaths, 19 states, 13 cases are travelrelated there are 128 individuals currently under investigation. 4 cases in Florida, 1 of which is not a Florida resident. All of the confirmed cases and their immediate contacts are isolated. on Monday 3/9 4 commercial labs will start testing for the virus.
3/9/2020 10:30 - 11:00	All Plan Call	N	Shevaun Harris informed the health plans that a provider alert has gone out with COVID-19 billing codes developed by the CDC. She informed health plans that the CDC has also released codes for testing at private labs, but the Agency is working to confirm which private labs have testing capability before accepting those billing codes. Shevaun asked the call participants for any ideas they have regarding member engagement (F2F case mgmt visits, etc.) especially in LTC settings. FHA said they would compile their questions, feedback and ideas and schedule a second meeting for later in the day (3/9) to discuss them with the Agency. FHA provided information re the OIG's messaging about FS 627.194 that requires hospitals to treat patients presenting COVID-19 symptoms out of network be billed as if in-network. Shevaun asked FHA to f/u offline. FHA also asked if the Agency is going to provide guidance regarding drug shortages. Shevaun answered that we are monitoring for any shortages but none have been rperted by the FDA at the timeof this call.
3/10/2020 11:00 - 11:30	ESF-8 Aging Population Call	Y	Was not able to dial-in. The conference was full.
3/10/2020 11:30 - 12:00	ESF-8 Hospital & FHA Call	Y	Dr. Rivkes informed callers that the CDC has approved a commercial testing kit - IDT COVID-19. You can order them online. A commercial lab (Lab Corps) has been approved to conduct testing. Dr. Rivke reiterated high risk criteria (elderly, travel history, underlying condition). Secretary Mayhew asked callers to be vigilant about data sharing with their local public health authorities, asked for bed count and other pertinent updates to be entered into CDC emergency website at 10am and 7pm. Stated that hospitals have been approved to set up remote testing facilities; also asked facilities to be sure to follow CDC discharge/ transfer protocol. Questions from callers about how to instruct visitors that meet criteria to be denied visitation (do we tell them to go home and self isolate? See their doctor?) If hospitals can test remotely then can they treat those who test positive remotely? (Sec. Mayhew will f/u on this). Callers stated they are getting different testing turnaround estimates from commercial labs than they are getting from DOH/state labs. Asked what to do when employees return from a cruise. Lee Health offered to share best practices/tabletop guide for COVID-19 to hospitals that request it through their information page on their website.

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Date/Time	Meeting Title	Was the Call Recorded?	Meeting Description
3/16/2020 11:00 - 12:00	Nursing Home Provider, FHCA & Partners	Y	Molly McKinstry provided an overview of the udpated emergency order from Governor Desantis regarding that clarified visitation guidelines for LTC facilities. Kim Smoak provided guidance regarding the suspension of penalties for violation of staffing ratios at facilities as long as the facility continues to maintain sufficient staffing levels to remain operational. Secretary Mayhew informed callers that testing is ultimately left to teh discretion of an individuals physician per Surgeon General Scott Rivkes. Molly informed callers that if they have patents who have tested positive in their facilitiy they need to notify AHCA immediately. Molly added that if any facilities on the call had positive patients but had not heard from Kim Smoak yet to please reach out directly to their AHCA FOM and Kim Smoak. Kim added that her team will be conducting visits but that they are only to provide support and ensure that facilities have enough PPE supplies. Secretary Mayhew said if a facility is having trouble with obtaining PPE supplies through their local emergency operations department they can reach out to the agency and if they do they need to include their current PPE inventory levels, their next expected PPE supply shipment and their current burn rate in the request. FHCA rep informed the callers that the toolkit had been taken off their website because it was being updated and they expected to have it back up later in the day. The tool kit will include Hospital to SNF transfer form and SNF to hospital transfer form. Tom Parker gave an overview of the three CMS waivers that had gone into effect related to COVID-19 since the previous Friday. He also informed callers that the US house had passed a COVID-19 stimulus bill that would provide extra funding for states to use at their discretion. The bill is expected to pass in the senate and signed into order by the president later today. Callers had questions about patients who need critical health care such as dialisis and Molly provided fuidance that critical healthcare needs are an exception but that patients will need to be screened just as a visitor would.
3/16/2020 11:15 - 11:45	County EOC Call	N	The DOH website was last updated at 6 pm on Sunday 2020.03.15. As of noon 2020.03.15 the following was the status of COVID19 tracking 136 Cases 6 Cases for residents outside of FL 13 Cases of non-residents in FL 4 Deaths 684 Negative Test Results 514 Pending Test Results 432 Monitored Cases. DOH is currently working on updating the website, and should be available shortly. The DOH is monitoring CDC updates daily. DOH is currently in the process of hiring 100+ epidemiologist-type people to help with the increased workload. In regards to cruise ships, the current guidance is to allow suspected individuals to disembark and self-quarantine for 14 days. At this time, the private sector is allowed to test for COVID19, but the current availability of test kits is TBD. Guidance for family members who has been in contact with individuals that has been in contact with someone who has traveled internationally will be forthcoming. Once the call was shifted to questions, Broward county requested guidance on port operations in regards to suspected exposure. The response was that the county controls the port operations, and while official guidance is to use the honor system to self-quarantine, the county has the authority to hold people at the port. The National Guard is currently on a 2 hour recall in Broward. There is currently no reserve items in the warehouse, and mobile surgical units are on order due to the possibility of losing floors in hospitals to quarantine. All critical requests should be sent to the director at 954-600-4949. Palm Beach County stated that there have been no changes in protocol, but requests consideration regarding guidance to include flexibility. Region 6 clarified that all critical resource decisions were to be sent to the Director. Region 5 stated that the website information was not correct due to transportation and other issues, and asked if there was a way for counties to update their own information. The Surgeon General updated the DOH, the assumption is the trending pattern would be that the number of cases doubles every 3 days. One million test kits should arrive within 3-13 days. Brevard county asked if the resource priority for ALFs or Hospitals will change, or if future guidance was forthcoming. The response was to call the Director if resources were in question. Then the definition of "critical" was discussed. Region 4 asked if the governor was going to send out a memo or order regarding the limit of 50 individuals in a gathering, to which the DOH responded that it does not appear so at this time. Region 3 asked for licensed physician data (report 0570), and asked if an executive order would be issued regarding visitation. The DOH responded that at this time, there were no executive orders issued, but will be in constant contact with the Governor's Office in this regard. Region 2 notified the group that there were continuous calls regarding closing the state border. The DOH responded that this is rumor, and had not been discussed. Appendix D of the OSHA guidelines includes guidance on fit testing. Region 1 reported that ESF 18 is available and any business should report to Florida Disaster webpage to report damages. Recovery was the last on the call, and informed the group that there is no need to meet the county threshold for Category B. Request for Public Assistance (RPA) is available for Federal aid, and guidelines for emergency purchasing were discussed.

Date/Time	Meeting Title	Was the Call Recorded?	Meeting Description
3/16/2020 1:00 - 2:00	All Plan Call	N	Secretary Mayhew informed callers that currently there are 149 cases in Florida and 4 deaths. She asked callers to be aware of significant risk to aging community. She stated the Nursing home in Washington State and an infection rate of 50% and a death rate of 20%. Secretary Mayhew provided an overview of the Emergency Order restricting visitation to prevent a similar situation in FL. Due to lack of nursing homes with Negative pressure rooms and skilled staff with N95 mask experience the state is looking for LTC buildings with wings that are vacant that can be brought online to support more effective isolation and containment. The state is Looking at analyizing the same needs for hospitals. we are trying to increase the turnaround time for testing by working with more commercial labs. We are also looking for hospitals with CLEA certified labs that can help with the volume of local testing. as testing increases we will see the number of positive cases rise. Sec Mayhew gave an overview of measures taken to cut back on public gatherings. The restrictions on visitation is going to create strain on families so it is important to have consistent messaging as to why these measures are critical to containment measures. Sec. Mayhew told of an incedent where a patient in a facility tested positive and the facility did not tkae enough measures to prevent contamination while the test was being conducted and During that period of time we had a lot of healthcare providers exposed and then workers had to go into isolation. We need to be looking creatively at how best to meet needs. Transfers to and from LTC settings are creating a great deal of concern. We are looking at ways to expedite the transfer process. Shevaun went over some of the guidance that had been issued over the weekend regarding postponing site visits wherever telephonic visits are not possible until further notice. Shevaun informed the Plans that a Plan email went out regarding a company called "Impower" to inform plans they have capability beyond Behavior Analysis if Plans need to utilize them. Shevaun said apolicy transmittal (PT) is coming out in the next hour explaining flexiblity when it comes to plans working with providers during the state of emergency. The PT will include information on Prior Auth - we are trying to reduce admin burden on providers on the front line serving affected areas by waiving prior auth. for certain services. And all prior auth will be waived for patients with COVID-19. Prestige asked if this applies to any new authorizations or authorizations that are currently in place? Shevaun responded that this applies to any new authorizations. There are limited home health services anyone who needs to self quarantine we need to make sure there are no limits on the aprt of the plans impeding access to care. Shevaun explained we will be reimbursing for 90 days of maintanence meds when available at the pharmacy. We are Asking plans to make sure mail order prescriptions are available to members so plans need to lift all of those edits and restrictions. $1500 inpatient limit is also being waived. Plans need to waive all Copays related to COVID-19. Recipeints are being given more time to submit requests for Fair hearings. Questions about call centers is there a possiblity that we will relax some of the metrics around call times for plan call centers? Eunice informed the plans that we will consider relaxing metrics for call times at plan call centers due to the lenght of time it takes to get recipients to the correct resource for their questions. Plans made comments regrding messaging thats coming from providers on testing and asked if is there a single source of truth regarding who needs to be tested? Shevaun answered that everyone sould refer to guidance from DOH. Beth Kidder asked a follow-up question re where is the conflict in messaging occurring. Plan rep answered that it is coming from providers like general practitioners. It is difficult to maintain consistent messaging across 18 counties this specific plan operates in. Beth will take this back to Agency leadership to discuss a possible solution. The Agency is seeking greater flexibility thorugh the PDO model in cases where family members in the home who are able to provide services. Health Plans asked for structured way of reporting what adult day care centers are closing. Beth will take taht back to HQA and follow-up. Shevaun concluded by stating that we are trying to get these emergency changes enacted as quickly as possible so plans to need to act as they normally would in a state of emergency. Fingerprinting considerations? F2F fingerprinting for level 2 screening. Well take that back to make sure there is a plan for that as well. Modified regulatory reporting requirements for the plans? Is that going to happen again? Abby asked if there are specfiic reports that they would like us to consider please share that information with us. Kimberly Plan Rep. Humana - how we get information back on members who have been diagnosed if we may not know yet but the DOH has that info that is not something that's being captured that can be readinly shared with the plans due to PHI restrictions. HealthCare alerts from hospitals? EMS diagnosis reporting. We're continueing to ask but as of now we do not have a process to share that information with the plans. LTC community is most concerning because we want to be able to communicate that information to care coordinators. If it's at a facility we will know that information and can match that to teh enrollee roster. It won't be at the memehr level but it will be at the facility level

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Date/Time	Meeting Title	Was the Call Recorded?	Meeting Description

Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Wednesday, March 18, 2020 12:41 PM
To: ""McKinstry"","" Molly; " "Philpot"","" Toby; " "Mayhew"","" Mary; Molly.McKinstry@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com
Subject: FW: [External] FW: COVID Community-First Choice

Our LTC expert was just visiting Orlando and shared this:

One other thing. In Orlando you have a number of locals who are using the cheap rates and time off from work and school as an opportunity for a spontaneous vacation. We saw many opportunities for disease transmission and many families are bringing elderly parents. This will likely continue until the state mandates the closure of public swimming pools.

From: Steven Lutzky <steve@hcbs.info>
Sent: Wednesday, March 18, 2020 12:38 PM
To: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Subject: [External] FW: COVID Community-First Choice

One other thing. In Orlando you have a number of locals who are using the cheap rates and time off from work and school as an opportunity for a spontaneous vacation. We saw many opportunities for disease transmission and many families are bringing elderly parents. This will likely continue until the state mandates the closure of public swimming pools.

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Southerland, Ashleigh

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 2:40 PM
To: ""Mayhew"","" Mary; " "Philpot"","" Toby; " "McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Toby.Philpot@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: RE: Information push request

I am bringing this to the top of everyone's inbox. Has you all have an opportunity to review? Thank you.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:45 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Information push request

Converted into a bulleted format for review:

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting and triaging/screening patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Immediately place a face mask on any individual entering the emergency department or triage/screening area of the hospital who presents with a cough, fever, runny nose, etc. This patient should be held in a separate triage area if not already.
  - If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.
- All staff working triage desk must wear appropriate PPE (face mask, etc.)
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents.
  - Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
  - OSHA has several respiratory training videos available here: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Complete routine cleaning and disinfection procedures of spaces where patients with respiratory symptoms are triaged/screened.

Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

The Agency encourages you to visit the Department of Health's dedicated COVID-19 webpage at www.FloridaHealth.gov/COVID-19. This remains the best and most up-to-date resource for information and guidance regarding COVID-19 in Florida.

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From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 10:07:45 AM

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To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Information push request

Made updates below. The CDC still uses PUI but I don't see where DOH does anymore. Edited to use the DOH terminology.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department. Guidance of note includes:

- Any individual entering the emergency room or triage area of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area if not already.
- All staff working triage desk must wear appropriate PPE.
- Staff must be properly trained on the usage of PPE and the prevention of transmission of infectious agents

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under public health monitoring for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the possible COVID-19 patient in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Staff who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Staff

Provide staff with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

Healthcare staff must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html

Staff should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

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Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

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From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:38:59 AM
To: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Re: Information push request

Completely agree. Also I thought you said they weren't using the phrase person under investigation anymore? And I don't think it is all that common to use the acronym HCP regarding healthcare personnel. Finally we should consider whether or not there should be a logo from DOH along with our logo when we send this out to the hospitals are we just sending this to hospitals or is this intended to go to any other facilities?

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Philpot, Toby <Toby.Philpot@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:33 AM
To: Strickland, Katie; Mayhew, Mary; McKinstry, Molly
Subject: Re: Information push request

Can we create the TOP 5 bullets before diving into the more formal CDC Guidance

· Any individual entering the E.R. or triage of the hospital who presents with a cough, fever, runny nose, etc., should immediately be placed in a mask and possibly held in a separate triage area.

· All staff working triage desk must have and wear appropriate PPE.

From: Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Sent: Sunday, March 8, 2020 9:17:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; Philpot, Toby <Toby.Philpot@ahca.myflorida.com>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: Fwd: Information push request

Please see the draft below for review. Thank you.

The Agency for Health Care Administration wants to ensure patients and staff are protected by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). Please review

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the information below and evaluate your facilities' practices when admitting/triaging patients with respiratory symptoms as they enter your emergency department.

Detection and Triage of PUI

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.

Ensure proper use of personal protection equipment (PPE). Place a facemask over the patient's nose and mouth if that has not already been done and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces

Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 (this includes staff working a triage desk) should also wear the appropriate PPE. Information on how to properly don, use, and doff PPE in a manner to prevent self-contamination is available here: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Train and Educate Healthcare Personnel

Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos.

HCP should be educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

From: Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 5:55:18 PM
To: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>; AHCAEOC <ahcaeoc@ahca.myflorida.com>; Strickland, Katie <Katie.Strickland@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Subject: FW: Information push request

Molly –

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DOH (Samantha Cooksey) just said AHCA not DOH should take the lead on drafting content for the e-blast to the hospitals. Dr. Rivkees would like the information sent out to include:

- Direction that upon entering the E.R. door or triage of the hospital...if someone has a cough, fever, runny nose, etc., they should immediately be placed in a mask and possibly held in a separate triage area.
- Make sure they protect their staff including those working the triage desk.
- Make sure staff are trained on airborne pathogens, how to appropriately don PPE, etc.
- Include links to information like CDC guidance or guidance on how to use PPE and surface cleaning.

DOH would like to review the draft before it is distributed to the hospitals.

Thanks,
Kim Stewart & Rebecca Willis

Kimberly Stewart - SENIOR MANAGEMENT ANALYST II-SES

Bldg 2 Rm C-6 - HEALTH FACILITY REGULATION
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3492 (Office) - (850)922-4351 (Fax)
Kimberly.Stewart@ahca.myflorida.com

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From: McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:34 PM
To: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>; Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Haddock, Taylor <Taylor.Haddock@ahca.myflorida.com>; Manzie, Mandi <Mandi.Manzie@ahca.myflorida.com>
Cc: MacLafferty, Laura <Laura.MacLafferty@ahca.myflorida.com>; Stewart, Kimberly <Kimberly.Stewart@ahca.myflorida.com>
Subject: Re: Information push request

Thanks Rebecca.

Ryan and Team - can we have staff do another eblast today once we have info?
Thanks
Get Outlook for iOS

From: Willis, Rebecca <Rebecca.Willis@ahca.myflorida.com>
Sent: Saturday, March 7, 2020 2:26 PM
To: McKinstry, Molly
Cc: MacLafferty, Laura; Stewart, Kimberly
Subject: Information push request

Dr. Rivkees stopped by and requested information get pushed out to the hospitals (possibly via eblast). He stated the message should be that everyone should have a mask immediately upon entering the ED with a cough (including triage) and possibly have a separate waiting area. Also, to be sure the staff is protected (including triage desk), and trained on airborne contaminations, how to appropriately don PPE, and surface cleaning.

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DOH is working on the content.

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Southerland, Ashleigh

From: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>
Sent: Tuesday, March 10, 2020 10:47 AM
To: Adrian Lukis (Adrian.Lukis@eog.myflorida.com)
Subject: Fwd: Call this morning

Mary C Mayhew
Secretary
Florida Agency for Health Care Administration
850-412-3603
850-228-7093 (cell)

From: Veronica Catoe <Veronica@fala.org>
Sent: Tuesday, March 10, 2020 10:35:35 AM
To: Mayhew, Mary <Mary.Mayhew@ahca.myflorida.com>; jared.moskowitz@em.myflorida.com <jared.moskowitz@em.myflorida.com>
Cc: Woods, Keisha <Keisha.Woods@ahca.myflorida.com>; Mike Hardy <mike@fala.org>; McKinstry, Molly <Molly.McKinstry@ahca.myflorida.com>
Subject: [External] Call this morning

Good morning Director Moskowitz, and Secretary Mayhew ,

In preparation for this morning call with Assisted Living Facilities and other Health Care providers I wanted to share some of the questions we have begun to receive.

1. While communities have been screening staff, residents and visitors will there be an official provision for superseding 429.28 1 (d) ...."visiting with any person of his or her choice" ?
2. Will there be any relief in regards to staffing if/when communities start seeing a rise in employees that are affected and unable to work 59A-36.010?
3. Will there be encouragement for sister or friendly communities to partner together to address staffing needs thus potentially requiring them to go over occupancy to manage the residents in one location? 429.71
4. Will DOH be removing residents that are symptomatic and tested positive from these facilities and creating isolation sites as I know we do not want to inundate hospitals?
5. What specific isolation precautions should ALF's (non-medical communities) be putting into place. Remembering we have all sizes 3-350 in the state some with clinical support and majority without?

If you have any questions please feel free to call myself or Mike.

My best,

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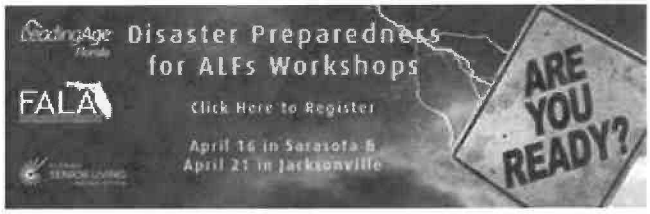
Veronica Catoe
CEO
T: 850-383-1159 | **M:** 850-556-0345
E: veronica@fala.org | www.fala.org
1618 Mahan Center Blvd, Suite 103



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Southerland, Ashleigh

From: Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Sent: Saturday, March 14, 2020 12:22 PM
To: ""Mayhew"","" Mary; " "McKinstry"","" Molly; " "Smoak"","" Kimberly; Molly.McKinstry@ahca.myflorida.com; Mary.Mayhew@ahca.myflorida.com; Kimberly.Smoak@ahca.myflorida.com
Subject: HCA response letter
Attachments: MM HCA ltr 3.14.docx

Per our discussion, draft is attached. I included some comments from Kim's e-mail, as well.

Thanks,

Stefan Grow - GENERAL COUNSEL-AHCA

Building 3, Room 3415B - GENERAL COUNSEL AHCA
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3669 (Office) - (Fax)
Stefan.Grow@ahca.myflorida.com

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Steve Ecenia
Rutledge Ecenia
119 South Monroe Street, Suite 202
Tallahassee, FL 32301
steve@rutledge-ecenia.com
VIA E-MAIL ONLY

RE: COVID-19 Guidance – Patient Discharge to SNF

Dear Mr. Ecenia:

Thank you for your correspondence on behalf of HCA's affiliated Florida hospitals. My office is reviewing the form provided from the skilled nursing home facilities.

The Centers for Disease Control and Prevention (CDC) guidance provides for contact and airborne precautions. Few, if any nursing homes can follow these airborne precautions, specifically the use of an airborne infection isolation room (AIIR), and therefore cannot accept a resident requiring these measures to in place.

I appreciate the strains placed on the hospitals as this is an unprecedented situation. However, if any skilled nursing facility cannot meet infection control guidance requiring the skilled use of n95 masks and an AIIR for positive cases of COVID-19, then the resident must be transferred to a hospital where these precautions can be followed.

As you know, screening guidance and criteria for restricted entry to skilled nursing homes is evolving daily on a state and federal level, as is the information to prevent the transmission of COVID-19 to the elderly - our most vulnerable, at risk population during this time.

Thank you for your continued partnership as we work to contain this crisis.

Sincerely,

Mary C. Mayhew
Secretary, Agency for Health Care Administration

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1605 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - SUWANNEE RIVER WATER MANAGEMENT DISTRICT - PAYMENT IN LIEU OF TAXES
FROM INTERNAL IMPROVEMENT TRUST FUND 352,909

1606 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - WATER MANAGEMENT DISTRICTS - LAND MANAGEMENT
FROM LAND ACQUISITION TRUST FUND . . 10,237,210

From the funds in Specific Appropriation 1606, $1,610,000 is provided to the Northwest Florida Water Management District, $1,777,210 is provided to the Suwannee River Water Management District, $2,250,000 is provided to the St. Johns Water Management District, $2,250,000 is provided to the Southwest Florida Water Management District, and $2,350,000 is provided to the South Florida Water Management District.

From the funds in Specific Appropriation 1606, the South Florida Water Management District shall conduct a study to recommend the most appropriate geographic boundaries of the Big Cypress Basin. The proposed boundaries shall be based solely upon the common watershed within the Big Cypress Basin and must be scientifically supported. The completed study and recommendations must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by February 1, 2021.

1607 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - WATER MANAGEMENT DISTRICTS - MFLS
FROM LAND ACQUISITION TRUST FUND . . 3,446,000

From the funds in Specific Appropriation 1607, $1,811,000 is provided to the Northwest Florida Water Management District, and $1,635,000 is provided to the Suwannee River Water Management District, for activities related to establishing minimum flows and levels.

1608 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - WATER MANAGEMENT DISTRICTS HURRICANE RECOVERY
FROM GENERAL REVENUE FUND 3,902,647
FROM LAND ACQUISITION TRUST FUND . . 97,353

The nonrecurring funds in Specific Appropriation 1608 are provided to the Northwest Florida Water Management District for hurricane recovery activities.

1609 OPERATING CAPITAL OUTLAY
FROM LAND ACQUISITION TRUST FUND . . 5,000

1611 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM LAND ACQUISITION TRUST FUND . . 3,000

1612 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM ADMINISTRATIVE TRUST FUND . . . 873
FROM FEDERAL GRANTS TRUST FUND . . . 1,541
FROM LAND ACQUISITION TRUST FUND . . 4,463

1613 SPECIAL CATEGORIES
WATER QUALITY ENHANCEMENT AND ACCOUNTABILITY
FROM GENERAL REVENUE FUND 10,800,000

The funds in Specific Appropriation 1613 are provided for increased water quality monitoring, creation of a water quality public information portal, and for the establishment of the Blue-Green Algae Task Force. Funds may be used for administration and planning costs. The task force will support key funding and restoration initiatives to expedite nutrient reduction in Lake Okeechobee and the St. Lucie and Caloosahatchee estuaries. The task force will identify priority projects for funding that are based on scientific data and build upon Basin Management Action Plans (BMAPs) to provide the largest and most meaningful nutrient reductions in key waterbodies, as well as make

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recommendations for regulatory changes.

From the funds in Specific Appropriation 1613, $4,000,000 in nonrecurring funds is provided to the Department of Environmental Protection to continue to expand statewide water quality analytics for the nutrient over-enrichment analytics assessment and water quality information portal.

1614 SPECIAL CATEGORIES
GRANTS AND AIDS - OCEAN RESEARCH AND CONSERVATION ASSOCIATION - KILROY MONITORING SYSTEMS
FROM GENERAL REVENUE FUND 325,000
FROM LAND ACQUISITION TRUST FUND . . 250,000

From the funds in Specific Appropriation 1614, $250,000 in recurring funds from the Land Acquisition Trust Fund (recurring base appropriations project) and $325,000 in nonrecurring funds from the General Revenue Fund are provided for the Ocean Research and Conservation Association Water Quality Monitoring Systems - Kilroy Network Expansion (HB 4057) (Senate Form 1182).

1615 SPECIAL CATEGORIES
GRANTS AND AIDS - INDIAN RIVER LAGOON AND LAKE OKEECHOBEE BASIN - OPERATIONS
FROM LAND ACQUISITION TRUST FUND . . 350,000

The funds in Specific Appropriation 1615 are provided for operations and maintenance for five Indian River Lagoon Land/Ocean Biogeochemical Observatory water quality instruments for the St. Lucie Estuary and surrounding Indian River Lagoon areas (recurring base appropriations project).

1616 SPECIAL CATEGORIES
TRANSFER TO THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT - DISPERSED WATER STORAGE
FROM LAND ACQUISITION TRUST FUND . . 5,000,000

1616A SPECIAL CATEGORIES
GRANTS AND AIDS - NORTHWEST FLORIDA ESTUARY PROGRAM - ST. ANDREW/ST. JOE BAY ESTUARY PROGRAM
FROM GENERAL REVENUE FUND 500,000

From the funds in Specific Appropriation 1616A, $500,000 in nonrecurring funds from the General Revenue Fund is provided to the Northwest Florida Estuary Program - St. Andrew/St. Joe Bay Estuary Program (HB 4783) (Senate Form 2193).

1616B SPECIAL CATEGORIES
GRANTS AND AIDS - ESCAMBIA COUNTY PENSACOLA AND PERDIDO BAYS ESTUARY PROGRAM
FROM GENERAL REVENUE FUND 500,000

From the funds in Specific Appropriation 1616B, $500,000 in nonrecurring funds from the General Revenue Fund is provided to the Pensacola and Perdido Bays Estuary Program (HB 2551) (Senate Form 1401).

1617 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM LAND ACQUISITION TRUST FUND . . 4,991

1618 FIXED CAPITAL OUTLAY
DEBT SERVICE - SAVE OUR EVERGLADES BONDS
FROM LAND ACQUISITION TRUST FUND . . 22,700,054

Funds in Specific Appropriation 1618 are provided for Fiscal Year 2020-2021 debt service on bonds authorized pursuant to section 215.619, Florida Statutes, including any other continuing payments necessary or incidental to the repayment of the bonds. These funds may be used to refinance any or all series if it is in the best interest of the state as determined by the Division of Bond Finance. If the debt service varies as a result of a change in the interest rate, timing of issuance, or other circumstances, there is appropriated from the Land Acquisition

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Trust Fund an amount sufficient to pay such debt service.

1619 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - INNOVATIVE TECHNOLOGIES
FROM GENERAL REVENUE FUND 10,000,000

From the funds in Specific Appropriation 1619, $5,000,000 is provided to the Department of Environmental Protection for the purpose of supporting the evaluation and implementation of innovative technologies and short-term solutions to combat or clean up harmful algal blooms and nutrient enrichment of Florida's fresh waterbodies, including lakes, rivers, estuaries and canals. Funds may be used for the Department's red tide emergency grant program to support local governments in cleaning beaches and coastal areas to minimize the impacts of red tide to residents and visitors. Funds may also be used to implement water quality treatment technologies, identified by the department, near water control structures in Lake Okeechobee.

From the funds in Specific Appropriation 1619, $5,000,000 is provided to the department for the restoration and preservation of Florida water bodies to include lakes, ponds, retention ponds, marshlands, wetlands, rivers and tributaries through a competitive procurement pursuant to chapter 287, Florida Statutes.

1620 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
EVERGLADES RESTORATION
FROM SAVE OUR EVERGLADES TRUST FUND 2,319,606
FROM LAND ACQUISITION TRUST FUND . . 264,248,776

From the funds in Specific Appropriation 1620, $32,000,000 in recurring funds from the Land Acquisition Trust Fund and $668,382 in nonrecurring funds from the Save Our Everglades Trust Fund are provided for the Restoration Strategies Regional Water Quality Plan.

From the funds in Specific Appropriation 1620, $64,000,000 in recurring funds from the Land Acquisition Trust Fund is provided to transfer to the Everglades Trust Fund within the South Florida Water Management District pursuant to section 375.041(3)(b)4., Florida Statutes.

From the funds in Specific Appropriation 1620, $1,651,224 in nonrecurring funds from the Save Our Everglades Trust Fund and $168,248,776 in nonrecurring funds from the Land Acquisition Trust Fund shall be distributed to the South Florida Water Management District for the planning, design, engineering, and construction of the Comprehensive Everglades Restoration Plan (CERP).

1621 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
NORTHERN EVERGLADES AND ESTUARIES PROTECTION
FROM GENERAL REVENUE FUND 1,701,131
FROM LAND ACQUISITION TRUST FUND . . 45,342,089

From the funds provided in Specific Appropriation 1621, $1,701,131 in recurring funds from the General Revenue Fund, $28,175,082 in recurring funds from the Land Acquisition Trust Fund, and $17,167,007 in nonrecurring funds from the Land Acquisition Trust Fund shall be used to implement the Northern Everglades and Estuaries Protection Program, pursuant to section 373.4595, Florida Statutes.

1622 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - ALTERNATIVE WATER SUPPLY
FROM GENERAL REVENUE FUND 38,200,000
FROM WATER PROTECTION AND SUSTAINABILITY PROGRAM TRUST FUND . 1,800,000

The funds in Specific Appropriation 1622 are provided to the water supply and water resource development grant program to help communities plan for and implement conservation, reuse and other water supply and water resource development projects. Priority funding will be given to regional projects in the areas of greatest need and for projects that provide the greatest benefit. The department shall identify and research

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all viable alternative water supply resources and provide an assessment of funding needs critical to supporting Florida's growing economy.

1622A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - WATER QUALITY IMPROVEMENTS - EVERGLADES RESTORATION
FROM GENERAL REVENUE FUND 50,000,000

The funds in Specific Appropriation 1622A shall be distributed to the South Florida Water Management District for the design, engineering, and construction of the specific project components designed to achieve the greatest reductions in harmful discharges to the Caloosahatchee and St. Lucie Estuaries as identified in the Comprehensive Everglades Restoration Plan Lake Okeechobee Watershed Restoration Project Draft Integrated Project Implementation Report and Environmental Impact Statement dated July 2018. The South Florida Water Management District is directed to negotiate a pre-partnership credit agreement with the United States Army Corps of Engineers as authorized under Section 6004 of the Water Resources Development Act of 2007.

TOTAL: WATER POLICY AND ECOSYSTEMS RESTORATION		
FROM GENERAL REVENUE FUND	123,880,009	
FROM TRUST FUNDS		358,878,514
TOTAL POSITIONS	24.00	
TOTAL ALL FUNDS		482,758,523

PROGRAM: WATER RESTORATION ASSISTANCE

WATER RESTORATION ASSISTANCE

Funds in Specific Appropriations 1637, 1638, 1639, and 1640 are provided to the Department of Environmental Protection for the Drinking Water and Wastewater Treatment Facility Construction State Revolving Loan Programs, the Small Community Sewer Construction Assistance Program, and the Small and Disadvantaged Communities Water Infrastructure Improvements Program developed pursuant to provisions of sections 403.8532, 403.1835, and 403.1838, Florida Statutes. Appropriations used by the department for grants and aids may be advanced in part or in total.

APPROVED SALARY RATE 2,538,948

1623	SALARIES AND BENEFITS	POSITIONS 57.00	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,220,569
	FROM LAND ACQUISITION TRUST FUND . .		657,058
	FROM WATER QUALITY ASSURANCE TRUST FUND		473,584
1624	OTHER PERSONAL SERVICES		
	FROM COASTAL PROTECTION TRUST FUND .		9,744
	FROM LAND ACQUISITION TRUST FUND . .		85,000
	FROM WATER QUALITY ASSURANCE TRUST FUND		86,584
1625	EXPENSES		
	FROM FEDERAL GRANTS TRUST FUND . . .		289,494
	FROM LAND ACQUISITION TRUST FUND . .		75,370
	FROM WATER QUALITY ASSURANCE TRUST FUND		96,400
1626	OPERATING CAPITAL OUTLAY		
	FROM LAND ACQUISITION TRUST FUND . .		10,000
1627	SPECIAL CATEGORIES		
	WATER QUALITY MANAGEMENT/PLANNING GRANTS		
	FROM FEDERAL GRANTS TRUST FUND . . .		1,140,164
1627A	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	800,000	

From the funds provided in Specific Appropriation 1627A, $800,000 in nonrecurring funds from the General Revenue Fund is provided for the following projects:

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	Coastal Mitigation and Sand Retention Pilot (HB 9251) (Senate Form 2551)	200,000
	Key Biscayne Sargassum Removal (HB 3889) (Senate Form 1554)	200,000
	Loggerhead Marinelife Center Improving Water Quality & Coastline Cleanliness (HB 2573) (Senate Form 1140)	250,000
	White Springs Water Treatment & Distribution (HB 4105) (Senate Form 1802)	150,000
1628	SPECIAL CATEGORIES HAZARDOUS WASTE CLEANUP FROM WATER QUALITY ASSURANCE TRUST FUND	1,780,902
1629	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE	
	FROM FEDERAL GRANTS TRUST FUND	5,616
	FROM LAND ACQUISITION TRUST FUND	1,962
	FROM MINERALS TRUST FUND	473
	FROM WATER QUALITY ASSURANCE TRUST FUND	349
1630	SPECIAL CATEGORIES UNDERGROUND STORAGE TANK CLEANUP FROM INLAND PROTECTION TRUST FUND	76,578
1631	SPECIAL CATEGORIES WATER WELL CLEANUP FROM WATER QUALITY ASSURANCE TRUST FUND	894,350
1632	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT	
	FROM FEDERAL GRANTS TRUST FUND	13,447
	FROM LAND ACQUISITION TRUST FUND	1,519
	FROM WATER QUALITY ASSURANCE TRUST FUND	2,236
1633	FIXED CAPITAL OUTLAY NATURAL RESOURCE DAMAGE RESTORATION - FINAL RESTORATION - DEEPWATER HORIZON OIL SPILL FROM COASTAL PROTECTION TRUST FUND	20,239,815
1634	FIXED CAPITAL OUTLAY SPRINGS RESTORATION FROM LAND ACQUISITION TRUST FUND	50,000,000

Funds in Specific Appropriation 1634 may be used for land acquisition to protect springs and for capital projects that protect the quality and quantity of water that flow from springs.

1635	FIXED CAPITAL OUTLAY HAZARDOUS WASTE CONTAMINATED SITE CLEANUP FROM WATER QUALITY ASSURANCE TRUST FUND	1,000,000

Funds in Specific Appropriation 1635 are provided to assist homeowners with private wells who are experiencing contamination of their drinking water from perfluorooctanoic acid (PFOA), perfluorooctane sulfonate (PFOS), and other emerging contaminants of concern.

1635A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - WATER PROJECTS FROM GENERAL REVENUE FUND	76,580,163	

The funds appropriated in Specific Appropriation 1635A are supplemental to the funds previously committed by the water management districts towards the implementation of the named projects. A water management district shall not reduce the funds committed by it or in any way limit or restrict those funds as a result of this appropriation.

From the funds in Specific Appropriation 1635A, $76,580,163 in nonrecurring funds from the General Revenue Fund is provided for the

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following water projects:

Apalachicola Inflow and Infiltration Study (HB 2999) (Senate Form 1432)	100,000
Atlantic Beach Aquatic Gardens/Hopkins Creek Flood Mitigation Phase 2 (HB 2715) (Senate Form 2065)	500,000
Aventura Curbing of Swale Flooding on Country Club Drive (HB 2875) (Senate Form 1136)	250,000
Bal Harbour Village Stormwater System Improvement (HB 2877) (Senate Form 1114)	425,000
Bay County Wastewater Facilities - Hurricane Michael (HB 4785) (Senate Form 2192)	950,000
Belle Glade NW/SW 3rd Avenue, SW Avenue B Extension Corridor Stormwater Conveyance Improvements (HB 2193) (Senate Form 1131)	100,000
Boca Raton 20-inch Critical Wastewater Force Main Resiliency Project Replacement/Redundancy (HB 2451) (Senate Form 1488)	200,000
Bonita Imperial Bonita Estates (IBE)/Quinn/Downs/Dean Street Drainage Project (HB 9055) (Senate Form 1222)	750,000
Bowling Green Inflow of Rain Water (HB 4075) (Senate Form 2011)	100,000
Brevard County Septic to Sewer Conversion for 1,019 Homes (HB 3727) (Senate Form 1187)	1,000,000
Brevard County Water Quality Improvements (HB 2053)	2,200,000
Brooksville Lamar Drinking Water Plant (HB 3505) (Senate Form 1861)	400,000
Brooksville Reuse Water to Cascades Residential Development (HB 3503) (Senate Form 1862)	150,000
Caloosahatchee River Submerged Aquatic Vegetation Restoration (HB 3371) (Senate Form 2425)	1,150,000
Cape Canaveral Wastewater Treatment Plant Improvements (HB 2399) (Senate Form 1479)	250,000
Cape Coral Caloosahatchee Reclaimed Water Transmission Line (HB 9021) (Senate Form 1684)	1,500,000
Cape Coral Reservoir and Pipeline Project (HB 9011) (Senate Form 1686)	500,000
Central Florida Zoo and Botanical Gardens Rainwater Harvesting (HB 4895) (Senate Form 1966)	150,000
Charlotte County Countryman Ackerman Septic-to-Sewer (HB 4315) (Senate Form 1236)	1,000,000
Cinco Bayou Glenwood Park Stormwater Improvements (HB 3207) (Senate Form 2216)	100,000
Citrus County Kings Bay Restoration Project (HB 3491) (Senate Form 1863)	1,500,000
Citrus County Old Homosassa Downtown East Septic to Sewer (HB 2817) (Senate Form 1865)	2,000,000
Clay County Utility Authority Saratoga Springs Water Treatment Plant (HB 4953) (Senate Form 2520)	1,500,000
Coconut Creek Hillsboro Water Storage Tank Rehabilitation (HB 3187) (Senate Form 1537)	100,000
Collier County Cocohatchee River Critical Dredge Project (HB 4829) (Senate Form 1042)	100,000
Collier County Golden Gate City Outfall Restoration Project Phase 1 (HB 3369) (Senate Form 1040)	100,000
Coral Gables Canal Dredging (HB 2633) (Senate Form 1263)	300,000
Coral Gables Comprehensive Inflow and Infiltration Program (HB 3035) (Senate Form 2499)	100,000
Crystal River Sewer Master Plan Study (HB 3475) (Senate Form 1879)	150,000
Cutler Bay Wetland Restoration Project (HB 3757) (Senate Form 1559)	100,000
Dania Beach NW/SW 1 Avenue Water Infrastructure Revitalization (HB 3333) (Senate Form 1720)	250,000
Daytona Beach Flood Mitigation Project (HB 3579) (Senate Form 2059)	200,000
DeBary Stormwater Infrastructure Improvements within the Glen Abbey and Summerhaven (HB 3133) (Senate Form 1970)	300,000
DeFuniak Springs CR 280B Water and Sewer Expansion (HB 9257) (Senate Form 2156)	500,000
DeLand/Volusia County Connection Assistance Springshed Initiative (HB 2201) (Senate Form 1699)	100,000
Deltona Eastern Water Reclamation Facility Expansion (HB 3227) (Senate Form 1704)	150,000
Doral Stormwater Improvements NW 89 Pl (25-20 St.) (HB 3205) (Senate Form 1334)	100,000
Doral Stormwater Master Plan Update (HB 3447) (Senate	

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Form 1268)	170,000
El Portal Little River Septic to Sewer NE 2nd Avenue Commercial (HB 3441) (Senate Form 1490)	500,000
Emerald Coast Utilities Authority Septic to Sewer for Enhancement of Economic Development in the Brownsville Area PhaseI (HB 2149) (Senate Form 2166)	250,000
Flagler Beach Wastewater Treatment Plant Improvements (HB 2269) (Senate Form 2040)	900,000
Flagler County West Flooding and Environmental Mitigation Water Control Project Phase I (HB 4979) (Senate Form 2559)	200,000
Florida Keys Aqueduct Authority Stock Island Reverse Osmosis Plant (HB 2361) (Senate Form 1346)	500,000
Fort Lauderdale Dorsey-Riverbend Stormwater Improvements (HB 2569) (Senate Form 1071)	250,000
Fort Myers At-Risk Neighborhood Infrastructure Improvements/Citywide Septic Tank Abandonment (HB 9035)	100,000
Fort Myers Beach Estero Boulevard Water Improvements (HB 9051) (Senate Form 1689)	200,000
Fort Myers Billy's Creek Restoration Final Phase (HB 9031) (Senate Form 1688)	1,000,000
Fort Myers Midtown Urban Infill Development Water Quality Planning Initiative (HB 9029) (Senate Form 1687)	250,000
Fort White Water Supply Project (HB 2605) (Senate Form 2483)	2,805,610
Gainesville Lower-Income Neighborhood Septic-to-Sewer Water Quality Improvements (HB 3541) (Senate Form 2237)	100,000
Golden Beach Center Island Phase 2 Storm Pump Station (HB 2391) (Senate Form 1492)	500,000
Greenacres Swain Blvd Sewer Extension (HB 3663) (Senate Form 1244)	225,000
Grove Land Reservoir (Senate Form 2534)	1,000,000
Havana Lift Station Upgrades (HB 2679) (Senate Form 1463)	50,000
Hendry County Wastewater Infrastructure on US27/SR80 Connecting Airglades (HB 2847) (Senate Form 1314)	1,000,000
Hernando County Glen Water Reclamation Facility (WRF) Denitrification Upgrades (HB 3513) (Senate Form 1858)	900,000
Holmes Beach Flood Prevention Improvements (HB 3835) (Senate Form 1813)	2,000,000
Homestead Automatic Flushing System (HB 3165) (Senate Form 2538)	150,000
Homosassa River Restoration (HB 2619) (Senate Form 1864)	1,500,000
Hypoluxo Septic to Sewer Conversion (HB 2411)	200,000
IMPOWER/Grove Sewer Connection (HB 2335) (Senate Form 2546)	220,000
Indian Harbour Beach and Satellite Beach Muck Dredging (HB 4117) (Senate Form 1645)	1,000,000
Indian River County North Sebastian Septic to Sewer Phase 2 (HB 4733) (Senate Form 1183)	750,000
Indian Trail Improvement District M-0 Outfall Canal Gate (HB 2575) (Senate Form 2276)	200,000
Inglis Sub-Regional Wastewater System (HB 3769) (Senate Form 1105)	200,000
Jupiter Pennock Industrial Park Stormwater Improvements (HB 2129)	150,000
Jupiter Seminole Avenue Stormwater Basin Improvements (HB 2133)	250,000
Jupiter Sims Creek Preserve Hydrologic Restoration (HB 2131)	150,000
Lake Clarke Shores - Septic to Sewer Design Project (HB 2211) (Senate Form 1111)	236,177
Lake Seminole Submerged Aquatic Vegetation Renourishment (Senate Form 2077)	992,278
Largo Keene Park Sanitary Sewer Improvements (HB 3237) (Senate Form 1772)	90,000
Lauderdale-By-The-Sea Septic to Sewer (HB 2645) (Senate Form 1649)	250,000
Lauderhill Southeast Water Service Project (HB 3477) (Senate Form 1295)	500,000
Lee County Artesian Well Abandonment Project (HB 9171) (Senate Form 1683)	80,000
Loxahatchee Groves Canal System Rehabilitation (HB 4097) (Senate Form 2249)	150,000
Macclenny Water Treatment Plant II Upgrades and 12-inch Water Main Extension (HB 3745) (Senate Form 2492)	200,000
Manatee County Water Quality Improvement with Native Oysters and Clams (HB 3829) (Senate Form 1173)	950,000

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Margate Water Treatment Plant Improvements (HB 3211) (Senate Form 1529)	150,000
Marion County Septic to Sewer Initiative (HB 2057) (Senate Form 1192)	200,000
Martin County Cypress Creek Floodplain Restoration Project (HB 2195) (Senate Form 2497)	100,000
Martin County Savanna South Water Control Weir (HB 2177) (Senate Form 2498)	100,000
Medley Tobie Wilson Multiuse Community Center Water Quality Improvements and Bulkhead Replacement (HB 3365) (Senate Form 1519)	100,000
Melbourne Eau Gallie River Dam Replacement (HB 4251) (Senate Form 1647)	250,000
Melbourne Septic to Sewer Infrastructure Project (HB 4255) (Senate Form 2424)	380,000
Melbourne Village Dayton Bridge and Culvert Replacement (HB 4855) (Senate Form 1814)	250,000
Miami Beach 75th Street Booster Station (HB 2537) (Senate Form 1112)	200,000
Miami Gardens NW 159 Street Drainage Improvement Project (HB 3405) (Senate Form 1247)	20,000
Miami Gardens NW 195 Street and NW 12 Ave Stormwater Drainage Improvement (HB 3407) (Senate Form 1248)	30,000
Miami Lakes Loch Lomond Drainage Improvements Project (HB 3553) (Senate Form 1065)	1,000,000
Miami Lakes Royal Oaks Drainage Improvements Project (HB 3389) (Senate Form 1064)	1,000,000
Miami Shores Village Shores Estates Drain Water System (HB 3443) (Senate Form 1681)	100,000
Miami Springs East Drive Stormwater and Road Improvement (HB 3383) (Senate Form 1204)	800,000
Milton North Santa Rosa Regional Water Reclamation Facility (HB 2923) (Senate Form 1393)	500,000
Naples Design of Phase 2 - Naples Bay Red Tide Septic Tank Mitigation Program (HB 4835) (Senate Form 1039)	1,100,000
Nassau County American Beach Well and Septic Phase Out (HB 2215) (Senate Form 1367)	900,000
New Port Richey 2019 Beach Street Stormwater Drainage Improvements (HB 4423) (Senate Form 1147)	200,000
New Smyrna Beach Septic to Sewer Feasibility Study (HB 2637)	125,000
Newberry State Road 26 Water & Wastewater Infrastructure (HB 2691) (Senate Form 2236)	200,000
North Lauderdale SW 13th Street Drainage Improvements (HB 2901) (Senate Form 1290)	100,000
North Miami Beach Corona del Mar Phase II Sewer System (HB 2881) (Senate Form 1269)	225,000
North Miami Septic to Sewer Conversions (HB 3439) (Senate Form 2282)	200,000
North Port Warm Mineral Springs Water and Sewer Utilities (HB 2791) (Senate Form 2579)	300,000
Oak Hill Septic to Sewer Retrofit Area 2A (HB 3229) (Senate Form 1703)	200,000
Oakland-South Lake Apopka Initiative (HB 2291) (Senate Form 1189)	250,000
Okaloosa County Overbrook Area Flooding (HB 3109) (Senate Form 2413)	375,000
Okeechobee Utility Authority Southwest Wastewater Service Area (HB 3243) (Senate Form 1755)	500,000
Orange City Blue Spring Nutrient Reduction - Septic to Sewer Conversion (HB 3025) (Senate Form 1969)	500,000
Orange County Wekiwa Springs Septic Tank Retrofit Project (HB 3567) (Senate Form 2003)	500,000
Osceola County Lake Toho Water Restoration Diversion Wall Design and Construction (HB 3865) (Senate Form 2325)	300,000
Oviedo Regional Stormwater Pond Final Phase (HB 2427) (Senate Form 1958)	200,000
Palatka Drinking Water Infrastructure Improvements (HB 4969) (Senate Form 2181)	500,000
Palm Beach County-Lake Worth Lagoon Monitoring Program (HB 2407) (Senate Form 1066)	500,000
Palm Beach County-Singer Island Submerged Lands Acquisition (HB 2403)	150,000
Palmetto Bay Sub-Basin 61 Construction (HB 3461) (Senate Form 2022)	100,000
Panama City Millville Waste Water Treatment Plant Relocation Assessment (HB 4771) (Senate Form 2196)	500,000

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

Panama City Remove and Relocate Sanitary Sewer Line from St. Andrews Bay (HB 4767) (Senate Form 2195)	600,000
Parkland Stormwater Quality Improvement Project (HB 2125) (Senate Form 1130)	100,000
Pasco County Handcart Road Water and Wastewater (HB 2035) (Senate Form 1857)	5,750,000
Pasco County Mitchell Ranch Road Drainage Improvement SW 848 (HB 2591) (Senate Form 1427)	100,000
Pasco County Quail Hollow Blvd. South (SW-530) (HB 3181) (Senate Form 2275)	850,000
Pembroke Park John P. Lyons Lane Stormwater Pumping Station (HB 4017) (Senate Form 1092)	100,000
Penney Farms Potable Water Update for Deteriorating Pipeline (HB 4947) (Senate Form 1108)	100,000
Pinecrest Stormwater Improvements (HB 3807) (Senate Form 1556)	150,000
Pinellas Park Orchid Lake Improvements Phase II (HB 2233) (Senate Form 2463)	270,000
Plant City Mcintosh Park Integrated Water Master Plan (HB 4729) (Senate Form 2028)	500,000
Polk Regional Water Cooperative Heartland Headwaters	500,000
Ponce Inlet Ponce De Leon Circle Septic to Sewer (HB 2583) (Senate Form 1701)	125,000
Port Orange Howes Street Drainage Improvements (HB 2383) (Senate Form 1702)	250,000
Port St. Joe First Street Sewer Lift Station (HB 3005) (Senate Form 1541)	100,000
Port St. Lucie Septic to Sewer Conversion Program (HB 2803) (Senate Form 2277)	100,000
Punta Gorda Boca Grande Area Water Quality Improvements (HB 4317) (Senate Form 1743)	100,000
Putnam County East Putnam Drainage and Flooding Mitigation (HB 4971) (Senate Form 1424)	455,998
Riviera Beach Utilities Special District Intracoastal Critical Water Main Replacement (HB 4003) (Senate Form 1713)	200,000
Rockledge Biosolids Final Design (HB 4119) (Senate Form 1725)	150,000
Sanford Nutrient Reduction - Lakes Monroe and Jesup (HB 3537) (Senate Form 2002)	750,000
Sanford-Orlando Sanford International Airport Stormwater Management System (HB 3313)	150,000
Sanibel Donax Water Reclamation Facility Process Improvements (HB 9057) (Senate Form 1691)	100,000
Santa Rosa County Santa Monica Street Paving (HB 3337) (Senate Form 2161)	100,000
Sarasota County Bee Ridge Water Reclamation Facility Recharge Wells (HB 2509) (Senate Form 1101)	100,000
Seminole County Lake Jesup Watershed Project (HB 3539) (Senate Form 1953)	350,000
Sopchoppy Waterline Replacement (HB 2983) (Senate Form 1460)	200,000
South Bay Stormwater Flood Control and Waterway Management Phase 2 (HB 2083) (Senate Form 1129)	150,000
South Indian River Water Control District Section 7 Drainage Improvement Project (HB 2139)	150,000
Southwest Ranches Basin S9/S10 Drainage Improvement Project (HB 3177) (Senate Form 1483)	100,000
St. Augustine West Augustine Septic to Sewer 2020 (HB 2675) (Senate Form 2440)	450,000
St. Cloud Ralph V. Chisholm Park (HB 3861) (Senate Form 2321)	300,000
St. Pete Beach Sanitary Sewer Capacity Improvement (HB 2421) (Senate Form 1050)	1,000,000
Stuart Alternative Water Supply Phase 2 (HB 2261) (Senate Form 2146)	1,000,000
Sunny Isles Beach Golden Shores Pump Station (HB 2555) (Senate Form 1137)	100,000
Sunrise - Convert Effluent Main to Water Reuse Distribution (HB 2843) (Senate Form 1485)	150,000
Surfside Abbott Avenue Drainage Improvements (HB 3875) (Senate Form 2400)	250,000
Tamarac C-14 Canal Stormwater & Environmental Drainage Improvements (HB 4621) (Senate Form 1278)	250,000
Tamarac Stormwater Culvert Headwalls Phase 7 (HB 3487) (Senate Form 2532)	400,000
Tampa Anita Subdivision Drainage Improvements Phase II	

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(HB 3113) (Senate Form 2421)	250,000
Tampa Bay Water Cypress Bridge Wellfield Improvements (HB 9167) (Senate Form 2173)	250,000
Tampa Septic to Sewer Study (HB 3897) (Senate Form 2027)	100,000
Tampa Wastewater Lateral Lining Project (HB 3325) (Senate Form 2026)	250,000
Tarpon Springs Anclote River Extended Turning Basin Dredge (HB 3121) (Senate Form 1503)	812,100
Taylor Creek Restoration Muck Removal Project (HB 2013) (Senate Form 2131)	500,000
Temple Terrace Golf and County Club Water Conservation Project (HB 9175) (Senate Form 2465)	958,000
Umatilla Wastewater Interconnection with City of Eustis (HB 3571) (Senate Form 1087)	500,000
Venice New Water Booster Station and System Improvements Including Emergency Interconnect (HB 2363) (Senate Form 1096)	200,000
Virginia Gardens 37 Street Stormwater Improvements (HB 3751) (Senate Form 1521)	510,000
Virginia Gardens 62 Ave & 40 Terr Stormwater/ADA Improvements (HB 3401) (Senate Form 1154)	580,000
Volusia County Ariel Canal Water Quality Improvements (HB 2381) (Senate Form 2056)	500,000
Wellington Wetlands Reuse Project (HB 2371) (Senate Form 1132)	220,000
West Miami Potable Water System Improvements Phase II (HB 3387) (Senate Form 2471)	500,000
West Palm Beach SCADA Cybersecurity Technology Upgrades (HB 4007) (Senate Form 1710)	250,000
Wildwood - Millennium Park Reclaim Main Extension (HB 2071)	100,000

The nonrecurring funds in Specific Appropriation 1635A appropriated to the Department of Environmental Protection for the Polk Regional Water Cooperative Heartland Headwaters Protection and Sustainability are provided for the purpose of entering into financial assistance agreements with the Polk Regional Water Cooperative and must be distributed in accordance with the projects identified in the Annual Comprehensive Water Resources Report submitted to the legislature pursuant to section 373.463, Florida Statutes, to finance the cost of designing or constructing projects that protect, restore, or enhance the headwaters of the river systems located in Polk County.

1636	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AID - NON-POINT SOURCE (NPS) MANAGEMENT PLANNING GRANTS		
	FROM FEDERAL GRANTS TRUST FUND		8,500,000
	FROM LAND ACQUISITION TRUST FUND		5,000,000
1637	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY DRINKING WATER FACILITY CONSTRUCTION - STATE REVOLVING LOAN		
	FROM GENERAL REVENUE FUND	32,172,200	
	FROM DRINKING WATER REVOLVING LOAN TRUST FUND		215,058,594
1638	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY WASTEWATER TREATMENT FACILITY CONSTRUCTION		
	FROM GENERAL REVENUE FUND	15,428,800	
	FROM WASTEWATER TREATMENT AND STORMWATER MANAGEMENT REVOLVING LOAN TRUST FUND		274,344,346
1638A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - FLORIDA KEYS AREA OF CRITICAL STATE CONCERN		
	FROM GENERAL REVENUE FUND	4,000,000	
	FROM LAND ACQUISITION TRUST FUND		6,000,000

The nonrecurring funds in Specific Appropriation 1638A are provided to the Department of Environmental Protection for the purpose of entering into financial assistance agreements with local governments located in the Florida Keys Area of Critical State Concern or the City of Key West

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Area of Critical State Concern, to be distributed in accordance with the existing interlocal agreement among the Village of Islamorada, the Key Largo Wastewater Treatment District, the City of Marathon, the Monroe County/Florida Keys Aqueduct Authority, the City of Key West, and Key Colony Beach, to finance or refinance the cost of constructing sewage collection, treatment, and disposal facilities; building projects that protect, restore, or enhance nearshore water quality and fisheries, such as stormwater or canal restoration projects and projects to protect water resources available to the Florida Keys; or for the purposes of land acquisition within the Florida Keys Area of Critical Concern as authorized pursuant to s. 259.045, Florida Statutes, with increased priority given to those acquisitions that achieve a combination of conservation goals, including protecting Florida's water resources and natural groundwater recharge.

1639 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
SMALL COUNTY WASTEWATER TREATMENT GRANTS
FROM FEDERAL GRANTS TRUST FUND . . . 13,000,000

From the nonrecurring funds in Specific Appropriation 1639, $2,000,000 is provided to publicly owned utilities to remove sand and grit from wastewater treatment plants with daily flow less than 3 MGD and associated collection systems that must remain in operation during cleaning to avoid the discharge of untreated wastewater. The department shall coordinate the selection and administration of projects. Funds shall be distributed on a first-come, first-serve basis and require a local match of at least 50 percent, with the exception that the local match shall be waived by the department if: 1) the public utility is located in a Rural Area of Opportunity pursuant to section 288.0656, Florida Statutes; 2) the public utility is located in a county that has a poverty level equal to or greater than 20 percent as defined by the most recent federal census; or, 3) the public utility is located in and wholly serves a municipality that has a poverty level equal to or greater than 25 percent as qualified by the municipality and such qualification is accepted by the department (HB 2747) (Senate Form 1472).

1640 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - SMALL AND DISADVANTAGED COMMUNITIES (SDC) WATER INFRASTRUCTURE IMPROVEMENTS
FROM GENERAL REVENUE FUND 754,650
FROM FEDERAL GRANTS TRUST FUND . . . 1,677,000

1641 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - WATER QUALITY IMPROVEMENTS
FROM GENERAL REVENUE FUND 25,000,000

The nonrecurring funds in Specific Appropriation 1641 are provided for a grant program to provide up to a 50 percent matching grant to local governmental agencies as defined in section 403.1835, Florida Statutes, for wastewater and stormwater improvements, including septic conversion and remediation. No match is required for local governmental agencies defined as a rural area of opportunity under section 288.0656, Florida Statutes, or if a local governmental agency is implementing a public private partnership pay for performance agreement. The program supports the efforts of the Blue-Green Algae Task Force consensus findings to address nutrient loads to impaired waterbodies affected by blue-green algae. The Department of Environmental Protection may contract with local governmental agencies to administer the program.

1641A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - INDIAN RIVER LAGOON WATER QUALITY IMPROVEMENT PROJECTS
FROM GENERAL REVENUE FUND 25,000,000

The funds in Specific Appropriation 1641A are provided to the St. Johns River Water Management District for Indian River Lagoon water quality improvement projects.

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1641B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - CORAL REEF PROTECTION AND RESTORATION		
	FROM GENERAL REVENUE FUND	10,000,000	
1641C	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY ST. JOHNS/SUWANNEE/APALACHICOLA RIVERS WATERSHEDS AND SPRINGS COAST WATERSHED - WATER QUALITY IMPROVEMENTS		
	FROM GENERAL REVENUE FUND	25,000,000	
TOTAL:	WATER RESTORATION ASSISTANCE		
	FROM GENERAL REVENUE FUND	214,735,813	
	FROM TRUST FUNDS		603,741,154
	TOTAL POSITIONS	57.00	
	TOTAL ALL FUNDS		818,476,967

PROGRAM: ENVIRONMENTAL ASSESSMENT AND RESTORATION

WATER SCIENCE AND LABORATORY SERVICES

APPROVED SALARY RATE 9,441,116

1642	SALARIES AND BENEFITS POSITIONS	199.00	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,003,341
	FROM INTERNAL IMPROVEMENT TRUST FUND		111,786
	FROM LAND ACQUISITION TRUST FUND . .		7,230,182
	FROM WATER QUALITY ASSURANCE TRUST FUND		3,093,219
1643	OTHER PERSONAL SERVICES		
	FROM INTERNAL IMPROVEMENT TRUST FUND		7,197
	FROM LAND ACQUISITION TRUST FUND . .		94,215
	FROM WATER QUALITY ASSURANCE TRUST FUND		221,548
1644	EXPENSES		
	FROM FEDERAL GRANTS TRUST FUND . . .		211,828
	FROM LAND ACQUISITION TRUST FUND . .		1,576,091
	FROM SOLID WASTE MANAGEMENT TRUST FUND		92,774
	FROM WATER QUALITY ASSURANCE TRUST FUND		478,942
1645	OPERATING CAPITAL OUTLAY		
	FROM SOLID WASTE MANAGEMENT TRUST FUND		66,267
	FROM WATER QUALITY ASSURANCE TRUST FUND		132,533
1646	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES		
	FROM WATER QUALITY ASSURANCE TRUST FUND		160,000
1647	SPECIAL CATEGORIES GROUND WATER QUALITY MONITORING NETWORK		
	FROM WATER QUALITY ASSURANCE TRUST FUND		2,344,432
1648	SPECIAL CATEGORIES WATER MANAGEMENT DISTRICTS LABORATORY SUPPORT		
	FROM GRANTS AND DONATIONS TRUST FUND		176,425
1649	SPECIAL CATEGORIES EVERGLADES LAB SUPPORT		
	FROM WATER QUALITY ASSURANCE TRUST FUND		231,564

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1650 SPECIAL CATEGORIES
ACQUISITION AND REPLACEMENT OF BOATS, MOTORS, AND TRAILERS
FROM WATER QUALITY ASSURANCE TRUST FUND 78,000

1651 SPECIAL CATEGORIES
WATER QUALITY MANAGEMENT/PLANNING GRANTS
FROM FEDERAL GRANTS TRUST FUND . . . 1,178,126

1652 SPECIAL CATEGORIES
LABORATORY SERVICES
FROM FEDERAL GRANTS TRUST FUND . . . 150,000

1653 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM SOLID WASTE MANAGEMENT TRUST FUND 207,354
FROM WATER QUALITY ASSURANCE TRUST FUND 214,205

1654 SPECIAL CATEGORIES
HAZARDOUS WASTE CLEANUP
FROM SOLID WASTE MANAGEMENT TRUST FUND 312,710

1655 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM FEDERAL GRANTS TRUST FUND . . . 14,658
FROM INTERNAL IMPROVEMENT TRUST FUND 560
FROM LAND ACQUISITION TRUST FUND . . 36,193
FROM WATER QUALITY ASSURANCE TRUST FUND 13,479

1656 SPECIAL CATEGORIES
U.S. GEOLOGIC SURVEY COOPERATIVE AGREEMENT
FROM WATER QUALITY ASSURANCE TRUST FUND 214,897

1657 SPECIAL CATEGORIES
TRANSFER TO INSTITUTE OF FOOD AND AGRICULTURE SCIENCES (IFAS) - LAKEWATCH
FROM INTERNAL IMPROVEMENT TRUST FUND 500,000

1658 SPECIAL CATEGORIES
TRANSFER TO INDIAN RIVER LAGOON NATIONAL ESTUARY PROGRAM
FROM GENERAL REVENUE FUND 250,000

From the funds in Specific Appropriation 1658, $250,000 in recurring funds from the General Revenue Fund shall be used for National Estuary Program activities necessary to achieve the total maximum daily load adopted by the Department of Environmental Protection for the Indian River and Banana River Lagoons. The Indian River Lagoon National Estuary Program shall report to the department annually on use of these funds.

1659 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM FEDERAL GRANTS TRUST FUND . . . 11,488
FROM LAND ACQUISITION TRUST FUND . . 37,352
FROM WATER QUALITY ASSURANCE TRUST FUND 12,927

1660 SPECIAL CATEGORIES
TOTAL MAXIMUM DAILY LOADS
FROM LAND ACQUISITION TRUST FUND . . 1,223,964

1661 FIXED CAPITAL OUTLAY
TOTAL MAXIMUM DAILY LOADS
FROM LAND ACQUISITION TRUST FUND . . 25,000,000

From the funds in Specific Appropriation 1661, the department may

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include innovative water treatment projects that demonstrate the ability to most rapidly achieve department verified phosphorous and/or nitrogen load reductions consistent with the nutrient load reduction goals and total maximum daily loads established by the department. The department may also provide cost-share funding for innovative nutrient removal projects.

1662	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AID - NON-POINT SOURCE (NPS) MANAGEMENT PLANNING GRANTS FROM FEDERAL GRANTS TRUST FUND . . .		1,500,000
TOTAL:	WATER SCIENCE AND LABORATORY SERVICES FROM GENERAL REVENUE FUND	250,000	
	FROM TRUST FUNDS		49,938,257
	TOTAL POSITIONS	199.00	
	TOTAL ALL FUNDS		50,188,257

PROGRAM: WATER RESOURCE MANAGEMENT

WATER RESOURCE MANAGEMENT

APPROVED SALARY RATE 11,066,727

1663	SALARIES AND BENEFITS POSITIONS	218.00	
	FROM FEDERAL GRANTS TRUST FUND . . .		4,301,612
	FROM LAND ACQUISITION TRUST FUND . .		3,945,140
	FROM MINERALS TRUST FUND		1,463,787
	FROM NON-MANDATORY LAND RECLAMATION TRUST FUND		1,581,052
	FROM PERMIT FEE TRUST FUND		3,189,395
	FROM WATER QUALITY ASSURANCE TRUST FUND		1,808,080
1664	OTHER PERSONAL SERVICES FROM LAND ACQUISITION TRUST FUND . .		278,481
	FROM MINERALS TRUST FUND		31,601
	FROM NON-MANDATORY LAND RECLAMATION TRUST FUND		41,759
	FROM WATER QUALITY ASSURANCE TRUST FUND		890,549
1665	EXPENSES FROM FEDERAL GRANTS TRUST FUND . . .		629,979
	FROM LAND ACQUISITION TRUST FUND . .		355,389
	FROM NON-MANDATORY LAND RECLAMATION TRUST FUND		305,180
	FROM PERMIT FEE TRUST FUND		445,870
	FROM WATER QUALITY ASSURANCE TRUST FUND		65,508
1666	OPERATING CAPITAL OUTLAY FROM MINERALS TRUST FUND		1,132
	FROM NON-MANDATORY LAND RECLAMATION TRUST FUND		40,125
1667	SPECIAL CATEGORIES WATER QUALITY MANAGEMENT/PLANNING GRANTS FROM FEDERAL GRANTS TRUST FUND . . .		2,624,930
1668	SPECIAL CATEGORIES NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PROGRAM FROM PERMIT FEE TRUST FUND		139,251
1669	SPECIAL CATEGORIES CONTRACTED SERVICES FROM MINERALS TRUST FUND		20,000
1669A	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM GENERAL REVENUE FUND	500,000	

The nonrecurring funds in Specific Appropriation 1669A are provided for the Florida Ocean and Coastal Policy project (Senate Form 1651).

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1670	SPECIAL CATEGORIES HAZARDOUS WASTE CLEANUP FROM WATER QUALITY ASSURANCE TRUST FUND		353
1671	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM FEDERAL GRANTS TRUST FUND . . . FROM LAND ACQUISITION TRUST FUND . . FROM MINERALS TRUST FUND . . . . . . FROM NON-MANDATORY LAND RECLAMATION TRUST FUND . . . . . . FROM PERMIT FEE TRUST FUND . . . . . FROM WATER QUALITY ASSURANCE TRUST FUND		13,726 11,007 3,767 4,969 10,023 5,982
1672	SPECIAL CATEGORIES HABITAT RESTORATION FROM NON-MANDATORY LAND RECLAMATION TRUST FUND		145,610
1673	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM FEDERAL GRANTS TRUST FUND . . . FROM LAND ACQUISITION TRUST FUND . . FROM MINERALS TRUST FUND . . . . . . FROM NON-MANDATORY LAND RECLAMATION TRUST FUND . . . . . . FROM PERMIT FEE TRUST FUND . . . . . FROM WATER QUALITY ASSURANCE TRUST FUND		6,573 29,643 7,957 7,450 11,715 7,499
1674	SPECIAL CATEGORIES WETLANDS PROTECTION FROM FEDERAL GRANTS TRUST FUND . . .		34,459
1675	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AID - NON-POINT SOURCE (NPS) MANAGEMENT PLANNING GRANTS FROM FEDERAL GRANTS TRUST FUND . . .		4,000,000
1676	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY BEACH PROJECTS - STATEWIDE FROM LAND ACQUISITION TRUST FUND . .		50,000,000

Funds in Specific Appropriation 1676 are provided for the Department of Environmental Protection's Beach Management Funding Assistance Program (BMFAP) pursuant to section 161.101, Florida Statutes, and shall be distributed in BMFAP priority order based on readiness to proceed.

1676A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - MADEIRA BEACH SAND GROIN REFURBISHMENT FROM GENERAL REVENUE FUND	250,000	

From the funds provided in Specific Appropriation 1676A, $250,000 in nonrecurring funds from the General Revenue Fund is provided for the Madeira Beach - Beach Groin Replacement (HB 2611) (Senate Form 1273).

1676B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - FERNANDINA BEACH DUNE STABILIZATION PROJECT FROM GENERAL REVENUE FUND	500,000	

The nonrecurring funds in Specific Appropriation 1676B are provided for the Fernandina Beach Dune Protection and Restoration Project (HB 2829)(Senate Form 1365).

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1676C	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY GRANTS AND AIDS - ST. JOHNS COUNTY PONTE VEDRA BEACH NORTH BEACH AND DUNE RESTORATION FROM GENERAL REVENUE FUND	3,000,000	

The nonrecurring funds in Specific Appropriation 1676C are provided for the Ponte Vedra Beach North Beach and Dune Restoration (HB 4759) (Senate Form 2505).

TOTAL:	WATER RESOURCE MANAGEMENT FROM GENERAL REVENUE FUND	4,250,000	
	FROM TRUST FUNDS		76,459,553
	TOTAL POSITIONS	218.00	
	TOTAL ALL FUNDS		80,709,553

PROGRAM: WASTE MANAGEMENT

WASTE MANAGEMENT

APPROVED SALARY RATE 9,379,211

1677	SALARIES AND BENEFITS POSITIONS	181.00	
	FROM INLAND PROTECTION TRUST FUND .		5,316,813
	FROM FEDERAL GRANTS TRUST FUND . . .		2,445,198
	FROM SOLID WASTE MANAGEMENT TRUST FUND		2,082,466
	FROM WATER QUALITY ASSURANCE TRUST FUND		3,847,218
1678	OTHER PERSONAL SERVICES		
	FROM INLAND PROTECTION TRUST FUND .		23,780
	FROM FEDERAL GRANTS TRUST FUND . . .		214,193
	FROM SOLID WASTE MANAGEMENT TRUST FUND		142,552
	FROM WATER QUALITY ASSURANCE TRUST FUND		42,000
1679	EXPENSES		
	FROM INLAND PROTECTION TRUST FUND .		561,232
	FROM FEDERAL GRANTS TRUST FUND . . .		179,291
	FROM SOLID WASTE MANAGEMENT TRUST FUND		227,094
	FROM WATER QUALITY ASSURANCE TRUST FUND		418,878
1680	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - SOUTHERN WASTE INFORMATION EXCHANGE CLEARING HOUSE FROM SOLID WASTE MANAGEMENT TRUST FUND		300,000
1681	AID TO LOCAL GOVERNMENTS GRANTS AND AIDS - LOCAL HAZARDOUS WASTE COLLECTION FROM WATER QUALITY ASSURANCE TRUST FUND		509,994
1682	OPERATING CAPITAL OUTLAY		
	FROM INLAND PROTECTION TRUST FUND .		5,350
	FROM SOLID WASTE MANAGEMENT TRUST FUND		23,757
	FROM WATER QUALITY ASSURANCE TRUST FUND		5,939
1683	SPECIAL CATEGORIES STORAGE TANK COMPLIANCE VERIFICATION FROM INLAND PROTECTION TRUST FUND .		6,490,000
1684	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF HEALTH FOR BIOMEDICAL WASTE REGULATION FROM SOLID WASTE MANAGEMENT TRUST FUND		880,000

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1685	SPECIAL CATEGORIES	
	CONTRACTED SERVICES	
	FROM INLAND PROTECTION TRUST FUND .	109,045
	FROM FEDERAL GRANTS TRUST FUND . . .	4,200
	FROM SOLID WASTE MANAGEMENT TRUST FUND	474,000
	FROM WATER QUALITY ASSURANCE TRUST FUND	62,100
1686	SPECIAL CATEGORIES	
	FEDERAL WASTE PLANNING GRANTS	
	FROM FEDERAL GRANTS TRUST FUND . . .	954,153
1687	SPECIAL CATEGORIES	
	HAZARDOUS WASTE CLEANUP	
	FROM WATER QUALITY ASSURANCE TRUST FUND	1,719,108
1688	SPECIAL CATEGORIES	
	HAZARDOUS WASTE SITES RESTORATION	
	FROM FEDERAL GRANTS TRUST FUND . . .	1,108,285
1689	SPECIAL CATEGORIES	
	TRANSFER TO DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES - MOSQUITO CONTROL PROGRAM	
	FROM SOLID WASTE MANAGEMENT TRUST FUND	2,660,000
1690	SPECIAL CATEGORIES	
	RISK MANAGEMENT INSURANCE	
	FROM INLAND PROTECTION TRUST FUND .	12,018
	FROM FEDERAL GRANTS TRUST FUND . . .	5,527
	FROM SOLID WASTE MANAGEMENT TRUST FUND	4,707
	FROM WATER QUALITY ASSURANCE TRUST FUND	8,696
1691	SPECIAL CATEGORIES	
	TRANSFER TO DEPARTMENT OF REVENUE - ADMINISTRATION OF LEAD ACID BATTERY FEE	
	FROM WATER QUALITY ASSURANCE TRUST FUND	231,092
1692	SPECIAL CATEGORIES	
	TRANSFER TO UNIVERSITY OF FLORIDA - RESEARCH AND TESTING	
	FROM SOLID WASTE MANAGEMENT TRUST FUND	700,000
1693	SPECIAL CATEGORIES	
	UNDERGROUND STORAGE TANK CLEANUP	
	FROM INLAND PROTECTION TRUST FUND .	4,724,541
	FROM FEDERAL GRANTS TRUST FUND . . .	3,092,467
1694	SPECIAL CATEGORIES	
	LOCAL GOVERNMENT CLEANUP CONTRACTING	
	FROM INLAND PROTECTION TRUST FUND .	11,840,000
1695	SPECIAL CATEGORIES	
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT	
	FROM INLAND PROTECTION TRUST FUND .	27,717
	FROM FEDERAL GRANTS TRUST FUND . . .	9,410
	FROM SOLID WASTE MANAGEMENT TRUST FUND	9,434
	FROM WATER QUALITY ASSURANCE TRUST FUND	19,260
1696	SPECIAL CATEGORIES	
	TRANSFER TO THE DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES - OPERATION CLEAN SWEEP	
	FROM SOLID WASTE MANAGEMENT TRUST FUND	100,000

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1697 FIXED CAPITAL OUTLAY
DRY CLEANING SOLVENT CONTAMINATED SITE CLEANUP
FROM WATER QUALITY ASSURANCE TRUST FUND 8,500,000

1698 FIXED CAPITAL OUTLAY
CLEANUP OF STATE OWNED LANDS
FROM WATER QUALITY ASSURANCE TRUST FUND 10,000,000

Funds in Specific Appropriation 1698 are provided to continue assessment and remediation activities at contaminated sites and to focus on addressing specific contamination chemicals, including perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS), which are part of a larger group of chemicals known as perfluoroalkyl and polyfluoroalkyl substances (PFAS).

1699 FIXED CAPITAL OUTLAY
WASTE TIRE ABATEMENT
FROM SOLID WASTE MANAGEMENT TRUST FUND 500,000

1700 FIXED CAPITAL OUTLAY
SOLID WASTE LANDFILL CLOSURES
FROM SOLID WASTE MANAGEMENT TRUST FUND 2,000,000

1701 FIXED CAPITAL OUTLAY
PETROLEUM TANKS CLEANUP
FROM INLAND PROTECTION TRUST FUND . 125,000,000

1702 FIXED CAPITAL OUTLAY
HAZARDOUS WASTE CONTAMINATED SITE CLEANUP
FROM WATER QUALITY ASSURANCE TRUST FUND 5,500,000

1703 FIXED CAPITAL OUTLAY
DEBT SERVICE - INLAND PROTECTION FINANCING CORPORATION
FROM INLAND PROTECTION TRUST FUND . 9,326,153

Funds in Specific Appropriation 1703 are provided for Fiscal Year 2020-2021 debt service on bonds issued pursuant to Specific Appropriation 1660, chapter 2009-81, Laws of Florida, and any administrative expenses of the Inland Protection Financing Corporation for the purpose of rehabilitation of petroleum contamination sites pursuant to sections 376.30 through 376.317, Florida Statutes.

1703A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - KEY WEST GLASS CRUSHER
FROM GENERAL REVENUE FUND 300,000

The nonrecurring funds in Specific Appropriation 1703A are provided for the Key West Glass Crusher (Senate Form 1536).

1704 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
SOLID WASTE MANAGEMENT
FROM SOLID WASTE MANAGEMENT TRUST FUND 3,000,000

1705 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - REEF PROTECTION AND TIRE ABATEMENT
FROM SOLID WASTE MANAGEMENT TRUST FUND 2,500,000

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TOTAL:	WASTE MANAGEMENT			
	FROM GENERAL REVENUE FUND		300,000	
	FROM TRUST FUNDS			217,917,668
	TOTAL POSITIONS	181.00		
	TOTAL ALL FUNDS			218,217,668
PROGRAM:	RECREATION AND PARKS			
STATE PARK OPERATIONS				
	APPROVED SALARY RATE	37,078,341		
1706	SALARIES AND BENEFITS POSITIONS	1,033.50		
	FROM LAND ACQUISITION TRUST FUND . .			32,100,574
	FROM STATE PARK TRUST FUND			22,721,549
1707	OTHER PERSONAL SERVICES			
	FROM FEDERAL GRANTS TRUST FUND . . .			80,301
	FROM STATE PARK TRUST FUND			6,358,994
1708	EXPENSES			
	FROM FEDERAL GRANTS TRUST FUND . . .			38,545
	FROM LAND ACQUISITION TRUST FUND . .			84,550
	FROM STATE PARK TRUST FUND			14,256,145
1709	OPERATING CAPITAL OUTLAY			
	FROM STATE PARK TRUST FUND			85,986
1710	SPECIAL CATEGORIES			
	ACQUISITION OF MOTOR VEHICLES			
	FROM STATE PARK TRUST FUND			1,280,000
1711	SPECIAL CATEGORIES			
	DISTRIBUTION OF SURCHARGE FEES			
	FROM STATE PARK TRUST FUND			800,000
1712	SPECIAL CATEGORIES			
	DISBURSE DONATIONS			
	FROM GRANTS AND DONATIONS TRUST FUND			208,274
	FROM STATE PARK TRUST FUND			750,706
1713	SPECIAL CATEGORIES			
	LAND MANAGEMENT			
	FROM GENERAL REVENUE FUND		400,000	
	FROM LAND ACQUISITION TRUST FUND . .			2,106,678
	FROM STATE PARK TRUST FUND			203,130
1714	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM STATE PARK TRUST FUND			50,000
1715	SPECIAL CATEGORIES			
	AMERICORPS PROGRAM			
	FROM FEDERAL GRANTS TRUST FUND . . .			753,131
1716	SPECIAL CATEGORIES			
	OUTSOURCING/PRIVATIZATION			
	FROM STATE PARK TRUST FUND			6,619,781
1717	SPECIAL CATEGORIES			
	MANAGEMENT OF WATER CONTROL STRUCTURES			
	FROM STATE PARK TRUST FUND			150,000
1718	SPECIAL CATEGORIES			
	CONTROL OF INVASIVE EXOTICS			
	FROM STATE PARK TRUST FUND			315,353
1719	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM LAND ACQUISITION TRUST FUND . .			1,616,574
	FROM STATE PARK TRUST FUND			1,144,245

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1720 SPECIAL CATEGORIES
GREENWAYS CARL MANAGEMENT FUNDING
FROM LAND ACQUISITION TRUST FUND . . 2,222,080

1721 SPECIAL CATEGORIES
LAND USE PROCEEDS DISBURSEMENTS
FROM STATE PARK TRUST FUND 1,200,000

1722 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM LAND ACQUISITION TRUST FUND . . 208,547
FROM STATE PARK TRUST FUND 149,682

1723 FIXED CAPITAL OUTLAY
STATE PARK FACILITY IMPROVEMENTS
FROM INTERNAL IMPROVEMENT TRUST FUND 12,000,000
FROM LAND ACQUISITION TRUST FUND . . 11,000,000
FROM STATE PARK TRUST FUND 14,000,000

1725 FIXED CAPITAL OUTLAY
REMOVE ACCESSIBILITY BARRIERS - STATEWIDE
FROM STATE PARK TRUST FUND 4,000,000

1726 FIXED CAPITAL OUTLAY
GRANTS AND DONATIONS SPENDING AUTHORITY
FROM GRANTS AND DONATIONS TRUST FUND 2,000,000

1727 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
FEDERAL LAND AND WATER CONSERVATION FUND GRANTS
FROM FEDERAL GRANTS TRUST FUND . . . 3,000,000

1728 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
FLORIDA RECREATION DEVELOPMENT ASSISTANCE GRANTS
FROM GENERAL REVENUE FUND 6,342,750
FROM FLORIDA FOREVER TRUST FUND . . 6,000,000

The funds in Specific Appropriation 1728 are provided to fund the entire priority list for eligible Florida Recreation Development Assistance Program (FRDAP) projects.

1729 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
NATIONAL RECREATIONAL TRAIL GRANTS
FROM FEDERAL GRANTS TRUST FUND . . . 3,000,000

1729A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
LOCAL PARKS
FROM GENERAL REVENUE FUND 4,885,000

From the funds in Specific Appropriation 1729A, $4,885,000 in nonrecurring funds from the General Revenue Fund is provided for the following local parks:

Coral Springs Parks & Recreation Security Initiatives (HB 3191) (Senate Form 1795)	100,000
Deering Estate Foundation's Field Study Research Center Phase 2 (HB 2627) (Senate Form 1068)	600,000
Green Cove Springs Public Safety and River Access Project (HB 4949) (Senate Form 2442)	300,000
Gulfport Linear Breakwater Park Project (HB 4087) (Senate Form 1421)	250,000
Historic Fort Meade Peace River Park Outpost (HB 2127) (Senate Form 1741)	250,000
Lake County Lake Apopka Ferndale Preserve (HB 3565) (Senate Form 1088)	500,000
Lakeland's Se7en Wetlands Educational Center (HB 2467) (Senate Form 1742)	400,000

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

	Mangonia Park Addie L. Green Park Improvements (HB 3395) (Senate Form 1623)		250,000
	Pahokee King Memorial Park Improvements (HB 2029) (Senate Form 2293)		235,000
	Plantation - Special Needs Playground Equipment (HB 2153) (Senate Form 1719)		250,000
	Royal Palm Beach Commons Park All-Access Playground (HB 3125) (Senate Form 2090)		250,000
	Seminole County Lake Monroe Trail Loop (HB 3063) (Senate Form 1952)		450,000
	Sunrise Bicycle & Pedestrian Greenways and Trails Master Plan Update (HB 4619) (Senate Form 1482)		100,000
	Tamarac ADA Compatible Caporella Park Enhancements (HB 2787) (Senate Form 1277)		400,000
	Taylor County Southside Park Renovation (HB 2949) (Senate Form 1553)		50,000
	Town of Jay - Bray Hendricks Park Master Plan (HB 2931) (Senate Form 1609)		300,000
	West Inverness City Trail and Withlacoochee State Trail Connector (HB 3467)		200,000
TOTAL:	STATE PARK OPERATIONS		
	FROM GENERAL REVENUE FUND	11,627,750	
	FROM TRUST FUNDS		150,504,825
	TOTAL POSITIONS	1,033.50	
	TOTAL ALL FUNDS		162,132,575

COASTAL AND AQUATIC MANAGED AREAS

APPROVED SALARY RATE 4,838,281

1730	SALARIES AND BENEFITS POSITIONS	99.00	
	FROM FEDERAL GRANTS TRUST FUND		2,745,070
	FROM LAND ACQUISITION TRUST FUND		3,876,288
1731	OTHER PERSONAL SERVICES		
	FROM FEDERAL GRANTS TRUST FUND		107,438
	FROM LAND ACQUISITION TRUST FUND		597,201
1732	EXPENSES		
	FROM FEDERAL GRANTS TRUST FUND		144,600
	FROM LAND ACQUISITION TRUST FUND		1,026,416
1733	OPERATING CAPITAL OUTLAY		
	FROM LAND ACQUISITION TRUST FUND		29,292
1734	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FEDERAL GRANTS TRUST FUND		40,000
1736	SPECIAL CATEGORIES		
	SUBMERGED RESOURCE DAMAGED RESTORATIONS		
	FROM WATER QUALITY ASSURANCE TRUST FUND		257,834
1737	SPECIAL CATEGORIES		
	FLORIDA RESILIENT COASTLINE INITIATIVE		
	FROM GENERAL REVENUE FUND	10,000,000	

From the funds in Specific Appropriation 1737, $10,000,000 in recurring funds from the General Revenue Fund is provided for the Florida Resilient Coastline Initiative to assist local governments with storm resiliency, sea level rise planning, coastal resilience projects, and coral reef health.

The department shall perform an analysis for each assessment and planning grant provided to local communities during the 2020-2021 fiscal year. The analysis shall include for each grant; an accounting of grant expenditures, descriptions of goals and objectives, and project recommendations and estimated costs of those projects. The analysis shall be submitted to the chair of the Senate Appropriations Committee, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget by October 1, 2020.

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1738	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND . . . . . FROM LAND ACQUISITION TRUST FUND . .	142,000	174,443

From the funds in Specific Appropriation 1738, $142,000 in nonrecurring funds from the General Revenue Fund is provided for the Longboat Key Assessment of Sea Level Rise and Recurring Storm Flooding Phase 3 and 4 (HB 3827) (Senate Form 2572).

1739	SPECIAL CATEGORIES MARINE RESEARCH GRANTS FROM FEDERAL GRANTS TRUST FUND . . . FROM GRANTS AND DONATIONS TRUST FUND		3,150,941 339,730
1740	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM FEDERAL GRANTS TRUST FUND . . . FROM LAND ACQUISITION TRUST FUND . .		26,473 38,029
1741	SPECIAL CATEGORIES ECOTOURISM FROM LAND ACQUISITION TRUST FUND . .		250,000
1742	SPECIAL CATEGORIES COASTAL AND AQUATIC MANAGED AREAS (CAMA) - CARL MANAGEMENT FUNDS FROM LAND ACQUISITION TRUST FUND . .		888,152
1743	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM FEDERAL GRANTS TRUST FUND . . . FROM LAND ACQUISITION TRUST FUND . .		10,383 23,806
1744	FIXED CAPITAL OUTLAY MAINTENANCE, REPAIRS AND CONSTRUCTION - STATEWIDE FROM LAND ACQUISITION TRUST FUND . .		900,000
1745	FIXED CAPITAL OUTLAY HABITAT RESTORATION FROM LAND ACQUISITION TRUST FUND . .		1,500,000
1746	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY FLORIDA COASTAL ZONE MANAGEMENT PROGRAM FROM FEDERAL GRANTS TRUST FUND . . .		832,000
1748	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY CLEAN MARINA FROM FEDERAL GRANTS TRUST FUND . . .		1,000,000
TOTAL:	COASTAL AND AQUATIC MANAGED AREAS FROM GENERAL REVENUE FUND . . . . . . FROM TRUST FUNDS	10,142,000	17,958,096
	TOTAL POSITIONS	99.00	
	TOTAL ALL FUNDS		28,100,096

PROGRAM: AIR RESOURCES MANAGEMENT

UTILITIES SITING AND COORDINATION

APPROVED SALARY RATE 245,885

1749	SALARIES AND BENEFITS POSITIONS FROM PERMIT FEE TRUST FUND	3.00	297,812
1750	EXPENSES FROM PERMIT FEE TRUST FUND		18,055

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1751	SPECIAL CATEGORIES CONTRACTED SERVICES FROM PERMIT FEE TRUST FUND			6,136
1752	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM PERMIT FEE TRUST FUND			1,850
TOTAL:	UTILITIES SITING AND COORDINATION FROM TRUST FUNDS			323,853
	TOTAL POSITIONS		3.00	
	TOTAL ALL FUNDS			323,853

AIR RESOURCES MANAGEMENT

APPROVED SALARY RATE 3,789,942

1753	SALARIES AND BENEFITS FROM AIR POLLUTION CONTROL TRUST FUND	POSITIONS	67.00	5,385,774
1754	OTHER PERSONAL SERVICES FROM AIR POLLUTION CONTROL TRUST FUND			3,128,755
1755	EXPENSES FROM AIR POLLUTION CONTROL TRUST FUND			779,634
1756	OPERATING CAPITAL OUTLAY FROM AIR POLLUTION CONTROL TRUST FUND			387,680
1757	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM AIR POLLUTION CONTROL TRUST FUND			580,029
1758	SPECIAL CATEGORIES DISTRIBUTION TO COUNTIES - MOTOR VEHICLE REGISTRATION PROCEEDS FROM AIR POLLUTION CONTROL TRUST FUND			8,705,936
1759	SPECIAL CATEGORIES ASBESTOS REMOVAL PROGRAM FEES FROM AIR POLLUTION CONTROL TRUST FUND			20,000
1760	SPECIAL CATEGORIES CONTRACTED SERVICES FROM AIR POLLUTION CONTROL TRUST FUND			472,000
1761	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM AIR POLLUTION CONTROL TRUST FUND			31,132
1762	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM AIR POLLUTION CONTROL TRUST FUND			25,331
1763	FIXED CAPITAL OUTLAY VOLKSWAGEN SETTLEMENT FROM GRANTS AND DONATIONS TRUST FUND			67,500,000

Funds in Specific Appropriation 1763 are provided to implement the State Beneficiary Mitigation Plan. Appropriations used by the department

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for grants and aids may be advanced in part or in total.

TOTAL: AIR RESOURCES MANAGEMENT			
FROM TRUST FUNDS			87,016,271
TOTAL POSITIONS	67.00		
TOTAL ALL FUNDS			87,016,271

PROGRAM: ENVIRONMENTAL LAW ENFORCEMENT

ENVIRONMENTAL LAW ENFORCEMENT

APPROVED SALARY RATE 1,176,219

1764 SALARIES AND BENEFITS	POSITIONS	20.00	
FROM INLAND PROTECTION TRUST FUND .			1,900,841
1765 EXPENSES			
FROM INLAND PROTECTION TRUST FUND .			160,772
1766 SPECIAL CATEGORIES			
ACQUISITION AND REPLACEMENT OF PATROL VEHICLES			
FROM INLAND PROTECTION TRUST FUND .			225,000
1767 SPECIAL CATEGORIES			
HAZARDOUS WASTE CLEANUP			
FROM INLAND PROTECTION TRUST FUND .			57,000
1768 SPECIAL CATEGORIES			
OVERTIME			
FROM INLAND PROTECTION TRUST FUND .			11,200
1769 SPECIAL CATEGORIES			
SALARY INCENTIVE PAYMENTS			
FROM INLAND PROTECTION TRUST FUND .			24,719
1770 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM INLAND PROTECTION TRUST FUND .			6,602
TOTAL: ENVIRONMENTAL LAW ENFORCEMENT			
FROM TRUST FUNDS			2,386,134
TOTAL POSITIONS	20.00		
TOTAL ALL FUNDS			2,386,134
TOTAL: ENVIRONMENTAL PROTECTION, DEPARTMENT OF			
FROM GENERAL REVENUE FUND		366,836,716	
FROM TRUST FUNDS			1,909,328,926
TOTAL POSITIONS	2,917.50		
TOTAL ALL FUNDS			2,276,165,642
TOTAL APPROVED SALARY RATE		135,254,781	

FISH AND WILDLIFE CONSERVATION COMMISSION

PROGRAM: EXECUTIVE DIRECTION AND ADMINISTRATIVE SERVICES

OFFICE OF EXECUTIVE DIRECTION AND ADMINISTRATIVE SUPPORT SERVICES

APPROVED SALARY RATE 10,645,006

1771 SALARIES AND BENEFITS	POSITIONS	218.00	
FROM ADMINISTRATIVE TRUST FUND . . .			7,582,690
FROM LAND ACQUISITION TRUST FUND . .			6,399,661
FROM MARINE RESOURCES CONSERVATION TRUST FUND			983,194
FROM NON-GAME WILDLIFE TRUST FUND .			120,923
1772 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		100,000	
FROM ADMINISTRATIVE TRUST FUND . . .			1,509,073

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	FROM MARINE RESOURCES CONSERVATION TRUST FUND	134,268
1773	EXPENSES	
	FROM ADMINISTRATIVE TRUST FUND . . .	3,755,586
	FROM MARINE RESOURCES CONSERVATION TRUST FUND	512,838
	FROM NON-GAME WILDLIFE TRUST FUND .	42,622
1774	OPERATING CAPITAL OUTLAY	
	FROM ADMINISTRATIVE TRUST FUND . . .	395,144
	FROM MARINE RESOURCES CONSERVATION TRUST FUND	4,704
1774A	SPECIAL CATEGORIES	
	ACQUISITION OF MOTOR VEHICLES	
	FROM ADMINISTRATIVE TRUST FUND . . .	60,594
1775	SPECIAL CATEGORIES	
	FISH AND WILDLIFE CONSERVATION COMMISSION	
	YOUTH HUNTING AND FISHING PROGRAMS	
	FROM MARINE RESOURCES CONSERVATION TRUST FUND	134,000
	FROM STATE GAME TRUST FUND	1,001,255
1776	SPECIAL CATEGORIES	
	NON-CARL WILDLIFE MANAGEMENT	
	FROM LAND ACQUISITION TRUST FUND . .	72,205
1777	SPECIAL CATEGORIES	
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS	
	FROM ADMINISTRATIVE TRUST FUND . . .	6,976
1778	SPECIAL CATEGORIES	
	CONTRACTED SERVICES	
	FROM ADMINISTRATIVE TRUST FUND . . .	2,086,972
	FROM MARINE RESOURCES CONSERVATION TRUST FUND	91,491
	FROM NON-GAME WILDLIFE TRUST FUND .	1,685
	FROM STATE GAME TRUST FUND	2,754,188
1779	SPECIAL CATEGORIES	
	RISK MANAGEMENT INSURANCE	
	FROM ADMINISTRATIVE TRUST FUND . . .	146,138
	FROM LAND ACQUISITION TRUST FUND . .	5,867
	FROM MARINE RESOURCES CONSERVATION TRUST FUND	14,131
	FROM STATE GAME TRUST FUND	30,555
1780	SPECIAL CATEGORIES	
	SALARY INCENTIVE PAYMENTS	
	FROM ADMINISTRATIVE TRUST FUND . . .	6,828
1781	SPECIAL CATEGORIES	
	FINAL NATURAL RESOURCE DAMAGE RESTORATION - DEEPWATER HORIZON OIL SPILL	
	FROM GRANTS AND DONATIONS TRUST FUND	620,000
1782	SPECIAL CATEGORIES	
	TENANT BROKER COMMISSIONS	
	FROM ADMINISTRATIVE TRUST FUND . . .	34,731
1783	SPECIAL CATEGORIES	
	GULF COAST RESTORATION	
	FROM GRANTS AND DONATIONS TRUST FUND	555,510
1784	SPECIAL CATEGORIES	
	RESTORE ACT - DEEPWATER HORIZON SPILL	
	FROM FEDERAL GRANTS TRUST FUND . . .	4,000

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1785	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM ADMINISTRATIVE TRUST FUND . . .		72,766
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		7,030
1786	SPECIAL CATEGORIES		
	GRANTS AND AIDS - DEEPWATER HORIZON - STATE OPERATIONS		
	FROM GRANTS AND DONATIONS TRUST FUND		115,000
1787	SPECIAL CATEGORIES		
	CONTRACT AND GRANT REIMBURSED ACTIVITIES		
	FROM ADMINISTRATIVE TRUST FUND . . .		900,000
	FROM GRANTS AND DONATIONS TRUST FUND		18,168
1788	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		699,788
TOTAL:	OFFICE OF EXECUTIVE DIRECTION AND ADMINISTRATIVE SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	100,000	
	FROM TRUST FUNDS		30,880,581
	TOTAL POSITIONS	218.00	
	TOTAL ALL FUNDS		30,980,581
PROGRAM:	LAW ENFORCEMENT		
FISH,	WILDLIFE AND BOATING LAW ENFORCEMENT		
	APPROVED SALARY RATE 54,852,668		
1789	SALARIES AND BENEFITS POSITIONS	1,043.00	
	FROM GENERAL REVENUE FUND	28,801,346	
	FROM FEDERAL GRANTS TRUST FUND . . .		4,227,650
	FROM LAND ACQUISITION TRUST FUND . .		16,583,827
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		33,297,726
	FROM NON-GAME WILDLIFE TRUST FUND .		769,658
	FROM STATE GAME TRUST FUND		1,028,893
1790	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	271,463	
	FROM FEDERAL GRANTS TRUST FUND . . .		162,866
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		389,928
	FROM STATE GAME TRUST FUND		211,981
1791	EXPENSES		
	FROM GENERAL REVENUE FUND	1,920,004	
	FROM FEDERAL GRANTS TRUST FUND . . .		6,119,693
	FROM LAND ACQUISITION TRUST FUND . .		422,585
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		2,978,680
	FROM STATE GAME TRUST FUND		1,252,532
1792	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	15,584	
	FROM LAND ACQUISITION TRUST FUND . .		62,500
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		141,891
	FROM STATE GAME TRUST FUND		74,257
1793	SPECIAL CATEGORIES		
	ACQUISITION AND REPLACEMENT OF PATROL VEHICLES		
	FROM INVASIVE PLANT CONTROL TRUST FUND		1,500,000

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	FROM MARINE RESOURCES CONSERVATION TRUST FUND		1,500,000
1794	SPECIAL CATEGORIES ACQUISITION AND REPLACEMENT OF BOATS, MOTORS, AND TRAILERS FROM MARINE RESOURCES CONSERVATION TRUST FUND		500,000
1795	SPECIAL CATEGORIES ENHANCED WILDLIFE MANAGEMENT FROM LAND ACQUISITION TRUST FUND . .		272,166
1796	SPECIAL CATEGORIES 800 MHZ RADIO LAW ENFORCEMENT SYSTEM EQUIPMENT AND MAINTENANCE FROM MARINE RESOURCES CONSERVATION TRUST FUND		44,760
1797	SPECIAL CATEGORIES NUISANCE WILDLIFE CONTROL FROM LAND ACQUISITION TRUST FUND . .		150,000
1798	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	1,360,204	
	FROM FEDERAL GRANTS TRUST FUND . . .		900,000
	FROM LAND ACQUISITION TRUST FUND . .		1,500
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		878,663
1799	SPECIAL CATEGORIES MARINE FISHERIES DISASTER RECOVERY FROM FEDERAL GRANTS TRUST FUND . . .		62,289
1800	SPECIAL CATEGORIES BOAT RAMP MAINTENANCE CATEGORY FROM FEDERAL GRANTS TRUST FUND . . .		359,466
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		67,048
	FROM STATE GAME TRUST FUND		143,750
1801	SPECIAL CATEGORIES OVERTIME FROM GENERAL REVENUE FUND	1,118,383	
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		1,824,918
	FROM NON-GAME WILDLIFE TRUST FUND .		100,000
	FROM STATE GAME TRUST FUND		41,804
1802	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	294,701	
	FROM FEDERAL GRANTS TRUST FUND . . .		107,898
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		1,070,153
	FROM STATE GAME TRUST FUND		1,052,159
1803	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM GENERAL REVENUE FUND	168,719	
	FROM FEDERAL GRANTS TRUST FUND . . .		14,926
	FROM LAND ACQUISITION TRUST FUND . .		20,160
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		423,298
	FROM STATE GAME TRUST FUND		154,562
1804	SPECIAL CATEGORIES BOATING AND WATERWAYS ACTIVITIES FROM MARINE RESOURCES CONSERVATION TRUST FUND		2,423,025
1805	SPECIAL CATEGORIES SPECIAL CATEGORIES - AIRCRAFT MAINTENANCE AND REPAIRS FROM GENERAL REVENUE FUND	257,162	

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1807	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	60,347	
	FROM FEDERAL GRANTS TRUST FUND . . .		7,810
	FROM LAND ACQUISITION TRUST FUND . .		11,636
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		248,986
	FROM STATE GAME TRUST FUND		45,587
1808	SPECIAL CATEGORIES		
	CONTRACT AND GRANT REIMBURSED ACTIVITIES		
	FROM FEDERAL GRANTS TRUST FUND . . .		7,510,830
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		136,450
	FROM STATE GAME TRUST FUND		908,989
1809	SPECIAL CATEGORIES		
	BOATING SAFETY EDUCATION PROGRAM		
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		625,650
1809A	FIXED CAPITAL OUTLAY		
	DERELICT VESSEL REMOVAL PROGRAM		
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		1,748,400
1810	FIXED CAPITAL OUTLAY		
	BOATING INFRASTRUCTURE		
	FROM FEDERAL GRANTS TRUST FUND . . .		3,900,000
1810A	FIXED CAPITAL OUTLAY		
	DEFUNIAK SPRINGS OFFICE BUILDING		
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		160,000
1810B	FIXED CAPITAL OUTLAY		
	LAW ENFORCEMENT NORTH FLORIDA MAINTENANCE		
	SHOP		
	FROM STATE GAME TRUST FUND		2,351,530

The nonrecurring funds in Specific Appropriation 1810B are provided for construction at the Division of Law Enforcement's North Florida Shop as a result of the Capital Circle Multi-Lane Reconstruction in Leon County, Florida. The funds shall be placed in reserve. The Commission is authorized to submit budget amendments to request release of the funds pursuant to the provisions of chapter 216, Florida Statutes, and only after the remittance of funds from the Department of Transportation or the Blueprint 2000 Intergovernmental Agency. The budget amendments shall include a work plan, spending plan, and timeline.

1811	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND		
	NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	DERELICT VESSEL REMOVAL PROGRAM		
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		1,748,400
1812	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND		
	NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	GRANTS AND AIDS - MARINE FISHERIES		
	DISASTER RECOVERY GRANT PROGRAM		
	FROM FEDERAL GRANTS TRUST FUND . . .		4,338,846
1813	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND		
	NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	FLORIDA BOATING IMPROVEMENT PROGRAM		
	FROM GENERAL REVENUE FUND	400,000	
	FROM MARINE RESOURCES CONSERVATION		
	TRUST FUND		756,175
	FROM STATE GAME TRUST FUND		1,250,000

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

TOTAL:	FISH, WILDLIFE AND BOATING LAW ENFORCEMENT		
	FROM GENERAL REVENUE FUND	34,667,913	
	FROM TRUST FUNDS		107,086,501
	TOTAL POSITIONS	1,043.00	
	TOTAL ALL FUNDS		141,754,414
PROGRAM:	WILDLIFE		
	HUNTING AND GAME MANAGEMENT		
	APPROVED SALARY RATE 2,166,566		
1814	SALARIES AND BENEFITS POSITIONS	45.00	
	FROM FEDERAL GRANTS TRUST FUND . . .		729,536
	FROM LAND ACQUISITION TRUST FUND . .		528,551
	FROM STATE GAME TRUST FUND		1,749,452
1815	OTHER PERSONAL SERVICES		
	FROM NON-GAME WILDLIFE TRUST FUND .		100,000
	FROM STATE GAME TRUST FUND		342,840
1816	EXPENSES		
	FROM STATE GAME TRUST FUND		445,085
1817	OPERATING CAPITAL OUTLAY		
	FROM STATE GAME TRUST FUND		4,538
1817A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM STATE GAME TRUST FUND		26,932
1817B	SPECIAL CATEGORIES		
	ACQUISITION AND REPLACEMENT OF BOATS, MOTORS, AND TRAILERS		
	FROM STATE GAME TRUST FUND		40,570
1818	SPECIAL CATEGORIES		
	ENHANCED WILDLIFE MANAGEMENT		
	FROM LAND ACQUISITION TRUST FUND . .		22,079
1819	SPECIAL CATEGORIES		
	NON-CARL WILDLIFE MANAGEMENT		
	FROM LAND ACQUISITION TRUST FUND . .		80,315
1820	SPECIAL CATEGORIES		
	DEER MANAGEMENT PROGRAM		
	FROM STATE GAME TRUST FUND		666,000
1821	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM STATE GAME TRUST FUND		489,710
1822	SPECIAL CATEGORIES		
	PUBLIC DOVE FIELD DEVELOPMENT		
	FROM STATE GAME TRUST FUND		49,000
1823	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM LAND ACQUISITION TRUST FUND . .		8,584
	FROM STATE GAME TRUST FUND		66,553
1824	SPECIAL CATEGORIES		
	WILDLIFE MANAGEMENT AREA USER PAY		
	FROM STATE GAME TRUST FUND		436,325
1825	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM LAND ACQUISITION TRUST FUND . .		2,973
	FROM STATE GAME TRUST FUND		13,805
1826	SPECIAL CATEGORIES		
	CONTRACT AND GRANT REIMBURSED ACTIVITIES		
	FROM FEDERAL GRANTS TRUST FUND . . .		1,676,384

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

	FROM GRANTS AND DONATIONS TRUST FUND		288,017
	FROM STATE GAME TRUST FUND		25,000
1827	SPECIAL CATEGORIES WILD TURKEY PROJECTS		
	FROM STATE GAME TRUST FUND		500,000
1828	FIXED CAPITAL OUTLAY PALM BEACH COUNTY PUBLIC RECREATIONAL SHOOTING PARK		
	FROM FEDERAL GRANTS TRUST FUND		2,845,000
	FROM STATE GAME TRUST FUND		1,000,000
1829	FIXED CAPITAL OUTLAY JOE BUDD YOUTH CONSERVATION CENTER SHOOTING SPORTS COMPLEX		
	FROM FEDERAL GRANTS TRUST FUND		150,000
TOTAL:	HUNTING AND GAME MANAGEMENT FROM TRUST FUNDS		12,287,249
	TOTAL POSITIONS	45.00	
	TOTAL ALL FUNDS		12,287,249

PROGRAM: HABITAT AND SPECIES CONSERVATION

HABITAT AND SPECIES CONSERVATION

APPROVED SALARY RATE 16,713,074

1830	SALARIES AND BENEFITS FROM INVASIVE PLANT CONTROL TRUST FUND	POSITIONS 374.50	2,369,660
	FROM FEDERAL GRANTS TRUST FUND		4,284,424
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		250,186
	FROM GRANTS AND DONATIONS TRUST FUND		529,401
	FROM LAND ACQUISITION TRUST FUND		9,004,019
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		634,419
	FROM NON-GAME WILDLIFE TRUST FUND		2,156,686
	FROM SAVE THE MANATEE TRUST FUND		909,859
	FROM STATE GAME TRUST FUND		4,289,087
1831	OTHER PERSONAL SERVICES FROM INVASIVE PLANT CONTROL TRUST FUND		568,713
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		171,591
	FROM GRANTS AND DONATIONS TRUST FUND		150,987
	FROM LAND ACQUISITION TRUST FUND		98,911
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		167,051
	FROM NON-GAME WILDLIFE TRUST FUND		957,739
	FROM SAVE THE MANATEE TRUST FUND		44,044
	FROM STATE GAME TRUST FUND		328,703
1832	EXPENSES FROM INVASIVE PLANT CONTROL TRUST FUND		684,736
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		99,912
	FROM GRANTS AND DONATIONS TRUST FUND		89,831
	FROM LAND ACQUISITION TRUST FUND		1,197,637
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		107,590
	FROM NON-GAME WILDLIFE TRUST FUND		466,935
	FROM SAVE THE MANATEE TRUST FUND		93,072
	FROM STATE GAME TRUST FUND		897,349
1833	OPERATING CAPITAL OUTLAY FROM INVASIVE PLANT CONTROL TRUST FUND		10,488

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	FROM LAND ACQUISITION TRUST FUND		10,625
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		6,250
	FROM NON-GAME WILDLIFE TRUST FUND		18,278
	FROM STATE GAME TRUST FUND		65,922
1834	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FEDERAL GRANTS TRUST FUND		88,000
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		33,000
	FROM GRANTS AND DONATIONS TRUST FUND		120,000
	FROM LAND ACQUISITION TRUST FUND		715,000
	FROM NON-GAME WILDLIFE TRUST FUND		37,000
1835	SPECIAL CATEGORIES		
	ENHANCED WILDLIFE MANAGEMENT		
	FROM LAND ACQUISITION TRUST FUND		8,876,690
1836	SPECIAL CATEGORIES		
	NON-CARL WILDLIFE MANAGEMENT		
	FROM LAND ACQUISITION TRUST FUND		17,607,096
	FROM STATE GAME TRUST FUND		411,412
1837	SPECIAL CATEGORIES		
	NUISANCE WILDLIFE CONTROL		
	FROM GENERAL REVENUE FUND	1,277,456	
	FROM LAND ACQUISITION TRUST FUND		1,155,659
	FROM NON-GAME WILDLIFE TRUST FUND		1,284,309
	FROM STATE GAME TRUST FUND		347,947

From the funds provided in Specific Appropriation 1837, $150,000 in nonrecurring funds from the General Revenue Fund is provided for Seminole County Discounted Bear-Resistant Refuse Containers (HB 2367) (Senate Form 1951).

From the funds provided in Specific Appropriation 1837, $400,000 in nonrecurring funds from the General Revenue Fund is provided for the Unmanned Aerial Vehicle (UAV) Near Infrared Python Detection Camera (HB 3863) (Senate Form 2333).

1838	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM INVASIVE PLANT CONTROL TRUST FUND		204,250
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		10,912
	FROM GRANTS AND DONATIONS TRUST FUND		35,844
	FROM LAND ACQUISITION TRUST FUND		65,196
	FROM NON-GAME WILDLIFE TRUST FUND		40,270
	FROM SAVE THE MANATEE TRUST FUND		10,771
	FROM STATE GAME TRUST FUND		34,182
1839	SPECIAL CATEGORIES		
	LAKE RESTORATION		
	FROM LAND ACQUISITION TRUST FUND		5,181,904
1840	SPECIAL CATEGORIES		
	MARINE FISHERIES DISASTER RECOVERY		
	FROM FEDERAL GRANTS TRUST FUND		89,135
1841	SPECIAL CATEGORIES		
	GRANTS AND AIDS - FEDERAL ENDANGERED SPECIES - SECTION 6		
	FROM FEDERAL GRANTS TRUST FUND		311,758
1842	SPECIAL CATEGORIES		
	LAND MANAGEMENT/SAVE OUR RIVERS		
	FROM STATE GAME TRUST FUND		273,187
1843	SPECIAL CATEGORIES		
	DUCKS UNLIMITED MARSH PROJECT		
	FROM STATE GAME TRUST FUND		106,792

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1844	SPECIAL CATEGORIES		
	CONTROL OF INVASIVE EXOTICS		
	FROM INVASIVE PLANT CONTROL TRUST FUND		3,497,751
	FROM LAND ACQUISITION TRUST FUND . .		31,735,280
1845	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INVASIVE PLANT CONTROL TRUST FUND		166,112
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		4,055
	FROM GRANTS AND DONATIONS TRUST FUND		15,863
	FROM LAND ACQUISITION TRUST FUND . .		133,787
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		10,080
	FROM NON-GAME WILDLIFE TRUST FUND .		51,405
	FROM SAVE THE MANATEE TRUST FUND . .		11,565
	FROM STATE GAME TRUST FUND		121,501
1846	SPECIAL CATEGORIES		
	HABITAT RESTORATION		
	FROM GENERAL REVENUE FUND	248,000	
	FROM GRANTS AND DONATIONS TRUST FUND		1,361,980
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		281,833

From the funds provided in Specific Appropriation 1846, $150,000 in nonrecurring funds from the General Revenue Fund is provided for the St. Lucie County Treasure Coast International Airport (TCIA) Scrub-Jay Habitat (HB 2253) (Senate Form 2130).

From the funds provided in Specific Appropriation 1846, $98,000 in nonrecurring funds from the General Revenue Fund is provided for Restoring Central Florida's Urban Wetland Corridor (HB 2265).

1847	SPECIAL CATEGORIES	
	TRANSFER TO DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES/ IFAS/INVASIVE EXOTIC PLANT RESEARCH	
	FROM INVASIVE PLANT CONTROL TRUST FUND	633,128

The funds in Specific Appropriation 1847 are provided to the University of Florida Institute of Food and Agricultural Sciences for Invasive Exotic Plant Research (recurring base appropriations project).

1848	SPECIAL CATEGORIES	
	GULF COAST RESTORATION	
	FROM GRANTS AND DONATIONS TRUST FUND	2,035,507
1849	SPECIAL CATEGORIES	
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT	
	FROM INVASIVE PLANT CONTROL TRUST FUND	11,136
	FROM FEDERAL GRANTS TRUST FUND . . .	4,942
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND	1,638
	FROM GRANTS AND DONATIONS TRUST FUND	2,717
	FROM LAND ACQUISITION TRUST FUND . .	48,346
	FROM MARINE RESOURCES CONSERVATION TRUST FUND	1,764
	FROM NON-GAME WILDLIFE TRUST FUND .	17,778
	FROM SAVE THE MANATEE TRUST FUND . .	5,994
	FROM STATE GAME TRUST FUND	55,899
1850	SPECIAL CATEGORIES	
	HABITAT CONSERVATION PLAN LANDS ACQUISITION PROGRAM	
	FROM FEDERAL GRANTS TRUST FUND . . .	1,000,000

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1851	SPECIAL CATEGORIES		
	GRANTS AND AIDS - DEEPWATER HORIZON -		
	STATE OPERATIONS		
	FROM GRANTS AND DONATIONS TRUST		
	FUND		273,347
1852	SPECIAL CATEGORIES		
	CONTRACT AND GRANT REIMBURSED ACTIVITIES		
	FROM FEDERAL GRANTS TRUST FUND . . .		11,746,187
	FROM GRANTS AND DONATIONS TRUST		
	FUND		168,510
	FROM NON-GAME WILDLIFE TRUST FUND .		292,809
	FROM STATE GAME TRUST FUND		30,201
1853	FIXED CAPITAL OUTLAY		
	FISHEATING CREEK WILDLIFE MANAGEMENT AREA		
	FROM LAND ACQUISITION TRUST FUND . .		900,000
1854	FIXED CAPITAL OUTLAY		
	BABCOCK WEBB WILDLIFE MANAGEMENT AREA		
	OFFICE ADDITION AND SEPTIC UPGRADE		
	FROM LAND ACQUISITION TRUST FUND . .		550,000
1855	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND		
	NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	GRANTS AND AIDS - MARINE FISHERIES		
	DISASTER RECOVERY GRANT PROGRAM		
	FROM FEDERAL GRANTS TRUST FUND . . .		4,551,583
TOTAL:	HABITAT AND SPECIES CONSERVATION		
	FROM GENERAL REVENUE FUND	1,525,456	
	FROM TRUST FUNDS		127,427,117
	TOTAL POSITIONS	374.50	
	TOTAL ALL FUNDS		128,952,573

PROGRAM: FRESHWATER FISHERIES

FRESHWATER FISHERIES MANAGEMENT

APPROVED SALARY RATE 2,582,356

1856	SALARIES AND BENEFITS POSITIONS	59.00	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,085,502
	FROM LAND ACQUISITION TRUST FUND . .		83,243
	FROM STATE GAME TRUST FUND		1,445,483
1857	OTHER PERSONAL SERVICES		
	FROM FEDERAL GRANTS TRUST FUND . . .		49,774
	FROM STATE GAME TRUST FUND		39,114
1858	EXPENSES		
	FROM FEDERAL GRANTS TRUST FUND . . .		387,680
	FROM LAND ACQUISITION TRUST FUND . .		20,000
	FROM STATE GAME TRUST FUND		275,321
1859	OPERATING CAPITAL OUTLAY		
	FROM FEDERAL GRANTS TRUST FUND . . .		15,625
	FROM STATE GAME TRUST FUND		15,914
1859A	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM FEDERAL GRANTS TRUST FUND . . .		64,000
	FROM STATE GAME TRUST FUND		128,000
1860	SPECIAL CATEGORIES		
	ENHANCED WILDLIFE MANAGEMENT		
	FROM LAND ACQUISITION TRUST FUND . .		40,800
1861	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM FEDERAL GRANTS TRUST FUND . . .		37,553
	FROM STATE GAME TRUST FUND		31,996

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1862	SPECIAL CATEGORIES		
	LAKE RESTORATION		
	FROM LAND ACQUISITION TRUST FUND . .		695,000
1863	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM LAND ACQUISITION TRUST FUND . .		21,204
	FROM STATE GAME TRUST FUND		30,360
1864	SPECIAL CATEGORIES		
	LAND USE PROCEEDS DISBURSEMENTS		
	FROM STATE GAME TRUST FUND		4,612
1865	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM STATE GAME TRUST FUND		25,197
1866	SPECIAL CATEGORIES		
	CONTRACT AND GRANT REIMBURSED ACTIVITIES		
	FROM FEDERAL GRANTS TRUST FUND . . .		529,391
	FROM GRANTS AND DONATIONS TRUST		
	FUND		138,926
TOTAL:	FRESHWATER FISHERIES MANAGEMENT		
	FROM TRUST FUNDS		6,164,695
	TOTAL POSITIONS	59.00	
	TOTAL ALL FUNDS		6,164,695

PROGRAM: MARINE FISHERIES

MARINE FISHERIES MANAGEMENT

APPROVED SALARY RATE 1,709,051

1868	SALARIES AND BENEFITS	POSITIONS	34.00	
	FROM FEDERAL GRANTS TRUST FUND . . .			629,519
	FROM MARINE RESOURCES CONSERVATION			
	TRUST FUND			1,839,100
1869	OTHER PERSONAL SERVICES			
	FROM MARINE RESOURCES CONSERVATION			
	TRUST FUND			73,243
1870	EXPENSES			
	FROM MARINE RESOURCES CONSERVATION			
	TRUST FUND			302,357
1871	SPECIAL CATEGORIES			
	ACQUISITION OF MOTOR VEHICLES			
	FROM MARINE RESOURCES CONSERVATION			
	TRUST FUND			106,867
1872	SPECIAL CATEGORIES			
	FISH AND WILDLIFE CONSERVATION COMMISSION			
	YOUTH HUNTING AND FISHING PROGRAMS			
	FROM MARINE RESOURCES CONSERVATION			
	TRUST FUND			25,000
1873	SPECIAL CATEGORIES			
	AQUATIC RESOURCES EDUCATION			
	FROM MARINE RESOURCES CONSERVATION			
	TRUST FUND			552,828
1874	SPECIAL CATEGORIES			
	NUISANCE WILDLIFE CONTROL			
	FROM GENERAL REVENUE FUND		600,000	

From the funds in Specific Appropriation 1874, $600,000 in nonrecurring funds from the General Revenue Fund is provided for the removal of lionfish in the areas of greatest need as determined by the Fish and Wildlife Conservation Commission.

AMERICAN OVERSIGHT

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

1875 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM MARINE RESOURCES CONSERVATION
TRUST FUND 170,987

1876 SPECIAL CATEGORIES
MARINE FISHERIES DISASTER RECOVERY
FROM FEDERAL GRANTS TRUST FUND . . . 15,651,587

From the funds in Specific Appropriation 1876, $7,812,000 in nonrecurring funds from the Federal Grants Trust Fund is provided for fisheries disasters resulting from Hurricane Michael as determined by the United States Secretary of Commerce. These funds shall be placed in reserve. The Commission is authorized to submit budget amendments to request the release of funds pursuant to chapter 216, Florida Statutes, upon receipt of an approved grant application from the National Oceanic and Atmospheric Administration (NOAA). The budget amendments shall include a spending plan and outline activities for fishery restoration.

1877 SPECIAL CATEGORIES
GULF STATES MARINE FISHERIES
FROM MARINE RESOURCES CONSERVATION
TRUST FUND 22,500

1878 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM MARINE RESOURCES CONSERVATION
TRUST FUND 31,225

1878A SPECIAL CATEGORIES
GULF COAST RESTORATION
FROM GRANTS AND DONATIONS TRUST
FUND 369,068

1879 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM FEDERAL GRANTS TRUST FUND . . . 1,370
FROM MARINE RESOURCES CONSERVATION
TRUST FUND 10,388

1880 SPECIAL CATEGORIES
GRANTS AND AIDS - DEEPWATER HORIZON -
STATE OPERATIONS
FROM GRANTS AND DONATIONS TRUST
FUND 178,362

1881 SPECIAL CATEGORIES
CONTRACT AND GRANT REIMBURSED ACTIVITIES
FROM FEDERAL GRANTS TRUST FUND . . . 353,963
FROM GRANTS AND DONATIONS TRUST
FUND 10,000
FROM MARINE RESOURCES CONSERVATION
TRUST FUND 73,750

1882 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
ARTIFICIAL FISHING REEF CONSTRUCTION
PROGRAM
FROM FEDERAL GRANTS TRUST FUND . . . 300,000
FROM MARINE RESOURCES CONSERVATION
TRUST FUND 300,000

1883 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - INNOVATIVE TECHNOLOGY
DEVELOPMENT - LIONFISH
FROM GENERAL REVENUE FUND 400,000

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TOTAL: MARINE FISHERIES MANAGEMENT

FROM GENERAL REVENUE FUND	1,000,000	
FROM TRUST FUNDS		21,002,114
TOTAL POSITIONS	34.00	
TOTAL ALL FUNDS		22,002,114

PROGRAM: RESEARCH

FISH AND WILDLIFE RESEARCH INSTITUTE

APPROVED SALARY RATE 16,135,806

1884	SALARIES AND BENEFITS POSITIONS	341.00	
	FROM GENERAL REVENUE FUND	179,262	
	FROM FEDERAL GRANTS TRUST FUND		5,282,170
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		240,361
	FROM GRANTS AND DONATIONS TRUST FUND		325,694
	FROM LAND ACQUISITION TRUST FUND		188,172
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		10,990,282
	FROM NON-GAME WILDLIFE TRUST FUND		1,217,720
	FROM SAVE THE MANATEE TRUST FUND		1,103,148
	FROM STATE GAME TRUST FUND		3,430,124
1885	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	2,176,472	
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		77,653
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		3,517,378
	FROM NON-GAME WILDLIFE TRUST FUND		909,678
	FROM SAVE THE MANATEE TRUST FUND		446,557
	FROM STATE GAME TRUST FUND		375,594
1886	EXPENSES		
	FROM GENERAL REVENUE FUND	755,452	
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		72,241
	FROM LAND ACQUISITION TRUST FUND		3,952
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		2,921,894
	FROM NON-GAME WILDLIFE TRUST FUND		551,866
	FROM SAVE THE MANATEE TRUST FUND		275,100
	FROM STATE GAME TRUST FUND		487,861
1886A	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS - MOTE MARINE LABORATORY		
	FROM GENERAL REVENUE FUND	1,000,000	

The nonrecurring funds in Specific Appropriation 1886A are provided for the Mote Marine Critical Habitat Restoration (HB 4817) (Senate Form 1181).

1887	OPERATING CAPITAL OUTLAY		
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		151,239
	FROM NON-GAME WILDLIFE TRUST FUND		40,904
	FROM STATE GAME TRUST FUND		36,932
1888	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	150,000	
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		246,685
	FROM NON-GAME WILDLIFE TRUST FUND		172,834
	FROM STATE GAME TRUST FUND		70,108
1888A	SPECIAL CATEGORIES		
	ACQUISITION AND REPLACEMENT OF BOATS, MOTORS, AND TRAILERS		
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		123,800
	FROM NON-GAME WILDLIFE TRUST FUND		10,000

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	FROM STATE GAME TRUST FUND		17,141
1889	SPECIAL CATEGORIES		
	ENHANCED WILDLIFE MANAGEMENT		
	FROM LAND ACQUISITION TRUST FUND . .		80,576
1890	SPECIAL CATEGORIES		
	NUISANCE WILDLIFE CONTROL		
	FROM STATE GAME TRUST FUND		147,280
1891	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,062,942	
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		24,105
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		4,112,180
	FROM NON-GAME WILDLIFE TRUST FUND .		337,889
	FROM SAVE THE MANATEE TRUST FUND . .		358,310
	FROM STATE GAME TRUST FUND		50,501

From the funds in Specific Appropriation 1891, $93,600 in recurring funds from the Marine Resources Conservation Trust Fund is provided for the research laboratory at the Smithsonian Marine Research Station (recurring base appropriations project).

From the funds in Specific Appropriation 1891, $60,000 in recurring funds from the Marine Resources Conservation Trust Fund is provided for outreach and education at the Smithsonian Marine Research Station (recurring base appropriations project).

1892	SPECIAL CATEGORIES		
	MARINE FISHERIES DISASTER RECOVERY		
	FROM FEDERAL GRANTS TRUST FUND . . .		400,000
1893	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		4,404
	FROM LAND ACQUISITION TRUST FUND . .		3,670
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		214,292
	FROM NON-GAME WILDLIFE TRUST FUND .		48,264
	FROM SAVE THE MANATEE TRUST FUND . .		21,537
	FROM STATE GAME TRUST FUND		245,306
1894	SPECIAL CATEGORIES		
	FINAL NATURAL RESOURCE DAMAGE RESTORATION - DEEPWATER HORIZON OIL SPILL		
	FROM GRANTS AND DONATIONS TRUST FUND		89,760
1895	SPECIAL CATEGORIES		
	DEFERRED-PAYMENT COMMODITY CONTRACTS		
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		325,945
1896	SPECIAL CATEGORIES		
	GULF COAST RESTORATION		
	FROM GRANTS AND DONATIONS TRUST FUND		7,975,620
1897	SPECIAL CATEGORIES		
	RESTORE ACT - DEEPWATER HORIZON SPILL		
	FROM FEDERAL GRANTS TRUST FUND . . .		196,000
1898	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	872	
	FROM FEDERAL GRANTS TRUST FUND . . .		4,669
	FROM FLORIDA PANTHER RESEARCH AND MANAGEMENT TRUST FUND		1,421
	FROM LAND ACQUISITION TRUST FUND . .		1,209
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		96,672

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	FROM NON-GAME WILDLIFE TRUST FUND .		9,365
	FROM SAVE THE MANATEE TRUST FUND . .		7,003
	FROM STATE GAME TRUST FUND		22,910
1899	SPECIAL CATEGORIES		
	GRANTS AND AIDS - DEEPWATER HORIZON - STATE OPERATIONS		
	FROM GRANTS AND DONATIONS TRUST FUND		565,203
1900	SPECIAL CATEGORIES		
	RED TIDE RESEARCH		
	FROM GENERAL REVENUE FUND	2,240,000	
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		640,993
1901	SPECIAL CATEGORIES		
	GRANTS AND AIDS - FLORIDA RED TIDE MITIGATION AND TECHNOLOGY DEVELOPMENT INITIATIVE		
	FROM GENERAL REVENUE FUND	3,000,000	
1902	SPECIAL CATEGORIES		
	GRANTS AND AIDS - HARMFUL ALGAL BLOOMS GRANT PROGRAM		
	FROM GENERAL REVENUE FUND	600,000	
1903	SPECIAL CATEGORIES		
	CONTRACT AND GRANT REIMBURSED ACTIVITIES		
	FROM FEDERAL GRANTS TRUST FUND . . .		6,966,581
	FROM GRANTS AND DONATIONS TRUST FUND		166,330
	FROM MARINE RESOURCES CONSERVATION TRUST FUND		2,152,273
	FROM STATE GAME TRUST FUND		80,000
1904	FIXED CAPITAL OUTLAY		
	FACILITIES REPAIRS AND MAINTENANCE		
	FROM NON-GAME WILDLIFE TRUST FUND .		644,000
1905	FIXED CAPITAL OUTLAY		
	FISH AND WILDLIFE RESEARCH INSTITUTE FACILITY REPAIRS		
	FROM GENERAL REVENUE FUND	1,793,078	
1905A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	ZOO MIAMI		
	FROM GENERAL REVENUE FUND	200,000	

From the funds provided in Specific Appropriation 1905A, $200,000 in nonrecurring funds from the General Revenue Fund is provided for the Zoo Miami Expansion/Renovation of Animal Hospital (HB 3345) (Senate Form 2467).

1905B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	MOTE MARINE LABORATORY		
	FROM GENERAL REVENUE FUND	1,000,000	

The nonrecurring funds in Specific Appropriation 1905B are provided for the Mote Marine Critical Habitat Restoration (HB 4817) (Senate Form 1181).

1905C	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	ZOOTAMPA		
	FROM GENERAL REVENUE FUND	500,000	

From the funds provided in Specific Appropriation 1905C, $500,000 in nonrecurring funds from the General Revenue Fund is provided for the ZooTampa Panther Medical and Habitat Facilities (HB 3307) (Senate Form 1542).

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1906 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - MARINE FISHERIES DISASTER RECOVERY GRANT PROGRAM
FROM FEDERAL GRANTS TRUST FUND . . . 1,931,931

1906A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - FLORIDA AQUARIUM - EXPANSION OF THREATENED CORAL ARCHIVE AND REPRODUCTION
FROM GENERAL REVENUE FUND 500,000

From the funds provided in Specific Appropriation 1906A, $500,000 in nonrecurring funds from the General Revenue Fund is provided for the Florida Aquarium Coral Research Laboratory and Visitors Center (HB 3115) (Senate Form 1481).

TOTAL: FISH AND WILDLIFE RESEARCH INSTITUTE
FROM GENERAL REVENUE FUND 15,158,078
FROM TRUST FUNDS 61,213,287

TOTAL POSITIONS 341.00
TOTAL ALL FUNDS 76,371,365

TOTAL: FISH AND WILDLIFE CONSERVATION COMMISSION
FROM GENERAL REVENUE FUND 52,451,447
FROM TRUST FUNDS 366,061,544

TOTAL POSITIONS 2,114.50
TOTAL ALL FUNDS 418,512,991
TOTAL APPROVED SALARY RATE 104,804,527

TRANSPORTATION, DEPARTMENT OF

Funds in Specific Appropriations 1916 through 1929, 1929F through 1929J, 1943 through 1951, 1953 through 1962, and 1999A through 2011 are provided from the named funds to the Department of Transportation to fund the five-year Work Program developed pursuant to provisions of section 339.135, Florida Statutes. Those appropriations used by the department for grants and aids may be advanced in part or in total.

The Work Program is further supported by up to $216 million in bonds, authorized and issued pursuant to section 338.227, Florida Statutes, and any other payments necessary or incidental to the repayment of bonds as directly managed by the State Board of Administration, Division of Bond Finance.

TRANSPORTATION SYSTEMS DEVELOPMENT

PROGRAM: TRANSPORTATION SYSTEMS DEVELOPMENT

APPROVED SALARY RATE 110,084,558

1907 SALARIES AND BENEFITS POSITIONS 1,751.00
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 150,830,319
FROM TRANSPORTATION DISADVANTAGED TRUST FUND 952,393

1908 OTHER PERSONAL SERVICES
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 179,116
FROM TRANSPORTATION DISADVANTAGED TRUST FUND 6,600

1909 EXPENSES
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 4,503,588
FROM TRANSPORTATION DISADVANTAGED TRUST FUND 227,660

1910 OPERATING CAPITAL OUTLAY
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 1,659,609

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1911	SPECIAL CATEGORIES CONSULTANT FEES FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	8,662,172
1912	SPECIAL CATEGORIES CONTRACTED SERVICES FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	6,457,753
	FROM TRANSPORTATION DISADVANTAGED TRUST FUND	564,338
1913	SPECIAL CATEGORIES HUMAN RESOURCES DEVELOPMENT FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	938,630
1914	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	185,125
	FROM TRANSPORTATION DISADVANTAGED TRUST FUND	3,830
1915	SPECIAL CATEGORIES GRANTS AND AIDS - TRANSPORTATION DISADVANTAGED FROM TRANSPORTATION DISADVANTAGED TRUST FUND	70,356,668

From the funds in Specific Appropriation 1915, the Commission for the Transportation Disadvantaged is authorized to use up to $1,500,000 of recurring funds to support pilot projects in Pinellas, Hillsborough, and Manatee counties for transportation services, including for services across county lines, for individuals with intellectual or developmental disabilities, as defined in section 393.063, Florida Statutes. The commission shall collect data to measure transit performance for individuals with disabilities and report the findings and any recommendations to the President of the Senate and the Speaker of the House of Representatives by February 1, 2021.

From the funds provided in Specific Appropriation 1915, $4,500,000 of nonrecurring funds is provided to the Commission for the Transportation Disadvantaged to award grants to community transportation coordinators to maintain levels of service. The commission shall compare the amount of the trip and equipment grant that a community transportation coordinator receives under the allocation in Rule 41-2.014(5), Florida Administrative Code, for this fiscal year with the amount the coordinator would have received using the proviso contained in Specific Appropriation 1855, chapter 2018-09, Laws of Florida. For any coordinator that would have received a higher trip and equipment grant using the proviso contained in Specific Appropriation 1855, chapter 2018-09, Laws of Florida, the coordinator's grant shall be equal to the difference.

1916	FIXED CAPITAL OUTLAY TRANSPORTATION PLANNING CONSULTANTS FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	72,666,914
1917	FIXED CAPITAL OUTLAY AVIATION DEVELOPMENT/GRANTS FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	395,521,413
1918	FIXED CAPITAL OUTLAY PUBLIC TRANSIT DEVELOPMENT/GRANTS FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	405,951,983
1919	FIXED CAPITAL OUTLAY RIGHT-OF-WAY LAND ACQUISITION FROM TURNPIKE GENERAL RESERVE TRUST FUND	50,000
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	518,199,200

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FROM RIGHT-OF-WAY ACQUISITION AND BRIDGE CONSTRUCTION TRUST FUND . . 243,896,130

1920 FIXED CAPITAL OUTLAY
SEAPORT - ECONOMIC DEVELOPMENT
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 15,000,000

1921 FIXED CAPITAL OUTLAY
SEAPORTS ACCESS PROGRAM
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 10,000,000

1922 FIXED CAPITAL OUTLAY
SEAPORT GRANTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 88,110,883

From the funds in Specific Appropriation 1922, $2,000,000 in nonrecurring funds is provided for the Seaport Security Grant Program, pursuant to section 311.12(6), Florida Statutes. The funding provided shall focus on filling seaport security technology gaps utilizing situational awareness tools and enhanced cyber security technologies. If the Florida Seaport Transportation and Economic Development Council determines that a statewide purchase of such items provides savings and efficiency, the council may also purchase such items on behalf of all seaports listed in section 311.09(1), Florida Statutes.

1923 FIXED CAPITAL OUTLAY
SEAPORT INVESTMENT PROGRAM
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 10,095,000

1924 FIXED CAPITAL OUTLAY
RAIL DEVELOPMENT/GRANTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 81,767,430

1925 FIXED CAPITAL OUTLAY
INTERMODAL DEVELOPMENT/GRANTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 74,438,222

1926 FIXED CAPITAL OUTLAY
PRELIMINARY ENGINEERING CONSULTANTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 776,608,299
FROM RIGHT-OF-WAY ACQUISITION AND BRIDGE CONSTRUCTION TRUST FUND . . 522,951

1927 FIXED CAPITAL OUTLAY
RIGHT-OF-WAY SUPPORT
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 74,559,913
FROM RIGHT-OF-WAY ACQUISITION AND BRIDGE CONSTRUCTION TRUST FUND . . 10,802,727

1928 FIXED CAPITAL OUTLAY
TRANSPORTATION PLANNING GRANTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 44,551,558

1929 FIXED CAPITAL OUTLAY
DEBT SERVICE
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 67,000,550
FROM RIGHT-OF-WAY ACQUISITION AND BRIDGE CONSTRUCTION TRUST FUND . . 200,224,575

There is hereby authorized to be issued up to $253 million in principal amount of bonds authorized and issued pursuant to section 215.605, Florida Statutes, and any other payments necessary or incidental to the repayment of bonds. Specific Appropriation 1929 includes up to $201 million to support Fiscal Year 2020-2021 debt service associated with such projects.

There is hereby authorized to be issued up to $190 million in principal

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amount of bonds to finance the I-95 IIIC Project pursuant to section 339.0809, Florida Statutes. Specific Appropriation 1929 includes up to $36 million to support Fiscal Year 2020-2021 debt service associated with this project.

There is hereby authorized to be issued up to $152 million in principal amount of bonds to finance construction, reconstruction, and improvement of projects that are eligible to receive federal-aid highway funds in accordance with section 215.616, Florida Statutes. Specific Appropriation 1929 includes up to $32 million to support Fiscal Year 2020-2021 debt service associated with such projects.

TOTAL:	PROGRAM: TRANSPORTATION SYSTEMS DEVELOPMENT		
	FROM TRUST FUNDS		3,335,495,549
	TOTAL POSITIONS	1,751.00	
	TOTAL ALL FUNDS		3,335,495,549

FLORIDA RAIL ENTERPRISE

APPROVED SALARY RATE 204,908

1929A	SALARIES AND BENEFITS	POSITIONS 1.00	
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		265,609
1929B	OTHER PERSONAL SERVICES		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		827
1929C	EXPENSES		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		25,200
1929D	SPECIAL CATEGORIES		
	CONSULTANT FEES		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		4,089
1929E	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		5,714
1929F	FIXED CAPITAL OUTLAY		
	CONSTRUCTION INSPECTION CONSULTANTS		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		50,000
1929G	FIXED CAPITAL OUTLAY		
	PUBLIC TRANSIT DEVELOPMENT/GRANTS		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		222,998,633
1929H	FIXED CAPITAL OUTLAY		
	BRIDGE CONSTRUCTION		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		250,000
1929I	FIXED CAPITAL OUTLAY		
	RAIL DEVELOPMENT/GRANTS		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		163,403,572
1929J	FIXED CAPITAL OUTLAY		
	INTERMODAL DEVELOPMENT/GRANTS		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		3,954,998

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TOTAL: FLORIDA RAIL ENTERPRISE
FROM TRUST FUNDS 390,958,642

TOTAL POSITIONS 1.00
TOTAL ALL FUNDS 390,958,642

TRANSPORTATION SYSTEMS OPERATIONS

PROGRAM: HIGHWAY OPERATIONS

APPROVED SALARY RATE 155,119,218

1930 SALARIES AND BENEFITS POSITIONS 3,124.00
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 220,823,353

1931 OTHER PERSONAL SERVICES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 107,376

1932 EXPENSES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 14,548,305

1933 OPERATING CAPITAL OUTLAY
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 5,000,318

1934 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 4,395,969

1935 SPECIAL CATEGORIES
FAIRBANKS HAZARDOUS WASTE SITE
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 400,965

1936 SPECIAL CATEGORIES
CONSULTANT FEES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 2,112,531

1937 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 8,460,148

1938 SPECIAL CATEGORIES
HUMAN RESOURCES DEVELOPMENT
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 994,023

1939 SPECIAL CATEGORIES
TRANSPORTATION MATERIALS AND EQUIPMENT
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 26,669,396

1940 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 320,482

1941 FIXED CAPITAL OUTLAY
MINOR RENOVATIONS, REPAIRS, AND
IMPROVEMENTS - STATEWIDE
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 3,875,721

1942 FIXED CAPITAL OUTLAY
MAJOR REPAIRS, RENOVATIONS AND
IMPROVEMENTS TO MAJOR INSTITUTIONS
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 1,584,989

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1943 FIXED CAPITAL OUTLAY
SMALL COUNTY RESURFACE ASSISTANCE PROGRAM
(SCRAP)
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 47,595,592

1944 FIXED CAPITAL OUTLAY
SMALL COUNTY OUTREACH PROGRAM (SCOP)
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 96,017,639

From the funds in Specific Appropriation 1944, $9,000,000 is appropriated for transportation projects in municipalities pursuant to section 339.2818(7), Florida Statutes.

1945 FIXED CAPITAL OUTLAY
GRANTS AND AIDS - MAJOR DISASTERS -
DEPARTMENT OF TRANSPORTATION WORK PROGRAM
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 18,713,743

1946 FIXED CAPITAL OUTLAY
COUNTY TRANSPORTATION PROGRAMS
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 56,775,593

1947 FIXED CAPITAL OUTLAY
BOND GUARANTEE
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 1,000,000

1948 FIXED CAPITAL OUTLAY
TRANSPORTATION HIGHWAY MAINTENANCE
CONTRACTS
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 494,824,454

1949 FIXED CAPITAL OUTLAY
INTRASTATE HIGHWAY CONSTRUCTION
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 1,765,369,893

1950 FIXED CAPITAL OUTLAY
ARTERIAL HIGHWAY CONSTRUCTION
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 158,093,451

1951 FIXED CAPITAL OUTLAY
CONSTRUCTION INSPECTION CONSULTANTS
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 408,092,459
FROM RIGHT-OF-WAY ACQUISITION AND
BRIDGE CONSTRUCTION TRUST FUND . . 14,897,296

1952 FIXED CAPITAL OUTLAY
ENVIRONMENTAL SITE RESTORATION
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 340,000

1953 FIXED CAPITAL OUTLAY
HIGHWAY SAFETY CONSTRUCTION/GRANTS
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 236,367,382

1954 FIXED CAPITAL OUTLAY
RESURFACING
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 774,852,599

1955 FIXED CAPITAL OUTLAY
BRIDGE CONSTRUCTION
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 281,794,884
FROM RIGHT-OF-WAY ACQUISITION AND
BRIDGE CONSTRUCTION TRUST FUND . . 140,718,839

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1956 FIXED CAPITAL OUTLAY
CONTRACT MAINTENANCE WITH THE DEPARTMENT OF CORRECTIONS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 19,646,000

1957 FIXED CAPITAL OUTLAY
HIGHWAY BEAUTIFICATION GRANTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 1,000,000

1958 FIXED CAPITAL OUTLAY
MATERIALS AND RESEARCH
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 17,562,706

1958A FIXED CAPITAL OUTLAY
LOCAL TRANSPORTATION PROJECTS
FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND 81,259,520

The nonrecurring funds in Specific Appropriation 1958A shall be allocated as follows:

Land O' Lakes US 41 Landscape Rehabilitation (HB 2023)	850,000
Highland Beach Crosswalks (HB 2185) (Senate Form 1384)	201,523
William Burgess Boulevard Extension (HB 2209) (Senate Form 1924)	900,000
Treasure Island Curb and Roadway Improvements (HB 2425) (Senate Form 1020)	900,000
North Bay Village - Sidewalk/ADA Upgrades (HB 2461) (Senate Form 1419)	206,250
Tampa Bay Area Regional Transit Authority Operations (HB 2483) (Senate Form 1937)	1,500,000
Wilton Drive Streetscape Improvements (HB 2571) (Senate Form 2566)	750,000
Village of Indiantown Road/Storm Water Drainage Reconstruction (HB 2639) (Senate Form 2168)	2,000,000
Panama City Watson Bayou Turning Basin Bulkhead (HB 2695) (Senate Form 2080)	1,500,000
Pedestrian Crossing Installation (HB 2767) (Senate Form 1927)	750,000
FECR Corridor Rail Safety Improvements (HB 2771) (Senate Form 1925)	750,000
Charter School Safety Zone Improvements (HB 2773) (Senate Form 1928)	900,000
North Miami Beach - NE 153 St/NE 21 Avenue ADA and Roadway Improvements (HB 2777) (Senate Form 1570)	350,000
North Miami Beach - NE 35 Avenue Roadway Improvements Project (HB 2795) (Senate Form 1572)	500,000
Underline Multi-Use Trail/Mobility Corridor (HB 2837) (Senate Form 1835)	1,500,000
Miami Biscayne Baywalk (HB 2863) (Senate Form 1976)	2,000,000
Sunny Isles Beach Pedestrian Park Bridge (HB 2871) (Senate Form 1420)	1,000,000
Town of Jay - Roadway Improvements (HB 2929) (Senate Form 1400)	300,000
Panama City Watson Bayou Dredging - Entrance Channel and Turning Basin (HB 2933) (Senate Form 2081)	1,750,000
Pea Ridge Connector (HB 2937) (Senate Form 2160)	750,000
Mount Sinai Road Improvements (HB 3137) (Senate Form 1830)	1,000,000
Southwest Ranches Safety Guardrail - Appaloosa Trail (HB 3173) (Senate Form 1821)	350,000
SW 44th Avenue Extension Project - Ocala (HB 3257) (Senate Form 1915)	1,000,000
NW 74th St Improvements (HB 3361) (Senate Form 1828)	500,000
Lois Avenue Complete Street Project - Tampa (HB 3413) (Senate Form 2025)	300,000
Anderson Snow Road & Corporate Boulevard Improvements (HB 3499)	1,000,000
Traffic Calming Horace Mann Middle School (HB 3635) (Senate Form 1840)	300,000
Traffic Safety - Miami Shores Village (HB 3771) (Senate Form 2121)	300,000
St. Cloud Seaplane Base (HB 3857) (Senate Form 2320)	375,000
Mutter Road Connection (HB 3859) (Senate Form 2319)	1,000,000

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City of Callaway Roadway Repairs (HB 3901) (Senate Form 2202)	1,000,000
City of Lynn Haven Road Repairs (HB 3903) (Senate Form 2201)	1,000,000
Miami Lakes East ADA Pedestrian Mobility Infrastructure Project (HB 3975) (Senate Form 1197)	500,000
Pedestrian Safety on Collector Streets (HB 3977) (Senate Form 2088)	300,000
Loxahatchee Groves North Road Equestrian/Multi-Use Trail (HB 4095) (Senate Form 2246)	47,500
Town of Loxahatchee Groves Southern D Road Improvements (HB 4099) (Senate Form 2247)	768,863
Pioneer Trail/Tomoka Farms Road - Right-of-Way (HB 4155)	500,000
Doral Intersection Signalization Pedestrian Safety (HB 4201) (Senate Form 1832)	350,000
Punta Gorda Airport Taxiway "E" Extension and General Aviation Ramp (HB 4321) (Senate Form 2061)	1,200,000
Neighborhood Traffic Calming Plan - Phase I (HB 4401) (Senate Form 2475)	300,000
Pembroke Road Extension - Pembroke Pines (HB 4435) (Senate Form 2074)	900,000
Bay Parkway - Phase 1 and 2 (HB 4593) (Senate Form 2198)	921,855
Washington County Twin Pond Road Paving Project (HB 4663) (Senate Form 2230)	350,000
Transportation Disadvantaged Ambulance - Jackson County (HB 4679) (Senate Form 2208)	500,000
Autonomous Transit AV Technology, Workforce and Economic Opportunity (HB 4713) (Senate Form 2126)	1,000,000
Ponte Vedra SR A1A Corridor Intersection Improvements (HB 4761) (Senate Form 2045)	1,000,000
Historic Infrastructure Restoration and Downtown Redevelopment Plan (HB 4907) (Senate Form 2453)	850,000
Keystone Heights Traffic Signal Upgrade (HB 4933)	1,000,000
Burnt Store Road South Segment (HB 9013) (Senate Form 2078)	1,000,000
Lee County Sanibel Causeway Shoreline Stabilization (HB 9025) (Senate Form 1692)	4,250,000
US 331/CR 30A Improvements - Walton County (HB 9197) (Senate Form 2220)	1,000,000
Moccasin Wallow Road Expansion (HB 9219) (Senate Form 2138)	3,600,000
Space Maritime Access Feasibility Study (HB 9237)	300,000
Goodland Drive Rehabilitation Project - Collier (HB 4839) (Senate Form 1024)	1,000,000
Green Mountain Connector - Lake (HB 2009) (Senate Form 1079)	750,000
Paradise Coast Trail - Collier (Senate Form 1167)	250,000
Boynton Beach Town Square Enhanced Pedestrian Crossing (HB 2495) (Senate Form 1547)	75,000
Charlie Johns Street Traffic Signal - Blountstown (HB 2965) (Senate Form 1607)	325,000
New Smyrna Beach - Washington Street Roadway Improvements (HB 3131) (Senate Form 1700)	1,024,855
Deltona - Normandy Blvd at Providence Intersection Improvements (HB 3159) (Senate Form 1705)	500,000
Glades Communities Street Resurfacing and Reconstruction (HB 4089) (Senate Form 1829)	500,000
The Bluffs Entrance/Transportation Upgrades - Escambia (HB 2557) (Senate Form 1838)	750,000
Miami-Opa Locka Executive Airport Infrastructure Improvements (HB 3731) (Senate Form 1900)	1,000,000
Lacoochee Industrial Area Right-Of-Way Improvements - Pasco (HB 2099) (Senate Form 1906)	5,469,395
US 301 - Pretty Pond Road - Medical Arts Court Intersection Improvements - Zephyrhills (HB 2301) (Senate Form 1907)	2,300,000
City of Apopka Harmon Road Extension (HB 2699) (Senate Form 1963)	500,000
St. Johns County CR 2209 Extension (HB 4763) (Senate Form 2044)	1,000,000
Hillsborough County Veterans' Lake Trail (HB 2867) (Senate Form 2058)	1,000,000
City of Pembroke Pines Senior Transportation Program (HB 3175) (Senate Form 2067)	288,000
City of DeFuniak Springs Airport Runway 9-27 Widening and Extension (HB 9259) (Senate Form 2225)	650,000
Washington County - Crystal Lake Paving Improvements	

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

	(Senate Form 2232)		850,000
	Hegener Drive Extension - Port St. Lucie (HB 4981)		
	(Senate Form 2273)		2,256,759
	Keep Florida Beautiful (HB 3915) (Senate Form 2312)		800,000
	44th Avenue East Extension (HB 3409) (Senate Form 2488)		10,000,000
	Keystone Airport Road Infrastructure - Bradford (HB 4931)		
	(Senate Form 2504)		1,190,000
	McNab Road Streetscape Improvements Project (HB 3451)		
	(Senate Form 2567)		500,000
	Rales Rides - Senior Transportation Program (HB 3927)		
	(Senate Form 1383)		159,520
1959	FIXED CAPITAL OUTLAY		
	BRIDGE INSPECTION		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		16,939,125
1961	FIXED CAPITAL OUTLAY		
	TRAFFIC ENGINEERING CONSULTANTS		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		238,388,494
1962	FIXED CAPITAL OUTLAY		
	LOCAL GOVERNMENT REIMBURSEMENT		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		17,585,362
TOTAL:	PROGRAM: HIGHWAY OPERATIONS		
	FROM TRUST FUNDS		5,177,128,607
	TOTAL POSITIONS	3,124.00	
	TOTAL ALL FUNDS		5,177,128,607

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 41,854,550

1963	SALARIES AND BENEFITS POSITIONS	742.00	
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		58,662,691
1964	OTHER PERSONAL SERVICES		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		538,049
1965	EXPENSES		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		6,392,979
1966	OPERATING CAPITAL OUTLAY		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		119,943
1967	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		55,307
1968	SPECIAL CATEGORIES		
	CONSULTANT FEES		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		1,137,893
1969	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		5,831,797
1970	SPECIAL CATEGORIES		
	HUMAN RESOURCES DEVELOPMENT		
	FROM STATE TRANSPORTATION		
	(PRIMARY) TRUST FUND		226,935

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1971	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		8,186,459
1972	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE - OTHER FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		979,058
1973	SPECIAL CATEGORIES TRANSFER TO SOUTH FLORIDA WATER MANAGEMENT DISTRICT FOR EVERGLADES RESTORATION FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		6,132,690
1974	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF REVENUE FOR HIGHWAY TAX COMPLIANCE FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		34,640
1975	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		477,133
1976	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		2,045,505
	FROM TRANSPORTATION DISADVANTAGED TRUST FUND		3,902
1977	FIXED CAPITAL OUTLAY MINOR RENOVATIONS, REPAIRS, AND IMPROVEMENTS - STATEWIDE FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		1,529,630
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM TRUST FUNDS		92,354,611
	TOTAL POSITIONS	742.00	
	TOTAL ALL FUNDS		92,354,611

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 10,343,657

1978	SALARIES AND BENEFITS POSITIONS FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND	196.00	14,802,977
1979	OTHER PERSONAL SERVICES FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		32,998
1980	EXPENSES FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		11,508,272
1981	OPERATING CAPITAL OUTLAY FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		476,724
1982	SPECIAL CATEGORIES CONSULTANT FEES FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		339,908

AMERICAN OVERSIGHT

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1983 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 19,332,525

From the funds in Specific Appropriation 1983, $2,853,582 in nonrecurring funds is provided to the Florida Department of Transportation for Data Infrastructure Modernization. Of these funds, $2,140,187 shall be held in reserve and the agency is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release of funds is contingent upon approval of a detailed operational work plan and a project spend plan reflecting estimated and actual costs. Upon approval of the detailed operational work plan, the department shall submit quarterly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. Each report must include progress made to date for each project milestone and contract deliverable, planned and actual completion dates, planned and actual costs incurred, and any current project issues and risks.

1984 SPECIAL CATEGORIES
HUMAN RESOURCES DEVELOPMENT
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 134,975

1985 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 15,879

1986 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 6,927,150

TOTAL: INFORMATION TECHNOLOGY
FROM TRUST FUNDS 53,571,408

TOTAL POSITIONS 196.00
TOTAL ALL FUNDS 53,571,408

FLORIDA'S TURNPIKE SYSTEMS

FLORIDA'S TURNPIKE ENTERPRISE

APPROVED SALARY RATE 20,937,222

1987 SALARIES AND BENEFITS POSITIONS 380.00
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 30,078,418

1988 OTHER PERSONAL SERVICES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 316,769

1989 EXPENSES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 15,323,959

1990 OPERATING CAPITAL OUTLAY
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 143,611

1991 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 61,633

1992 SPECIAL CATEGORIES
CONSULTANT FEES
FROM STATE TRANSPORTATION
(PRIMARY) TRUST FUND 1,968,631

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1993	SPECIAL CATEGORIES	
	CONTRACTED SERVICES	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	47,944,353
1994	SPECIAL CATEGORIES	
	PAYMENT TO EXPRESSWAY AUTHORITIES	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	6,670,420
1995	SPECIAL CATEGORIES	
	FLORIDA HIGHWAY PATROL SERVICES	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	26,200,733
1996	SPECIAL CATEGORIES	
	HUMAN RESOURCES DEVELOPMENT	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	134,949
1997	SPECIAL CATEGORIES	
	TRANSPORTATION MATERIALS AND EQUIPMENT	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	1,468,409
1998	SPECIAL CATEGORIES	
	LEASE OR LEASE-PURCHASE OF EQUIPMENT	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	194,000
1999	FIXED CAPITAL OUTLAY	
	MINOR RENOVATIONS, REPAIRS, AND	
	IMPROVEMENTS - STATEWIDE	
	FROM TURNPIKE GENERAL RESERVE	
	TRUST FUND	556,500
1999A	FIXED CAPITAL OUTLAY	
	TRANSPORTATION PLANNING CONSULTANTS	
	FROM TURNPIKE GENERAL RESERVE	
	TRUST FUND	4,000,000
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	11,500,000
2000	FIXED CAPITAL OUTLAY	
	TRANSPORTATION HIGHWAY MAINTENANCE	
	CONTRACTS	
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	80,974,397
2001	FIXED CAPITAL OUTLAY	
	INTRASTATE HIGHWAY CONSTRUCTION	
	FROM TURNPIKE RENEWAL AND	
	REPLACEMENT TRUST FUND	27,971,838
	FROM TURNPIKE GENERAL RESERVE	
	TRUST FUND	279,025,254
2002	FIXED CAPITAL OUTLAY	
	CONSTRUCTION INSPECTION CONSULTANTS	
	FROM TURNPIKE RENEWAL AND	
	REPLACEMENT TRUST FUND	12,707,712
	FROM TURNPIKE GENERAL RESERVE	
	TRUST FUND	42,899,901
2003	FIXED CAPITAL OUTLAY	
	RIGHT-OF-WAY LAND ACQUISITION	
	FROM TURNPIKE GENERAL RESERVE	
	TRUST FUND	58,232,419
	FROM STATE TRANSPORTATION	
	(PRIMARY) TRUST FUND	8,000,000
2004	FIXED CAPITAL OUTLAY	
	RESURFACING	
	FROM TURNPIKE RENEWAL AND	
	REPLACEMENT TRUST FUND	57,651,443

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SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION

2005	FIXED CAPITAL OUTLAY		
	BRIDGE CONSTRUCTION		
	FROM TURNPIKE RENEWAL AND REPLACEMENT TRUST FUND		13,454,568
2006	FIXED CAPITAL OUTLAY		
	PRELIMINARY ENGINEERING CONSULTANTS		
	FROM TURNPIKE RENEWAL AND REPLACEMENT TRUST FUND		19,017,364
	FROM TURNPIKE GENERAL RESERVE TRUST FUND		165,972,888
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		55,534,220
2007	FIXED CAPITAL OUTLAY		
	RIGHT-OF-WAY SUPPORT		
	FROM TURNPIKE GENERAL RESERVE TRUST FUND		9,005,697
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		8,000,000
2008	FIXED CAPITAL OUTLAY		
	TRAFFIC ENGINEERING CONSULTANTS		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		13,493,107
2009	FIXED CAPITAL OUTLAY		
	TOLL OPERATION CONTRACTS		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		167,731,346
2010	FIXED CAPITAL OUTLAY		
	TURNPIKE SYSTEM EQUIPMENT AND DEVELOPMENT		
	FROM TURNPIKE GENERAL RESERVE TRUST FUND		77,296,988
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		100,000
2011	FIXED CAPITAL OUTLAY		
	TOLLS SYSTEM EQUIPMENT AND DEVELOPMENT		
	FROM STATE TRANSPORTATION (PRIMARY) TRUST FUND		54,672,075
TOTAL:	FLORIDA'S TURNPIKE ENTERPRISE		
	FROM TRUST FUNDS		1,298,303,602
	TOTAL POSITIONS	380.00	
	TOTAL ALL FUNDS		1,298,303,602
TOTAL:	TRANSPORTATION, DEPARTMENT OF		
	FROM TRUST FUNDS		10,347,812,419
	TOTAL POSITIONS	6,194.00	
	TOTAL ALL FUNDS		10,347,812,419
	TOTAL APPROVED SALARY RATE	338,544,113	
TOTAL OF SECTION 5			
	FROM GENERAL REVENUE FUND	558,044,546	
	FROM TRUST FUNDS		14,243,322,689
	TOTAL POSITIONS	14,966.25	
	TOTAL ALL FUNDS		14,801,367,235

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

SPECIFIC
APPROPRIATION

The moneys contained herein are appropriated from the named funds to Administered Funds, Department of Business and Professional Regulation, Department of Citrus, Department of Economic Opportunity, Department of Financial Services, Executive Office of the Governor, Department of Highway Safety and Motor Vehicles, Legislative Branch, Department of the Lottery, Department of Management Services, Department of Military Affairs, Public Service Commission, Department of Revenue and the Department of State as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

PROGRAM: ADMINISTERED FUNDS

2012 LUMP SUM
CASUALTY INSURANCE PREMIUM DEFICIT
FROM TRUST FUNDS 1,955,159

2013 LUMP SUM
HUMAN RESOURCES OUTSOURCING CONTINGENCY
FROM GENERAL REVENUE FUND 300,000

2013A LUMP SUM
DATA PROCESSING REALIGNMENT
FROM TRUST FUNDS . . . . . -171,549

From the funds in Specific Appropriation 2013A, a reduction of $171,549 in trust funds is provided for distribution into agencies' Data Processing categories to align agency assessments with the base appropriations within the State Data Center.

2013B LUMP SUM
DEPARTMENT OF MANAGEMENT SERVICES -
INFORMATION TECHNOLOGY SERVICES
FROM TRUST FUNDS 48,560

From the funds in Specific Appropriation 2013B, $48,560 is provided for an increase to the Department of Management Services' Working Capital Trust Fund for adjustments to State Data Center services funded in state agencies' Fiscal Year 2020-2021 budget.

2014 LUMP SUM
INFORMATION TECHNOLOGY
FROM GENERAL REVENUE FUND 552,044
FROM TRUST FUNDS 1,197,544

From the funds in Specific Appropriation 2014, an increase of $552,044 in recurring general revenue funds and an increase of $1,197,544 in recurring trust funds are provided for distribution into agencies' Data Processing categories to support adjustments to the Department of Management Services' Division of State Technology Fiscal Year 2020-2021 budget.

2014A LUMP SUM
STRENGTHENING DOMESTIC SECURITY
FROM TRUST FUNDS 42,993,622

Funds provided in Specific Appropriation 2014A are contingent on federal grants being awarded. Should the amount awarded for each federal grant be less than the amount appropriated, funds shall be awarded in priority order for the individual projects as indicated in the Fiscal Year 2020-2021 Domestic Security Funding Request of the Domestic Security Oversight Board. Once federal funding is received and projects are funded in priority order, the Board may transfer funding between any of the funded projects. Funds may be allocated to projects not listed below with approval of the Legislative Budget Commission.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES (State Fire Marshal)
Bomb Building Capabilities..... 12,500
EOD Training..... 79,000
FLORIDA DEPARTMENT OF LAW ENFORCEMENT
See Something Say Something Accessibility..... 285,000
LE Data Sharing..... 1,142,953
Sustainment of Fusion Centers Operations..... 276,500

AMERICAN OVERSIGHT
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SECTION 6 - GENERAL GOVERNMENT

Sustainment of Fusion Center Analysts	252,000
Planning Meetings	61,800
FLORIDA DIVISION OF EMERGENCY MANAGEMENT	
LE Data Sharing	369,373
Sustainment of Fusion Centers Operations	216,500
SE Florida Fusion Centers Critical Needs	50,000
Sustainment of Fusion Center Analysts	638,000
Fire HAZMAT Sustainment	1,076,812
Cyber Intrusion Training	290,000
Region 7 Portable Vehicle Barriers	255,000
Aviation Sustainment	365,000
SWAT Sustainment	443,045
AHIMT Training	75,000
Waterborne Response Team Building Capabilities	11,760
MARC Radio Sustainment	96,000
USAR Sustainment & Maintenance	259,800
HAZMAT Air Monitoring Replacement	309,000
USAR Radio Cache Replacement	400,000
MARC Radio Cache Upgrades	843,091
SWAT Building Capabilities	664,000
Bomb Building Capabilities	1,248,150
WebEOC for Southeast Florida Fusion Center	60,000
Statewide WebEOC Capability Assurance	281,500
FDEM Statewide Communications Exercise	150,000
Fire HAZMAT Training	122,850
Fire USAR Training	564,546
Bomb Training	158,000
Bomb Sustainment	596,500
Region 2 Save Life Table Top and Full Scale Exercise	48,000
Management and Administration	585,084
Urban Areas Security Initiative (UASI):	
FLORIDA DIVISION OF EMERGENCY MANAGEMENT	
Miami/Ft Lauderdale Urban Areas Security Initiative (UASI)	14,012,500
Orlando Urban Areas Security Initiative (UASI)	3,325,000
Tampa Urban Areas Security Initiative (UASI)	3,325,000
Management and Administration (UASI)	1,087,500
Additional Federal Funding:	
FLORIDA DIVISION OF EMERGENCY MANAGEMENT	
Urban Area Security (UASI) Nonprofit Security Grant Program (NSGP)	5,874,295
Operation Stonegarden (OPSG)	3,082,563

2014B	LUMP SUM		
	EMPLOYEE COMPENSATION AND BENEFITS		
	FROM GENERAL REVENUE FUND	192,747,472	
	FROM TRUST FUNDS		142,518,149
2015A	LUMP SUM		
	STATE MATCH FOR FEDERAL FEMA FUNDING		
	FROM GENERAL REVENUE FUND	225,184,865	
2016	SPECIAL CATEGORIES		
	ASSOCIATION DUES		
	FROM GENERAL REVENUE FUND	215,170	
2016A	SPECIAL CATEGORIES		
	ADMINISTRATION COMMISSION AND FLORIDA LAND AND WATER ADJUDICATORY COMMISSION - ADMINISTRATIVE APPEALS		
	FROM GENERAL REVENUE FUND	10,000	
2017	SPECIAL CATEGORIES		
	TRANSFER TO PLANNING AND BUDGETING SYSTEM TRUST FUND		
	FROM GENERAL REVENUE FUND	6,044,935	

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: PROGRAM: ADMINISTERED FUNDS
FROM GENERAL REVENUE FUND 425,054,486
FROM TRUST FUNDS 188,541,485

TOTAL ALL FUNDS 613,595,971

BUSINESS AND PROFESSIONAL REGULATION, DEPARTMENT OF

No funds are appropriated in Specific Appropriations 2018 through 2182 and section 8 for the payment of rent, lease or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 790:0070, 790:0083, 790:0098 or 790:M139, or any other lease, by the Department of Business and Professional Regulation, notwithstanding any lease or contract to the contrary. The Department of Business and Professional Regulation is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund or from any other source for the rent, lease or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 790:0070, 790:0083, 790:0098 or 790:M139, or any other lease.

PROGRAM: OFFICE OF THE SECRETARY AND ADMINISTRATION

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 8,985,535

2018 SALARIES AND BENEFITS POSITIONS 169.50
FROM ADMINISTRATIVE TRUST FUND . . . 12,773,918

From the funds in Specific Appropriations 2018, 2019, 2020, and 2030, $801,818 and ten positions of recurring funds from the Administrative Trust Fund are appropriated and 498,373 in salary rate is provided, solely for the purpose of creating a unit within the General Counsel's Office of the department to provide arbitration and mediation of disputes for the Division of Florida Condominiums, Timeshares, and Mobile Homes.

2019 OTHER PERSONAL SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 668,574

2020 EXPENSES
FROM ADMINISTRATIVE TRUST FUND . . . 1,588,449

2021 OPERATING CAPITAL OUTLAY
FROM ADMINISTRATIVE TRUST FUND . . . 12,088

2022 SPECIAL CATEGORIES
TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS
FROM ADMINISTRATIVE TRUST FUND . . . 196,813

2023 SPECIAL CATEGORIES
TRANSFER TO THE OFFICE OF THE STATE ATTORNEY - SLOT INVESTIGATIONS AND PROSECUTIONS
FROM ADMINISTRATIVE TRUST FUND . . . 247,677

2024 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 254,780

2025 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM ADMINISTRATIVE TRUST FUND . . . 6,500

2026 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM ADMINISTRATIVE TRUST FUND . . . 167,278

2027 SPECIAL CATEGORIES
SALARY INCENTIVE PAYMENTS
FROM ADMINISTRATIVE TRUST FUND . . . 7,650

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2028	SPECIAL CATEGORIES TENANT BROKER COMMISSIONS FROM ADMINISTRATIVE TRUST FUND . . .			90,000
2029	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ADMINISTRATIVE TRUST FUND . . .			77,506
2030	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ADMINISTRATIVE TRUST FUND . . .			57,070
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM TRUST FUNDS			16,148,303
	TOTAL POSITIONS	169.50		
	TOTAL ALL FUNDS			16,148,303

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 3,289,594

2031	SALARIES AND BENEFITS POSITIONS	57.00		
	FROM GENERAL REVENUE FUND		198,078	
	FROM ADMINISTRATIVE TRUST FUND . . .			4,389,566
2032	OTHER PERSONAL SERVICES FROM ADMINISTRATIVE TRUST FUND . . .			110,911
2033	EXPENSES FROM GENERAL REVENUE FUND		11,878	
	FROM ADMINISTRATIVE TRUST FUND . . .			1,498,424
2034	OPERATING CAPITAL OUTLAY FROM ADMINISTRATIVE TRUST FUND . . .			100,000
2035	SPECIAL CATEGORIES CONTRACTED SERVICES FROM ADMINISTRATIVE TRUST FUND . . .			2,420,911
2036	SPECIAL CATEGORIES FLORIDA BUSINESS INFORMATION PORTAL FROM GENERAL REVENUE FUND		150,000	
2037	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .			17,527
2038	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ADMINISTRATIVE TRUST FUND . . .			4,001
2039	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND		637	
	FROM ADMINISTRATIVE TRUST FUND . . .			16,452
2040	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM ADMINISTRATIVE TRUST FUND . . .			1,423,797
2041	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM ADMINISTRATIVE TRUST FUND . . .			212,142

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: INFORMATION TECHNOLOGY			
FROM GENERAL REVENUE FUND		360,593	
FROM TRUST FUNDS			10,193,731
TOTAL POSITIONS		57.00	
TOTAL ALL FUNDS			10,554,324
PROGRAM: SERVICE OPERATION			
CUSTOMER CONTACT CENTER			
APPROVED SALARY RATE	3,273,993		
2042 SALARIES AND BENEFITS	POSITIONS	92.00	
FROM ADMINISTRATIVE TRUST FUND . . .			4,851,316
2043 OTHER PERSONAL SERVICES			
FROM ADMINISTRATIVE TRUST FUND . . .			235,628
2044 EXPENSES			
FROM ADMINISTRATIVE TRUST FUND . . .			509,903
2045 OPERATING CAPITAL OUTLAY			
FROM ADMINISTRATIVE TRUST FUND . . .			3,000
2046 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM ADMINISTRATIVE TRUST FUND . . .			9,000
2047 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM ADMINISTRATIVE TRUST FUND . . .			48,288
2048 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM ADMINISTRATIVE TRUST FUND . . .			5,430
2049 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT			
SERVICES - HUMAN RESOURCES SERVICES			
PURCHASED PER STATEWIDE CONTRACT			
FROM ADMINISTRATIVE TRUST FUND . . .			28,421
TOTAL: CUSTOMER CONTACT CENTER			
FROM TRUST FUNDS			5,690,986
TOTAL POSITIONS		92.00	
TOTAL ALL FUNDS			5,690,986
CENTRAL INTAKE			
APPROVED SALARY RATE	3,766,841		
2050 SALARIES AND BENEFITS	POSITIONS	108.50	
FROM ADMINISTRATIVE TRUST FUND . . .			5,725,724
2051 OTHER PERSONAL SERVICES			
FROM ADMINISTRATIVE TRUST FUND . . .			436,159
2052 EXPENSES			
FROM ADMINISTRATIVE TRUST FUND . . .			579,401
2053 OPERATING CAPITAL OUTLAY			
FROM ADMINISTRATIVE TRUST FUND . . .			3,000
2054 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM ADMINISTRATIVE TRUST FUND . . .			1,500,000
2055 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM ADMINISTRATIVE TRUST FUND . . .			22,737
2056 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM ADMINISTRATIVE TRUST FUND . . .			16,950

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2057	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ADMINISTRATIVE TRUST FUND . . .		38,173
TOTAL:	CENTRAL INTAKE FROM TRUST FUNDS		8,322,144
	TOTAL POSITIONS	108.50	
	TOTAL ALL FUNDS		8,322,144

PROGRAM: PROFESSIONAL REGULATION

COMPLIANCE AND ENFORCEMENT

APPROVED SALARY RATE 10,327,280

2058	SALARIES AND BENEFITS POSITIONS FROM PROFESSIONAL REGULATION TRUST FUND	236.50	15,222,872
2059	OTHER PERSONAL SERVICES FROM PROFESSIONAL REGULATION TRUST FUND		799,344
2060	EXPENSES FROM PROFESSIONAL REGULATION TRUST FUND		2,899,498
2061	OPERATING CAPITAL OUTLAY FROM PROFESSIONAL REGULATION TRUST FUND		6,920
2062	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM PROFESSIONAL REGULATION TRUST FUND		156,900
2063	SPECIAL CATEGORIES LEGAL SERVICES CONTRACT FROM PROFESSIONAL REGULATION TRUST FUND		918,385
2064	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF HEALTH FROM PROFESSIONAL REGULATION TRUST FUND		282,637
2065	SPECIAL CATEGORIES UNLICENSED ACTIVITIES FROM PROFESSIONAL REGULATION TRUST FUND		2,265,705

From the funds in Specific Appropriation 2065, up to $500,000 from the Professional Regulation Trust Fund is provided to the Department of Business and Professional Regulation to fund unlicensed activity enforcement relating to real estate.

From the funds in Specific Appropriation 2065, up to $100,000 from the Professional Regulation Trust Fund is provided to the Department of Business and Professional Regulation to fund unlicensed activity enforcement relating to certified public accountants.

From the funds in Specific Appropriation 2065, up to $500,000 from the Professional Regulation Trust Fund is provided to the Department of Business and Professional Regulation to enhance department enforcement activities, which include stings and sweeps, relating to unlicensed construction activity in Florida. The department may not allocate overhead charges to these unlicensed activity functions.

From the funds in Specific Appropriation 2065, the Department of Business and Professional Regulation shall submit a report to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor's Office of Policy and Budget by November 2, 2020, detailing the unlicensed activity functions

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performed by the department during Fiscal Year 2019-2020. The report shall contain a detailed breakout of activities, revenues, and expenditures by board and/or profession, and include any relevant information to indicate the department's compliance with section 455.2281, Florida Statutes.

2066 SPECIAL CATEGORIES
CLAIMS PAYMENTS FROM CONSTRUCTION RECOVERY FUND
FROM PROFESSIONAL REGULATION TRUST FUND 4,500,000

The Department of Business and Professional Regulation is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2066 in the event the amount of claims available for payment exceeds the amount appropriated.

2067 SPECIAL CATEGORIES
CLAIMS PAYMENT/AUCTIONEER RECOVERY FUND
FROM PROFESSIONAL REGULATION TRUST FUND 106,579

2068 SPECIAL CATEGORIES
TRANSFER ARCHITECT & INTERIOR DESIGN ACTIVITIES CH. 2002-274
FROM PROFESSIONAL REGULATION TRUST FUND 425,239

2069 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM PROFESSIONAL REGULATION TRUST FUND 1,193,838

2070 SPECIAL CATEGORIES
FLORIDA BUILDING CODE COMPLIANCE AND MITIGATION PROGRAM
FROM PROFESSIONAL REGULATION TRUST FUND 925,000

The funds in Specific Appropriation 2070 are provided for the Florida Building Code Compliance and Mitigation Program as authorized in section 553.841, Florida Statutes.

2071 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM PROFESSIONAL REGULATION TRUST FUND 187,298

2072 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM PROFESSIONAL REGULATION TRUST FUND 251,958

2073 SPECIAL CATEGORIES
CLAY FORD SCHOLARSHIP PROGRAM - CERTIFIED PUBLIC ACCOUNTING MINORITY SCHOLARSHIPS
FROM PROFESSIONAL REGULATION TRUST FUND 200,000

2074 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM PROFESSIONAL REGULATION TRUST FUND 60,162

2075 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM PROFESSIONAL REGULATION TRUST FUND 91,472

2076 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA ENGINEERING MANAGEMENT CORPORATION (FEMC) CONTRACTED SERVICES
FROM PROFESSIONAL REGULATION TRUST FUND 2,070,000

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SECTION 6 - GENERAL GOVERNMENT

2077 FINANCIAL ASSISTANCE PAYMENTS
REAL ESTATE RECOVERY FUND
FROM PROFESSIONAL REGULATION TRUST
FUND 300,000

TOTAL: COMPLIANCE AND ENFORCEMENT
FROM TRUST FUNDS 32,863,807

TOTAL POSITIONS 236.50
TOTAL ALL FUNDS 32,863,807

FLORIDA BOXING COMMISSION

APPROVED SALARY RATE 240,862

2078 SALARIES AND BENEFITS POSITIONS 4.00
FROM PROFESSIONAL REGULATION TRUST
FUND 366,576

2079 OTHER PERSONAL SERVICES
FROM PROFESSIONAL REGULATION TRUST
FUND 111,223

2080 EXPENSES
FROM PROFESSIONAL REGULATION TRUST
FUND 156,920

2081 SPECIAL CATEGORIES
TRANSFER TO THE PROFESSIONAL REGULATION TRUST FUND
FROM GENERAL REVENUE FUND 443,675

The funds in Specific Appropriation 2081 are provided for the Florida Boxing Commission. The funds shall be utilized, if needed, in excess of available trust funds to support and maintain operations of the commission.

2082 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM PROFESSIONAL REGULATION TRUST
FUND 2,000

2083 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM PROFESSIONAL REGULATION TRUST
FUND 3,376

2084 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM PROFESSIONAL REGULATION TRUST
FUND 3,557

TOTAL: FLORIDA BOXING COMMISSION
FROM GENERAL REVENUE FUND 443,675
FROM TRUST FUNDS 643,652

TOTAL POSITIONS 4.00
TOTAL ALL FUNDS 1,087,327

TESTING AND CONTINUING EDUCATION

APPROVED SALARY RATE 1,432,776

2085 SALARIES AND BENEFITS POSITIONS 38.00
FROM PROFESSIONAL REGULATION TRUST
FUND 2,113,901

2086 EXPENSES
FROM PROFESSIONAL REGULATION TRUST
FUND 281,294

2087 OPERATING CAPITAL OUTLAY
FROM PROFESSIONAL REGULATION TRUST
FUND 3,000

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2088	SPECIAL CATEGORIES EXAMINATION TESTING SERVICES FOR PROFESSIONAL REGULATION FROM PROFESSIONAL REGULATION TRUST FUND		802,078
2089	SPECIAL CATEGORIES CONTRACTED SERVICES FROM PROFESSIONAL REGULATION TRUST FUND		6,000
2090	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM PROFESSIONAL REGULATION TRUST FUND		13,549
2091	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM PROFESSIONAL REGULATION TRUST FUND		5,211
2092	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM PROFESSIONAL REGULATION TRUST FUND		12,276
TOTAL:	TESTING AND CONTINUING EDUCATION FROM TRUST FUNDS		3,237,309
	TOTAL POSITIONS	38.00	
	TOTAL ALL FUNDS		3,237,309

FARM AND CHILD LABOR REGULATION

APPROVED SALARY RATE 1,118,868

2093	SALARIES AND BENEFITS POSITIONS FROM PROFESSIONAL REGULATION TRUST FUND	30.00	1,724,269
2094	EXPENSES FROM PROFESSIONAL REGULATION TRUST FUND		160,342
2095	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM PROFESSIONAL REGULATION TRUST FUND		45,000
2096	SPECIAL CATEGORIES CONTRACTED SERVICES FROM PROFESSIONAL REGULATION TRUST FUND		9,090
2097	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM PROFESSIONAL REGULATION TRUST FUND		69,400
2098	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM PROFESSIONAL REGULATION TRUST FUND		4,786
2099	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM PROFESSIONAL REGULATION TRUST FUND		5,648

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2100 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM PROFESSIONAL REGULATION TRUST FUND 8,994

TOTAL: FARM AND CHILD LABOR REGULATION
FROM TRUST FUNDS 2,027,529

TOTAL POSITIONS 30.00
TOTAL ALL FUNDS 2,027,529

DRUGS, DEVICES, AND COSMETICS

From the funds provided in Specific Appropriations 2101 through 2110, the Department of Business and Professional Regulation shall prepare quarterly and annual financial statements of revenues and expenditures, including direct and allocated, of the Division of Drugs, Devices, and Cosmetics. The financial statements shall reflect each fee and trust fund revenue source collected and indicate how each fee and revenue source was expended in support of the regulatory and administrative expenditures of the Division of Drugs, Devices, and Cosmetics, including departmental overhead expenditures. The financial statements shall also reflect any regulatory functions supported by the General Revenue Fund. The financial statements shall be submitted to the chair of the Senate Appropriations Committee, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. The first quarterly financial statement shall be submitted on August 3, 2020, for the period of April 1, 2020, through June 30, 2020, and quarterly thereafter. The annual financial statement for the year ending June 30, 2020, shall be submitted on or before November 2, 2020.

APPROVED SALARY RATE 1,549,979

2101 SALARIES AND BENEFITS POSITIONS 25.50
FROM PROFESSIONAL REGULATION TRUST FUND 2,135,518

2102 OTHER PERSONAL SERVICES
FROM PROFESSIONAL REGULATION TRUST FUND 179,393

2103 EXPENSES
FROM PROFESSIONAL REGULATION TRUST FUND 357,401

2104 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM PROFESSIONAL REGULATION TRUST FUND 16,500

2105 SPECIAL CATEGORIES
TRANSFER TO THE PROFESSIONAL REGULATION TRUST FUND
FROM GENERAL REVENUE FUND 640,000

The funds in Specific Appropriation 2105 are provided for the Division of Drugs, Devices, and Cosmetics. The funds shall be utilized, if needed, in excess of available trust funds to support and maintain operations of the division.

2106 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM PROFESSIONAL REGULATION TRUST FUND 58,500

2107 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM PROFESSIONAL REGULATION TRUST FUND 35,938

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2108	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM PROFESSIONAL REGULATION TRUST FUND		32,491
2109	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM PROFESSIONAL REGULATION TRUST FUND		7,200
2110	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM PROFESSIONAL REGULATION TRUST FUND		10,264
TOTAL:	DRUGS, DEVICES, AND COSMETICS		
	FROM GENERAL REVENUE FUND	640,000	
	FROM TRUST FUNDS		2,833,205
	TOTAL POSITIONS	25.50	
	TOTAL ALL FUNDS		3,473,205

PROGRAM: PARI-MUTUEL WAGERING

PARI-MUTUEL WAGERING

APPROVED SALARY RATE 2,945,968

2111	SALARIES AND BENEFITS POSITIONS FROM PARI-MUTUEL WAGERING TRUST FUND	65.00	4,338,516
2112	OTHER PERSONAL SERVICES FROM PARI-MUTUEL WAGERING TRUST FUND		1,630,438
2113	EXPENSES FROM PARI-MUTUEL WAGERING TRUST FUND		665,627
2114	OPERATING CAPITAL OUTLAY FROM PARI-MUTUEL WAGERING TRUST FUND		13,032
2115	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM PARI-MUTUEL WAGERING TRUST FUND		40,002
2116	SPECIAL CATEGORIES CONTRACTED SERVICES FROM PARI-MUTUEL WAGERING TRUST FUND		27,317
2117	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM PARI-MUTUEL WAGERING TRUST FUND		62,000
2118	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM PARI-MUTUEL WAGERING TRUST FUND		190,127
2119	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM PARI-MUTUEL WAGERING TRUST FUND		10,063
2120	SPECIAL CATEGORIES RACING ANIMAL MEDICAL RESEARCH FROM PARI-MUTUEL WAGERING TRUST FUND		100,000

Funds in Specific Appropriation 2120 shall be utilized pursuant to

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section 550.2415, Florida Statutes.

2121	SPECIAL CATEGORIES PARI-MUTUEL LABORATORY CONTRACTED SERVICES FROM PARI-MUTUEL WAGERING TRUST FUND		2,266,000
2122	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM PARI-MUTUEL WAGERING TRUST FUND		39,759
2123	SPECIAL CATEGORIES CONTRACT FOR PARI-MUTUEL WAGERING COMPLIANCE AND AUDIT SYSTEM FROM PARI-MUTUEL WAGERING TRUST FUND		296,476
TOTAL:	PARI-MUTUEL WAGERING FROM TRUST FUNDS		9,679,357
	TOTAL POSITIONS	65.00	
	TOTAL ALL FUNDS		9,679,357

SLOT MACHINE REGULATION

APPROVED SALARY RATE 2,224,439

2124	SALARIES AND BENEFITS POSITIONS FROM PARI-MUTUEL WAGERING TRUST FUND	50.00	3,245,843
2125	OTHER PERSONAL SERVICES FROM PARI-MUTUEL WAGERING TRUST FUND		42,000
2126	EXPENSES FROM PARI-MUTUEL WAGERING TRUST FUND		275,248
2127	OPERATING CAPITAL OUTLAY FROM PARI-MUTUEL WAGERING TRUST FUND		10,863
2128	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM PARI-MUTUEL WAGERING TRUST FUND		40,000
2129	SPECIAL CATEGORIES COMPULSIVE AND ADDICTIVE GAMBLING PREVENTION CONTRACT FROM PARI-MUTUEL WAGERING TRUST FUND		1,250,000
2130	SPECIAL CATEGORIES CONTRACTED SERVICES FROM PARI-MUTUEL WAGERING TRUST FUND		12,000
2131	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM PARI-MUTUEL WAGERING TRUST FUND		25,743
2132	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM PARI-MUTUEL WAGERING TRUST FUND		9,668
2133	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM PARI-MUTUEL WAGERING TRUST FUND		2,848

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2134	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM PARI-MUTUEL WAGERING TRUST FUND		16,139
TOTAL:	SLOT MACHINE REGULATION FROM TRUST FUNDS		4,930,352
	TOTAL POSITIONS	50.00	
	TOTAL ALL FUNDS		4,930,352

PROGRAM: HOTELS AND RESTAURANTS

COMPLIANCE AND ENFORCEMENT

APPROVED SALARY RATE 14,244,378

2135	SALARIES AND BENEFITS POSITIONS FROM HOTEL AND RESTAURANT TRUST FUND	353.00	20,838,619
2136	OTHER PERSONAL SERVICES FROM HOTEL AND RESTAURANT TRUST FUND		35,689
2137	EXPENSES FROM HOTEL AND RESTAURANT TRUST FUND		1,877,457
2138	OPERATING CAPITAL OUTLAY FROM HOTEL AND RESTAURANT TRUST FUND		8,500
2139	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM HOTEL AND RESTAURANT TRUST FUND		329,000
2140	SPECIAL CATEGORIES TRANSFERS TO DEPARTMENT OF HEALTH FOR EPIDEMIOLOGICAL SERVICES FROM HOTEL AND RESTAURANT TRUST FUND		607,149
2141	SPECIAL CATEGORIES GRANTS AND AIDS - SCHOOL-TO-CAREER FROM HOTEL AND RESTAURANT TRUST FUND		706,698
2142	SPECIAL CATEGORIES CONTRACTED SERVICES FROM HOTEL AND RESTAURANT TRUST FUND		70,509
2143	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM HOTEL AND RESTAURANT TRUST FUND		493,941
2144	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM HOTEL AND RESTAURANT TRUST FUND		451,447
2145	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM HOTEL AND RESTAURANT TRUST FUND		20,000

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2146	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM HOTEL AND RESTAURANT TRUST FUND		106,974
TOTAL:	COMPLIANCE AND ENFORCEMENT FROM TRUST FUNDS		25,545,983
	TOTAL POSITIONS	353.00	
	TOTAL ALL FUNDS		25,545,983

PROGRAM: ALCOHOLIC BEVERAGES AND TOBACCO

COMPLIANCE AND ENFORCEMENT

APPROVED SALARY RATE 9,862,069

2147	SALARIES AND BENEFITS POSITIONS FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND	186.75	14,180,518
2148	OTHER PERSONAL SERVICES FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		7,075
2149	EXPENSES FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		1,519,624
	FROM FEDERAL LAW ENFORCEMENT TRUST FUND		234,075
2150	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		315,644
2151	SPECIAL CATEGORIES CONTRACTED SERVICES FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		42,044
2152	SPECIAL CATEGORIES OPERATION AND MAINTENANCE OF PATROL VEHICLES FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		896,017
2153	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		465,811
2154	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		172,846
2155	SPECIAL CATEGORIES TRANSFER FOR CONTRACTED DISPATCH SERVICES FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		140,000
2156	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		28,219
2157	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND		57,949

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TOTAL:	COMPLIANCE AND ENFORCEMENT			
	FROM TRUST FUNDS			18,059,822
	TOTAL POSITIONS		186.75	
	TOTAL ALL FUNDS			18,059,822
STANDARDS AND LICENSURE				
	APPROVED SALARY RATE	2,518,244		
2158	SALARIES AND BENEFITS	POSITIONS	59.50	
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			3,672,003
2159	OTHER PERSONAL SERVICES			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			169,663
2160	EXPENSES			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			558,792
2161	OPERATING CAPITAL OUTLAY			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			5,000
2162	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			12,733
2163	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			48,764
2164	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			12,229
2165	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			19,975
TOTAL:	STANDARDS AND LICENSURE			
	FROM TRUST FUNDS			4,499,159
	TOTAL POSITIONS		59.50	
	TOTAL ALL FUNDS			4,499,159
TAX COLLECTION				
	APPROVED SALARY RATE	3,410,373		
2166	SALARIES AND BENEFITS	POSITIONS	82.00	
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			5,109,773
2167	OTHER PERSONAL SERVICES			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			20,816
2168	EXPENSES			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			622,009
2169	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM ALCOHOLIC BEVERAGE AND TOBACCO TRUST FUND			13,680

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2170 SPECIAL CATEGORIES
CIGARETTE TAX STAMPS
FROM ALCOHOLIC BEVERAGE AND
TOBACCO TRUST FUND 866,505

2171 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM ALCOHOLIC BEVERAGE AND
TOBACCO TRUST FUND 11,985

2172 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM ALCOHOLIC BEVERAGE AND
TOBACCO TRUST FUND 12,998

2173 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM ALCOHOLIC BEVERAGE AND
TOBACCO TRUST FUND 27,420

2174 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF
MANAGEMENT SERVICES
FROM ALCOHOLIC BEVERAGE AND
TOBACCO TRUST FUND 14,529

TOTAL: TAX COLLECTION
FROM TRUST FUNDS 6,699,715

TOTAL POSITIONS 82.00
TOTAL ALL FUNDS 6,699,715

PROGRAM: FLORIDA CONDOMINIUMS, TIMESHARES AND MOBILE HOMES

COMPLIANCE AND ENFORCEMENT

APPROVED SALARY RATE 4,187,300

2175 SALARIES AND BENEFITS POSITIONS 102.00
FROM DIVISION OF FLORIDA
CONDOMINIUMS, TIMESHARES AND
MOBILE HOMES TRUST FUND 6,098,733

2176 OTHER PERSONAL SERVICES
FROM DIVISION OF FLORIDA
CONDOMINIUMS, TIMESHARES AND
MOBILE HOMES TRUST FUND 36,076

2177 EXPENSES
FROM DIVISION OF FLORIDA
CONDOMINIUMS, TIMESHARES AND
MOBILE HOMES TRUST FUND 915,377

From the funds in Specific Appropriation 2177, the Department of Business and Professional Regulation must maintain an office in Miami-Dade County to be staffed with compliance investigators of the Division of Florida Condominiums, Timeshares, and Mobile Homes.

2178 OPERATING CAPITAL OUTLAY
FROM DIVISION OF FLORIDA
CONDOMINIUMS, TIMESHARES AND
MOBILE HOMES TRUST FUND 6,298

2179 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM DIVISION OF FLORIDA
CONDOMINIUMS, TIMESHARES AND
MOBILE HOMES TRUST FUND 17,500

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2180	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES AND MOBILE HOMES TRUST FUND			25,562
2181	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES AND MOBILE HOMES TRUST FUND			11,856
2182	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES AND MOBILE HOMES TRUST FUND			33,060
TOTAL:	COMPLIANCE AND ENFORCEMENT FROM TRUST FUNDS			7,144,462
	TOTAL POSITIONS	102.00		
	TOTAL ALL FUNDS			7,144,462
TOTAL:	BUSINESS AND PROFESSIONAL REGULATION, DEPARTMENT OF			
	FROM GENERAL REVENUE FUND		1,444,268	
	FROM TRUST FUNDS			158,519,516
	TOTAL POSITIONS	1,659.25		
	TOTAL ALL FUNDS			159,963,784
	TOTAL APPROVED SALARY RATE		73,378,499	

PROGRAM: CITRUS, DEPARTMENT OF

CITRUS RESEARCH

APPROVED SALARY RATE 796,045

2183	SALARIES AND BENEFITS POSITIONS	7.00		
	FROM CITRUS ADVERTISING TRUST FUND .			980,261
2184	OTHER PERSONAL SERVICES FROM CITRUS ADVERTISING TRUST FUND .			107,098
2185	EXPENSES FROM CITRUS ADVERTISING TRUST FUND .			401,896
2186	OPERATING CAPITAL OUTLAY FROM CITRUS ADVERTISING TRUST FUND .			251,000
2187	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND		650,000	
	FROM CITRUS ADVERTISING TRUST FUND .			1,520,494
2188	SPECIAL CATEGORIES PAID ADVERTISING AND PROMOTION FROM CITRUS ADVERTISING TRUST FUND .			82,000
2189	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM CITRUS ADVERTISING TRUST FUND .			3,806

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TOTAL: CITRUS RESEARCH			
	FROM GENERAL REVENUE FUND	650,000	
	FROM TRUST FUNDS		3,346,555
	TOTAL POSITIONS	7.00	
	TOTAL ALL FUNDS		3,996,555
EXECUTIVE DIRECTION AND SUPPORT SERVICES			
	APPROVED SALARY RATE 1,122,304		
2190	SALARIES AND BENEFITS POSITIONS	14.00	
	FROM CITRUS ADVERTISING TRUST FUND .		1,693,665
2191	OTHER PERSONAL SERVICES		
	FROM CITRUS ADVERTISING TRUST FUND .		66,000
2192	EXPENSES		
	FROM CITRUS ADVERTISING TRUST FUND .		492,625
2193	OPERATING CAPITAL OUTLAY		
	FROM CITRUS ADVERTISING TRUST FUND .		119,779
2194	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM CITRUS ADVERTISING TRUST FUND .		307,655
2195	SPECIAL CATEGORIES		
	PAID ADVERTISING AND PROMOTION		
	FROM CITRUS ADVERTISING TRUST FUND .		75,000
2196	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM CITRUS ADVERTISING TRUST FUND .		14,416
2197	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM CITRUS ADVERTISING TRUST FUND .		5,815
2198	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF		
	MANAGEMENT SERVICES		
	FROM CITRUS ADVERTISING TRUST FUND .		62,531
TOTAL: EXECUTIVE DIRECTION AND SUPPORT SERVICES			
	FROM TRUST FUNDS		2,837,486
	TOTAL POSITIONS	14.00	
	TOTAL ALL FUNDS		2,837,486
AGRICULTURAL PRODUCTS MARKETING			
	APPROVED SALARY RATE 795,422		
2199	SALARIES AND BENEFITS POSITIONS	6.00	
	FROM CITRUS ADVERTISING TRUST FUND .		1,195,741
2200	OTHER PERSONAL SERVICES		
	FROM CITRUS ADVERTISING TRUST FUND .		17,000
2201	EXPENSES		
	FROM CITRUS ADVERTISING TRUST FUND .		261,331
2202	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM CITRUS ADVERTISING TRUST FUND .		100,000
2203	SPECIAL CATEGORIES		
	PAID ADVERTISING AND PROMOTION		
	FROM GENERAL REVENUE FUND	5,000,000	
	FROM CITRUS ADVERTISING TRUST FUND .		12,961,163

From the funds provided in Specific Appropriation 2203, no funds are appropriated for activities intended for any other purpose than to

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produce consumer or influencer engagement and awareness of the health, safety, wellness, nutrition and uses of Florida citrus products.

2204	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM CITRUS ADVERTISING TRUST FUND .		3,405
TOTAL:	AGRICULTURAL PRODUCTS MARKETING		
	FROM GENERAL REVENUE FUND	5,000,000	
	FROM TRUST FUNDS		14,538,640
	TOTAL POSITIONS	6.00	
	TOTAL ALL FUNDS		19,538,640
TOTAL:	PROGRAM: CITRUS, DEPARTMENT OF		
	FROM GENERAL REVENUE FUND	5,650,000	
	FROM TRUST FUNDS		20,722,681
	TOTAL POSITIONS	27.00	
	TOTAL ALL FUNDS		26,372,681
	TOTAL APPROVED SALARY RATE	2,713,771	

ECONOMIC OPPORTUNITY, DEPARTMENT OF

From the funds in Specific Appropriations 2205 through 2300, any expenditure from the Temporary Assistance for Needy Families (TANF) Block Grant must be expended in accordance with the requirements and limitations of Part A of Title IV of the Social Security Act, as amended, or any other applicable federal requirement or limitation. Before any funds are released by the Department of Children and Families, each provider shall identify the number of clients to be served and certify their eligibility under Part A of Title IV of the Social Security Act. Funds may not be released for services to any clients except those so identified and certified.

The department head or a designee must certify that controls are in place to ensure that such funds are expended in accordance with the requirements and limitations of federal law and that reporting requirements of federal law are met. It is the responsibility of any entity to which such funds are appropriated to obtain the required certification prior to any expenditure of funds.

From the funds in Specific Appropriations 2205 through 2300, no federal or state funds shall be used to pay for space being leased by a Local Workforce Board, CareerSource Florida, or the Department of Economic Opportunity if it has been determined by whichever entity is the lessee that there is no longer a need for the leased space. All leases, and performance and obligations under the leases, are subject to and contingent upon an annual appropriation by the Florida Legislature. In the event that such annual appropriation does not occur, or in the alternative, there is either a reduction in funding from the prior annual appropriation or the entity which is the lessee determines that the annual appropriation is insufficient to meet the requirements of the leases, then the lessee has the right to terminate the lease upon written notice by the lessee and the lessee shall have no further obligations under the contracts.

No funds are appropriated in Specific Appropriations 2205 through 2300 and sections 8 and 90 through 93 for the payment of rent, lease, or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 750:0068, 790:0098, 400:0068, or 590:M139 or any other lease, except for State of Florida Lease No. 400:0070, by the Department of Economic Opportunity, including any one or more predecessor agencies, notwithstanding any lease or contract to the contrary. The Department of Economic Opportunity is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund, or from any other source for the rent, lease, or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 750:0068, 790:0098, 400:0068, or 590:M139 or any other lease, except State of Florida Lease No. 400:0070.

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SECTION 6 - GENERAL GOVERNMENT

PROGRAM: EXECUTIVE DIRECTION AND SUPPORT SERVICES

EXECUTIVE LEADERSHIP

APPROVED SALARY RATE 2,491,794

2205	SALARIES AND BENEFITS	POSITIONS	37.00	
	FROM ADMINISTRATIVE TRUST FUND . . .			3,385,117
2206	OTHER PERSONAL SERVICES			
	FROM ADMINISTRATIVE TRUST FUND . . .			118,862
2207	EXPENSES			
	FROM ADMINISTRATIVE TRUST FUND . . .			510,150
2208	OPERATING CAPITAL OUTLAY			
	FROM ADMINISTRATIVE TRUST FUND . . .			17,177
2209	SPECIAL CATEGORIES			
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS			
	FROM ADMINISTRATIVE TRUST FUND . . .			88,192
2210	SPECIAL CATEGORIES			
	GRANTS AND AIDS - CONTRACTED SERVICES			
	FROM ADMINISTRATIVE TRUST FUND . . .			133,778

Funds in Specific Appropriation 2210 may be used to represent the state's interest in legal matters that require the use of outside legal counsel.

2211	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM ADMINISTRATIVE TRUST FUND . . .			7,781
2212	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM ADMINISTRATIVE TRUST FUND . . .			11,670
2213	DATA PROCESSING SERVICES			
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES			
	FROM ADMINISTRATIVE TRUST FUND . . .			4,365
TOTAL:	EXECUTIVE LEADERSHIP			
	FROM TRUST FUNDS			4,277,092
	TOTAL POSITIONS		37.00	
	TOTAL ALL FUNDS			4,277,092

FINANCE AND ADMINISTRATION

APPROVED SALARY RATE 5,724,618

2214	SALARIES AND BENEFITS	POSITIONS	101.00	
	FROM ADMINISTRATIVE TRUST FUND . . .			7,289,099
	FROM REVOLVING TRUST FUND			934,091
2215	OTHER PERSONAL SERVICES			
	FROM ADMINISTRATIVE TRUST FUND . . .			49,930
	FROM REVOLVING TRUST FUND			51,123
2216	EXPENSES			
	FROM ADMINISTRATIVE TRUST FUND . . .			655,257
	FROM REVOLVING TRUST FUND			1,418,634
2217	OPERATING CAPITAL OUTLAY			
	FROM ADMINISTRATIVE TRUST FUND . . .			52,822
2218	SPECIAL CATEGORIES			
	GRANTS AND AIDS - CONTRACTED SERVICES			
	FROM ADMINISTRATIVE TRUST FUND . . .			510,198
	FROM REVOLVING TRUST FUND			1,036,300

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2219	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE		
	FROM ADMINISTRATIVE TRUST FUND . . .		34,941
	FROM REVOLVING TRUST FUND		5,601
2220	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM ADMINISTRATIVE TRUST FUND . . .		23,326
	FROM REVOLVING TRUST FUND		3,801
2221	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		129,530
2222	FIXED CAPITAL OUTLAY REED ACT BUILDINGS PROJECTS - STATEWIDE		
	FROM REVOLVING TRUST FUND		1,052,700
TOTAL:	FINANCE AND ADMINISTRATION		
	FROM TRUST FUNDS		13,247,353
	TOTAL POSITIONS	101.00	
	TOTAL ALL FUNDS		13,247,353

INFORMATION SYSTEMS AND SUPPORT SERVICES

APPROVED SALARY RATE 6,264,961

2223	SALARIES AND BENEFITS POSITIONS	100.00	
	FROM ADMINISTRATIVE TRUST FUND . . .		8,721,419
2224	OTHER PERSONAL SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		234,930
2225	EXPENSES		
	FROM ADMINISTRATIVE TRUST FUND . . .		1,234,023
2226	OPERATING CAPITAL OUTLAY		
	FROM ADMINISTRATIVE TRUST FUND . . .		83,661
2227	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		593,190
2228	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE		
	FROM ADMINISTRATIVE TRUST FUND . . .		38,029
2229	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM ADMINISTRATIVE TRUST FUND . . .		28,198
2230	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM ADMINISTRATIVE TRUST FUND . . .		61,053
TOTAL:	INFORMATION SYSTEMS AND SUPPORT SERVICES		
	FROM TRUST FUNDS		10,994,503
	TOTAL POSITIONS	100.00	
	TOTAL ALL FUNDS		10,994,503

PROGRAM: WORKFORCE SERVICES

WORKFORCE DEVELOPMENT

From the funds in Specific Appropriations 2231 through 2258, the Department of Economic Opportunity must determine if any funds provided for specific workforce programs, projects, or initiatives are not an allowable use of federal funds. If the department finds that any

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workforce program, project, or initiative for which funds are specifically appropriated in this act is not an allowable use of federal funds, the department must notify the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee.

When allocating full-time equivalent (FTE) positions to individual local workforce development boards, the Department of Economic Opportunity must ensure that workforce services are effectively and efficiently provided throughout the state. The department is authorized to reallocate any FTE position allocated to a local workforce development board that has been or becomes vacant for more than 180 days. When reallocating a vacant FTE position, the department must give priority to a local workforce development board that would use the FTE position to provide additional services to veterans.

APPROVED SALARY RATE 23,623,798

2231	SALARIES AND BENEFITS	POSITIONS	587.50	
	FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			31,986,697
	FROM WELFARE TRANSITION TRUST FUND .			1,378,216
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			216,048
2232	OTHER PERSONAL SERVICES			
	FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			7,204,670
	FROM WELFARE TRANSITION TRUST FUND .			65,563
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			87,849
2233	EXPENSES			
	FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			968,193
	FROM WELFARE TRANSITION TRUST FUND .			1,105,389
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			130,668
2234	OPERATING CAPITAL OUTLAY			
	FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			109,473
	FROM WELFARE TRANSITION TRUST FUND .			26,424
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND			115,530
2234A	SPECIAL CATEGORIES			
	GRANTS AND AIDS - WORKFORCE PROJECTS			
	FROM GENERAL REVENUE FUND		7,135,480	

The nonrecurring funds provided in Specific Appropriation 2234A from the General Revenue Fund shall be allocated as follows:

JARC Community Works (HB 2183)(Senate Form 1319).....	300,000
Feeding South Florida FRESH Initiatives - Economic Stability (HB 2879)(Senate Form 2010).....	1,035,480
Big Brothers Big Sisters School to Work Mentoring Program (HB 2899)(Senate Form 1326).....	500,000
Manufacturing Talent Asset Pipeline (HB 3645)(Senate Form 1815).....	250,000
Home Builders Institute - Building Careers for Veterans (HB 4875)(Senate Form 1768).....	750,000
Florida Ready to Work (Senate Form 1888).....	750,000
Culinary Workforce Training Program at Second Harvest Food Bank of Central Florida (HB 3881)(Senate Form 1964)	150,000
Florida Goodwill Association (HB 4481)(Senate Form 2445)..	3,000,000
Cuban Studies Institute - Professional and Economic Counseling (HB 4491)(Senate Form 2545).....	400,000

The Department of Economic Opportunity shall directly contract with entities allocated funds from Specific Appropriation 2234A.

2234B	SPECIAL CATEGORIES			
	SEAPORT EMPLOYMENT TRAINING GRANT PROGRAM			
	FROM GENERAL REVENUE FUND		150,000	

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2235	SPECIAL CATEGORIES		
	NON CUSTODIAL PARENT PROGRAM		
	FROM GENERAL REVENUE FUND	250,000	
	FROM WELFARE TRANSITION TRUST FUND .		1,416,000

From the funds in Specific Appropriation 2235 $1,416,000 in recurring funds from the Welfare Transition Trust Fund and $250,000 in nonrecurring funds from the General Revenue Fund are provided for funding an appropriations project (HB 2111)(Senate Form 1679). The funds are provided to continue the Gulf Coast Jewish Family and Community Services' Non-Custodial Parent Employment Program in Miami-Dade, Pinellas, Pasco, Hernando, and Hillsborough counties, allocated as follows: Miami-Dade County - $726,000; and Pinellas, Pasco, Hernando, and Hillsborough counties - $940,000.

CareerSource Pasco Hernando shall administer the funds.

2236	SPECIAL CATEGORIES		
	GRANTS AND AIDS - SUPPLEMENTAL NUTRITION		
	ASSISTANCE PROGRAM (SNAP)		
	FROM EMPLOYMENT SECURITY		
	ADMINISTRATION TRUST FUND		1,000,000
	FROM SPECIAL EMPLOYMENT SECURITY		
	ADMINISTRATION TRUST FUND		250,000
2237	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CONTRACTED SERVICES		
	FROM EMPLOYMENT SECURITY		
	ADMINISTRATION TRUST FUND		9,618,979
	FROM WELFARE TRANSITION TRUST FUND .		575,000
	FROM SPECIAL EMPLOYMENT SECURITY		
	ADMINISTRATION TRUST FUND		147,604
2238	SPECIAL CATEGORIES		
	GRANTS AND AIDS - LOCAL WORKFORCE		
	DEVELOPMENT BOARDS		
	FROM EMPLOYMENT SECURITY		
	ADMINISTRATION TRUST FUND		209,344,538
	FROM WELFARE TRANSITION TRUST FUND .		52,514,907

Funds provided in Specific Appropriation 2238 from the Welfare Transition Trust Fund are allocated for workforce services based on a plan approved by CareerSource Florida. The plan must maximize funds distributed directly to the local workforce development boards, and must identify any funds allocated for state-level and discretionary initiatives. The plan must equitably distribute funds to the boards based on anticipated client caseload to maximize the ability of the state to meet performance standards, including federal work participation rate requirements, and prioritize services provided to one-parent families.

From the funds provided in Specific Appropriation 2238, any expenditures by a local workforce development board for "outreach," "advertising," or "public relations" must have a direct program benefit and must be spent in strict accordance with all applicable federal regulations and guidance. For any expenditures exceeding $5,000 for outreach purposes, a local workforce development board must obtain prior approval from the Department of Economic Opportunity before purchasing: promotional items, including but not limited to capes, blankets, and clothing; and memorabilia, models, gifts, and souvenirs.

Funds in Specific Appropriation 2238 may not be used directly or indirectly to pay for meals, food, or beverages for board members, staff, or employees of local workforce development boards, CareerSource Florida, or the Department of Economic Opportunity except as expressly authorized by state law. Preapproved, reasonable, and necessary per diem allowances and travel established in section 112.061, Florida Statutes, shall be in compliance with all applicable federal and state requirements. Funds in Specific Appropriation 2238 may not be used for entertainment costs and recreational activities for board members, staff, or employees.

Funds in Specific Appropriation 2238 may not be used for any contract exceeding $25,000 between a local workforce development board and a member of that board that has any relationship with the contracting vendor unless the contract has been reviewed by the Department of

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Economic Opportunity and CareerSource Florida.

Funds in Specific Appropriation 2238 may not be used to fund the salary, bonus, or incentive of any employee in excess of Federal Executive Level II, regardless of fund source.

2239	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND . . . . . FROM WELFARE TRANSITION TRUST FUND .		704,746 1,955
2240	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND . . . . . FROM WELFARE TRANSITION TRUST FUND .		193,809 4,690
2241	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND . . . . . FROM WELFARE TRANSITION TRUST FUND .		539,992 291,110
TOTAL:	WORKFORCE DEVELOPMENT FROM GENERAL REVENUE FUND	7,535,480	
	FROM TRUST FUNDS		319,998,050
	TOTAL POSITIONS	587.50	
	TOTAL ALL FUNDS		327,533,530

REEMPLOYMENT ASSISTANCE PROGRAM

APPROVED SALARY RATE 18,659,205

2242	SALARIES AND BENEFITS POSITIONS FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND . . . . . FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND	478.00	29,867,040 8,730
2243	OTHER PERSONAL SERVICES FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		14,322,463
2244	EXPENSES FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		12,321,610
2245	OPERATING CAPITAL OUTLAY FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		304,795
2246	SPECIAL CATEGORIES GRANTS AND AIDS - CONTRACTED SERVICES FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		36,891,311
2247	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		265,571
2248	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		195,922

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2249	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		1,389,310
TOTAL:	REEMPLOYMENT ASSISTANCE PROGRAM FROM TRUST FUNDS		95,566,752
	TOTAL POSITIONS	478.00	
	TOTAL ALL FUNDS		95,566,752

CAREERSOURCE FLORIDA

2250	SALARIES AND BENEFITS FROM ADMINISTRATIVE TRUST FUND . . .		1,719
2251	SPECIAL CATEGORIES CAREERSOURCE FLORIDA OPERATIONS FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		100,000
	FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		8,875,103
	FROM WELFARE TRANSITION TRUST FUND .		753,256
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		544,753
2251A	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .		11,628
2252	SPECIAL CATEGORIES QUICK RESPONSE TRAINING FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		4,000,000
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		5,000,000
2253	SPECIAL CATEGORIES INCUMBENT WORKER TRAINING PROGRAM FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		3,000,000
TOTAL:	CAREERSOURCE FLORIDA FROM TRUST FUNDS		22,286,459
	TOTAL ALL FUNDS		22,286,459

REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

APPROVED SALARY RATE 2,223,908

2254	SALARIES AND BENEFITS POSITIONS FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND	33.50	3,088,628
2255	OTHER PERSONAL SERVICES FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		353
2256	SPECIAL CATEGORIES REEMPLOYMENT ASSISTANCE APPEALS COMMISSION - OPERATIONS FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		765,974
2257	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		8,926

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2258	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		12,447
TOTAL:	REEMPLOYMENT ASSISTANCE APPEALS COMMISSION FROM TRUST FUNDS		3,876,328
	TOTAL POSITIONS	33.50	
	TOTAL ALL FUNDS		3,876,328

PROGRAM: COMMUNITY DEVELOPMENT

HOUSING AND COMMUNITY DEVELOPMENT

APPROVED SALARY RATE 5,803,895

2259	SALARIES AND BENEFITS POSITIONS	110.00	
	FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		1,648,557
	FROM FEDERAL GRANTS TRUST FUND . . .		5,241,461
	FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND		32,620
	FROM GRANTS AND DONATIONS TRUST FUND		288,438
	FROM SPECIAL EMPLOYMENT SECURITY ADMINISTRATION TRUST FUND		1,505,701
	FROM TOURISM PROMOTIONAL TRUST FUND		129,750
2260	OTHER PERSONAL SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		873,233
	FROM GRANTS AND DONATIONS TRUST FUND		37,382
2261	EXPENSES FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		62,717
	FROM FEDERAL GRANTS TRUST FUND . . .		980,069
	FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND		3,135
	FROM GRANTS AND DONATIONS TRUST FUND		211,785
	FROM TOURISM PROMOTIONAL TRUST FUND		12,544
2262	OPERATING CAPITAL OUTLAY FROM FEDERAL GRANTS TRUST FUND . . .		4,206
	FROM GRANTS AND DONATIONS TRUST FUND		1,328
2263	SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY SERVICES BLOCK GRANTS FROM FEDERAL GRANTS TRUST FUND . . .		21,876,498
2264	SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) - SMALL CITIES FROM FEDERAL GRANTS TRUST FUND . . .		36,500,000
2265	SPECIAL CATEGORIES GRANTS AND AIDS - BLACK BUSINESS LOAN PROGRAM FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		2,225,000
2266	SPECIAL CATEGORIES HISPANIC BUSINESS INITIATIVE FUND OUTREACH PROGRAM FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		775,000

The funds in Specific Appropriation 2266 are provided for funding a

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recurring base appropriations project.

The Department of Economic Opportunity shall directly contract with entities allocated funds from Specific Appropriation 2266.

2267 SPECIAL CATEGORIES
FEDERAL DISASTER RELIEF - SMALL BUSINESS
REVOLVING LOAN PROGRAM
FROM TRIUMPH GULF COAST TRUST FUND . 8,000,000
FROM FEDERAL GRANTS TRUST FUND . . . 32,000,000

Funds in Specific Appropriation 2267 shall be held in reserve. Funds are provided for a small business revolving loan program for businesses in the region impacted by Hurricane Michael. The Department of Economic Opportunity is authorized to submit a budget amendment for release of the funds held in reserve pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon documentation of an award letter from the U.S. Economic Development Administration and the department's approved plan for use of the funds.

2268 SPECIAL CATEGORIES
GRANTS AND AIDS - HOME ENERGY ASSISTANCE
FROM FEDERAL GRANTS TRUST FUND . . . 68,100,000

2269 SPECIAL CATEGORIES
GRANTS AND AIDS - WEATHERIZATION
ASSISTANCE PROGRAM (WAP)
FROM FEDERAL GRANTS TRUST FUND . . . 2,000,000

2270 SPECIAL CATEGORIES
GRANTS AND AIDS - WEATHERIZATION
ASSISTANCE PROGRAM (WAP) - LOW INCOME
HOUSING ENERGY ASSISTANCE PROGRAM (LIHEAP)
FROM FEDERAL GRANTS TRUST FUND . . . 16,000,000

2271 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM FEDERAL GRANTS TRUST FUND . . . 1,618,322
FROM GRANTS AND DONATIONS TRUST
FUND 23,080

2272 SPECIAL CATEGORIES
GRANTS AND AIDS - HOUSING AND COMMUNITY
DEVELOPMENT PROJECTS
FROM GENERAL REVENUE FUND 4,320,363

The nonrecurring funds provided in Specific Appropriation 2272 from the General Revenue Fund shall be allocated as follows:

Brevard Zoo Aquarium (HB 2489)(Senate Form 1884).....	500,000
Casa Familia Village Phase II (HB 3157)(Senate Form 2468).	425,000
2022 Special Olympics USA Games (HB 3263)(Senate Form 2176).....	500,000
Old Dillard Foundation - Capacity Building Project (HB 3589)(Senate Form 1818).....	100,000
Mexico Beach Pier / Land Acquisition (HB 3845)(Senate Form 2245).....	500,000
Victory Village Rehabilitation Project (HB 3855)(Senate Form 2329).....	250,000
Trout Lake Nature Center New Education Center (HB 4081)(Senate Form 1337).....	500,000
Jackson County - Consolidated Government Complex Design (HB 4675)(Senate Form 2259).....	100,000
Art in the Workplace - Broward (HB 2021)(Senate Form 1677)	10,000
Protection of Property Rights Impacted by State-Imposed Growth Restrictions in Florida Keys ACSC (HB 2731)(Senate Form 2091).....	460,363
Discovery Learning Center Transportation Services - Pinellas (HB 4393)(Senate Form 2301).....	175,000
Tampa Hillsborough Homeless Initiative - Shared Housing (HB 4131)(Senate Form 2490).....	200,000
Hurricane Resiliency for Marie Selby Botanical Gardens Collections - Sarasota (Senate Form 2509).....	600,000

The Department of Economic Opportunity shall directly contract with entities allocated funds from Specific Appropriation 2272.

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2273	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		8,754
	FROM FEDERAL GRANTS TRUST FUND . . .		36,573
	FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND		7
	FROM GRANTS AND DONATIONS TRUST FUND		17,707
	FROM TOURISM PROMOTIONAL TRUST FUND		466
2274	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		3,156
	FROM FEDERAL GRANTS TRUST FUND . . .		11,874
	FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND		12
	FROM GRANTS AND DONATIONS TRUST FUND		18,042
	FROM TOURISM PROMOTIONAL TRUST FUND		46
2275	SPECIAL CATEGORIES		
	RURAL COMMUNITY DEVELOPMENT		
	FROM GENERAL REVENUE FUND	5,000,000	
	FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		750,000
	FROM ECONOMIC DEVELOPMENT TRUST FUND		420,000
2276	SPECIAL CATEGORIES		
	GRANTS AND AIDS - TECHNICAL AND PLANNING ASSISTANCE		
	FROM GRANTS AND DONATIONS TRUST FUND		1,520,000
2277	SPECIAL CATEGORIES		
	GRANTS AND AIDS - COMPETITIVE FLORIDA PARTNERSHIP PROGRAM		
	FROM GRANTS AND DONATIONS TRUST FUND		280,000
2279	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		2,206
	FROM FEDERAL GRANTS TRUST FUND . . .		16,115
	FROM GRANTS AND DONATIONS TRUST FUND		2,150
2279A	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	HOUSING AND COMMUNITY DEVELOPMENT PROJECTS - FIXED CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	15,654,000	

The nonrecurring funds provided in Specific Appropriation 2279A from the General Revenue Fund shall be allocated as follows:

City of West Park - Parks & Cultural Facilities Development (HB 4405)(Senate Form 1505).....	250,000
Bradenton Beach Resiliency Project (HB 3843)(Senate Form 1650).....	2,000,000
Bay Harbor Islands Government Center/Police Department ADA Retrofit and Renovation (HB 2387)(Senate Form 1842).	150,000
Putnam County Animal Services Facility (Senate Form 1848).	250,000
RJE Gymnasium Addition - Bradford (HB 4945)(Senate Form 1849).....	319,000
Sarah Vande Berg Tennis Center - Zephyrhills (HB 2299)(Senate Form 1873).....	1,000,000
Bergeron Rodeo Grounds Improvements - Davie (HB	

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3455) (Senate Form 1876)	100,000
Dr. Martin Luther King Jr. Park ADA Improvements - Winter Haven (HB 4815) (Senate Form 1887)	200,000
Crystal River Riverwalk Phase II (HB 3493) (Senate Form 1909)	200,000
Fort Myers Centennial Park Upgrades for Children with Unique Abilities (HB 9017) (Senate Form 2019)	1,000,000
Windley Key & Key Heights Affordable Housing Project (HB 3709) (Senate Form 2086)	1,000,000
City of Port St. Joe Splash Pad (HB 9129) (Senate Form 2270)	125,000
Habitat for Humanity Hernando County (Senate Form 2279)	60,000
Building Homes and Rebuilding Lives for Veterans (Senate Form 2159)	1,000,000
Manatee County Palmetto Green Bridge Fishing Pier Replacement (HB 3831) (Senate Form 2443)	900,000
Mote Marine Laboratory STEM Education Teaching Laboratories - Sarasota (HB 4893) (Senate Form 2487)	2,000,000
Northeast Florida Multipurpose Youth Sports Complex - Clay (HB 4901) (Senate Form 2506)	3,000,000
Humane Society of Greater Miami - New Quarantine/Intake Building (HB 2073) (Senate Form 1164)	300,000
Southern Youth Sports Association - Community Center Building (HB 2491) (Senate Form 2555)	300,000
Key Colony Beach City Hall Complex Repair (HB 2729) (Senate Form 2087)	500,000
Sports Nutrition Center and Maintenance Buildings - Bradenton (HB 3739) (Senate Form 1225)	500,000
Police Athletic League of St. Petersburg Renovation (HB 3765)	300,000
Surfside Turnkey Solar Power System (HB 4551) (Senate Form 2530)	200,000

The Department of Economic Opportunity shall directly contract with entities allocated funds from Specific Appropriation 2279A.

2280	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY SPACE, DEFENSE, AND RURAL INFRASTRUCTURE		
	FROM GENERAL REVENUE FUND	2,000,000	
	FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND		6,600,000

From the funds in Specific Appropriation 2280, $5,000,000 in recurring funds from the State Economic Enhancement and Development Trust Fund are provided as grant funding for the following Florida panhandle counties to facilitate the planning, preparing, and financing of infrastructure projects in these rural communities: Calhoun, Gadsden, Holmes, Jackson, Liberty, and Washington. Eligible uses of these funds include roads or other remedies to transportation impediments; storm water systems; water or wastewater facilities; and telecommunications facilities and broadband facilities. Grant funds are provided pursuant to section 288.0655(6), Florida Statutes.

TOTAL:	HOUSING AND COMMUNITY DEVELOPMENT		
	FROM GENERAL REVENUE FUND	26,974,363	
	FROM TRUST FUNDS		209,837,934
	TOTAL POSITIONS	110.00	
	TOTAL ALL FUNDS		236,812,297

FLORIDA HOUSING FINANCE CORPORATION

2281	SPECIAL CATEGORIES		
	GRANTS AND AIDS - HOUSING FINANCE CORPORATION (HFC) - AFFORDABLE HOUSING PROGRAMS		
	FROM GENERAL REVENUE FUND	250,000	
	FROM STATE HOUSING TRUST FUND		115,000,000

Funds provided in Specific Appropriation 2281 may not be distributed or allocated to any applicant or an affiliate of an applicant that has been served an administrative complaint based on making a material misrepresentation or engaging in fraudulent actions in connection with any application for a Florida Housing Finance Corporation (FHFC) program until the period of ineligibility has expired. Any preliminary funding or allocation award made to an applicant or affiliate subject to such

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administrative complaint is rescinded unless the developer, applicant, or affiliate has completed credit underwriting or has commenced construction at the time the administrative complaint is served.

From the funds in Specific Appropriation 2281, 10 percent of nonrecurring funds from the State Housing Trust Fund is provided to fund a competitive grant program for housing developments designed, constructed, and targeted for persons with developmental disabilities as defined in section 393.063, Florida Statutes. Private, non-profit organizations whose primary mission includes serving persons with developmental disabilities as defined in section 393.063, Florida Statutes, shall be eligible for these grant funds. Housing projects funded with these grants may include community residential homes as defined in section 419.001, Florida Statutes, or individual housing units, and may include new construction and renovation of existing housing units. In evaluating proposals for these funds, the Florida Housing Finance Corporation shall consider: the extent to which funds from local and other sources will be used by the applicant to leverage the grant funds provided under this section; employment opportunities and supports that will be available to residents of the proposed housing; a plan for residents to effectively and efficiently access community-based services, resources, and amenities; and partnerships with other supportive services agencies. If there are funds remaining after all eligible applications have been awarded under the above criteria, then applications may be accepted and funds may be awarded to applicants serving persons with special needs as defined in section 420.0004, Florida Statutes.

From the funds in Specific Appropriation 2281, $250,000 of nonrecurring funds from the General Revenue Fund is provided to the Florida Housing Finance Corporation to develop and issue a request for applications for State Apartment Incentive Loan program financing for proposed new construction or rehabilitation of affordable housing units that are part of a community revitalization effort led by a Purpose Built Communities Network member. To qualify for funding an applicant must be a Purpose Built Communities Network member and demonstrate that the proposed housing construction or rehabilitation project is located within a qualified census tract or benefits a household that is at or below 120 percent of the area median income. A minimum of 30 percent of the units must be used to serve households at or below 50 percent of the area median income. This funding is intended to be used with other public and private sector resources. The corporation shall review the success of this financing program to ascertain whether the projects financed are useful in meeting the housing needs in the designated area and include its finding in the annual report required under section 420.511(3), Florida Statutes.

2282 SPECIAL CATEGORIES
GRANTS AND AIDS - HOUSING FINANCE CORPORATION (HFC) - STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM FROM LOCAL GOVERNMENT HOUSING TRUST FUND 225,000,000

From the funds provided in Specific Appropriation 2282, $500,000 of nonrecurring funds shall be used for training and technical assistance provided through the Affordable Housing Catalyst Program created by section 420.531, Florida Statutes. The Florida Housing Finance Corporation shall directly contract with an entity that meets all of the requirements of section 420.531, Florida Statutes, to provide the training and technical assistance.

2282A SPECIAL CATEGORIES
AFFORDABLE HOUSING FOR HURRICANE RECOVERY FROM LOCAL GOVERNMENT HOUSING TRUST FUND 30,000,000

From the funds in Specific Appropriation 2282A, $20,000,000 of nonrecurring funds shall be used to fund the Hurricane Housing Recovery Program for eligible counties and municipalities based on Hurricane Michael Federal Emergency Management Agency damage assessment data and population. Hurricane recovery purposes may include, but are not limited to, repair and replacement of housing; assistance to homeowners to pay insurance deductibles; repair, replacement, and relocation assistance for manufactured homes; acquisition of building materials for home repair and construction; housing re-entry assistance, such as security deposits, utility deposits, and temporary storage of household

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furnishings; foreclosure eviction prevention, including monthly rental assistance for a limited period of time; or strategies in the approved local housing assistance plan.

From the funds provided in Specific Appropriation 2282A, $10,000,000 of nonrecurring funds is provided to the Florida Housing Finance Corporation for down payment and closing cost assistance in conjunction with its Homebuyer Loan Program for homebuyers purchasing a primary residence in the Hurricane Michael impacted counties of Bay, Jackson, Gulf, Calhoun, Gadsden, Washington, Liberty, Franklin, Wakulla, Taylor, and Holmes.

TOTAL: FLORIDA HOUSING FINANCE CORPORATION			
FROM GENERAL REVENUE FUND		250,000	
FROM TRUST FUNDS			370,000,000
TOTAL ALL FUNDS			370,250,000
PROGRAM: STRATEGIC BUSINESS DEVELOPMENT			
STRATEGIC BUSINESS DEVELOPMENT			
APPROVED SALARY RATE	1,380,182		
2283 SALARIES AND BENEFITS	POSITIONS	22.00	
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND			1,575,751
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND			74,866
FROM TOURISM PROMOTIONAL TRUST FUND			297,279
2284 OTHER PERSONAL SERVICES			
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND			146,267
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND			7,131
FROM TOURISM PROMOTIONAL TRUST FUND			29,153
2285 EXPENSES			
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND			339,017
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND			17,208
FROM TOURISM PROMOTIONAL TRUST FUND			68,834
2286 OPERATING CAPITAL OUTLAY			
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND			19,477
FROM TOURISM PROMOTIONAL TRUST FUND			4,869
2287 LUMP SUM			
ECONOMIC DEVELOPMENT TOOLS			
FROM GENERAL REVENUE FUND		14,825,000	
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND			5,900,000
FROM ECONOMIC DEVELOPMENT TRUST FUND			5,000,000

Funds provided in Specific Appropriation 2287 are provided to make payments and tax refunds in Fiscal Year 2020-2021 for the following programs: Qualified Target Industry (QTI) Business Tax Refund; QTI Tax Refund - Brownfield Redevelopment Bonus; Brownfield Redevelopment Tax Refund; High-Impact Business Performance (HIPI) Grant; and Qualified Defense Contractor and Space Flight (QDSC) Business Tax Refund. Payments may only be made for projects that meet the statutory eligibility requirements. Funds may not be released for any other purpose and may only be disbursed when projects are certified to have met all contracted performance requirements. Funds provided in Specific Appropriation 2287 from the Economic Development Trust Fund represent local matching funds.

The Department of Economic Opportunity must provide monthly reports within ten business days after the end of each month to the Executive

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Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee regarding all escrow activity relating to the Quick Action Closing Fund and the Innovation Incentive Fund programs. Such report must include information regarding any funds and interest earnings returned to the appropriate fund in the state treasury, and the anticipated date(s) of all funds held in escrow.

The Department of Economic Opportunity shall provide monthly reports to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee on the status of economic development programs administered by the department under chapter 288, Florida Statutes.

2288 SPECIAL CATEGORIES
GRANTS AND AID - FLORIDA DEFENSE SUPPORT TASK FORCE
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 2,000,000

2288A SPECIAL CATEGORIES
ECONOMIC DEVELOPMENT PROJECTS
FROM GENERAL REVENUE FUND 9,975,000

The nonrecurring funds provided in Specific Appropriation 2288A from the General Revenue Fund shall be allocated as follows:

Florida Israel Business Accelerator - Southwest Florida Expansion (HB 2723)(Senate Form 1706)	300,000
Marine Research Hub (HB 3619)(Senate Form 2290)	500,000
BRIDG Operations (HB 3891)(Senate Form 2179)	5,000,000
eMerge Americas Technology Innovation Foundation of the Americas (TIFA) - Miami-Dade (HB 4135)(Senate Form 1707)	500,000
Regional Entrepreneurship Centers and Statewide Loan Fund (HB 3583)(Senate Form 1817)	2,000,000
Citrus County - Inverness Airport Business Park (HB 3917)(Senate Form 1905)	500,000
FIRST Economic Development Incubator - Land O'Lakes (HB 2003)(Senate Form 1911)	750,000
Income Tax Consulting & Preparation (HB 2115)(Senate Form 2043)	300,000
Deltona Business Center (HB 2513)(Senate Form 2046)	125,000

The Department of Economic Opportunity shall directly contract with entities allocated funds from Specific Appropriation 2288A.

2289 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 1,042,026
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND 32,901
FROM TOURISM PROMOTIONAL TRUST FUND 131,605

From the funds in Specific Appropriation 2289, the Department of Economic Opportunity must contract for an independent third-party to verify that each business that receives an incentive award under an economic development program satisfies all of the requirements of the economic development agreement or contract, including job creation numbers, before a payment may be made under such agreement or contract. These comprehensive performance audit functions must include reviewing: 100 percent of all incentive claims for payment, including audit confirmations; the procedures used to verify incentive eligibility; and the department's records for accuracy and completeness. The independent third-party contractor must perform all functions and conduct all of the activities necessary to verify compliance with the performance terms of economic development incentive agreements or contracts.

2290 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA SPORTS FOUNDATION
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 1,700,000
FROM PROFESSIONAL SPORTS DEVELOPMENT TRUST FUND 3,000,000

From the recurring funds in Specific Appropriation 2290 from the State

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Economic Enhancement and Development Trust Fund, $200,000 is allocated for the Sunshine State Games and $500,000 is allocated for the Florida International Seniors Games and State Championships.

2290A SPECIAL CATEGORIES
SECURITY INFRASTRUCTURE/TRANSPORTATION
FROM GENERAL REVENUE FUND 1,000,000

From the funds in Specific Appropriation 2290A, $1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of Economic Opportunity to disburse in the form of a competitive grant to any sports commission for providing security and infrastructure at an event for any league as defined in section 288.1162(4)(c), Florida Statutes. The grant may be used, but is not limited, to fund: a hard secure perimeter, fencing, magnetometers, entry points, accreditation, directional signage, and transportation equipment, and operating costs for security related transportation. Such funds are not granted for the purpose of economic development or economic impact.

2291 SPECIAL CATEGORIES
GRANTS AND AIDS - ENTERPRISE FLORIDA PROGRAM
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 9,400,000
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND 6,600,000

2292 SPECIAL CATEGORIES
GRANTS AND AIDS - MILITARY BASE PROTECTION
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 1,000,000

Funds in Specific Appropriation 2292 are allocated as follows:

Military Base Protection..... 150,000
Defense Reinvestment..... 850,000

The funds may only be disbursed from the Department of Economic Opportunity directly to the grant award recipient when projects are certified to have met all contracted performance requirements.

2293 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 3,474
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND 172
FROM TOURISM PROMOTIONAL TRUST FUND 694

2294 SPECIAL CATEGORIES
GRANTS AND AIDS - VISIT FLORIDA
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 26,000,000
FROM TOURISM PROMOTIONAL TRUST FUND 24,000,000

2295 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 7,954
FROM FLORIDA INTERNATIONAL TRADE AND PROMOTION TRUST FUND 13
FROM TOURISM PROMOTIONAL TRUST FUND 2,055

2296 SPECIAL CATEGORIES
GRANTS AND AIDS - SPACE FLORIDA
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 12,500,000

From the funds in Specific Appropriation 2296, $1,000,000 of recurring funds is provided to support collaborative research, development, and commercialization of projects related to aerospace and other technology

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and life sciences as further described through a Memorandum of Understanding (MOU) which Space Florida has entered into with the State of Israel.

2297 SPECIAL CATEGORIES
GRANTS AND AIDS - SPACE FLORIDA - AEROSPACE INDUSTRY FINANCING, BUSINESS DEVELOPMENT AND INFRASTRUCTURE NEEDS
FROM GENERAL REVENUE FUND 6,000,000

2298 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA JOB GROWTH GRANT FUND
FROM GENERAL REVENUE FUND 20,000,000

2299 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 18,584
FROM TOURISM PROMOTIONAL TRUST FUND 4,907

2300 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
SPACE, DEFENSE, AND RURAL INFRASTRUCTURE
FROM STATE ECONOMIC ENHANCEMENT AND DEVELOPMENT TRUST FUND 1,600,000

Funds provided in Specific Appropriation 2300 may only be disbursed from the Department of Economic Opportunity directly to the grant award recipient when projects are certified to have met all contracted performance requirements.

TOTAL: STRATEGIC BUSINESS DEVELOPMENT
FROM GENERAL REVENUE FUND 51,800,000
FROM TRUST FUNDS 102,524,237

TOTAL POSITIONS 22.00
TOTAL ALL FUNDS 154,324,237

TOTAL: ECONOMIC OPPORTUNITY, DEPARTMENT OF
FROM GENERAL REVENUE FUND 86,559,843
FROM TRUST FUNDS 1,152,608,708

TOTAL POSITIONS 1,469.00
TOTAL ALL FUNDS 1,239,168,551
TOTAL APPROVED SALARY RATE 66,172,361

FINANCIAL SERVICES, DEPARTMENT OF

PROGRAM: OFFICE OF CHIEF FINANCIAL OFFICER AND ADMINISTRATION

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 6,544,778

2301 SALARIES AND BENEFITS POSITIONS 123.00
FROM ADMINISTRATIVE TRUST FUND . . . 9,788,901

2302 OTHER PERSONAL SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 109,709

2303 EXPENSES
FROM ADMINISTRATIVE TRUST FUND . . . 1,333,766

2304 OPERATING CAPITAL OUTLAY
FROM ADMINISTRATIVE TRUST FUND . . . 10,000

2305 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM ADMINISTRATIVE TRUST FUND . . . 1,240,217

2306 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 427,325

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2307	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM ADMINISTRATIVE TRUST FUND . . .		3,500
2308	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .		70,936
2309	SPECIAL CATEGORIES TENANT BROKER COMMISSIONS FROM ADMINISTRATIVE TRUST FUND . . .		125,000
2310	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ADMINISTRATIVE TRUST FUND . . .		134,268
2311	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ADMINISTRATIVE TRUST FUND . . .		46,105
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM TRUST FUNDS		13,289,727
	TOTAL POSITIONS	123.00	
	TOTAL ALL FUNDS		13,289,727

LEGAL SERVICES

APPROVED SALARY RATE 5,113,142

2312	SALARIES AND BENEFITS POSITIONS FROM ADMINISTRATIVE TRUST FUND . . .	92.00	7,236,036
2313	OTHER PERSONAL SERVICES FROM ADMINISTRATIVE TRUST FUND . . .		281,034
2314	EXPENSES FROM ADMINISTRATIVE TRUST FUND . . .		714,736
2315	OPERATING CAPITAL OUTLAY FROM ADMINISTRATIVE TRUST FUND . . .		3,639
2316	SPECIAL CATEGORIES ELECTRONIC COMMERCE FEES FOR COLLECTION OF REVENUE FROM ADMINISTRATIVE TRUST FUND . . .		75,000
2317	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM ADMINISTRATIVE TRUST FUND . . .		204,287
2318	SPECIAL CATEGORIES CONTRACTED SERVICES FROM ADMINISTRATIVE TRUST FUND . . .		253,306
2319	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .		22,862
2320	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ADMINISTRATIVE TRUST FUND . . .		17,361
2321	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ADMINISTRATIVE TRUST FUND . . .		26,314

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TOTAL: LEGAL SERVICES
FROM TRUST FUNDS 8,834,575

TOTAL POSITIONS 92.00
TOTAL ALL FUNDS 8,834,575

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 7,064,732

2322 SALARIES AND BENEFITS POSITIONS 129.00
FROM ADMINISTRATIVE TRUST FUND . . . 10,512,450

2323 OTHER PERSONAL SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 98,834

2324 EXPENSES
FROM ADMINISTRATIVE TRUST FUND . . . 3,200,788

From the funds provided in Specific Appropriation 2324, the Department of Financial Services is authorized to purchase annual licensing for multi-factor authentication software.

2325 OPERATING CAPITAL OUTLAY
FROM ADMINISTRATIVE TRUST FUND . . . 844,120

From the funds provided in Specific Appropriation 2325, the Department of Financial Services is authorized to purchase network switch equipment.

2326 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 175,000
FROM ADMINISTRATIVE TRUST FUND . . . 7,772,099

From the funds provided in Specific Appropriation 2326, $775,000 in nonrecurring funds from the Administrative Trust Fund is provided to the Department of Financial Services to competitively procure technical services and cloud-based software for the replacement of its customer relationship management system. The funds shall be placed in reserve. The department is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed operational work plan and spending plan. The department shall submit quarterly updates to the plans and quarterly project status reports to the Executive Office of the Governor's Office of Policy and Budget and the chairs of the Senate Appropriations Committee and the House of Representatives Appropriations Committee. Each status report must include progress made to date for each project activity, planned and actual task and deliverable completion dates, planned and actual costs incurred, and any current issues and risks.

2327 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM ADMINISTRATIVE TRUST FUND . . . 2,900

2328 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM ADMINISTRATIVE TRUST FUND . . . 57,015

2329 SPECIAL CATEGORIES
DEFERRED-PAYMENT COMMODITY CONTRACTS
FROM ADMINISTRATIVE TRUST FUND . . . 184,076

2330 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM ADMINISTRATIVE TRUST FUND . . . 9,275

2331 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM ADMINISTRATIVE TRUST FUND . . . 42,545

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TOTAL: INFORMATION TECHNOLOGY			
FROM GENERAL REVENUE FUND		175,000	
FROM TRUST FUNDS			22,724,102
TOTAL POSITIONS		129.00	
TOTAL ALL FUNDS			22,899,102
CONSUMER ADVOCATE			
APPROVED SALARY RATE	489,372		
2333 SALARIES AND BENEFITS	POSITIONS	5.00	
FROM INSURANCE REGULATORY TRUST FUND			587,211
2334 OTHER PERSONAL SERVICES			
FROM INSURANCE REGULATORY TRUST FUND			62,487
2335 EXPENSES			
FROM INSURANCE REGULATORY TRUST FUND			68,357
2336 OPERATING CAPITAL OUTLAY			
FROM INSURANCE REGULATORY TRUST FUND			4,000
2337 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM INSURANCE REGULATORY TRUST FUND			20,471
2338 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM INSURANCE REGULATORY TRUST FUND			4,717
2339 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM INSURANCE REGULATORY TRUST FUND			1,888
2340 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM INSURANCE REGULATORY TRUST FUND			1,647
TOTAL: CONSUMER ADVOCATE			
FROM TRUST FUNDS			750,778
TOTAL POSITIONS		5.00	
TOTAL ALL FUNDS			750,778
INFORMATION TECHNOLOGY - FLAIR INFRASTRUCTURE			
APPROVED SALARY RATE	4,036,581		
2341 SALARIES AND BENEFITS	POSITIONS	76.00	
FROM GENERAL REVENUE FUND		5,389,239	
FROM ADMINISTRATIVE TRUST FUND			385,072
2342 OTHER PERSONAL SERVICES			
FROM GENERAL REVENUE FUND		5,475	
2343 EXPENSES			
FROM GENERAL REVENUE FUND		1,198,941	
FROM ADMINISTRATIVE TRUST FUND			168,513
2344 OPERATING CAPITAL OUTLAY			
FROM GENERAL REVENUE FUND		104,880	
FROM ADMINISTRATIVE TRUST FUND			332,260

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2344A SPECIAL CATEGORIES
FLORIDA ACCOUNTING INFORMATION RESOURCE (FLAIR) SYSTEM - OPERATIONS AND MAINTENANCE
FROM GENERAL REVENUE FUND 699,369
FROM ADMINISTRATIVE TRUST FUND . . . 2,209,604

Funds in Specific Appropriation 2344A are provided to the Department of Financial Services for managed technical services contracted for operations support and maintenance of the Florida Accounting Information Resource (FLAIR) Subsystem. From these funds, $1,000,000 from the Administrative Trust Fund shall be placed in reserve. The department is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed operational work plan and spending plan that identifies all support activities, service requests, and variable enhancement projects.

The department shall submit quarterly updates to the operational work plan and monthly project status reports on the entire managed technical services contract to the Executive Office of the Governor's Office of Policy and Budget and the chairs of the Senate Appropriations Committee and the House of Representatives Appropriations Committee. Each status report must include progress made to date for each support activity, service request, and variable enhancement project, planned and actual task and deliverable completion dates, planned and actual costs incurred, and any current FLAIR issues and risks. The quarterly updates shall be due 15 days following the end of each quarter.

2345 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 2,968,816
FROM ADMINISTRATIVE TRUST FUND . . . 592,191

2345A SPECIAL CATEGORIES
FLORIDA ACCOUNTING INFORMATION RESOURCE (FLAIR) SYSTEM REPLACEMENT
FROM GENERAL REVENUE FUND 276,365
FROM ADMINISTRATIVE TRUST FUND . . . 1,601,659

Funds provided in Specific Appropriation 2345A are provided to the Department of Financial Services to competitively procure technical support and services for the remediation tasks and project support necessary to integrate the Florida Accounting Information Resource (FLAIR) Subsystem with the Planning, Accounting, and Ledger Management (PALM) project. The funds shall be placed in reserve.

The department is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed operational work plan and spending plan. The department shall submit monthly project status reports to the Executive Office of the Governor's Office of Policy & Budget and the chairs of the Senate Appropriations Committee and the House of Representatives Appropriations Committee. Each status report must include progress made to date for each support activity and also provide an update on the progress of each FLAIR remediation task required to replace the Cash Management Subsystem and central FLAIR.

2346 SPECIAL CATEGORIES
DEFERRED-PAYMENT COMMODITY CONTRACTS
FROM GENERAL REVENUE FUND 85,914
FROM ADMINISTRATIVE TRUST FUND . . . 25,000
FROM INSURANCE REGULATORY TRUST FUND 135,755

2347 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 1,424

2348 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 27,228
FROM ADMINISTRATIVE TRUST FUND . . . 2,668

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TOTAL: INFORMATION TECHNOLOGY - FLAIR INFRASTRUCTURE			
FROM GENERAL REVENUE FUND		10,757,651	
FROM TRUST FUNDS			5,452,722
TOTAL POSITIONS		76.00	
TOTAL ALL FUNDS			16,210,373
PROGRAM: TREASURY			
DEPOSIT SECURITY			
APPROVED SALARY RATE	1,017,264		
2349 SALARIES AND BENEFITS	POSITIONS	21.00	
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			1,649,799
2350 OTHER PERSONAL SERVICES			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			1,500
2351 EXPENSES			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			230,113
2352 OPERATING CAPITAL OUTLAY			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			1,783
2353 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			95,205
2354 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			42,123
2355 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			6,616
2356 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			6,601
TOTAL: DEPOSIT SECURITY			
FROM TRUST FUNDS			2,033,740
TOTAL POSITIONS		21.00	
TOTAL ALL FUNDS			2,033,740
STATE FUNDS MANAGEMENT AND INVESTMENT			
APPROVED SALARY RATE	1,219,488		
2357 SALARIES AND BENEFITS	POSITIONS	24.50	
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			1,853,113
2358 EXPENSES			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			267,846
2359 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND			1,952,785

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2360	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		4,000
2361	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		8,025
TOTAL:	STATE FUNDS MANAGEMENT AND INVESTMENT FROM TRUST FUNDS		4,085,769
	TOTAL POSITIONS	24.50	
	TOTAL ALL FUNDS		4,085,769

SUPPLEMENTAL RETIREMENT PLAN

APPROVED SALARY RATE 497,500

2362	SALARIES AND BENEFITS POSITIONS FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND	13.00	784,532
2363	OTHER PERSONAL SERVICES FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		20,100
2364	EXPENSES FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		107,328
2365	SPECIAL CATEGORIES CONTRACTED SERVICES FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		1,252
2366	SPECIAL CATEGORIES DEFERRED COMPENSATION ADMINISTRATIVE SERVICES FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		823,190
2367	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		2,084
2368	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		4,405
2369	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM TREASURY ADMINISTRATIVE AND INVESTMENT TRUST FUND		3,270
TOTAL:	SUPPLEMENTAL RETIREMENT PLAN FROM TRUST FUNDS		1,746,161
	TOTAL POSITIONS	13.00	
	TOTAL ALL FUNDS		1,746,161

PROGRAM: FINANCIAL ACCOUNTABILITY FOR PUBLIC FUNDS

STATE FINANCIAL INFORMATION AND STATE AGENCY ACCOUNTING

APPROVED SALARY RATE 8,057,498

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2370	SALARIES AND BENEFITS POSITIONS	159.00	
	FROM GENERAL REVENUE FUND	8,958,857	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,358,794

From the funds provided in Specific Appropriations 2370, 2372, and 2377, the Department of Financial Services shall audit all court related expenditures of the Clerks of Court pursuant to sections 28.241 and 28.35, Florida Statutes. The department shall report the audit findings to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor's Office of Policy and Budget on a quarterly basis. The department shall submit a report on July 27, 2020, for the period April 1, 2020, through June 30, 2020, and quarterly thereafter.

2371	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	22,994	
	FROM ADMINISTRATIVE TRUST FUND . . .		23,545
2372	EXPENSES		
	FROM GENERAL REVENUE FUND	962,972	
	FROM ADMINISTRATIVE TRUST FUND . . .		116,201
2373	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	27,000	
2374	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	683,882	
	FROM ADMINISTRATIVE TRUST FUND . . .		80,000
2375	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	7,412	
	FROM ADMINISTRATIVE TRUST FUND . . .		37,171
2376	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	5,122	
	FROM ADMINISTRATIVE TRUST FUND . . .		17,055
2377	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	49,150	
	FROM ADMINISTRATIVE TRUST FUND . . .		2,803
2378	SPECIAL CATEGORIES		
	TRANSFER TO THE PRISON INDUSTRY ENHANCEMENT (PIE) PROGRAM		
	FROM PRISON INDUSTRIES TRUST FUND .		1,250,000

Funds in Specific Appropriation 2378 are provided for transfer to the Prison Industry Enhancement Program. Funds in the Prison Industries Trust Fund may be expended by the corporation for allowable expenditures under sections 946.522 and 946.523, Florida Statutes. Such funds may be paid by warrants drawn by the Chief Financial Officer upon receipt of a corporate resolution that has been duly authorized by the board of directors of the corporation, authorized under part II of chapter 946, Florida Statutes.

2379	SPECIAL CATEGORIES		
	FLORIDA CLERKS OF COURT OPERATIONS CORPORATION		
	FROM ADMINISTRATIVE TRUST FUND . . .		2,300,000
TOTAL:	STATE FINANCIAL INFORMATION AND STATE AGENCY ACCOUNTING		
	FROM GENERAL REVENUE FUND	10,717,389	
	FROM TRUST FUNDS		6,185,569
	TOTAL POSITIONS	159.00	
	TOTAL ALL FUNDS		16,902,958

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SECTION 6 - GENERAL GOVERNMENT

RECOVERY AND RETURN OF UNCLAIMED PROPERTY

APPROVED SALARY RATE 2,712,598

2380 SALARIES AND BENEFITS POSITIONS 65.00
FROM UNCLAIMED PROPERTY TRUST FUND . 3,759,671

2381 OTHER PERSONAL SERVICES
FROM UNCLAIMED PROPERTY TRUST FUND . 559,523

2382 EXPENSES
FROM UNCLAIMED PROPERTY TRUST FUND . 829,664

2383 OPERATING CAPITAL OUTLAY
FROM UNCLAIMED PROPERTY TRUST FUND . 7,500

2384 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM UNCLAIMED PROPERTY TRUST FUND . 226,794

2385 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM UNCLAIMED PROPERTY TRUST FUND . 18,910

2386 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM UNCLAIMED PROPERTY TRUST FUND . 11,524

2387 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM UNCLAIMED PROPERTY TRUST FUND . 18,965

TOTAL: RECOVERY AND RETURN OF UNCLAIMED PROPERTY
FROM TRUST FUNDS 5,432,551

TOTAL POSITIONS 65.00
TOTAL ALL FUNDS 5,432,551

FLORIDA PLANNING ACCOUNTING AND LEDGER MANAGEMENT

APPROVED SALARY RATE 4,835,762

2388 SALARIES AND BENEFITS POSITIONS 55.00
FROM INSURANCE REGULATORY TRUST
FUND 6,478,868

From the funds and positions provided in Specific Appropriation 2388, the Department of Financial Services, no later than July 30, 2020, shall designate one position that leads the implementation of reporting functionality for the Planning, Accounting, and Ledger Management (PALM) project. The project shall provide quarterly reports to state agencies on the design, development, and implementation of reporting functionality. By January 1, 2021, the Department of Financial Services shall provide the status of current Florida Accounting Information Resource (FLAIR) reports and data that will be retained in the PALM system to the chair of the Senate Appropriations Committee, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget.

2389 SPECIAL CATEGORIES
FLORIDA ACCOUNTING INFORMATION RESOURCE
(FLAIR) SYSTEM REPLACEMENT
FROM INSURANCE REGULATORY TRUST
FUND 26,424,797

Funds in Specific Appropriation 2389 are provided to the Department of Financial Services for the Planning, Accounting, and Ledger Management (PALM) project that complies with sections 216.311 and 216.313, Florida Statutes. Of these funds, $17,985,926 shall be placed in reserve. The funds are contingent upon House Bill 5003 becoming law, which provides for the replacement of the Florida Accounting Information Resource (FLAIR) and Cash Management subsystems. Upon execution of a contract amendment that adjusts the project's deployment schedule to provide adequate time for state agencies to request any necessary funding and to

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remediate its systems that currently use FLAIR data, the department is authorized to submit budget amendments to request the release of funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed operational work plan and project spending plan. The operational work plan shall include, but not be limited to (1) the project tasks to be completed by all state agencies that are necessary for remediation of their systems impacted by the PALM project, and (2) the tasks and deliverables needed to retain the current historical reporting functionality provided by the FLAIR Information Warehouse and inclusive of PALM data.

From the funds provided in Specific Appropriation 2389, up to $1,000,000 is provided to the Department of Financial Services to competitively procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation for the PALM project. The contract shall require that all deliverables be simultaneously provided to the department, the Department of Management Services, the chair of the Senate Appropriations Committee, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget.

The Department of Financial Services shall provide monthly project status reports to the chair of the Senate Appropriations Committee, the chair of the House of Representatives Appropriations Committee, the Executive Office of the Governor's Office of Policy and Budget, and the Department of Management Services. Each report must include progress made to date for each project milestone and contracted deliverable, planned and actual completion dates, planned and actual costs incurred, and any current project issues and risks. Each status report must also provide an update on the progress and cost of each system interface and agency application remediation task, as provided by agencies, required for deployment of PALM functionality scheduled through December 31, 2022.

2390	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INSURANCE REGULATORY TRUST FUND		4,328
2391	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		17,845
TOTAL:	FLORIDA PLANNING ACCOUNTING AND LEDGER MANAGEMENT FROM TRUST FUNDS		32,925,838
	TOTAL POSITIONS	55.00	
	TOTAL ALL FUNDS		32,925,838

PROGRAM: FIRE MARSHAL

COMPLIANCE AND ENFORCEMENT

APPROVED SALARY RATE 2,838,034

2392	SALARIES AND BENEFITS FROM INSURANCE REGULATORY TRUST FUND	POSITIONS 66.00	3,911,600
2393	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		15,339
2394	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		684,435
2395	OPERATING CAPITAL OUTLAY FROM INSURANCE REGULATORY TRUST FUND		9,144

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2396	SPECIAL CATEGORIES ELECTRONIC COMMERCE FEES FOR COLLECTION OF REVENUE FROM INSURANCE REGULATORY TRUST FUND		13,200
2397	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		113,305
2398	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM INSURANCE REGULATORY TRUST FUND		33,700
2399	SPECIAL CATEGORIES SUPPLEMENTAL FIREFIGHTERS COMPENSATION FROM INSURANCE REGULATORY TRUST FUND		12,000
2400	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		14,442
2401	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		19,254
TOTAL:	COMPLIANCE AND ENFORCEMENT FROM TRUST FUNDS		4,826,419
	TOTAL POSITIONS	66.00	
	TOTAL ALL FUNDS		4,826,419

PROFESSIONAL TRAINING AND STANDARDS

APPROVED SALARY RATE 1,124,711

2402	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	27.00	1,681,954
2403	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		246,358
2404	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		513,895
2405	OPERATING CAPITAL OUTLAY FROM INSURANCE REGULATORY TRUST FUND		23,294
2406	SPECIAL CATEGORIES GRANTS AND AIDS - FIREFIGHTER ASSISTANCE GRANT PROGRAM FROM INSURANCE REGULATORY TRUST FUND		1,000,000

Funds in Specific Appropriation 2406 are provided for the Firefighter Assistance Grant Program and shall be awarded to entities pursuant to section 633.135, Florida Statutes.

2407	SPECIAL CATEGORIES ELECTRONIC COMMERCE FEES FOR COLLECTION OF REVENUE FROM INSURANCE REGULATORY TRUST FUND		13,200

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SECTION 6 - GENERAL GOVERNMENT

2408 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM INSURANCE REGULATORY TRUST
FUND 339,145

2409 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM INSURANCE REGULATORY TRUST
FUND 22,900

2410 SPECIAL CATEGORIES
SUPPLEMENTAL FIREFIGHTERS COMPENSATION
FROM INSURANCE REGULATORY TRUST
FUND 14,500

2411 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM INSURANCE REGULATORY TRUST
FUND 25,519

2412 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM INSURANCE REGULATORY TRUST
FUND 11,283

2412A TRANSFERS
TRANSFER TO THE DEPARTMENT OF
ENVIRONMENTAL PROTECTION - ENVIRONMENTAL
CLEANUP
FROM INSURANCE REGULATORY TRUST
FUND 5,500,000

2413 FIXED CAPITAL OUTLAY
STATE FIRE COLLEGE-BUILDING REPAIR AND
MAINTENANCE
FROM INSURANCE REGULATORY TRUST
FUND 875,000

The nonrecurring funds in Specific Appropriation 2413 are provided for fixed capital outlay projects for the State Fire College. These funds shall be held in reserve. The Department of Financial Services is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon approval of a detailed project and spending plan that identifies the specific tasks, reflecting estimated and actual costs.

TOTAL: PROFESSIONAL TRAINING AND STANDARDS
FROM TRUST FUNDS 10,267,048

TOTAL POSITIONS 27.00
TOTAL ALL FUNDS 10,267,048

FIRE MARSHAL ADMINISTRATIVE AND SUPPORT SERVICES

APPROVED SALARY RATE 676,540

2414 SALARIES AND BENEFITS POSITIONS 12.00
FROM INSURANCE REGULATORY TRUST
FUND 1,037,953

2415 OTHER PERSONAL SERVICES
FROM INSURANCE REGULATORY TRUST
FUND 5,702

2416 EXPENSES
FROM INSURANCE REGULATORY TRUST
FUND 168,500

2416A AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - LOCAL GOVERNMENT FIRE
SERVICE
FROM GENERAL REVENUE FUND 80,000
FROM INSURANCE REGULATORY TRUST
FUND 3,135,000

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From the funds in Specific Appropriation 2416A, $3,135,000 in nonrecurring funds from the Insurance Regulatory Trust Fund is provided for local government fire services as follows:

Charlotte County Firefighter Decontamination Equipment (HB 4313)	300,000
Kinard Volunteer Fire Department Class A Engine (HB 9119)	285,000
Margate Front Line Rescue and Aerial Truck (HB 3251) (Senate Form 1816)	500,000
Navarre Beach Pierce Saber Fire Pumper (HB 3527)	500,000
Palm Beach County Fire Rescue Diesel Exhaust System Installation Project (HB 4041) (Senate Form 2376)	400,000
Palm Beach County Fire Rescue Bunker Gear Contamination (HB 3873) (Senate Form 2375)	400,000
Polk County - Rural Areas Fire Suppression Resiliency (HB 3435) (Senate Form 1764)	500,000
Riviera Beach Firefighter Cancer Reduction Plan (HB 4641) (Senate Form 1708)	250,000

From the funds in Specific Appropriation 2416A, $80,000 in nonrecurring funds from the General Revenue Fund is provided for the North River Fire District Port Security Emergency Response Vessel (HB 4265) (Senate Form 2066).

2418 OPERATING CAPITAL OUTLAY
FROM INSURANCE REGULATORY TRUST FUND 2,000

2418A SPECIAL CATEGORIES
TRANSFER TO UNIVERSITY OF MIAMI - SYLVESTER COMPREHENSIVE CANCER CENTER - FIREFIGHTERS CANCER RESEARCH
FROM GENERAL REVENUE FUND 2,000,000

The nonrecurring funds provided in Specific Appropriation 2418A shall be transferred to the University of Miami - Sylvester Comprehensive Cancer Center for the purpose of Firefighter Cancer Research. The funds shall be utilized to: expand firefighters access to cancer screenings across the state; enable prevention and earlier detection of the disease; identify exposures that account for increased cancer risk; and field test new technology and methods that measure exposure in the field. The University of Miami - Sylvester Comprehensive Cancer Center shall develop a report on cancer research outcomes and cancer mitigation efforts being examined. The report shall be submitted to the President of the Senate, the Speaker of the House of Representatives, the Chief Financial Officer, and the Governor by June 14, 2021 (HB 3297)(Senate Form 1048).

2419 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM INSURANCE REGULATORY TRUST FUND 38,189

2420 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM INSURANCE REGULATORY TRUST FUND 1,300

2421 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM INSURANCE REGULATORY TRUST FUND 234,546

2422 SPECIAL CATEGORIES
SUPPLEMENTAL FIREFIGHTERS COMPENSATION
FROM INSURANCE REGULATORY TRUST FUND 4,500

2423 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM INSURANCE REGULATORY TRUST FUND 8,485

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SECTION 6 - GENERAL GOVERNMENT

2424 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND 5,407

2424A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY FROM GENERAL REVENUE FUND 5,405,222
FROM INSURANCE REGULATORY TRUST FUND 11,883,000

From the funds in Specific Appropriation 2424A, $11,883,000 in nonrecurring funds from the Insurance Regulatory Trust Fund is provided to local government fire services as follows:

Apopka Fire Station (HB 2697) (Senate Form 1171)	750,000
Bradford County Fire Rescue Main Station 40 (HB 4925) (Senate Form 2377)	850,000
Bronson Fire Station Replacement Project (HB 2377) (Senate Form 1015)	950,000
Calhoun County - Mossy Pond Volunteer Fire Department (Senate Form 1984)	750,000
Central Florida Zoo & Botanical Gardens Fire Suppression (HB 3309) (Senate Form 1967)	225,000
Clay County Fire Rescue Station Building (HB 4937) (Senate Form 2451)	1,250,000
Crestview Public Safety Training Facility (HB 2891) (Senate Form 2049)	500,000
Holley-Navarre Fire District (HB 3291)	500,000
Holt Volunteer Fire Station Replacement (HB 3715)	813,000
Immokalee Fire Control District Station #30 Construction/Replacement (HB 2857) (Senate Form 1029)	900,000
Marco Island Regional Maritime, Fire, EMS Training and Operations Facility (HB 4825) (Senate Form 1055)	650,000
Mount Dora Emergency Operations Center (HB 4083) (Senate Form 1978)	500,000
Ocean City - Wright Fire Control District (HB 2349) (Senate Form 1402)	500,000
Pompano Beach Fire Station 52 Replacement Project (HB 3789) (Senate Form 1300)	565,000
Sanderson Community Fire Station (HB 2501) (Senate Form 1545)	850,000
Suwannee County Fire Station (HB 2437) (Senate Form 2481)	750,000
Taylor County Fire Rescue Station (HB 9115) (Senate Form 1458)	580,000

From the funds in Specific Appropriation 2424A, $5,405,222 in nonrecurring funds from the General Revenue Fund is provided to local government fire services as follows:

City of Bristol Volunteer Fire Station Renovation (HB 2985) (Senate Form 1450)	410,222
Cedar Hammock Fire Control District Regional Training Tower (HB 2307) (Senate Form 2557)	1,000,000
City of Longwood Fire Station Relocation (Senate Form 2252)	1,000,000
Dunedin EOC/Fire Training Facility (HB 2607) (Senate Form 1146)	1,000,000
Hialeah Emergency Response and Operation Center Improvements (HB 3973)	500,000
Lehigh Acres Fire Control and Rescue Service District - New Station 106 (HB 4877) (Senate Form 2037)	1,250,000
North Lauderdale Fire/ Rescue Training Center (HB 3479) (Senate Form 1070)	125,000
Palm Beach County New Fire Station on Flavor Pict Road (HB 4091) (Senate Form 2303)	120,000

AMERICAN OVERSIGHT
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SECTION 6 - GENERAL GOVERNMENT

TOTAL: FIRE MARSHAL ADMINISTRATIVE AND SUPPORT SERVICES
FROM GENERAL REVENUE FUND 7,485,222
FROM TRUST FUNDS 16,524,582

TOTAL POSITIONS 12.00
TOTAL ALL FUNDS 24,009,804

PROGRAM: STATE PROPERTY AND CASUALTY CLAIMS

STATE SELF-INSURED CLAIMS ADJUSTMENT

APPROVED SALARY RATE 5,297,209

2425 SALARIES AND BENEFITS POSITIONS 116.00
STATE RISK MANAGEMENT TRUST FUND . . 7,786,294

2426 OTHER PERSONAL SERVICES
STATE RISK MANAGEMENT TRUST FUND . . 42,098

2427 EXPENSES
STATE RISK MANAGEMENT TRUST FUND . . 5,105,381

2428 OPERATING CAPITAL OUTLAY
STATE RISK MANAGEMENT TRUST FUND . . 5,405

2429 SPECIAL CATEGORIES
CONTRACTED SERVICES
STATE RISK MANAGEMENT TRUST FUND . . 4,387,559

2430 SPECIAL CATEGORIES
CONTRACTED LEGAL SERVICES - OFFICE OF THE ATTORNEY GENERAL
STATE RISK MANAGEMENT TRUST FUND . . 6,645,924

2431 SPECIAL CATEGORIES
CONTRACTED LEGAL SERVICES
STATE RISK MANAGEMENT TRUST FUND . . 21,976,020

2432 SPECIAL CATEGORIES
CONTRACTED MEDICAL SERVICES
STATE RISK MANAGEMENT TRUST FUND . . 18,199,117

From the funds in Specific Appropriation 2432, the Department of Financial Services is authorized to issue a competitive procurement for a new pharmacy benefits management contract.

2433 SPECIAL CATEGORIES
EXCESS INSURANCE AND CLAIM SERVICE
STATE RISK MANAGEMENT TRUST FUND . . 10,865,000

2434 SPECIAL CATEGORIES
RISK MANAGEMENT INFORMATION CLAIMS SYSTEM
STATE RISK MANAGEMENT TRUST FUND . . 647,325

2435 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
STATE RISK MANAGEMENT TRUST FUND . . 2,000

2436 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
STATE RISK MANAGEMENT TRUST FUND . . 68,311

2437 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
STATE RISK MANAGEMENT TRUST FUND . . 27,831

2438 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
STATE RISK MANAGEMENT TRUST FUND . . 33,259

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: STATE SELF-INSURED CLAIMS ADJUSTMENT			
FROM TRUST FUNDS			75,791,524
TOTAL POSITIONS		116.00	
TOTAL ALL FUNDS			75,791,524

PROGRAM: LICENSING AND CONSUMER PROTECTION

INSURANCE COMPANY REHABILITATION AND LIQUIDATION

APPROVED SALARY RATE 351,290

2439	SALARIES AND BENEFITS	POSITIONS	1.00
	FROM INSURANCE REGULATORY TRUST FUND		207,534
2440	OTHER PERSONAL SERVICES		
	FROM INSURANCE REGULATORY TRUST FUND		14,771
2441	EXPENSES		
	FROM INSURANCE REGULATORY TRUST FUND		354,364
2442	OPERATING CAPITAL OUTLAY		
	FROM INSURANCE REGULATORY TRUST FUND		26,120
2443	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM INSURANCE REGULATORY TRUST FUND		232,517
2444	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM INSURANCE REGULATORY TRUST FUND		12,856
2445	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM INSURANCE REGULATORY TRUST FUND		39,000
2446	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM INSURANCE REGULATORY TRUST FUND		1,531
TOTAL: INSURANCE COMPANY REHABILITATION AND LIQUIDATION			
FROM TRUST FUNDS			888,693
TOTAL POSITIONS		1.00	
TOTAL ALL FUNDS			888,693

LICENSURE, SALES APPOINTMENT AND OVERSIGHT

APPROVED SALARY RATE 5,041,890

2447	SALARIES AND BENEFITS	POSITIONS	110.00
	FROM INSURANCE REGULATORY TRUST FUND		7,118,780
2448	OTHER PERSONAL SERVICES		
	FROM INSURANCE REGULATORY TRUST FUND		12,138
2449	EXPENSES		
	FROM INSURANCE REGULATORY TRUST FUND		1,037,029
2450	OPERATING CAPITAL OUTLAY		
	FROM INSURANCE REGULATORY TRUST FUND		12,500

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2451	SPECIAL CATEGORIES ELECTRONIC COMMERCE FEES FOR COLLECTION OF REVENUE FROM INSURANCE REGULATORY TRUST FUND		1,075,000
2452	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		716,292
2453	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM INSURANCE REGULATORY TRUST FUND		7,400
2454	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INSURANCE REGULATORY TRUST FUND		160,246
2455	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		21,734
2456	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		40,457
TOTAL:	LICENSURE, SALES APPOINTMENT AND OVERSIGHT FROM TRUST FUNDS		10,201,576
	TOTAL POSITIONS	110.00	
	TOTAL ALL FUNDS		10,201,576

CONSUMER ASSISTANCE

APPROVED SALARY RATE 4,991,995

2457	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	112.00	6,864,910
2458	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		178,082
2459	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		941,105
2460	OPERATING CAPITAL OUTLAY FROM INSURANCE REGULATORY TRUST FUND		2,200
2461	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		595,374
2462	SPECIAL CATEGORIES HOLOCAUST VICTIMS ASSISTANCE ADMINISTRATION FROM INSURANCE REGULATORY TRUST FUND		309,130
2463	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM INSURANCE REGULATORY TRUST FUND		1,500

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2464	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INSURANCE REGULATORY TRUST FUND		27,225
2465	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		12,224
2466	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		35,055
TOTAL:	CONSUMER ASSISTANCE FROM TRUST FUNDS		8,966,805
	TOTAL POSITIONS	112.00	
	TOTAL ALL FUNDS		8,966,805

FUNERAL AND CEMETERY SERVICES

APPROVED SALARY RATE 1,241,322

2467	SALARIES AND BENEFITS POSITIONS FROM REGULATORY TRUST FUND	25.00	1,801,087
2468	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		353
	FROM REGULATORY TRUST FUND		66,886
2469	EXPENSES FROM REGULATORY TRUST FUND		316,827
2470	OPERATING CAPITAL OUTLAY FROM REGULATORY TRUST FUND		9,500
2471	SPECIAL CATEGORIES ELECTRONIC COMMERCE FEES FOR COLLECTION OF REVENUE FROM REGULATORY TRUST FUND		39,100
2472	SPECIAL CATEGORIES CONTRACTED SERVICES FROM REGULATORY TRUST FUND		99,549
2473	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM REGULATORY TRUST FUND		8,700
2474	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM REGULATORY TRUST FUND		10,257
2475	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM REGULATORY TRUST FUND		4,162
2476	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM REGULATORY TRUST FUND		11,677

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: FUNERAL AND CEMETERY SERVICES			
FROM TRUST FUNDS			2,368,098
TOTAL POSITIONS		25.00	
TOTAL ALL FUNDS			2,368,098
PUBLIC ASSISTANCE FRAUD			
APPROVED SALARY RATE	4,409,216		
2477 SALARIES AND BENEFITS	POSITIONS	72.00	
FROM FEDERAL GRANTS TRUST FUND			1,598,362
FROM INSURANCE REGULATORY TRUST FUND			3,070,847
2478 OTHER PERSONAL SERVICES			
FROM FEDERAL GRANTS TRUST FUND			664,812
2479 EXPENSES			
FROM FEDERAL GRANTS TRUST FUND			586,879
2480 OPERATING CAPITAL OUTLAY			
FROM FEDERAL GRANTS TRUST FUND			20,000
2481 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM FEDERAL GRANTS TRUST FUND			90,000
2482 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM FEDERAL GRANTS TRUST FUND			189,418
2483 SPECIAL CATEGORIES			
OPERATION OF MOTOR VEHICLES			
FROM FEDERAL GRANTS TRUST FUND			25,675
2484 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM FEDERAL GRANTS TRUST FUND			40,559
2485 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM FEDERAL GRANTS TRUST FUND			19,900
2486 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
FROM FEDERAL GRANTS TRUST FUND			38,470
2487 DATA PROCESSING SERVICES			
OTHER DATA PROCESSING SERVICES			
FROM FEDERAL GRANTS TRUST FUND			1,000
TOTAL: PUBLIC ASSISTANCE FRAUD			
FROM TRUST FUNDS			6,345,922
TOTAL POSITIONS		72.00	
TOTAL ALL FUNDS			6,345,922
PROGRAM: WORKERS' COMPENSATION			
WORKERS' COMPENSATION			
APPROVED SALARY RATE	12,557,540		
2488 SALARIES AND BENEFITS	POSITIONS	295.00	
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND			17,797,936
FROM WORKERS' COMPENSATION SPECIAL DISABILITY TRUST FUND			1,016,991
2489 OTHER PERSONAL SERVICES			
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND			384,569

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FROM WORKERS' COMPENSATION SPECIAL DISABILITY TRUST FUND 17,550

2490 EXPENSES
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 3,366,093
FROM WORKERS' COMPENSATION SPECIAL DISABILITY TRUST FUND 126,870

2491 OPERATING CAPITAL OUTLAY
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 100,021
FROM WORKERS' COMPENSATION SPECIAL DISABILITY TRUST FUND 16,851

2492 SPECIAL CATEGORIES
ELECTRONIC COMMERCE FEES FOR COLLECTION OF REVENUE
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 188,000

2493 SPECIAL CATEGORIES
TRANSFER TO DISTRICT COURTS OF APPEAL - WORKERS' COMPENSATION APPEALS
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 1,942,796

Funds in Specific Appropriation 2493 are provided for transfer to the First District Court of Appeal for workload associated with workers' compensation appeals and the workers' compensation appeals unit.

2494 SPECIAL CATEGORIES
TRANSFER TO THE UNIVERSITY OF SOUTH FLORIDA - OCCUPATIONAL SAFETY GRANT MATCH
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 250,000

2495 SPECIAL CATEGORIES
TRANSFER TO JUSTICE ADMINISTRATIVE COMMISSION FOR PROSECUTION OF WORKERS' COMPENSATION FRAUD
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 673,142

Funds in Specific Appropriation 2495 are provided for transfer to the Justice Administrative Commission for the specific purpose of funding attorneys and paralegals in the Eleventh, Thirteenth, Fifteenth, and Seventeenth Judicial Circuits for the prosecution of workers' compensation insurance fraud. These funds may not be used for any purpose other than the funding of attorney and paralegal positions that prosecute crimes of workers' compensation fraud.

2496 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 2,936,789
FROM WORKERS' COMPENSATION SPECIAL DISABILITY TRUST FUND 86,360

2497 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 84,800

2498 SPECIAL CATEGORIES
PURCHASED CLIENT SERVICES
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 740,000

2499 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM WORKERS' COMPENSATION ADMINISTRATION TRUST FUND 153,747

AMERICAN OVERSIGHT

SECTION 6 - GENERAL GOVERNMENT

2500	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM WORKERS' COMPENSATION		
	ADMINISTRATION TRUST FUND		62,320
	FROM WORKERS' COMPENSATION SPECIAL		
	DISABILITY TRUST FUND		2,280
2501	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM WORKERS' COMPENSATION		
	ADMINISTRATION TRUST FUND		92,495
	FROM WORKERS' COMPENSATION SPECIAL		
	DISABILITY TRUST FUND		5,826
TOTAL:	WORKERS' COMPENSATION		
	FROM TRUST FUNDS		30,045,436
	TOTAL POSITIONS	295.00	
	TOTAL ALL FUNDS		30,045,436

PROGRAM: INVESTIGATIVE AND FORENSIC SERVICES

FIRE AND ARSON INVESTIGATIONS

APPROVED SALARY RATE 7,222,676

2502	SALARIES AND BENEFITS POSITIONS	124.00	
	FROM INSURANCE REGULATORY TRUST		
	FUND		10,605,091
2503	OTHER PERSONAL SERVICES		
	FROM INSURANCE REGULATORY TRUST		
	FUND		70,942
2504	EXPENSES		
	FROM INSURANCE REGULATORY TRUST		
	FUND		1,911,311
	FROM FEDERAL LAW ENFORCEMENT TRUST		
	FUND		200,000
2505	OPERATING CAPITAL OUTLAY		
	FROM INSURANCE REGULATORY TRUST		
	FUND		298,609
	FROM FEDERAL LAW ENFORCEMENT TRUST		
	FUND		384,000
2506	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM INSURANCE REGULATORY TRUST		
	FUND		645,000
2507	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM INSURANCE REGULATORY TRUST		
	FUND		425,374
2508	SPECIAL CATEGORIES		
	ON-CALL FEES		
	FROM INSURANCE REGULATORY TRUST		
	FUND		407,500
2509	SPECIAL CATEGORIES		
	OPERATION OF MOTOR VEHICLES		
	FROM INSURANCE REGULATORY TRUST		
	FUND		189,900
2510	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM INSURANCE REGULATORY TRUST		
	FUND		106,004

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2511	SPECIAL CATEGORIES SUPPLEMENTAL FIREFIGHTERS COMPENSATION FROM INSURANCE REGULATORY TRUST FUND		8,000
2512	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		33,817
2513	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		36,440
TOTAL:	FIRE AND ARSON INVESTIGATIONS FROM TRUST FUNDS		15,321,988
	TOTAL POSITIONS	124.00	
	TOTAL ALL FUNDS		15,321,988

FORENSIC SERVICES

APPROVED SALARY RATE 481,979

2514	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	9.00	763,905
2515	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		14,400
2516	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		121,754
2517	OPERATING CAPITAL OUTLAY FROM INSURANCE REGULATORY TRUST FUND		15,000
2518	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		151,000
2519	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		7,200
2520	FIXED CAPITAL OUTLAY STATE ARSON LABORATORY - BUILDING REPAIR AND MAINTENANCE FROM INSURANCE REGULATORY TRUST FUND		35,000
TOTAL:	FORENSIC SERVICES FROM TRUST FUNDS		1,108,259
	TOTAL POSITIONS	9.00	
	TOTAL ALL FUNDS		1,108,259

INSURANCE FRAUD

APPROVED SALARY RATE 11,142,159

2521	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	194.00	16,026,767
2522	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		45,000

AMERICAN OVERSIGHT

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2523 EXPENSES
FROM INSURANCE REGULATORY TRUST
FUND 2,078,900
FROM FEDERAL LAW ENFORCEMENT TRUST
FUND 423,270

2524 OPERATING CAPITAL OUTLAY
FROM INSURANCE REGULATORY TRUST
FUND 49,700
FROM FEDERAL LAW ENFORCEMENT TRUST
FUND 198,900

2525 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM INSURANCE REGULATORY TRUST
FUND 418,125

2526 SPECIAL CATEGORIES
TRANSFER TO JUSTICE ADMINISTRATIVE
COMMISSION FOR PROSECUTION OF PIP FRAUD
FROM INSURANCE REGULATORY TRUST
FUND 1,865,200

Funds in Specific Appropriation 2526 are provided for transfer to the Justice Administrative Commission for the specific purpose of funding attorneys and paralegals dedicated solely to the prosecution of insurance fraud cases in Duval, Orange, Miami-Dade, Hillsborough, Palm Beach, Lee and Broward counties. These funds may not be used for any purpose other than the funding of attorney and paralegal positions that prosecute crimes of insurance fraud.

2527 SPECIAL CATEGORIES
TRANSFER TO JUSTICE ADMINISTRATION
COMMISSION FOR PROSECUTION OF PROPERTY
INSURANCE FRAUD
FROM INSURANCE REGULATORY TRUST
FUND 211,871

Funds in Specific Appropriation 2527 are provided for transfer to the Justice Administrative Commission for the specific purpose of funding attorneys and paralegals dedicated solely to the prosecution of property insurance fraud cases in Miami-Dade County. These funds may not be used for any purpose other than the funding of attorney and paralegal positions that prosecute crimes of insurance fraud.

2528 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM INSURANCE REGULATORY TRUST
FUND 265,315
FROM FEDERAL LAW ENFORCEMENT TRUST
FUND 1,274

2529 SPECIAL CATEGORIES
OPERATION OF MOTOR VEHICLES
FROM INSURANCE REGULATORY TRUST
FUND 150,253

2530 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM INSURANCE REGULATORY TRUST
FUND 370,432

2531 SPECIAL CATEGORIES
SALARY INCENTIVE PAYMENTS
FROM INSURANCE REGULATORY TRUST
FUND 202,496

2532 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM INSURANCE REGULATORY TRUST
FUND 47,247

AMERICAN OVERSIGHT
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SECTION 6 - GENERAL GOVERNMENT

2533	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		56,514
TOTAL:	INSURANCE FRAUD FROM TRUST FUNDS		22,411,264
	TOTAL POSITIONS	194.00	
	TOTAL ALL FUNDS		22,411,264

OFFICE OF FISCAL INTEGRITY

APPROVED SALARY RATE 385,737

2534	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	7.00	612,100
2535	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		35,700
2536	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		7,300
2537	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM INSURANCE REGULATORY TRUST FUND		3,100
2538	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM INSURANCE REGULATORY TRUST FUND		3,120
TOTAL:	OFFICE OF FISCAL INTEGRITY FROM TRUST FUNDS		661,320
	TOTAL POSITIONS	7.00	
	TOTAL ALL FUNDS		661,320

PROGRAM: FINANCIAL SERVICES COMMISSION

OFFICE OF INSURANCE REGULATION

COMPLIANCE AND ENFORCEMENT - INSURANCE

APPROVED SALARY RATE 13,322,176

2539	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	248.00	18,139,863
2540	OTHER PERSONAL SERVICES FROM INSURANCE REGULATORY TRUST FUND		330,169
2541	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		2,300,430
2542	OPERATING CAPITAL OUTLAY FROM INSURANCE REGULATORY TRUST FUND		98,000
2543	SPECIAL CATEGORIES FLORIDA PUBLIC HURRICANE LOSS MODEL - OFFICE OF INSURANCE REGULATION FROM INSURANCE REGULATORY TRUST FUND		969,689

Funds in Specific Appropriation 2543 shall be transferred to Florida

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

International University and utilized to promote and enhance collaborative research among state universities. The Florida Public Hurricane Loss Model located at Florida International University may consult with the private sector and the Florida Catastrophic Storm Risk Management Center located at The Florida State University to enhance the marketability, viability, and applications of the Florida Public Hurricane Loss Model. The Office of Insurance Regulation (Office) shall have the ability to accurately calculate hurricane risk and project catastrophic losses, and nothing shall interfere with or supersede the Office's authority to enter into agreements with Florida International University.

2544	SPECIAL CATEGORIES FINANCIAL EXAMINATION CONTRACTS - PROPERTY AND CASUALTY EXAMINATIONS FROM INSURANCE REGULATORY TRUST FUND		3,201,763
2545	SPECIAL CATEGORIES FINANCIAL EXAMINATION CONTRACTS - LIFE AND HEALTH EXAMINATIONS FROM INSURANCE REGULATORY TRUST FUND		1,425,000
2546	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		1,688,016
2547	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM INSURANCE REGULATORY TRUST FUND		182,751
2548	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		39,189
2549	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND		79,879
TOTAL:	COMPLIANCE AND ENFORCEMENT - INSURANCE FROM TRUST FUNDS		28,454,749
	TOTAL POSITIONS	248.00	
	TOTAL ALL FUNDS		28,454,749

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 2,092,842

2550	SALARIES AND BENEFITS POSITIONS FROM INSURANCE REGULATORY TRUST FUND	35.00	2,899,754
2551	EXPENSES FROM INSURANCE REGULATORY TRUST FUND		118,543
2552	SPECIAL CATEGORIES CONTRACTED SERVICES FROM INSURANCE REGULATORY TRUST FUND		92,710
2553	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM INSURANCE REGULATORY TRUST FUND		8,414

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2554	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM INSURANCE REGULATORY TRUST FUND			10,768
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM TRUST FUNDS			3,130,189
	TOTAL POSITIONS		35.00	
	TOTAL ALL FUNDS			3,130,189

OFFICE OF FINANCIAL REGULATION

SAFETY AND SOUNDNESS OF STATE BANKING SYSTEM

APPROVED SALARY RATE 6,464,564

2555	SALARIES AND BENEFITS FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND	POSITIONS	99.00	8,511,756
2556	OTHER PERSONAL SERVICES FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			854,100
2557	EXPENSES FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			1,720,752
2558	OPERATING CAPITAL OUTLAY FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			34,130
2559	SPECIAL CATEGORIES CONTRACTED SERVICES FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			367,012
2560	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			41,737
2561	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			28,872
2562	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM FINANCIAL INSTITUTIONS REGULATORY TRUST FUND			35,047
TOTAL:	SAFETY AND SOUNDNESS OF STATE BANKING SYSTEM FROM TRUST FUNDS			11,593,406
	TOTAL POSITIONS		99.00	
	TOTAL ALL FUNDS			11,593,406

FINANCIAL INVESTIGATIONS

APPROVED SALARY RATE 2,433,093

2563	SALARIES AND BENEFITS FROM ADMINISTRATIVE TRUST FUND . . .	POSITIONS	45.00	3,202,200
2564	OTHER PERSONAL SERVICES FROM ADMINISTRATIVE TRUST FUND . . .			5,321
2565	EXPENSES FROM ADMINISTRATIVE TRUST FUND . . .			499,757

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	FROM FEDERAL LAW ENFORCEMENT TRUST FUND		51,758
2566	OPERATING CAPITAL OUTLAY FROM ADMINISTRATIVE TRUST FUND . . .		20,600
2567	SPECIAL CATEGORIES CONTRACTED SERVICES FROM ADMINISTRATIVE TRUST FUND . . .		36,354
2568	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .		14,797
2569	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ADMINISTRATIVE TRUST FUND . . .		15,809
2570	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ADMINISTRATIVE TRUST FUND . . .		18,619
TOTAL:	FINANCIAL INVESTIGATIONS FROM TRUST FUNDS		3,865,215
	TOTAL POSITIONS	45.00	
	TOTAL ALL FUNDS		3,865,215

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 1,414,556

2571	SALARIES AND BENEFITS POSITIONS FROM ADMINISTRATIVE TRUST FUND . . .	18.00	2,084,078
2572	OTHER PERSONAL SERVICES FROM ADMINISTRATIVE TRUST FUND . . .		251,917
2573	EXPENSES FROM ADMINISTRATIVE TRUST FUND . . .		415,548
2574	OPERATING CAPITAL OUTLAY FROM ADMINISTRATIVE TRUST FUND . . .		7,000
2575	SPECIAL CATEGORIES CONTRACTED SERVICES FROM ADMINISTRATIVE TRUST FUND . . .		61,048
2576	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .		5,692
2577	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM ADMINISTRATIVE TRUST FUND . . .		10,004
2578	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM ADMINISTRATIVE TRUST FUND . . .		12,904
2579	DATA PROCESSING SERVICES REGULATORY ENFORCEMENT AND LICENSING SYSTEM - OFFICE OF FINANCIAL REGULATION FROM ADMINISTRATIVE TRUST FUND . . .		3,435,807

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TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES			
	FROM TRUST FUNDS			6,283,998
	TOTAL POSITIONS		18.00	
	TOTAL ALL FUNDS			6,283,998
FINANCE REGULATION				
	APPROVED SALARY RATE	5,432,696		
2580	SALARIES AND BENEFITS	POSITIONS	100.00	
	FROM REGULATORY TRUST FUND			7,250,691
2581	OTHER PERSONAL SERVICES			
	FROM REGULATORY TRUST FUND			207,098
2582	EXPENSES			
	FROM REGULATORY TRUST FUND			855,789
2583	OPERATING CAPITAL OUTLAY			
	FROM REGULATORY TRUST FUND			35,631
2584	SPECIAL CATEGORIES			
	DEFERRED PRESENTMENT PROVIDER DATABASE CONTRACT			
	FROM REGULATORY TRUST FUND			3,330,000
2585	SPECIAL CATEGORIES			
	CHECK CASHING TRANSACTION DATABASE CONTRACT			
	FROM REGULATORY TRUST FUND			251,000
2586	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM REGULATORY TRUST FUND			111,565
2587	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM REGULATORY TRUST FUND			37,184
2588	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM REGULATORY TRUST FUND			34,995
2589	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM REGULATORY TRUST FUND			34,720
TOTAL:	FINANCE REGULATION			
	FROM TRUST FUNDS			12,148,673
	TOTAL POSITIONS		100.00	
	TOTAL ALL FUNDS			12,148,673
SECURITIES REGULATION				
	APPROVED SALARY RATE	4,824,929		
2590	SALARIES AND BENEFITS	POSITIONS	92.00	
	FROM REGULATORY TRUST FUND			6,755,616
2591	OTHER PERSONAL SERVICES			
	FROM ANTI-FRAUD TRUST FUND			32,538
	FROM REGULATORY TRUST FUND			4,466

From the funds in Specific Appropriations 2591, 2592, 2593, and 2594, the Office of Financial Regulation (Office) shall submit a report to the chairs of the Senate Appropriations Committee, the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget by November 16, 2020, detailing the anti-fraud functions performed by the Office during Fiscal Year 2019-2020. The report shall contain a detailed breakout of activities, revenues, and expenditures by the Office related to anti-fraud efforts pursuant to chapter 517, Florida Statutes.

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SECTION 6 - GENERAL GOVERNMENT

2592	EXPENSES		
	FROM ANTI-FRAUD TRUST FUND		62,885
	FROM REGULATORY TRUST FUND		675,623
2593	OPERATING CAPITAL OUTLAY		
	FROM ANTI-FRAUD TRUST FUND		24,528
	FROM REGULATORY TRUST FUND		4,566
2594	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM ANTI-FRAUD TRUST FUND		80,049
	FROM REGULATORY TRUST FUND		349,500
2595	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM REGULATORY TRUST FUND		34,907
2596	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM REGULATORY TRUST FUND		27,253
2597	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM REGULATORY TRUST FUND		27,864
TOTAL:	SECURITIES REGULATION		
	FROM TRUST FUNDS		8,079,795
	TOTAL POSITIONS	92.00	
	TOTAL ALL FUNDS		8,079,795
TOTAL:	FINANCIAL SERVICES, DEPARTMENT OF		
	FROM GENERAL REVENUE FUND	29,135,262	
	FROM TRUST FUNDS		382,746,491
	TOTAL POSITIONS	2,569.50	
	TOTAL ALL FUNDS		411,881,753
	TOTAL APPROVED SALARY RATE	135,335,869	

GOVERNOR, EXECUTIVE OFFICE OF THE

PROGRAM: GENERAL OFFICE

EXECUTIVE DIRECTION AND SUPPORT SERVICES

2598	SALARIES AND BENEFITS POSITIONS	118.00	
	FROM GENERAL REVENUE FUND	9,180,153	
	FROM GRANTS AND DONATIONS TRUST FUND		240,456
2599	LUMP SUM		
	EXECUTIVE OFFICE OF THE GOVERNOR - EXECUTIVE/ADMINISTRATION		
	FROM GENERAL REVENUE FUND	2,926,287	
	FROM GRANTS AND DONATIONS TRUST FUND		488,033
2600	LUMP SUM		
	EXECUTIVE OFFICE OF THE GOVERNOR - WASHINGTON OFFICE		
	FROM GENERAL REVENUE FUND	116,858	
2601	SPECIAL CATEGORIES		
	CONTINGENT - DISCRETIONARY		
	FROM GENERAL REVENUE FUND	29,244	
2602	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	44,933	
	FROM GRANTS AND DONATIONS TRUST FUND		8,480

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SECTION 6 - GENERAL GOVERNMENT

2603	SPECIAL CATEGORIES		
	CHILD ABUSE PREVENTION		
	FROM GENERAL REVENUE FUND	150,000	
2604	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	33,812	
	FROM GRANTS AND DONATIONS TRUST		
	FUND		6,245
2605	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF		
	MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	235,091	
	FROM GRANTS AND DONATIONS TRUST		
	FUND		357
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	12,716,378	
	FROM TRUST FUNDS		743,571
	TOTAL POSITIONS	118.00	
	TOTAL ALL FUNDS		13,459,949

LEGISLATIVE APPROPRIATIONS SYSTEM/PLANNING AND BUDGETING SUBSYSTEM

2606	SALARIES AND BENEFITS POSITIONS	48.00	
	FROM PLANNING AND BUDGETING SYSTEM		
	TRUST FUND		4,758,664
2607	LUMP SUM		
	LEGISLATIVE APPROPRIATION SYSTEM/PLANNING		
	AND BUDGETING SUBSYSTEM		
	FROM PLANNING AND BUDGETING SYSTEM		
	TRUST FUND		1,231,236
2608	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM PLANNING AND BUDGETING SYSTEM		
	TRUST FUND		20,676
2609	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM PLANNING AND BUDGETING SYSTEM		
	TRUST FUND		12,889
2610	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM PLANNING AND BUDGETING SYSTEM		
	TRUST FUND		21,470
TOTAL:	LEGISLATIVE APPROPRIATIONS SYSTEM/PLANNING AND		
	BUDGETING SUBSYSTEM		
	FROM TRUST FUNDS		6,044,935
	TOTAL POSITIONS	48.00	
	TOTAL ALL FUNDS		6,044,935

EXECUTIVE PLANNING AND BUDGETING

2611	SALARIES AND BENEFITS POSITIONS	104.00	
	FROM GENERAL REVENUE FUND	9,557,769	
2612	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	706	
2613	LUMP SUM		
	EXECUTIVE OFFICE OF THE GOVERNOR - OFFICE		
	OF PLANNING AND BUDGETING		
	FROM GENERAL REVENUE FUND	762,371	

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SECTION 6 - GENERAL GOVERNMENT

2614	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM GENERAL REVENUE FUND	5,979	
2615	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	44,798	
2616	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	32,249	
TOTAL:	EXECUTIVE PLANNING AND BUDGETING FROM GENERAL REVENUE FUND	10,403,872	
	TOTAL POSITIONS	104.00	
	TOTAL ALL FUNDS		10,403,872

PROGRAM: EMERGENCY MANAGEMENT

EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE

The Division of Emergency Management must submit quarterly status reports on the outstanding obligations for each federally declared disaster event to the Executive Office of the Governor, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee.

APPROVED SALARY RATE 9,037,795

2617	SALARIES AND BENEFITS POSITIONS	175.00	
	FROM GENERAL REVENUE FUND	1,532,995	
	FROM ADMINISTRATIVE TRUST FUND . . .		3,013,606
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		3,147,703
	FROM FEDERAL GRANTS TRUST FUND . . .		3,757,334
	FROM GRANTS AND DONATIONS TRUST FUND		267,490
	FROM OPERATING TRUST FUND		823,241
	FROM U.S. CONTRIBUTIONS TRUST FUND .		814,590
2618	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	412,576	
	FROM ADMINISTRATIVE TRUST FUND . . .		491,013
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		1,308,108
	FROM FEDERAL GRANTS TRUST FUND . . .		1,403,823
	FROM GRANTS AND DONATIONS TRUST FUND		217,408
	FROM OPERATING TRUST FUND		105,624
2619	EXPENSES FROM GENERAL REVENUE FUND	326,000	
	FROM ADMINISTRATIVE TRUST FUND . . .		706,418
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		1,649,153
	FROM FEDERAL GRANTS TRUST FUND . . .		1,049,841
	FROM GRANTS AND DONATIONS TRUST FUND		180,261
	FROM OPERATING TRUST FUND		255,113
2620	AID TO LOCAL GOVERNMENTS DISASTER PREPAREDNESS PLANNING AND ADMINISTRATION FROM FEDERAL GRANTS TRUST FUND . . .		6,342,270
2621	OPERATING CAPITAL OUTLAY FROM ADMINISTRATIVE TRUST FUND . . .		8,008

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	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		17,525
	FROM FEDERAL GRANTS TRUST FUND		36,113
	FROM GRANTS AND DONATIONS TRUST FUND		17,100
	FROM OPERATING TRUST FUND		4,650
2623	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES		
	FROM GENERAL REVENUE FUND	266,000	
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		38,000
	FROM FEDERAL GRANTS TRUST FUND		38,000
2624	SPECIAL CATEGORIES GRANTS AND AIDS - PAYMENT FLORIDA WING/ CIVIL AIR PATROL		
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		49,500
2625	SPECIAL CATEGORIES CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	1,200,000	
	FROM ADMINISTRATIVE TRUST FUND		237,791
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		837,709
	FROM FEDERAL GRANTS TRUST FUND		985,595
	FROM GRANTS AND DONATIONS TRUST FUND		3,663,737
	FROM OPERATING TRUST FUND		233,722

From the funds in Specific Appropriation 2625, $3,500,000 from the Grants and Donations Trust Fund reflect the transfer of mitigation funds from the Florida Hurricane Catastrophe Fund pursuant to section 215.555(7)(c), Florida Statutes, to continue the statewide emergency and mass notification system with the capability to provide alerts of imminent or actual hazards to all Florida's citizens, businesses, and visitors. These funds exceed the minimum amount provided in section 215.555(7)(c), Florida Statutes.

The nonrecurring funds provided in Specific Appropriation 2625 from the General Revenue Fund are provided to the Division of Emergency Management to update the regional hurricane evacuation studies as required in section 163.3178(2)(d), Florida Statutes.

2626	SPECIAL CATEGORIES GRANTS AND AIDS - EMERGENCY MANAGEMENT PROGRAMS		
	FROM GENERAL REVENUE FUND	3,841,147	
	FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND		7,481,265

From the funds in Specific Appropriation 2626, $1,841,147 of nonrecurring funds from the General Revenue Fund shall be allocated as follows:

Florida Severe Weather Mesonet-Phase II (HB 2693)	970,000
Desoto County DR#1539 Offset (Senate Form 2024)	781,147
City of LaBelle Lift Station Emergency Generators (HB 3087)(Senate Form 1030)	90,000

From the funds in the Specific Appropriation 2626, $2,000,000 of nonrecurring funds from the General Revenue Fund is provided for the Division of Emergency Management to competitively procure an analysis of Florida's flood risks from an entity with the engineering and data analytics expertise to assess the gap between Florida's existing infrastructure and potential flood risks. The analysis shall be completed and delivered to the division by January 15, 2021, with copies distributed to the Speaker of the House, the President of the Senate, and the Executive Office of the Governor. The analysis must collate and assess existing data to build a comprehensive flood analysis for Florida over the next 15 years including a prioritization of risk by, at

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minimum, the county level and identification of potential infrastructure projects available to cure or mitigate each identified risk. The analysis should identify gaps in existing data sources that impact the accuracy of the flood analysis, assess the degree of variability created by the missing data, and delineate steps necessary to close those data gaps. The analysis must also include pathways for and identify obstacles (including data gaps) to the development of hydrologic models for physically based flood frequency estimation and real-time forecasting of floods, including hydraulic models of floodplain inundation mapping, real-time tidal flooding forecasts, future conditions groundwater elevations, and economic damage and loss estimates.

2627	SPECIAL CATEGORIES GRANTS AND AIDS - STATE DOMESTIC PREPAREDNESS PROGRAM FROM FEDERAL GRANTS TRUST FUND . . .	247,892
2628	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM ADMINISTRATIVE TRUST FUND . . .	133,007
2629	SPECIAL CATEGORIES GRANTS AND AIDS - STATE AND FEDERAL DISASTER RELIEF OPERATIONS - ADMINISTRATIVE FROM FEDERAL GRANTS TRUST FUND . . .	3,802,130
2630	SPECIAL CATEGORIES COMMISSION ON COMMUNITY SERVICE FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND	300,000
2631	SPECIAL CATEGORIES STATEWIDE HURRICANE PREPAREDNESS AND PLANNING FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND	2,064,539
	FROM FEDERAL GRANTS TRUST FUND . . .	580,934
	FROM GRANTS AND DONATIONS TRUST FUND	120,273
2632	SPECIAL CATEGORIES GRANTS AND AIDS - PUBLIC ASSISTANCE FROM GRANTS AND DONATIONS TRUST FUND	122,643,875
	FROM U.S. CONTRIBUTIONS TRUST FUND .	999,944,237
2633	SPECIAL CATEGORIES PUBLIC ASSISTANCE - STATE OPERATIONS FROM GRANTS AND DONATIONS TRUST FUND	88,954,322
	FROM U.S. CONTRIBUTIONS TRUST FUND .	5,660,937
2634	SPECIAL CATEGORIES GRANTS AND AIDS - HAZARD MITIGATION FROM GRANTS AND DONATIONS TRUST FUND	4,100,000
	FROM U.S. CONTRIBUTIONS TRUST FUND .	145,668,379
2635	SPECIAL CATEGORIES HAZARD MITIGATION - STATE OPERATIONS FROM GRANTS AND DONATIONS TRUST FUND	788
	FROM U.S. CONTRIBUTIONS TRUST FUND .	9,483,951
2636	SPECIAL CATEGORIES DISASTER ACTIVITY - STATE OBLIGATIONS FROM EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND	400,000
	FROM GRANTS AND DONATIONS TRUST FUND	9,490,873
	FROM U.S. CONTRIBUTIONS TRUST FUND .	2,121,912

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2637 SPECIAL CATEGORIES
OTHER NEEDS ASSISTANCE PROGRAM - STATE OBLIGATIONS
FROM GRANTS AND DONATIONS TRUST FUND 1,001

2638 SPECIAL CATEGORIES
GRANTS AND AIDS - PREDISASTER MITIGATION
FROM FEDERAL GRANTS TRUST FUND . . . 6,689,346

2639 SPECIAL CATEGORIES
GRANTS AND AIDS - HURRICANE LOSS MITIGATION
FROM GRANTS AND DONATIONS TRUST FUND 6,384,280

The funds from the Grants and Donations Trust Fund in the following Specific Appropriations reflect the transfer of $7,000,000 of mitigation funds from the Florida Hurricane Catastrophe Fund pursuant to section 215.555(7), Florida Statutes, as follows:

Salaries and Benefits (SA 2617)	117,707
Other Personal Services (SA 2618)	181,332
Expenses (SA 2619)	83,761
Operating Capital Outlay (SA 2621)	7,500
Contracted Services (SA 2625)	137,000
Grants and Aids - Hurricane Loss Mitigation (SA 2639)	6,384,280
Indirect Costs	88,420

These funds must be used for Hurricane Loss Mitigation programs as specified in section 215.559, Florida Statutes. The funds allocated in section 215.559(2)(a), Florida Statutes, must be distributed directly to Tallahassee Community College for the uses described in section 215.559(2)(a), Florida Statutes.

2640 SPECIAL CATEGORIES
GRANTS AND AIDS - FLOOD MITIGATION ASSISTANCE PROGRAM
FROM FEDERAL GRANTS TRUST FUND . . . 9,797,256

2641 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM ADMINISTRATIVE TRUST FUND . . . 75,230

2642 SPECIAL CATEGORIES
FLORIDA HAZARDOUS MATERIALS PLANNING PROGRAM
FROM GRANTS AND DONATIONS TRUST FUND 65,000
FROM OPERATING TRUST FUND 1,286,597

2643 SPECIAL CATEGORIES
HAZARDOUS MATERIALS EMERGENCY PLANNING GRANT
FROM FEDERAL GRANTS TRUST FUND . . . 1,114,764

2645 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 77,115

2646 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
EMERGENCY MANAGEMENT CRITICAL FACILITY NEEDS
FROM GENERAL REVENUE FUND 6,959,000
FROM GRANTS AND DONATIONS TRUST FUND 3,000,000

Funds in Specific Appropriation 2646 from the Grants and Donations Trust Fund reflect the transfer of $3,000,000 of mitigation funds from the Hurricane Catastrophe Fund pursuant to section 215.555(7), Florida Statutes. These funds shall be used to retrofit existing facilities used as public hurricane shelters as specified in section 215.559(1)(b),

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Florida Statutes.

From the funds in Specific Appropriation 2646, $3,459,000 of nonrecurring funds from the General Revenue Fund shall be allocated as follows:

Fort Walton Beach Recreation Center Hardening (HB 2037)(Senate Form 2211)	200,000
City of South Bay Emergency Shelter and Care Center - Phase 2 (HB 2091)(Senate Form 1698)	550,000
Southwest Ranches Public Safety Land Purchase (HB 3107)(Senate Form 1582)	400,000
Village of Biscayne Park - Emergency Operations Center Generator & Recreation Center Lighting (HB 3639)(Senate Form 1803)	59,000
Coral Springs - Westside Facility Hardening Project (HB 4623)(Senate Form 2020)	250,000
Brevard County EOC Construction - Phase 1 Completion (HB 3729)(Senate Form 1883)	1,000,000
John Marble Park Project - Manatee (HB 3463)(Senate Form 1933)	1,000,000

From the funds in Specific Appropriation 2646, $3,500,000 of nonrecurring funds from the General Revenue Fund is allocated for the design of the State Emergency Operations Center.

TOTAL: EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE		
FROM GENERAL REVENUE FUND	14,537,718	
FROM TRUST FUNDS		1,463,390,349
TOTAL POSITIONS	175.00	
TOTAL ALL FUNDS		1,477,928,067
TOTAL: GOVERNOR, EXECUTIVE OFFICE OF THE		
FROM GENERAL REVENUE FUND	37,657,968	
FROM TRUST FUNDS		1,470,178,855
TOTAL POSITIONS	445.00	
TOTAL ALL FUNDS		1,507,836,823
TOTAL APPROVED SALARY RATE	9,037,795	

HIGHWAY SAFETY AND MOTOR VEHICLES, DEPARTMENT OF

PROGRAM: ADMINISTRATIVE SERVICES

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 11,068,031

2647	SALARIES AND BENEFITS	POSITIONS 250.00	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		16,254,905
	FROM LAW ENFORCEMENT TRUST FUND		163,418
2648	OTHER PERSONAL SERVICES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		99,542
2649	EXPENSES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		904,711
	FROM LAW ENFORCEMENT TRUST FUND		7,516
2650	OPERATING CAPITAL OUTLAY		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		125,478
2651	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		50,000
2652	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		14,449

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2653	SPECIAL CATEGORIES CONTRACTED SERVICES FROM HIGHWAY SAFETY OPERATING TRUST FUND		2,846,893
2654	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM HIGHWAY SAFETY OPERATING TRUST FUND		156,061
2655	SPECIAL CATEGORIES DEFERRED-PAYMENT COMMODITY CONTRACTS FROM HIGHWAY SAFETY OPERATING TRUST FUND		34,169
2656	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM HIGHWAY SAFETY OPERATING TRUST FUND		105,724
2657	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM HIGHWAY SAFETY OPERATING TRUST FUND		81,247
2658	FIXED CAPITAL OUTLAY SPECIAL PROJECTS AND IMPROVEMENTS - ADMINISTRATIVE SERVICES FROM HIGHWAY SAFETY OPERATING TRUST FUND		1,127,244
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM TRUST FUNDS		21,971,357
	TOTAL POSITIONS	250.00	
	TOTAL ALL FUNDS		21,971,357

PROGRAM: FLORIDA HIGHWAY PATROL

HIGHWAY SAFETY

APPROVED SALARY RATE 119,361,084

2659	SALARIES AND BENEFITS POSITIONS FROM HIGHWAY SAFETY OPERATING TRUST FUND	2,178.00	176,909,257
2660	OTHER PERSONAL SERVICES FROM HIGHWAY SAFETY OPERATING TRUST FUND		7,381,076
	FROM FEDERAL GRANTS TRUST FUND . . .		311,189
2661	EXPENSES FROM HIGHWAY SAFETY OPERATING TRUST FUND		9,447,630
	FROM FEDERAL GRANTS TRUST FUND . . .		77,370
	FROM LAW ENFORCEMENT TRUST FUND . .		251,398
2662	OPERATING CAPITAL OUTLAY FROM HIGHWAY SAFETY OPERATING TRUST FUND		502,602
	FROM FEDERAL GRANTS TRUST FUND . . .		2,000
	FROM LAW ENFORCEMENT TRUST FUND . .		252,572
2663	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM HIGHWAY SAFETY OPERATING TRUST FUND		10,242,880
2664	SPECIAL CATEGORIES FLORIDA HIGHWAY PATROL COMMUNICATION SYSTEMS FROM HIGHWAY SAFETY OPERATING TRUST FUND		4,681,879

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	FROM FEDERAL LAW ENFORCEMENT TRUST FUND	52,000
2665	SPECIAL CATEGORIES CONTRACTED SERVICES FROM HIGHWAY SAFETY OPERATING TRUST FUND	5,966,915
	FROM GAS TAX COLLECTION TRUST FUND .	258,609
	FROM LAW ENFORCEMENT TRUST FUND . .	50,020
2666	SPECIAL CATEGORIES OPERATION OF MOTOR VEHICLES FROM HIGHWAY SAFETY OPERATING TRUST FUND	16,711,050
2667	SPECIAL CATEGORIES FLORIDA HIGHWAY PATROL AUXILIARY FROM HIGHWAY SAFETY OPERATING TRUST FUND	138,238
2668	SPECIAL CATEGORIES OVERTIME FROM HIGHWAY SAFETY OPERATING TRUST FUND	10,345,916
	FROM FEDERAL GRANTS TRUST FUND . . .	14,900

From the funds in Specific Appropriation 2668, the Department of Highway Safety and Motor Vehicles shall allocate funds as necessary to efficiently manage overtime activities of the Florida Highway Patrol.

2669	SPECIAL CATEGORIES PAYMENT OF DEATH AND DISMEMBERMENT CLAIMS FROM HIGHWAY SAFETY OPERATING TRUST FUND	325,995
2670	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM HIGHWAY SAFETY OPERATING TRUST FUND	8,778,217
2671	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS FROM HIGHWAY SAFETY OPERATING TRUST FUND	1,275,892
2671A	SPECIAL CATEGORIES SPECIAL CATEGORIES - AIRCRAFT MAINTENANCE AND REPAIRS FROM HIGHWAY SAFETY OPERATING TRUST FUND	434,000
2672	SPECIAL CATEGORIES DEFERRED-PAYMENT COMMODITY CONTRACTS FROM HIGHWAY SAFETY OPERATING TRUST FUND	2,040,849
2673	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM HIGHWAY SAFETY OPERATING TRUST FUND	153,460
2674	SPECIAL CATEGORIES MOBILE DATA TERMINAL SYSTEM FROM HIGHWAY SAFETY OPERATING TRUST FUND	1,684,918
2674A	SPECIAL CATEGORIES AIRCRAFT PURCHASE FROM HIGHWAY SAFETY OPERATING TRUST FUND	2,000,000
2675	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM HIGHWAY SAFETY OPERATING TRUST FUND	693,417

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: HIGHWAY SAFETY			
FROM TRUST FUNDS			260,984,249
TOTAL POSITIONS		2,178.00	
TOTAL ALL FUNDS			260,984,249
EXECUTIVE DIRECTION AND SUPPORT SERVICES			
APPROVED SALARY RATE	1,872,931		
2678 SALARIES AND BENEFITS	POSITIONS	24.00	
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			2,682,426
2679 EXPENSES			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			257,585
2680 OPERATING CAPITAL OUTLAY			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			8,000
2681 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			19,838
2682 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			4,135
2683 SPECIAL CATEGORIES			
OPERATION OF MOTOR VEHICLES			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			7,790
2684 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			95,941
2685 SPECIAL CATEGORIES			
SALARY INCENTIVE PAYMENTS			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			20,315
2686 SPECIAL CATEGORIES			
LEASE OR LEASE-PURCHASE OF EQUIPMENT			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			3,150
2687 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT			
SERVICES - HUMAN RESOURCES SERVICES			
PURCHASED PER STATEWIDE CONTRACT			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			7,654
TOTAL: EXECUTIVE DIRECTION AND SUPPORT SERVICES			
FROM TRUST FUNDS			3,106,834
TOTAL POSITIONS		24.00	
TOTAL ALL FUNDS			3,106,834
COMMERCIAL VEHICLE ENFORCEMENT			
APPROVED SALARY RATE	15,886,050		
2688 SALARIES AND BENEFITS	POSITIONS	294.00	
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			25,096,639
2689 OTHER PERSONAL SERVICES			
FROM HIGHWAY SAFETY OPERATING			
TRUST FUND			252,311

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SECTION 6 - GENERAL GOVERNMENT

2690	EXPENSES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		2,534,774
2691	OPERATING CAPITAL OUTLAY		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		1,354,513
2692	SPECIAL CATEGORIES		
	ACQUISITION OF MOTOR VEHICLES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		1,508,511
2693	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		2,006,514
2694	SPECIAL CATEGORIES		
	OPERATION OF MOTOR VEHICLES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		2,435,841
2695	SPECIAL CATEGORIES		
	OVERTIME		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		2,466,646
2696	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		1,175,254
2697	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		218,240
2698	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		23,020
2699	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		90,258
TOTAL:	COMMERCIAL VEHICLE ENFORCEMENT		
	FROM TRUST FUNDS		39,162,521
	TOTAL POSITIONS	294.00	
	TOTAL ALL FUNDS		39,162,521

PROGRAM: MOTORIST SERVICES

MOTORIST SERVICES

APPROVED SALARY RATE 51,917,580

2700	SALARIES AND BENEFITS POSITIONS	1,430.00	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		72,796,062
	FROM FEDERAL GRANTS TRUST FUND		356,540
	FROM GAS TAX COLLECTION TRUST FUND		3,335,482
2701	OTHER PERSONAL SERVICES		
	FROM HIGHWAY SAFETY OPERATING TRUST FUND		872,424
	FROM FEDERAL GRANTS TRUST FUND		322,862
	FROM GAS TAX COLLECTION TRUST FUND		61,443

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2702	EXPENSES	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	11,647,806
	FROM FEDERAL GRANTS TRUST FUND	390,335
	FROM GAS TAX COLLECTION TRUST FUND	330,509
2703	OPERATING CAPITAL OUTLAY	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	234,866
	FROM FEDERAL GRANTS TRUST FUND	9,705
	FROM GAS TAX COLLECTION TRUST FUND	5,001
2704	SPECIAL CATEGORIES	
	ACQUISITION OF MOTOR VEHICLES	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	200,000
2705	SPECIAL CATEGORIES	
	CONTRACTED SERVICES	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	3,505,814
	FROM FEDERAL GRANTS TRUST FUND	219,401
	FROM GAS TAX COLLECTION TRUST FUND	3,040
2706	SPECIAL CATEGORIES	
	AUTOMATED UNIFORM TRAFFIC ACCOUNTING SYSTEM	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	913,905
2707	SPECIAL CATEGORIES	
	PAYMENT TO OUTSIDE CONTRACTOR	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	6,249,454
2708	SPECIAL CATEGORIES	
	PURCHASE OF DRIVER LICENSES	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	10,038,304
2709	SPECIAL CATEGORIES	
	GRANTS AND AIDS - PURCHASE OF LICENSE PLATES	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	8,825,197
2710	SPECIAL CATEGORIES	
	RISK MANAGEMENT INSURANCE	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	1,195,522
	FROM GAS TAX COLLECTION TRUST FUND	51,770
2711	SPECIAL CATEGORIES	
	TENANT BROKER COMMISSIONS	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	50,000
2712	SPECIAL CATEGORIES	
	DEFERRED-PAYMENT COMMODITY CONTRACTS	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	100,000
2713	SPECIAL CATEGORIES	
	LEASE OR LEASE-PURCHASE OF EQUIPMENT	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	134,488
	FROM GAS TAX COLLECTION TRUST FUND	11,000
2714	SPECIAL CATEGORIES	
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT	
	FROM HIGHWAY SAFETY OPERATING TRUST FUND	523,405

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: MOTORIST SERVICES
FROM TRUST FUNDS 122,384,335

TOTAL POSITIONS 1,430.00
TOTAL ALL FUNDS 122,384,335

PROGRAM: INFORMATION SERVICES ADMINISTRATION

INFORMATION SERVICES ADMINISTRATION

APPROVED SALARY RATE 8,633,515

2715 SALARIES AND BENEFITS POSITIONS 163.00
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 12,275,746

2716 OTHER PERSONAL SERVICES
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 269,124

2717 EXPENSES
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 6,374,477
FROM GAS TAX COLLECTION TRUST FUND . 613,265

2718 OPERATING CAPITAL OUTLAY
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 177,931

2719 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 16,282,152
FROM GAS TAX COLLECTION TRUST FUND . 317,333

From the funds in Specific Appropriations 2717 and 2719, $9,153,400 of nonrecurring funds from the Highway Safety Operating Trust Fund and $700,000 of nonrecurring funds from the Gas Tax Collection Trust Fund are provided for phase 2 of the Motorist Modernization project. Of these funds, $6,865,050 from the Highway Safety Operating Trust Fund and $525,000 from the Gas Tax Collection Trust Fund shall be placed in reserve. The department is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the department's planned quarterly expenditures. Release is contingent upon approval of a comprehensive operational work plan reflecting all project tasks and a detailed spend plan reflecting estimated and actual costs. The department shall submit independent verification and validation assessments and quarterly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. Each status report must include progress made to date for each project milestone and contract deliverable, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks.

From the funds in Specific Appropriation 2719, $294,800 from the Highway Safety Operating Trust Fund is provided for state to state verification services.

2720 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 76,864

2721 SPECIAL CATEGORIES
TAX COLLECTOR NETWORK - COUNTY SYSTEMS
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 7,897,097

2722 SPECIAL CATEGORIES
DEFERRED-PAYMENT COMMODITY CONTRACTS
FROM HIGHWAY SAFETY OPERATING
TRUST FUND 2,220,309

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2723	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM HIGHWAY SAFETY OPERATING TRUST FUND		10,607
2724	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM HIGHWAY SAFETY OPERATING TRUST FUND		56,018
2725	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM HIGHWAY SAFETY OPERATING TRUST FUND		4,256,154
2726	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM HIGHWAY SAFETY OPERATING TRUST FUND		803,406
TOTAL:	INFORMATION SERVICES ADMINISTRATION FROM TRUST FUNDS		51,630,483
	TOTAL POSITIONS	163.00	
	TOTAL ALL FUNDS		51,630,483
TOTAL:	HIGHWAY SAFETY AND MOTOR VEHICLES, DEPARTMENT OF FROM TRUST FUNDS		499,239,779
	TOTAL POSITIONS	4,339.00	
	TOTAL ALL FUNDS		499,239,779
	TOTAL APPROVED SALARY RATE	208,739,191	

LEGISLATIVE BRANCH

SENATE

2727	LUMP SUM SENATE FROM GENERAL REVENUE FUND	54,079,316	

HOUSE OF REPRESENTATIVES

2728	LUMP SUM HOUSE FROM GENERAL REVENUE FUND	62,791,408	

LEGISLATIVE SUPPORT SERVICES

2729	LUMP SUM LEGISLATIVE SUPPORT SERVICES - SENATE FROM GENERAL REVENUE FUND	25,032,982	
	FROM GRANTS AND DONATIONS TRUST FUND		3,029,672
	FROM LEGISLATIVE LOBBYIST REGISTRATION TRUST FUND		154,870
2730	LUMP SUM LEGISLATIVE SUPPORT SERVICES - HOUSE FROM GENERAL REVENUE FUND	25,136,185	
	FROM GRANTS AND DONATIONS TRUST FUND		1,013,494
	FROM LEGISLATIVE LOBBYIST REGISTRATION TRUST FUND		150,208
2731	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	386,769	
	FROM GRANTS AND DONATIONS TRUST FUND		2,553
	FROM LEGISLATIVE LOBBYIST REGISTRATION TRUST FUND		318

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SECTION 6 - GENERAL GOVERNMENT

TOTAL: LEGISLATIVE SUPPORT SERVICES			
	FROM GENERAL REVENUE FUND	50,555,936	
	FROM TRUST FUNDS		4,351,115
	TOTAL ALL FUNDS		54,907,051
OFFICE OF PUBLIC COUNSEL			
2732	LUMP SUM		
	PUBLIC COUNSEL		
	FROM GENERAL REVENUE FUND	2,521,800	
2733	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	3,872	
TOTAL: OFFICE OF PUBLIC COUNSEL			
	FROM GENERAL REVENUE FUND	2,525,672	
	TOTAL ALL FUNDS		2,525,672
ETHICS, COMMISSION ON			
2734	LUMP SUM		
	LOBBY REGISTRATION		
	FROM EXECUTIVE BRANCH LOBBY REGISTRATION TRUST FUND		228,733
2735	LUMP SUM		
	ETHICS COMMISSION		
	FROM GENERAL REVENUE FUND	2,623,696	
2736	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	28,899	
2737	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	318	
	FROM EXECUTIVE BRANCH LOBBY REGISTRATION TRUST FUND		4,181
TOTAL: ETHICS, COMMISSION ON			
	FROM GENERAL REVENUE FUND	2,652,913	
	FROM TRUST FUNDS		232,914
	TOTAL ALL FUNDS		2,885,827
AUDITOR GENERAL			
2738	LUMP SUM		
	AUDITOR GENERAL		
	FROM GENERAL REVENUE FUND	37,807,302	
2739	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	74,158	
TOTAL: AUDITOR GENERAL			
	FROM GENERAL REVENUE FUND	37,881,460	
	TOTAL ALL FUNDS		37,881,460
TOTAL: LEGISLATIVE BRANCH			
	FROM GENERAL REVENUE FUND	210,486,705	
	FROM TRUST FUNDS		4,584,029
	TOTAL ALL FUNDS		215,070,734
LOTTERY, DEPARTMENT OF THE			
PROGRAM: LOTTERY OPERATIONS			
	APPROVED SALARY RATE	18,497,125	

AMERICAN OVERSIGHT

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2740 SALARIES AND BENEFITS POSITIONS 418.50
FROM OPERATING TRUST FUND 29,196,992

2741 OTHER PERSONAL SERVICES
FROM OPERATING TRUST FUND 200,353

2742 EXPENSES
FROM OPERATING TRUST FUND 5,823,272

2743 OPERATING CAPITAL OUTLAY
FROM OPERATING TRUST FUND 492,200

2744 SPECIAL CATEGORIES
ACQUISITION OF MOTOR VEHICLES
FROM OPERATING TRUST FUND 340,000

2745 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM OPERATING TRUST FUND 4,169,650

2746 SPECIAL CATEGORIES
INSTANT TICKET PURCHASE
FROM OPERATING TRUST FUND 46,874,586

In the event instant ticket sales are greater than the projected sales used to calculate the amount appropriated, the Department of the Lottery is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2746, to account for the additional tickets and associated licensing fees.

2747 SPECIAL CATEGORIES
GAMING SYSTEM CONTRACT
FROM OPERATING TRUST FUND 57,111,784

From the funds in Specific Appropriation 2747, the Department of the Lottery is authorized to have up to 2,500 Full-Service Vending Machines with functionality to sell terminal tickets and instant tickets.

In the event terminal games ticket sales are greater than the projected sales used to calculate the amount appropriated, the Department of the Lottery is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2747.

The Department of the Lottery is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2747 to acquire up to 500 additional ticket terminals. Prior to the submission of any budget amendment that increases the size of the lottery retailer network, the Revenue Estimating Conference shall determine if sales will increase sufficiently to cover the cost of the terminals, offset any losses to the existing network, and generate additional revenue that benefits the state. The budget amendments will be contingent upon the department's submission of a plan that includes not only a positive Revenue Estimating Conference impact analysis, but also identifies the specific terminal needs and a plan for distribution of the additional terminals.

2748 SPECIAL CATEGORIES
ADVERTISING AGENCY FEES
FROM OPERATING TRUST FUND 2,907,939

2749 SPECIAL CATEGORIES
PAID ADVERTISING AND PROMOTION
FROM OPERATING TRUST FUND 36,312,514

2750 SPECIAL CATEGORIES
RETAILER INCENTIVES
FROM OPERATING TRUST FUND 2,325,000

2751 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM OPERATING TRUST FUND 529,517

2752 SPECIAL CATEGORIES
SALARY INCENTIVE PAYMENTS
FROM OPERATING TRUST FUND 14,060

AMERICAN OVERSIGHT

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SECTION 6 - GENERAL GOVERNMENT

2753	SPECIAL CATEGORIES CONTRACTED LEGAL SERVICES FROM OPERATING TRUST FUND		120,000
2754	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM OPERATING TRUST FUND		175,000
2755	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATING TRUST FUND		139,377
2756	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM OPERATING TRUST FUND		36,820
2757	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM OPERATING TRUST FUND		201,349
TOTAL:	PROGRAM: LOTTERY OPERATIONS FROM TRUST FUNDS		186,970,413
	TOTAL POSITIONS	418.50	
	TOTAL ALL FUNDS		186,970,413
TOTAL:	LOTTERY, DEPARTMENT OF THE FROM TRUST FUNDS		186,970,413
	TOTAL POSITIONS	418.50	
	TOTAL ALL FUNDS		186,970,413
	TOTAL APPROVED SALARY RATE	18,497,125	

MANAGEMENT SERVICES, DEPARTMENT OF

No funds are appropriated in Specific Appropriations 2758 through 2985, sections 8 and 76 through 87 for the payment of rent, lease, or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease No. 720:0139, 590:1998, 590:2226, 590:2348, 590:2523, 590:2664, 590:2681, 590:2720 or 590:M139, or any other lease, on behalf of any department or agency of the State of Florida by the Department of Management Services, notwithstanding any lease or contract to the contrary. The Department of Management Services is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund or from any other source for the rent, lease, or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease No. 720:0139, 590:1998, 590:2226, 590:2348, 590:2523, 590:2664, 590:2681, 590:2720 or 590:M139, or any other lease.

PROGRAM: ADMINISTRATION PROGRAM

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 5,327,522

2758	SALARIES AND BENEFITS	POSITIONS	82.00	
	FROM GENERAL REVENUE FUND		169,595	
	FROM ADMINISTRATIVE TRUST FUND . . .			7,507,478
2759	OTHER PERSONAL SERVICES FROM ADMINISTRATIVE TRUST FUND . . .			343,220
2760	EXPENSES FROM GENERAL REVENUE FUND		41,497	
	FROM ADMINISTRATIVE TRUST FUND . . .			736,608
2761	OPERATING CAPITAL OUTLAY FROM ADMINISTRATIVE TRUST FUND . . .			9,688

AMERICAN OVERSIGHT

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2762 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 51,680
FROM ADMINISTRATIVE TRUST FUND . . . 408,112
FROM OPERATING TRUST FUND 50,000

From the funds provided in Specific Appropriation 2762, $200,000 in nonrecurring funds from the Administrative Trust Fund is provided to the Department of Management Services to acquire staff augmentation services and subject matter experts to assist the department with the implementation of the Planning, Accounting, and Ledger Management (PALM) project. The funds shall be placed in reserve. Upon submission of an operational work plan and spending plan, the department is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes.

2763 SPECIAL CATEGORIES
STATEWIDE TRAVEL MANAGEMENT SYSTEM
FROM GENERAL REVENUE FUND 2,150,000

Funds in Specific Appropriation 2763 are provided to the Department of Management Services for the operation and maintenance of a statewide travel management system that standardizes and automates travel management to include travel planning and approval, expense reporting, and reimbursement. The system must be able to electronically: (a) interface with the Florida Accounting Information Resource Subsystem and the Personnel Information System, (b) generate the uniform travel authorization request and travel voucher forms pursuant to section 112.061, Florida Statutes, and (c) receive approvals for travel. The system must also include search features that query travel information by specific criteria to minimally include: employee name and position title, purpose of travel, dates and location of travel, mode of travel, confirmation of agency head or designee authorization if required, and total travel cost. The system must allow executive branch state agencies and the judicial branch to retain current customized organizational code information to ensure that travel reimbursements are made from the appropriate fund source. The Executive Office of the Governor and the Legislature shall be provided access to the statewide travel management system for the purposes of generating reports on all travel completed by executive branch state agencies and the judicial branch.

From the funds provided in Specific Appropriation 2763, $350,000 in recurring funds from the General Revenue Fund is provided to the Department of Management Services to provide public viewing access to travel reports posted on the statewide travel management system by executive branch state agencies and the judicial branch.

2764 SPECIAL CATEGORIES
MAIL SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 50,004

2765 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM ADMINISTRATIVE TRUST FUND . . . 26,576

2766 SPECIAL CATEGORIES
CONTRACTED LEGAL SERVICES
FROM ADMINISTRATIVE TRUST FUND . . . 891,000

2767 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM ADMINISTRATIVE TRUST FUND . . . 22,427

2768 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM ADMINISTRATIVE TRUST FUND . . . 30,567

2769 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM GENERAL REVENUE FUND 18,322
FROM ADMINISTRATIVE TRUST FUND . . . 192,719

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TOTAL: EXECUTIVE DIRECTION AND SUPPORT SERVICES			
FROM GENERAL REVENUE FUND		2,431,094	
FROM TRUST FUNDS			10,268,399
TOTAL POSITIONS		82.00	
TOTAL ALL FUNDS			12,699,493
STATE EMPLOYEE LEASING			
APPROVED SALARY RATE	63,359		
2770 SALARIES AND BENEFITS	POSITIONS	1.00	
FROM ADMINISTRATIVE TRUST FUND . . .			89,814
2771 SPECIAL CATEGORIES			
TRANSFER TO DEPARTMENT OF MANAGEMENT			
SERVICES - HUMAN RESOURCES SERVICES			
PURCHASED PER STATEWIDE CONTRACT			
FROM ADMINISTRATIVE TRUST FUND . . .			748
TOTAL: STATE EMPLOYEE LEASING			
FROM TRUST FUNDS			90,562
TOTAL POSITIONS		1.00	
TOTAL ALL FUNDS			90,562
PROGRAM: FACILITIES PROGRAM			
FACILITIES MANAGEMENT			
APPROVED SALARY RATE	10,034,472		
2772 SALARIES AND BENEFITS	POSITIONS	256.50	
FROM SUPERVISION TRUST FUND			14,974,187
2773 OTHER PERSONAL SERVICES			
FROM SUPERVISION TRUST FUND			268,917
2774 EXPENSES			
FROM SUPERVISION TRUST FUND			5,526,035
2775 OPERATING CAPITAL OUTLAY			
FROM SUPERVISION TRUST FUND			73,727
2776 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM SUPERVISION TRUST FUND			150,000
2777 SPECIAL CATEGORIES			
TRANSFER TO THE FLORIDA DEPARTMENT OF LAW			
ENFORCEMENT - CAPITOL POLICE			
FROM SUPERVISION TRUST FUND			7,398,114
2778 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM SUPERVISION TRUST FUND			12,117,370
2779 SPECIAL CATEGORIES			
DEPARTMENT OF MANAGEMENT SERVICES			
PROVISIONS FOR FACILITIES SECURITY			
FROM SUPERVISION TRUST FUND			1,248,387
2780 SPECIAL CATEGORIES			
INTERIOR REFURBISHMENT - LEASE SPACE			
FROM SUPERVISION TRUST FUND			1,942,689
2781 SPECIAL CATEGORIES			
RISK MANAGEMENT INSURANCE			
FROM SUPERVISION TRUST FUND			242,270
2782 SPECIAL CATEGORIES			
STATE UTILITY PAYMENTS			
FROM SUPERVISION TRUST FUND			14,502,406

The Department of Management Services is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase

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Specific Appropriation 2782, in the event utility costs exceed the amount appropriated.

2783 SPECIAL CATEGORIES
DEFERRED-PAYMENT COMMODITY CONTRACTS
FROM SUPERVISION TRUST FUND 1,627,007

2784 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM SUPERVISION TRUST FUND 97,570

2785 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM SUPERVISION TRUST FUND 77,691

2786 SPECIAL CATEGORIES
STATE CAPITOL - MAINTENANCE AND REPAIRS
FROM SUPERVISION TRUST FUND 50,000

2787 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM SUPERVISION TRUST FUND 253,112

2788 FIXED CAPITAL OUTLAY
COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT
FROM GENERAL REVENUE FUND 1,100,000

Funds in Specific Appropriations 2788 through 2790 shall be held in reserve contingent upon the submission of a project plan to the chair of the Senate Appropriations Committee, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget detailing the request for building repair, code correction, and other deficiency projects. The project plan must include all high priority deficiency issues and all issues affecting life, health and safety. The project plan shall also include the facility, location, and estimated cost for each project and shall be submitted by August 3, 2020. The Department of Management Services shall request the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

2789 FIXED CAPITAL OUTLAY
LIFE SAFETY CODE COMPLIANCE PROJECTS
STATEWIDE - DMS MGD
FROM GENERAL REVENUE FUND 1,420,000

2790 FIXED CAPITAL OUTLAY
STATEWIDE CAPITAL DEPRECIATION - GENERAL - DMS MGD
FROM GENERAL REVENUE FUND 51,000,000
FROM SUPERVISION TRUST FUND 17,322,968

2791 FIXED CAPITAL OUTLAY
DEBT SERVICE
FROM FLORIDA FACILITIES POOL CLEARING TRUST FUND 19,967,233

2792 FIXED CAPITAL OUTLAY
FLORIDA HOLOCAUST MEMORIAL - CAPITOL COMPLEX - DMS MGD
FROM GENERAL REVENUE FUND 400,000

Funds provided in Specific Appropriation 2792 for the Holocaust Memorial shall be placed in reserve. The department is authorized to submit a budget amendment to release funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendment for release of these funds must comply with the department's policy "Construction and Placement of Monuments and Memorials within the Capitol Complex."

2793 FIXED CAPITAL OUTLAY
FLORIDA SLAVERY MEMORIAL - CAPITOL COMPLEX - DMS MGD
FROM GENERAL REVENUE FUND 400,000

Funds provided in Specific Appropriation 2793 for the Florida Slavery

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Memorial shall be placed in reserve. The department is authorized to submit a budget amendment to release funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendment for release of these funds must comply with the department's policy "Construction and Placement of Monuments and Memorials within the Capitol Complex."

TOTAL: FACILITIES MANAGEMENT			
FROM GENERAL REVENUE FUND		54,320,000	
FROM TRUST FUNDS			97,839,683
TOTAL POSITIONS		256.50	
TOTAL ALL FUNDS			152,159,683

BUILDING CONSTRUCTION

Funds provided in Specific Appropriations 2794 through 2800 from the Architects Incidental Trust Fund are based on an assessment against each fixed capital outlay appropriation in which the Department of Management Services serves as the owner-representative on behalf of the state. The assessments for appropriations made for the 2020-2021 fiscal year shall be calculated in accordance with the formula submitted by the Department of Management Services to the Executive Office of the Governor on October 7, 1991, as required by chapter 91-193, Laws of Florida.

APPROVED SALARY RATE 622,635

2794	SALARIES AND BENEFITS	POSITIONS 11.00	
	FROM ARCHITECTS INCIDENTAL TRUST FUND		897,997
2795	EXPENSES		
	FROM ARCHITECTS INCIDENTAL TRUST FUND		122,002
2796	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM ARCHITECTS INCIDENTAL TRUST FUND		46,341
2797	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM ARCHITECTS INCIDENTAL TRUST FUND		5,491
2798	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM ARCHITECTS INCIDENTAL TRUST FUND		1,613
2799	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM ARCHITECTS INCIDENTAL TRUST FUND		3,465
2800	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM ARCHITECTS INCIDENTAL TRUST FUND		5,949
TOTAL: BUILDING CONSTRUCTION			
FROM TRUST FUNDS			1,082,858
TOTAL POSITIONS		11.00	
TOTAL ALL FUNDS			1,082,858

PROGRAM: SUPPORT PROGRAM

FEDERAL PROPERTY ASSISTANCE

APPROVED SALARY RATE 155,476

2801	SALARIES AND BENEFITS	POSITIONS 5.00	
	FROM SURPLUS PROPERTY REVOLVING TRUST FUND		271,634

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2802	EXPENSES FROM SURPLUS PROPERTY REVOLVING TRUST FUND		89,938
2803	OPERATING CAPITAL OUTLAY FROM SURPLUS PROPERTY REVOLVING TRUST FUND		49,550
2804	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM SURPLUS PROPERTY REVOLVING TRUST FUND		61,820
2805	SPECIAL CATEGORIES CONTRACTED SERVICES FROM SURPLUS PROPERTY REVOLVING TRUST FUND		16,379
2806	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM SURPLUS PROPERTY REVOLVING TRUST FUND		744
2807	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM SURPLUS PROPERTY REVOLVING TRUST FUND		1,423
2808	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM SURPLUS PROPERTY REVOLVING TRUST FUND		1,125
2809	FIXED CAPITAL OUTLAY HEATING VENTILATING AND AIR CONDITIONING REPLACEMENT - DMS MGD FROM SURPLUS PROPERTY REVOLVING TRUST FUND		22,148
TOTAL:	FEDERAL PROPERTY ASSISTANCE FROM TRUST FUNDS		514,761
	TOTAL POSITIONS	5.00	
	TOTAL ALL FUNDS		514,761

MOTOR VEHICLE AND WATERCRAFT MANAGEMENT

APPROVED SALARY RATE 346,395

2810	SALARIES AND BENEFITS FROM OPERATING TRUST FUND	POSITIONS	6.00	519,935
2811	EXPENSES FROM OPERATING TRUST FUND			58,708
2812	SPECIAL CATEGORIES CONTRACTED SERVICES FROM OPERATING TRUST FUND			248,784
2813	SPECIAL CATEGORIES FLEET MANAGEMENT INFORMATION SYSTEM FROM OPERATING TRUST FUND			462,603
2814	SPECIAL CATEGORIES SETTLEMENT AGREEMENTS FROM GENERAL REVENUE FUND		800,000	

Funds in Specific Appropriation 2814, from the General Revenue Fund, are appropriated to the Department of Management Services to make a full and final payment and settle all claims and amounts due to the Arcanum Group, Incorporated, related to the implementation of the Fleet Management System, based on the contract entered into by Department of Management Services, pursuant to solicitation DMS-16/17-022, Requests

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for Quotes. The funds shall be placed in reserve. Upon execution of a settlement agreement satisfying all claims and invoices, the Department of Management Services may submit a budget amendment for release of the funds pursuant to the provisions of chapter 216, Florida Statutes. A copy of the executed settlement agreement between the Department of Management Services and the Arcanum Group, Incorporated, shall be submitted with the request for release of funds.

2815	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM OPERATING TRUST FUND			4,769
2816	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM OPERATING TRUST FUND			1,247
2817	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATING TRUST FUND			2,564
2818	SPECIAL CATEGORIES PAYMENT OF EXPENSES FROM SALE OF AGENCY VEHICLES FROM OPERATING TRUST FUND			695,000
2819	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM OPERATING TRUST FUND			21,887
TOTAL:	MOTOR VEHICLE AND WATERCRAFT MANAGEMENT FROM GENERAL REVENUE FUND		800,000	
	FROM TRUST FUNDS			2,015,497
	TOTAL POSITIONS	6.00		
	TOTAL ALL FUNDS			2,815,497

PURCHASING OVERSIGHT

APPROVED SALARY RATE 2,996,312

2820	SALARIES AND BENEFITS FROM OPERATING TRUST FUND	POSITIONS 49.00		4,248,740
2821	OTHER PERSONAL SERVICES FROM OPERATING TRUST FUND			10,000
2822	EXPENSES FROM OPERATING TRUST FUND			390,418
2823	OPERATING CAPITAL OUTLAY FROM OPERATING TRUST FUND			15,859
2824	SPECIAL CATEGORIES CONTRACTED SERVICES FROM OPERATING TRUST FUND			1,053,568

From the funds provided in Specific Appropriation 2824, $604,721 in nonrecurring funds from the Operating Trust Fund is provided to the Department of Management Services for the remediation tasks necessary to integrate the State Purchasing System (MyFloridaMarketPlace) with the Planning, Accounting, and Ledger Management (PALM) project. The funds shall be placed in reserve. Upon submission of a detailed operational work plan and spending plan, the department is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes.

2825	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM OPERATING TRUST FUND			6,316
2826	SPECIAL CATEGORIES CONTRACTED LEGAL SERVICES FROM OPERATING TRUST FUND			30,000

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2827	SPECIAL CATEGORIES WEB-BASED E-PROCUREMENT SYSTEM FROM OPERATING TRUST FUND		10,509,600
2828	SPECIAL CATEGORIES PROJECT MANAGEMENT PROFESSIONAL - TRAINING FROM OPERATING TRUST FUND		180,000
2829	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM OPERATING TRUST FUND		5,000
2830	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATING TRUST FUND		14,764
2831	SPECIAL CATEGORIES TRANSFER TO THE DEPARTMENT OF FINANCIAL SERVICES FROM OPERATING TRUST FUND		1,500,000
2832	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM OPERATING TRUST FUND		117,482
TOTAL:	PURCHASING OVERSIGHT FROM TRUST FUNDS		18,081,747
	TOTAL POSITIONS	49.00	
	TOTAL ALL FUNDS		18,081,747

OFFICE OF SUPPLIER DIVERSITY

APPROVED SALARY RATE 222,984

2833	SALARIES AND BENEFITS POSITIONS FROM OPERATING TRUST FUND	6.00	361,439
2834	EXPENSES FROM OPERATING TRUST FUND		55,641
2835	SPECIAL CATEGORIES CONTRACTED SERVICES FROM OPERATING TRUST FUND		11,573
2836	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM OPERATING TRUST FUND		772
2837	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATING TRUST FUND		3,057
2838	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM OPERATING TRUST FUND		8,572
TOTAL:	OFFICE OF SUPPLIER DIVERSITY FROM TRUST FUNDS		441,054
	TOTAL POSITIONS	6.00	
	TOTAL ALL FUNDS		441,054

PRIVATE PRISON MONITORING

APPROVED SALARY RATE 788,421

2839	SALARIES AND BENEFITS POSITIONS FROM GENERAL REVENUE FUND	15.00 1,067,957	
	FROM OPERATING TRUST FUND		98,507

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2840	EXPENSES		
	FROM GENERAL REVENUE FUND	91,246	
	FROM OPERATING TRUST FUND		14,175
2841	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	3,890	
2842	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	11,556	
2843	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	3,385	
2844	SPECIAL CATEGORIES		
	CONTRACTED LEGAL SERVICES		
	FROM GENERAL REVENUE FUND	23,169	
2845	SPECIAL CATEGORIES		
	ADMINISTRATIVE OVERHEAD		
	FROM GENERAL REVENUE FUND	113,489	
2846	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	2,767	
2847	SPECIAL CATEGORIES		
	PRIVATE PRISONS - MAINTENANCE AND REPAIR REIMBURSEMENT		
	FROM OPERATING TRUST FUND		1,500,000
2848	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	4,473	
	FROM OPERATING TRUST FUND		383
2849	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	5,471	
2850	FIXED CAPITAL OUTLAY		
	FACILITIES REPAIRS AND MAINTENANCE		
	FROM GENERAL REVENUE FUND	3,355,081	
	FROM OPERATING TRUST FUND		1,500,000

Funds in Specific Appropriation 2850 are provided to the Department of Management Services for building repairs and maintenance at private prison facilities maintained by the department. These funds shall be placed in reserve and are contingent upon the submission of a detailed project and spending plan that identifies all high priority deficiency issues, reflecting estimated and actual costs for each facility. From these funds, $3,355,081 in nonrecurring funds from the General Revenue Fund and $779,795 from the Operating Trust Fund are provided for the Gadsden Correctional Facility and $720,205 in nonrecurring funds from the Operating Trust Fund are provided for the Lake City Correctional Facility. The department shall request the release of funds pursuant to the provisions of chapter 216, Florida Statutes.

TOTAL:	PRIVATE PRISON MONITORING		
	FROM GENERAL REVENUE FUND	4,682,484	
	FROM TRUST FUNDS		3,113,065
	TOTAL POSITIONS	15.00	
	TOTAL ALL FUNDS		7,795,549

WORKFORCE PROGRAMS

PROGRAM: INSURANCE BENEFITS ADMINISTRATION

APPROVED SALARY RATE 1,576,047

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2851 SALARIES AND BENEFITS POSITIONS 27.00
FROM PRETAX BENEFITS TRUST FUND . . 402,689
FROM STATE EMPLOYEES LIFE
INSURANCE TRUST FUND 22,745
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 1,833,744
FROM STATE EMPLOYEES DISABILITY
INSURANCE TRUST FUND 29,777

2852 OTHER PERSONAL SERVICES
FROM PRETAX BENEFITS TRUST FUND . . 14,935
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 143,150

2853 EXPENSES
FROM PRETAX BENEFITS TRUST FUND . . 47,531
FROM STATE EMPLOYEES LIFE
INSURANCE TRUST FUND 1,984
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 320,996
FROM STATE EMPLOYEES DISABILITY
INSURANCE TRUST FUND 2,875

2854 OPERATING CAPITAL OUTLAY
FROM PRETAX BENEFITS TRUST FUND . . 10,000
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 8,000

2855 SPECIAL CATEGORIES
POST PAYMENT CLAIMS AUDIT SERVICES
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 400,000

The Department of Management Services is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2855, in the event the contractor identifies claim overpayments that result in compensation that exceeds the amount appropriated.

2856 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM PRETAX BENEFITS TRUST FUND . . 348,505
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 1,159,157

2857 SPECIAL CATEGORIES
ADMINISTRATIVE SERVICES ONLY CONTRACT FOR
HEALTH INSURANCE
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 49,400,000

The Department of Management Services is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2857, in the event administrative service payments for health insurance exceed the amount appropriated.

2858 SPECIAL CATEGORIES
PRESCRIPTION DRUG CLAIMS ADMINISTRATION
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 4,406,020

2859 SPECIAL CATEGORIES
TRANSPARENCY-BUNDLED-ADMINISTRATIVE
SERVICES FOR STATEWIDE CONTRACTS
FROM STATE EMPLOYEES HEALTH
INSURANCE TRUST FUND 6,400,000

The Department of Management Services is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2859, in the event costs exceed the amount appropriated.

2860 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM PRETAX BENEFITS TRUST FUND . . 1,200

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	FROM STATE EMPLOYEES LIFE INSURANCE TRUST FUND		314
	FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		7,507
2861	SPECIAL CATEGORIES CONTRACTED LEGAL SERVICES FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		300,000
2862	SPECIAL CATEGORIES PAYMENT OF EMPLOYER CONTRIBUTIONS TO HEALTH SAVINGS ACCOUNT CUSTODIAN FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		3,008,000
2863	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		9,235
2864	SPECIAL CATEGORIES TRANSPARENCY-BUNDLED SERVICES FOR EMPLOYEE TRANSFERS FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		4,500,000

The Department of Management Services is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2864, in the event costs exceed the amount appropriated.

2865	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM PRETAX BENEFITS TRUST FUND . .		3,694
	FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		12,214
2866	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM PRETAX BENEFITS TRUST FUND . .		2,171
	FROM STATE EMPLOYEES HEALTH INSURANCE TRUST FUND		6,767
TOTAL:	PROGRAM: INSURANCE BENEFITS ADMINISTRATION FROM TRUST FUNDS		72,803,210
	TOTAL POSITIONS	27.00	
	TOTAL ALL FUNDS		72,803,210

PROGRAM: RETIREMENT BENEFITS ADMINISTRATION

APPROVED SALARY RATE 8,981,901

2867	SALARIES AND BENEFITS	POSITIONS	205.00	
	FROM GENERAL REVENUE FUND		813,484	
	FROM OPERATING TRUST FUND			11,419,100
	FROM OPTIONAL RETIREMENT PROGRAM TRUST FUND			202,754
	FROM POLICE AND FIREFIGHTER'S PREMIUM TAX TRUST FUND			854,070
	FROM RETIREE HEALTH INSURANCE SUBSIDY TRUST FUND			138,392

From the funds provided in Specific Appropriation 2867, the Department of Management Services shall expend available cash balances from the Police and Firefighter's Premium Tax Trust Fund prior to the use of funds from the General Revenue Fund.

Funds provided in Specific Appropriations 2867 through 2877, from the Optional Retirement Program Trust Fund, are based on an assessment of .01 percent of the participants' salaries and shall be used only for administration of the Optional Retirement Program.

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From the funds in Specific Appropriation 2867, $80,298 from the Operating Trust Fund, and salary rate of 80,298, shall be held in reserve. The Department of Management Services is authorized to submit a budget amendment requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes. Request for release of funds is contingent upon the submission of a plan to increase staff retention and the number of customer service calls answered by the Florida Retirement System Customer Contact Center based upon the department's Contact Center Business Plan dated July 23, 2019. The department shall submit the plan for release of funds and salary rate to the Executive Office of the Governor's Office of Policy and Budget and the chairs of the Senate Appropriations Committee and the House of Representatives Appropriations Committee.

2868	OTHER PERSONAL SERVICES		
	FROM OPERATING TRUST FUND		232,733
	FROM OPTIONAL RETIREMENT PROGRAM TRUST FUND		15,000
2869	EXPENSES		
	FROM OPERATING TRUST FUND		2,738,041
	FROM OPTIONAL RETIREMENT PROGRAM TRUST FUND		28,011
	FROM POLICE AND FIREFIGHTER'S PREMIUM TAX TRUST FUND		57,139
	FROM RETIREE HEALTH INSURANCE SUBSIDY TRUST FUND		17,817
2870	OPERATING CAPITAL OUTLAY		
	FROM OPERATING TRUST FUND		100,000
2871	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM OPERATING TRUST FUND		24,415
2872	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	65,500	
	FROM OPERATING TRUST FUND		6,544,769
	FROM OPTIONAL RETIREMENT PROGRAM TRUST FUND		26,000
	FROM POLICE AND FIREFIGHTER'S PREMIUM TAX TRUST FUND		238,305
	FROM RETIREE HEALTH INSURANCE SUBSIDY TRUST FUND		40,000

From the funds provided in Specific Appropriation 2872, $482,477 in nonrecurring funds from the Operating Trust Fund is provided to the Department of Management Services for the remediation tasks necessary to interface the Integrated Retirement Information System with the Planning, Accounting, and Ledger Management (PALM) project. The funds shall be placed in reserve. Upon submission of a detailed operational work plan and spending plan, the department is authorized to submit budget amendments requesting release of funds pursuant to the provisions of chapter 216, Florida Statutes.

2873	SPECIAL CATEGORIES		
	OVERTIME		
	FROM OPERATING TRUST FUND		122,571
2874	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM OPERATING TRUST FUND		95,704
2875	SPECIAL CATEGORIES		
	CONTRACTED LEGAL SERVICES		
	FROM OPERATING TRUST FUND		148,891
2876	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM OPERATING TRUST FUND		33,571
	FROM POLICE AND FIREFIGHTER'S PREMIUM TAX TRUST FUND		2,000

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2877	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		2	
	FROM OPERATING TRUST FUND			55,389
	FROM OPTIONAL RETIREMENT PROGRAM TRUST FUND			1,208
	FROM POLICE AND FIREFIGHTER'S PREMIUM TAX TRUST FUND			3,795
	FROM RETIREE HEALTH INSURANCE SUBSIDY TRUST FUND			1,007
2878	DATA PROCESSING SERVICES			
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES			
	FROM OPERATING TRUST FUND			267,061
2879	PENSIONS AND BENEFITS			
	DISABILITY BENEFITS TO JUSTICES AND JUDGES			
	FROM GENERAL REVENUE FUND		1,318,317	
2880	PENSIONS AND BENEFITS			
	FLORIDA NATIONAL GUARD			
	FROM GENERAL REVENUE FUND		16,287,846	
2881	PENSIONS AND BENEFITS			
	STATE OFFICERS AND EMPLOYEES (NON-CONTRIBUTORY)			
	FROM GENERAL REVENUE FUND		116,371	
TOTAL:	PROGRAM: RETIREMENT BENEFITS ADMINISTRATION			
	FROM GENERAL REVENUE FUND		18,601,520	
	FROM TRUST FUNDS			23,407,743
	TOTAL POSITIONS	205.00		
	TOTAL ALL FUNDS			42,009,263

PROGRAM: STATE PERSONNEL POLICY ADMINISTRATION

APPROVED SALARY RATE 1,161,080

2882	SALARIES AND BENEFITS	POSITIONS	17.00	
	FROM STATE PERSONNEL SYSTEM TRUST FUND			1,577,346

Funds provided in Specific Appropriations 2882 through 2899, from the State Personnel System Trust Fund, are based upon a human resources services assessment to state entities at the following rates:

FTE	$330.22
OPS	$107.29
Justice Administrative Commission	$234.54
State Court System	$202.99
County Health Department	$234.54

2883	EXPENSES			
	FROM STATE PERSONNEL SYSTEM TRUST FUND			118,741
2884	OPERATING CAPITAL OUTLAY			
	FROM STATE PERSONNEL SYSTEM TRUST FUND			1,500
2885	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM STATE PERSONNEL SYSTEM TRUST FUND			22,576
2886	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM STATE PERSONNEL SYSTEM TRUST FUND			16,216

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2887	SPECIAL CATEGORIES CONTRACTED LEGAL SERVICES FROM STATE PERSONNEL SYSTEM TRUST FUND		100,000
2888	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM STATE PERSONNEL SYSTEM TRUST FUND		3,191
2889	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM STATE PERSONNEL SYSTEM TRUST FUND		7,269
2890	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM STATE PERSONNEL SYSTEM TRUST FUND		16,701
TOTAL:	PROGRAM: STATE PERSONNEL POLICY ADMINISTRATION FROM TRUST FUNDS		1,863,540
	TOTAL POSITIONS	17.00	
	TOTAL ALL FUNDS		1,863,540

PROGRAM: PEOPLE FIRST

APPROVED SALARY RATE 984,485

2891	SALARIES AND BENEFITS POSITIONS FROM STATE PERSONNEL SYSTEM TRUST FUND	15.00	1,409,546
2892	EXPENSES FROM STATE PERSONNEL SYSTEM TRUST FUND		104,006
2893	OPERATING CAPITAL OUTLAY FROM STATE PERSONNEL SYSTEM TRUST FUND		1,500
2894	SPECIAL CATEGORIES CONTRACTED SERVICES FROM STATE PERSONNEL SYSTEM TRUST FUND		20,075
2895	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM STATE PERSONNEL SYSTEM TRUST FUND		6,012
2896	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM STATE PERSONNEL SYSTEM TRUST FUND		2,860
2897	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM STATE PERSONNEL SYSTEM TRUST FUND		5,838
2898	SPECIAL CATEGORIES HUMAN RESOURCES SERVICES / STATEWIDE CONTRACT FROM STATE PERSONNEL SYSTEM TRUST FUND		32,229,977

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2899 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM STATE PERSONNEL SYSTEM TRUST FUND 8,392

TOTAL: PROGRAM: PEOPLE FIRST
FROM TRUST FUNDS 33,788,206

TOTAL POSITIONS 15.00
TOTAL ALL FUNDS 33,788,206

PROGRAM: TECHNOLOGY PROGRAM

TELECOMMUNICATIONS SERVICES

From the funds in Specific Appropriation 2900 through 2915, the Department of Management Services shall continue to allow agencies to purchase maintenance and equipment refresh services needed to maintain current agency telephony and call center systems.

APPROVED SALARY RATE 3,921,183

2900 SALARIES AND BENEFITS POSITIONS 68.00
FROM COMMUNICATIONS WORKING CAPITAL TRUST FUND 5,233,178
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 395,953

2901 OTHER PERSONAL SERVICES
FROM COMMUNICATIONS WORKING CAPITAL TRUST FUND 381,290
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 269,537

2902 EXPENSES
FROM COMMUNICATIONS WORKING CAPITAL TRUST FUND 613,454
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 454,929

2903 AID TO LOCAL GOVERNMENTS
DISTRIBUTIONS TO COUNTIES - WIRELESS 911 TELEPHONE SYSTEMS
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 74,802,770

2904 AID TO LOCAL GOVERNMENTS
DISTRIBUTIONS TO SERVICE PROVIDERS - WIRELESS 911 TELEPHONE SYSTEMS
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 6,000,000

2905 AID TO LOCAL GOVERNMENTS
DISTRIBUTIONS TO COUNTIES - NON-WIRELESS E911
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 30,883,023

2906 AID TO LOCAL GOVERNMENTS
DISTRIBUTION OF COUNTY PREPAID WIRELESS 911
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 21,600,000

2907 OPERATING CAPITAL OUTLAY
FROM COMMUNICATIONS WORKING CAPITAL TRUST FUND 92,159
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 3,600

2908 SPECIAL CATEGORIES
GRANTS AND AIDS - STATE AND LOCAL IMPLEMENTATION GRANT PROGRAM
FROM EMERGENCY COMMUNICATIONS NUMBER E911 SYSTEM TRUST 3,228,960

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Funds in Specific Appropriation 2908 are provided for the National Highway Traffic Safety Administration (NHTSA) and National Telecommunication and Information Administration (NTIA) 911 Grant. The funds shall be placed in reserve. Any new contracts for services shall be competitively procured. The department is authorized to submit budget amendments to request release of funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed operational work plan and spending plan.

2909 SPECIAL CATEGORIES
CENTREX AND SUNCOM PAYMENTS
FROM COMMUNICATIONS WORKING
CAPITAL TRUST FUND 117,486,638

The Department of Management Services is authorized to submit budget amendments in accordance with chapter 216, Florida Statutes, to increase Specific Appropriation 2909, in the event that payments for telecommunications services exceed the amount appropriated.

2910 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM COMMUNICATIONS WORKING
CAPITAL TRUST FUND 2,612,564
FROM EMERGENCY COMMUNICATIONS
NUMBER E911 SYSTEM TRUST 250,827

2910A SPECIAL CATEGORIES
FLORIDA'S FORENSIC INSTITUTE FOR RESEARCH, SECURITY, AND TACTICS CYBER/GRID SECURITY REVIEW
FROM GENERAL REVENUE FUND 475,000

The nonrecurring funds in Specific Appropriation 2910A are provided for Florida's Forensic Institute for Research, Security, and Tactical Cyber/Grid Security Review (HB 2081) (Senate Form 1028).

2911 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM COMMUNICATIONS WORKING
CAPITAL TRUST FUND 53,211

2912 SPECIAL CATEGORIES
CONTRACTED LEGAL SERVICES
FROM EMERGENCY COMMUNICATIONS
NUMBER E911 SYSTEM TRUST 92,159

2913 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM COMMUNICATIONS WORKING
CAPITAL TRUST FUND 3,241
FROM EMERGENCY COMMUNICATIONS
NUMBER E911 SYSTEM TRUST 1,845

2914 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM COMMUNICATIONS WORKING
CAPITAL TRUST FUND 22,286
FROM EMERGENCY COMMUNICATIONS
NUMBER E911 SYSTEM TRUST 212

2915 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES
FROM COMMUNICATIONS WORKING
CAPITAL TRUST FUND 398,607
FROM EMERGENCY COMMUNICATIONS
NUMBER E911 SYSTEM TRUST 2,910

2915A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
FROM GENERAL REVENUE FUND 1,500,000

From the funds in Specific Appropriation 2915A, the Town of Longboat

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Key may use the funds to install lighting infrastructure that will structurally support wireless communications equipment to support wireless services throughout the Town by providers of communication services. The Town shall not use funds to sell directly to customers or create a new Town telecommunication utility. Any sales or lease of communications facilities to a communications service provider by the Town must be nondiscriminatory and at commercially reasonable rates (HB 4531)(Senate Form 2446).

TOTAL: TELECOMMUNICATIONS SERVICES			
FROM GENERAL REVENUE FUND		1,975,000	
FROM TRUST FUNDS			264,883,353
TOTAL POSITIONS		68.00	
TOTAL ALL FUNDS			266,858,353

WIRELESS SERVICES

APPROVED SALARY RATE 756,132

2916 SALARIES AND BENEFITS	POSITIONS	11.00	
FROM LAW ENFORCEMENT RADIO SYSTEM TRUST FUND			967,096
2917 OTHER PERSONAL SERVICES			
FROM LAW ENFORCEMENT RADIO SYSTEM TRUST FUND			93,400
2918 EXPENSES			
FROM LAW ENFORCEMENT RADIO SYSTEM TRUST FUND			262,601
2919 OPERATING CAPITAL OUTLAY			
FROM LAW ENFORCEMENT RADIO SYSTEM TRUST FUND			22,000
2920 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM LAW ENFORCEMENT RADIO SYSTEM TRUST FUND			2,462,377

From the funds in Specific Appropriation 2920, the Department of Management Services (DMS) is authorized to renew the current Statewide Law Enforcement Radio System (SLERS) contract. As part of the renewal, the Department shall seek resolution of the dispute over non-proprietary use of the conveyed towers.

The Department is also directed to procure a business case to evaluate public safety communication solutions in collaboration with the Joint Task Force on State Agency Law Enforcement Communications. The business case shall identify solutions that will expand interoperability, improve coverage, enhance audio clarity, identify emerging technology features, and advance public safety collaboration opportunities.

The Department must release a competitive procurement and, thereafter, issue an award for the replacement of the Statewide Law Enforcement Radio System. At a minimum, future services must utilize the industry standard Project 25 Phase II delivery methodology. The procurement must also consider emerging technologies to enhance interoperability, promote public safety, improve coverage and enhance audio clarity.

2920A SPECIAL CATEGORIES			
HERNANDO COUNTY PUBLIC SAFETY RADIO SYSTEM IMPROVEMENTS			
FROM GENERAL REVENUE FUND		455,222	

The funds in Specific Appropriation 2920A are provided for funding a nonrecurring appropriations project (HB 3507)(Senate Form 1859).

2920B SPECIAL CATEGORIES			
GLADES COUNTY E-911 PUBLIC SAFETY FACILITY			
FROM GENERAL REVENUE FUND		700,000	

The funds in Specific Appropriation 2920B are provided for funding a nonrecurring appropriations project (HB 4985)(Senate Form 1751).

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2921 SPECIAL CATEGORIES
FLORIDA INTEROPERABILITY NETWORK
FROM GENERAL REVENUE FUND 1,250,000

The funds in Specific Appropriation 2921 are provided for the Florida Interoperability Network only to provide funding, if needed, in excess of available federal funding to support and maintain the Florida Interoperability Network.

2922 SPECIAL CATEGORIES
MUTUAL AID BUILD-OUT
FROM GENERAL REVENUE FUND 412,000

The funds in Specific Appropriation 2922 are provided for the Mutual Aid Build-Out only to provide funding, if needed, in excess of available federal funding to support and maintain the Mutual Aid Build-Out.

2923 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM LAW ENFORCEMENT RADIO SYSTEM
TRUST FUND 1,550

2924 SPECIAL CATEGORIES
STATEWIDE LAW ENFORCEMENT RADIO SYSTEM
CONTRACT PAYMENT
FROM LAW ENFORCEMENT RADIO SYSTEM
TRUST FUND 21,561,629

2925 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM LAW ENFORCEMENT RADIO SYSTEM
TRUST FUND 2,229

2926 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT
SERVICES - HUMAN RESOURCES SERVICES
PURCHASED PER STATEWIDE CONTRACT
FROM LAW ENFORCEMENT RADIO SYSTEM
TRUST FUND 4,047

2927 DATA PROCESSING SERVICES
DATA PROCESSING ASSESSMENT - DEPARTMENT OF
MANAGEMENT SERVICES
FROM LAW ENFORCEMENT RADIO SYSTEM
TRUST FUND 1,874

TOTAL: WIRELESS SERVICES
FROM GENERAL REVENUE FUND 2,817,222
FROM TRUST FUNDS 25,378,803

TOTAL POSITIONS 11.00
TOTAL ALL FUNDS 28,196,025

STATE DATA CENTER

APPROVED SALARY RATE 10,243,915

2928 SALARIES AND BENEFITS POSITIONS 167.00
FROM WORKING CAPITAL TRUST FUND . . 14,199,008

2929 OTHER PERSONAL SERVICES
FROM WORKING CAPITAL TRUST FUND . . 375,275

2930 EXPENSES
FROM WORKING CAPITAL TRUST FUND . . 3,912,336

2931 OPERATING CAPITAL OUTLAY
FROM WORKING CAPITAL TRUST FUND . . 320,996

2932 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM WORKING CAPITAL TRUST FUND . . 29,551,106

2933 SPECIAL CATEGORIES
CLOUD COMPUTING SERVICES
FROM WORKING CAPITAL TRUST FUND . . 100,000

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2934	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM WORKING CAPITAL TRUST FUND . .			29,370
2935	SPECIAL CATEGORIES DEFERRED-PAYMENT COMMODITY CONTRACTS FROM WORKING CAPITAL TRUST FUND . .			2,043,790
2936	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM WORKING CAPITAL TRUST FUND . .			4,529,834
2937	SPECIAL CATEGORIES DISASTER RECOVERY SERVICE FROM WORKING CAPITAL TRUST FUND . .			4,000,537
2938	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM WORKING CAPITAL TRUST FUND . .			54,591
TOTAL:	STATE DATA CENTER FROM TRUST FUNDS			59,116,843
	TOTAL POSITIONS	167.00		
	TOTAL ALL FUNDS			59,116,843

OFFICE OF THE STATE CHIEF INFORMATION OFFICER

APPROVED SALARY RATE 2,886,326

2939	SALARIES AND BENEFITS POSITIONS FROM WORKING CAPITAL TRUST FUND . .	36.00		4,075,521
2940	OTHER PERSONAL SERVICES FROM WORKING CAPITAL TRUST FUND . .			195,594
2941	EXPENSES FROM WORKING CAPITAL TRUST FUND . .			963,087
2942	OPERATING CAPITAL OUTLAY FROM WORKING CAPITAL TRUST FUND . .			37,000
2943	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND		44,002	
	FROM WORKING CAPITAL TRUST FUND . .			790,297
2944	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM WORKING CAPITAL TRUST FUND . .			9,023
2945	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM WORKING CAPITAL TRUST FUND . .			7,102
2946	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM WORKING CAPITAL TRUST FUND . .			12,755
TOTAL:	OFFICE OF THE STATE CHIEF INFORMATION OFFICER FROM GENERAL REVENUE FUND		44,002	
	FROM TRUST FUNDS			6,090,379
	TOTAL POSITIONS	36.00		
	TOTAL ALL FUNDS			6,134,381

PROGRAM: PUBLIC EMPLOYEES RELATIONS COMMISSION

PUBLIC EMPLOYEES RELATIONS

APPROVED SALARY RATE 1,772,297

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2947	SALARIES AND BENEFITS	POSITIONS	24.00	
	FROM GENERAL REVENUE FUND		1,446,633	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			1,329,119
2948	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		149,277	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			53,628
2949	EXPENSES			
	FROM GENERAL REVENUE FUND		57,094	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			345,814
2950	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		37,399	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			5,721
2951	SPECIAL CATEGORIES CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		35,070	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			32,500
2952	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		1,754	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			2,691
2953	SPECIAL CATEGORIES ADMINISTRATIVE OVERHEAD			
	FROM GENERAL REVENUE FUND		34,314	
2954	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		5,020	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			4,894
2955	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES			
	FROM GENERAL REVENUE FUND		41,345	
	FROM PUBLIC EMPLOYEES RELATIONS COMMISSION TRUST FUND			42,015
TOTAL:	PUBLIC EMPLOYEES RELATIONS			
	FROM GENERAL REVENUE FUND		1,807,906	
	FROM TRUST FUNDS			1,816,382
	TOTAL POSITIONS		24.00	
	TOTAL ALL FUNDS			3,624,288

PROGRAM: COMMISSION ON HUMAN RELATIONS

HUMAN RELATIONS

APPROVED SALARY RATE 2,759,024

2956	SALARIES AND BENEFITS	POSITIONS	63.00	
	FROM GENERAL REVENUE FUND		3,490,780	
	FROM FEDERAL GRANTS TRUST FUND			556,130

From the funds in Specific Appropriations 2956, 2958 and 2965, $152,539 from the Federal Grants Trust Fund, salary rate of 89,916, and two positions are provided to the Florida Commission on Human Relations (Commission) to address the pending backlog of investigations. The funds, salary rate, and positions shall be held in reserve. The Commission may request release of the funds, salary rate, and positions upon an affirmative vote of the Commission indicating that the resources are needed to reduce the backlog of investigations. The budget

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amendment requesting release of funds, salary rate, and positions must include the workload statistics and information provided to the Commission members.

2957	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	62,440	
	FROM FEDERAL GRANTS TRUST FUND . . .		43,334
2958	EXPENSES		
	FROM GENERAL REVENUE FUND	135,143	
	FROM FEDERAL GRANTS TRUST FUND . . .		430,496
2959	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	11,736	
	FROM FEDERAL GRANTS TRUST FUND . . .		19,500
2960	SPECIAL CATEGORIES		
	TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS		
	FROM GENERAL REVENUE FUND	599,905	
2961	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	53,506	
	FROM FEDERAL GRANTS TRUST FUND . . .		69,000
2962	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	35,619	
	FROM FEDERAL GRANTS TRUST FUND . . .		72,444
	FROM OPERATING TRUST FUND		9,919
2963	SPECIAL CATEGORIES		
	ADMINISTRATIVE OVERHEAD		
	FROM FEDERAL GRANTS TRUST FUND . . .		120,051
2964	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM FEDERAL GRANTS TRUST FUND . . .		23,753
2965	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	15,703	
	FROM FEDERAL GRANTS TRUST FUND . . .		8,711
2966	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM FEDERAL GRANTS TRUST FUND . . .		67,289
2967	DATA PROCESSING SERVICES		
	NORTHWEST REGIONAL DATA CENTER (NWRDC)		
	FROM FEDERAL GRANTS TRUST FUND . . .		67,289
TOTAL:	HUMAN RELATIONS		
	FROM GENERAL REVENUE FUND	4,404,832	
	FROM TRUST FUNDS		1,487,916
	TOTAL POSITIONS	63.00	
	TOTAL ALL FUNDS		5,892,748

ADMINISTRATIVE HEARINGS

PROGRAM: ADJUDICATION OF DISPUTES

APPROVED SALARY RATE 5,502,427

2968	SALARIES AND BENEFITS	POSITIONS	65.00	
	FROM OPERATING TRUST FUND			7,302,100
2969	OTHER PERSONAL SERVICES			
	FROM OPERATING TRUST FUND			18,082
2970	EXPENSES			
	FROM OPERATING TRUST FUND			1,018,147

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2971	OPERATING CAPITAL OUTLAY FROM OPERATING TRUST FUND		65,000
2972	SPECIAL CATEGORIES CONTRACTED SERVICES FROM OPERATING TRUST FUND		200,495
2973	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM OPERATING TRUST FUND		21,431
2974	SPECIAL CATEGORIES CONTRACTED LEGAL SERVICES FROM OPERATING TRUST FUND		1,000
2975	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM OPERATING TRUST FUND		24,000
2976	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATING TRUST FUND		20,210
TOTAL:	PROGRAM: ADJUDICATION OF DISPUTES FROM TRUST FUNDS		8,670,465
	TOTAL POSITIONS	65.00	
	TOTAL ALL FUNDS		8,670,465

PROGRAM: WORKERS' COMPENSATION APPEALS - JUDGES OF COMPENSATION CLAIMS

APPROVED SALARY RATE 9,753,786

2977	SALARIES AND BENEFITS FROM OPERATING TRUST FUND	POSITIONS 175.00	14,331,282
2978	OTHER PERSONAL SERVICES FROM OPERATING TRUST FUND		17,836
2979	EXPENSES FROM OPERATING TRUST FUND		2,864,842
2980	OPERATING CAPITAL OUTLAY FROM OPERATING TRUST FUND		64,916
2981	SPECIAL CATEGORIES CONTRACTED SERVICES FROM OPERATING TRUST FUND		1,008,324
2982	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM OPERATING TRUST FUND		107,752
2983	SPECIAL CATEGORIES CONTRACTED LEGAL SERVICES FROM OPERATING TRUST FUND		1,279
2984	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM OPERATING TRUST FUND		34,000
2985	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM OPERATING TRUST FUND		58,879

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TOTAL: PROGRAM: WORKERS' COMPENSATION APPEALS - JUDGES OF COMPENSATION CLAIMS			
FROM TRUST FUNDS			18,489,110
TOTAL POSITIONS		175.00	
TOTAL ALL FUNDS			18,489,110
TOTAL: MANAGEMENT SERVICES, DEPARTMENT OF			
FROM GENERAL REVENUE FUND		91,884,060	
FROM TRUST FUNDS			651,243,576
TOTAL POSITIONS		1,304.50	
TOTAL ALL FUNDS			743,127,636
TOTAL APPROVED SALARY RATE		70,856,179	
MILITARY AFFAIRS, DEPARTMENT OF			
PROGRAM: READINESS AND RESPONSE			
DRUG INTERDICTION AND PREVENTION			
2986 EXPENSES			
FROM FEDERAL GRANTS TRUST FUND			75,000
FROM FEDERAL LAW ENFORCEMENT TRUST FUND			305,000
2987 OPERATING CAPITAL OUTLAY			
FROM FEDERAL LAW ENFORCEMENT TRUST FUND			200,000
2988 SPECIAL CATEGORIES			
PROJECTS, CONTRACTS AND GRANTS			
FROM FEDERAL GRANTS TRUST FUND			2,000,000
2989 SPECIAL CATEGORIES			
GRANTS AND AIDS TO COMMUNITY SERVICES			
FROM FEDERAL LAW ENFORCEMENT TRUST FUND			100,000
2990 SPECIAL CATEGORIES			
CONTRACTED SERVICES			
FROM FEDERAL LAW ENFORCEMENT TRUST FUND			10,000
2991 SPECIAL CATEGORIES			
MAINTENANCE AND OPERATIONS CONTRACTS			
FROM FEDERAL LAW ENFORCEMENT TRUST FUND			10,000
TOTAL: DRUG INTERDICTION AND PREVENTION			
FROM TRUST FUNDS			2,700,000
TOTAL ALL FUNDS			2,700,000
MILITARY READINESS AND RESPONSE			
APPROVED SALARY RATE	4,436,438		
2992 SALARIES AND BENEFITS	POSITIONS	109.00	
FROM GENERAL REVENUE FUND		5,206,709	
FROM CAMP BLANDING MANAGEMENT TRUST FUND			1,359,373
2993 EXPENSES			
FROM GENERAL REVENUE FUND		3,090,563	
FROM CAMP BLANDING MANAGEMENT TRUST FUND			60,202
2994 OPERATING CAPITAL OUTLAY			
FROM GENERAL REVENUE FUND		137,810	
FROM CAMP BLANDING MANAGEMENT TRUST FUND			15,000
2995 SPECIAL CATEGORIES			
ACQUISITION OF MOTOR VEHICLES			
FROM GENERAL REVENUE FUND		40,000	

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	FROM CAMP BLANDING MANAGEMENT TRUST FUND		50,000
2996	SPECIAL CATEGORIES NATIONAL GUARD TUITION ASSISTANCE FROM GENERAL REVENUE FUND	4,167,900	

From the funds in Specific Appropriation 2996, the Department of Military Affairs shall establish an application period for each semester under the Florida National Guard Tuition Assistance Benefit Program. After the requirements of section 250.10(8)(a), Florida Statutes, are met, the applications of qualified Florida National Guard members seeking undergraduate degrees or seeking postgraduate degrees in the fields of science, technology, engineering, or math (STEM) shall be prioritized and must be approved during each application period prior to any application for other postgraduate degrees is approved. All funds provided are available to meet the demand for applications for undergraduate degrees; however, no more than $450,000 may be used to fund tuition assistance for qualified Florida National Guard members seeking non-STEM postgraduate degrees, and the funding for applicants seeking postgraduate degrees must be matched at a rate of fifty percent by the applicant.

2997	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	2,013,500	
	FROM CAMP BLANDING MANAGEMENT TRUST FUND		5,000
2998	SPECIAL CATEGORIES MAINTENANCE AND OPERATIONS CONTRACTS FROM GENERAL REVENUE FUND	171,000	
	FROM CAMP BLANDING MANAGEMENT TRUST FUND		5,000
2999	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM CAMP BLANDING MANAGEMENT TRUST FUND		423,865
3000	SPECIAL CATEGORIES MOBILE DATA TERMINAL SYSTEM FROM GENERAL REVENUE FUND	780,000	
3001	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	28,473	
	FROM CAMP BLANDING MANAGEMENT TRUST FUND		8,125
3002	FIXED CAPITAL OUTLAY FACILITIES REPAIRS AND MAINTENANCE FROM GENERAL REVENUE FUND	420,000	
	FROM CAMP BLANDING MANAGEMENT TRUST FUND		856,000
3003	FIXED CAPITAL OUTLAY MAINTENANCE, REPAIRS AND CONSTRUCTION - STATEWIDE FROM GENERAL REVENUE FUND	3,400,000	
3004	FIXED CAPITAL OUTLAY PANAMA CITY READINESS CENTER FROM GENERAL REVENUE FUND	6,250,000	
TOTAL:	MILITARY READINESS AND RESPONSE FROM GENERAL REVENUE FUND	25,705,955	
	FROM TRUST FUNDS		2,782,565
	TOTAL POSITIONS	109.00	
	TOTAL ALL FUNDS		28,488,520

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003219

SECTION 6 - GENERAL GOVERNMENT

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 2,061,960

3005	SALARIES AND BENEFITS	POSITIONS	26.00	
	FROM GENERAL REVENUE FUND		2,933,877	
3006	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		54,533	
3007	EXPENSES			
	FROM GENERAL REVENUE FUND		698,015	
3008	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		108,126	
3009	SPECIAL CATEGORIES			
	ACQUISITION OF MOTOR VEHICLES			
	FROM GENERAL REVENUE FUND		25,000	
3010	SPECIAL CATEGORIES			
	INFORMATION TECHNOLOGY			
	FROM GENERAL REVENUE FUND		48,437	
3011	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		30,200	
3012	SPECIAL CATEGORIES			
	MAINTENANCE AND OPERATIONS CONTRACTS			
	FROM GENERAL REVENUE FUND		22,000	
3013	SPECIAL CATEGORIES			
	WORKER'S COMPENSATION FOR STATE ACTIVE DUTY - FLORIDA NATIONAL GUARD			
	FROM GENERAL REVENUE FUND		165,028	
3014	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		8,255	
3015	DATA PROCESSING SERVICES			
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES			
	FROM GENERAL REVENUE FUND		70,122	
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES			
	FROM GENERAL REVENUE FUND		4,163,593	
	TOTAL POSITIONS		26.00	
	TOTAL ALL FUNDS			4,163,593

FEDERAL/STATE COOPERATIVE AGREEMENTS

From the funds in Specific Appropriation 3016 through 3026, appropriated to support the Youth Challenge Program, the Department of Military Affairs shall report, for the previous five years, the number of cadets enrolled in the program and the number that successfully completed the program. In addition, the report shall include the number of cadets upon completion of the program that earned a General Education Development (GED) certificate or high school diploma at program completion, attained employment (including armed forces), or enrolled in secondary education at program completion. The report shall be submitted to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Subcommittee on Transportation, Tourism, and Economic Development, and the chair of the House Transportation and Tourism Appropriations Subcommittee by October 31, 2020.

APPROVED SALARY RATE 11,048,084

3016	SALARIES AND BENEFITS	POSITIONS	318.00	
	FROM GENERAL REVENUE FUND		448,201	
	FROM FEDERAL GRANTS TRUST FUND . . .			15,811,203

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003220

SECTION 6 - GENERAL GOVERNMENT

3017	OTHER PERSONAL SERVICES			
	FROM FEDERAL GRANTS TRUST FUND . . .			87,000
3018	EXPENSES			
	FROM GENERAL REVENUE FUND		521,540	
	FROM FEDERAL GRANTS TRUST FUND . . .			9,998,596
3019	OPERATING CAPITAL OUTLAY			
	FROM FEDERAL GRANTS TRUST FUND . . .			881,000
3020	FOOD PRODUCTS			
	FROM FEDERAL GRANTS TRUST FUND . . .			500,000
3021	SPECIAL CATEGORIES			
	ACQUISITION OF MOTOR VEHICLES			
	FROM FEDERAL GRANTS TRUST FUND . . .			768,500
3022	SPECIAL CATEGORIES			
	INFORMATION TECHNOLOGY			
	FROM FEDERAL GRANTS TRUST FUND . . .			83,000
3023	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		243,150	
	FROM FEDERAL GRANTS TRUST FUND . . .			6,028,115
3024	SPECIAL CATEGORIES			
	MAINTENANCE AND OPERATIONS CONTRACTS			
	FROM FEDERAL GRANTS TRUST FUND . . .			920,000
3025	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM FEDERAL GRANTS TRUST FUND . . .			30,000
3026	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT			
	SERVICES - HUMAN RESOURCES SERVICES			
	PURCHASED PER STATEWIDE CONTRACT			
	FROM FEDERAL GRANTS TRUST FUND . . .			104,584
TOTAL:	FEDERAL/STATE COOPERATIVE AGREEMENTS			
	FROM GENERAL REVENUE FUND		1,212,891	
	FROM TRUST FUNDS			35,211,998
	TOTAL POSITIONS	318.00		
	TOTAL ALL FUNDS			36,424,889
TOTAL:	MILITARY AFFAIRS, DEPARTMENT OF			
	FROM GENERAL REVENUE FUND		31,082,439	
	FROM TRUST FUNDS			40,694,563
	TOTAL POSITIONS	453.00		
	TOTAL ALL FUNDS			71,777,002
	TOTAL APPROVED SALARY RATE		17,546,482	

PUBLIC SERVICE COMMISSION

PROGRAM: COMMISSIONERS AND ADMINISTRATIVE SERVICES

PUBLIC SERVICE COMMISSIONERS

APPROVED SALARY RATE 1,486,719

3027	SALARIES AND BENEFITS	POSITIONS	17.00	
	FROM REGULATORY TRUST FUND			2,193,959
3028	EXPENSES			
	FROM REGULATORY TRUST FUND			331,722
3029	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM REGULATORY TRUST FUND			16,859
3030	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM REGULATORY TRUST FUND			5,354

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003221

SECTION 6 - GENERAL GOVERNMENT

3031	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM REGULATORY TRUST FUND			5,054
TOTAL:	PUBLIC SERVICE COMMISSIONERS FROM TRUST FUNDS			2,552,948
	TOTAL POSITIONS		17.00	
	TOTAL ALL FUNDS			2,552,948

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 3,087,924

3032	SALARIES AND BENEFITS FROM REGULATORY TRUST FUND	POSITIONS	55.00	4,309,987
3033	OTHER PERSONAL SERVICES FROM REGULATORY TRUST FUND			25,000
3034	EXPENSES FROM REGULATORY TRUST FUND			1,076,576
3035	OPERATING CAPITAL OUTLAY FROM REGULATORY TRUST FUND			266,200
3036	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM REGULATORY TRUST FUND			121,649
3037	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM REGULATORY TRUST FUND			48,829
3038	SPECIAL CATEGORIES CONTRACTED SERVICES FROM REGULATORY TRUST FUND			335,325
3039	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM REGULATORY TRUST FUND			17,968
3040	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM REGULATORY TRUST FUND			22,126
3041	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM REGULATORY TRUST FUND			21,143
3042	DATA PROCESSING SERVICES OTHER DATA PROCESSING SERVICES FROM REGULATORY TRUST FUND			45,699
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM TRUST FUNDS			6,290,502
	TOTAL POSITIONS		55.00	
	TOTAL ALL FUNDS			6,290,502

LEGAL SERVICES

APPROVED SALARY RATE 1,768,726

3043	SALARIES AND BENEFITS FROM REGULATORY TRUST FUND	POSITIONS	28.00	2,321,898
3044	OTHER PERSONAL SERVICES FROM REGULATORY TRUST FUND			12,000

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003222

SECTION 6 - GENERAL GOVERNMENT

3045	EXPENSES			
	FROM REGULATORY TRUST FUND			339,923
3046	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM REGULATORY TRUST FUND			57,955
3047	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM REGULATORY TRUST FUND			8,793
3048	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM REGULATORY TRUST FUND			9,571
TOTAL:	LEGAL SERVICES			
	FROM TRUST FUNDS			2,750,140
	TOTAL POSITIONS		28.00	
	TOTAL ALL FUNDS			2,750,140

PROGRAM: UTILITY REGULATION AND CONSUMER ASSISTANCE

UTILITY REGULATION

	APPROVED SALARY RATE	7,502,953		
3049	SALARIES AND BENEFITS	POSITIONS	143.00	
	FROM REGULATORY TRUST FUND			10,163,422
3050	OTHER PERSONAL SERVICES			
	FROM REGULATORY TRUST FUND			25,000
3051	EXPENSES			
	FROM REGULATORY TRUST FUND			1,286,545
3052	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM REGULATORY TRUST FUND			273,298
3053	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM REGULATORY TRUST FUND			44,833
3054	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM REGULATORY TRUST FUND			43,329
TOTAL:	UTILITY REGULATION			
	FROM TRUST FUNDS			11,836,427
	TOTAL POSITIONS		143.00	
	TOTAL ALL FUNDS			11,836,427

AUDITING AND PERFORMANCE ANALYSIS

	APPROVED SALARY RATE	1,511,510		
3055	SALARIES AND BENEFITS	POSITIONS	28.00	
	FROM REGULATORY TRUST FUND			2,095,208
3056	EXPENSES			
	FROM REGULATORY TRUST FUND			330,375
3057	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM REGULATORY TRUST FUND			57,955
3058	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM REGULATORY TRUST FUND			9,086

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003223

SECTION 6 - GENERAL GOVERNMENT

3059	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM REGULATORY TRUST FUND		9,234
TOTAL:	AUDITING AND PERFORMANCE ANALYSIS FROM TRUST FUNDS		2,501,858
	TOTAL POSITIONS	28.00	
	TOTAL ALL FUNDS		2,501,858
TOTAL:	PUBLIC SERVICE COMMISSION FROM TRUST FUNDS		25,931,875
	TOTAL POSITIONS	271.00	
	TOTAL ALL FUNDS		25,931,875
	TOTAL APPROVED SALARY RATE	15,357,832	

REVENUE, DEPARTMENT OF

No funds are appropriated in Specific Appropriations 3060 through 3113 and sections 8, 88, and 89 for the payment of rent, lease or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 730:0239 or 730:M139, or any other lease, by the Department of Revenue, notwithstanding any lease or contract to the contrary. The Department of Revenue is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund or from any other source for the rent, lease or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 730:0239 or 730:M139, or any other lease.

PROGRAM: ADMINISTRATIVE SERVICES PROGRAM

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 14,195,957

3060	SALARIES AND BENEFITS POSITIONS	257.50	
	FROM GENERAL REVENUE FUND	10,666,240	
	FROM FEDERAL GRANTS TRUST FUND . . .		6,300,695
	FROM OPERATING TRUST FUND		2,482,414
3061	OTHER PERSONAL SERVICES FROM OPERATING TRUST FUND		73,740
3062	EXPENSES FROM GENERAL REVENUE FUND	355,008	
	FROM FEDERAL GRANTS TRUST FUND . . .		461,726
	FROM OPERATING TRUST FUND		1,324,170
3063	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	6,929	
	FROM OPERATING TRUST FUND		17,985
3064	SPECIAL CATEGORIES ACQUISITION OF MOTOR VEHICLES FROM OPERATING TRUST FUND		56,000
3065	SPECIAL CATEGORIES TRANSFER TO DIVISION OF ADMINISTRATIVE HEARINGS FROM GENERAL REVENUE FUND	1,281,575	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,487,764
	FROM OPERATING TRUST FUND		41,356
3066	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	318,346	
	FROM FEDERAL GRANTS TRUST FUND . . .		281,028
	FROM OPERATING TRUST FUND		1,153,170

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003224

SECTION 6 - GENERAL GOVERNMENT

3067	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	12,091	
	FROM FEDERAL GRANTS TRUST FUND . . .		12,077
	FROM OPERATING TRUST FUND		73,203
3068	SPECIAL CATEGORIES		
	TENANT BROKER COMMISSIONS		
	FROM OPERATING TRUST FUND		350,000
3069	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	16,864	
3070	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	1,295,278	
	FROM FEDERAL GRANTS TRUST FUND . . .		145,940
	FROM OPERATING TRUST FUND		221,325
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	13,952,331	
	FROM TRUST FUNDS		15,482,593
	TOTAL POSITIONS	257.50	
	TOTAL ALL FUNDS		29,434,924

PROPERTY TAX OVERSIGHT

APPROVED SALARY RATE 7,609,810

3071	SALARIES AND BENEFITS POSITIONS	154.00	
	FROM GENERAL REVENUE FUND	10,536,652	
	FROM CERTIFICATION PROGRAM TRUST		
	FUND		222,436
3072	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	21,170	
3073	EXPENSES		
	FROM GENERAL REVENUE FUND	885,509	
3074	AID TO LOCAL GOVERNMENTS		
	AERIAL PHOTOGRAPHY AND MAPPING		
	FROM GENERAL REVENUE FUND	167,441	
	FROM CERTIFICATION PROGRAM TRUST		
	FUND		676,266

From the funds in Specific Appropriation 3074, $167,441 in nonrecurring funds from the General Revenue Fund is provided to the Department of Revenue to fund aerial photography and mapping for counties with a population of 50,000 or less (HB 4983)(Senate Form 1753).

3075	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	16,012	
3076	SPECIAL CATEGORIES		
	PROPERTY APPRAISER AND TAX COLLECTOR		
	CERTIFICATION PROGRAM		
	FROM CERTIFICATION PROGRAM TRUST		
	FUND		485,000
3077	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	243,311	
3078	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	55,798	
3079	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	22,000	

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003225

SECTION 6 - GENERAL GOVERNMENT

3080	SPECIAL CATEGORIES FISCALLY CONSTRAINED COUNTIES - CONSERVATION LANDS FROM GENERAL REVENUE FUND	953,265	
3081	SPECIAL CATEGORIES FISCALLY CONSTRAINED COUNTIES FROM GENERAL REVENUE FUND	30,166,799	
TOTAL:	PROPERTY TAX OVERSIGHT FROM GENERAL REVENUE FUND	43,067,957	
	FROM TRUST FUNDS		1,383,702
	TOTAL POSITIONS	154.00	
	TOTAL ALL FUNDS		44,451,659

CHILD SUPPORT ENFORCEMENT

APPROVED SALARY RATE 77,632,908

3082	SALARIES AND BENEFITS POSITIONS	2,275.00	
	FROM GENERAL REVENUE FUND	38,324,096	
	FROM CHILD SUPPORT ENFORCEMENT APPLICATION AND PROGRAM REVENUE TRUST FUND		1,610,975
	FROM FEDERAL GRANTS TRUST FUND . . .		76,776,998
3083	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	153,321	
	FROM CHILD SUPPORT ENFORCEMENT APPLICATION AND PROGRAM REVENUE TRUST FUND		303,505
	FROM FEDERAL GRANTS TRUST FUND . . .		887,385
3084	EXPENSES FROM GENERAL REVENUE FUND	7,398,962	
	FROM CHILD SUPPORT ENFORCEMENT APPLICATION AND PROGRAM REVENUE TRUST FUND		13,336
	FROM FEDERAL GRANTS TRUST FUND . . .		14,341,579
3085	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	189,648	
	FROM FEDERAL GRANTS TRUST FUND . . .		368,140
3086	SPECIAL CATEGORIES TRANSFER GENERAL REVENUE TO CHILD SUPPORT ENFORCEMENT FROM GENERAL REVENUE FUND	1,241,987	
3087	SPECIAL CATEGORIES CHILD SUPPORT ENFORCEMENT ANNUAL FEE FROM GENERAL REVENUE FUND	3,926,098	
3088	SPECIAL CATEGORIES PURCHASE OF SERVICES - CHILD SUPPORT ENFORCEMENT FROM GENERAL REVENUE FUND	16,036,593	
	FROM CHILD SUPPORT INCENTIVE TRUST FUND		36,177,871
	FROM CHILD SUPPORT ENFORCEMENT APPLICATION AND PROGRAM REVENUE TRUST FUND		836,969
	FROM CLERK OF THE COURT CHILD SUPPORT ENFORCEMENT COLLECTION SYSTEM TRUST FUND		858,628
	FROM FEDERAL GRANTS TRUST FUND . . .		61,639,899
3089	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	463,375	
	FROM FEDERAL GRANTS TRUST FUND . . .		899,487
3090	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	98,994	

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003226

SECTION 6 - GENERAL GOVERNMENT

	FROM FEDERAL GRANTS TRUST FUND . . .		192,164
3091	FINANCIAL ASSISTANCE PAYMENTS CHILD SUPPORT INCENTIVE PAYMENTS - POLITICAL SUBDIVISIONS FROM CHILD SUPPORT INCENTIVE TRUST FUND		750,000
3092	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM GENERAL REVENUE FUND	2,864	
	FROM FEDERAL GRANTS TRUST FUND . . .		5,633
3093	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM GENERAL REVENUE FUND	381,065	
	FROM FEDERAL GRANTS TRUST FUND . . .		739,713
TOTAL:	CHILD SUPPORT ENFORCEMENT FROM GENERAL REVENUE FUND	68,217,003	
	FROM TRUST FUNDS		196,402,282
	TOTAL POSITIONS	2,275.00	
	TOTAL ALL FUNDS		264,619,285

GENERAL TAX ADMINISTRATION

APPROVED SALARY RATE 93,787,063

3094	SALARIES AND BENEFITS POSITIONS	2,186.25	
	FROM GENERAL REVENUE FUND	83,163,179	
	FROM FEDERAL GRANTS TRUST FUND . . .		19,240,073
	FROM OPERATING TRUST FUND		31,914,650
3095	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	6,292	
	FROM OPERATING TRUST FUND		72,100
3096	EXPENSES FROM GENERAL REVENUE FUND	1,163,759	
	FROM FEDERAL GRANTS TRUST FUND . . .		4,440,366
	FROM OPERATING TRUST FUND		13,618,860
3097	AID TO LOCAL GOVERNMENTS GRANTS AND AID TO LOCAL GOVERNMENT/ DISTRIBUTION TO CLERKS OF COURT FROM THE CLERKS OF THE COURT TRUST FUND		40,902,734

The funds in Specific Appropriation 3097 shall be placed in reserve. The Department of Revenue may request the release of funds pursuant to the provisions of section 28.36, Florida Statutes.

3098	AID TO LOCAL GOVERNMENTS EMERGENCY DISTRIBUTIONS FROM LOCAL GOVERNMENT HALF-CENT SALES TAX CLEARING TRUST FUND . . .		25,107,042
3099	AID TO LOCAL GOVERNMENTS INMATE SUPPLEMENTAL DISTRIBUTION FROM LOCAL GOVERNMENT HALF-CENT SALES TAX CLEARING TRUST FUND . . .		592,958
3100	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	64,556	
	FROM FEDERAL GRANTS TRUST FUND . . .		27,701
	FROM OPERATING TRUST FUND		608,081
3101	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	4,193,292	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,357,735
	FROM OPERATING TRUST FUND		2,912,229

AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003227

SECTION 6 - GENERAL GOVERNMENT

3102	SPECIAL CATEGORIES		
	PURCHASE OF SERVICES - COLLECTION AGENCIES		
	FROM OPERATING TRUST FUND		2,250,000
3103	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	274,155	
	FROM OPERATING TRUST FUND		542,727
3104	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	214,749	
	FROM OPERATING TRUST FUND		127,251
TOTAL:	GENERAL TAX ADMINISTRATION		
	FROM GENERAL REVENUE FUND	89,079,982	
	FROM TRUST FUNDS		143,714,507
	TOTAL POSITIONS	2,186.25	
	TOTAL ALL FUNDS		232,794,489

PROGRAM: INFORMATION SERVICES PROGRAM

INFORMATION TECHNOLOGY

APPROVED SALARY RATE 8,437,264

3105	SALARIES AND BENEFITS POSITIONS	182.00	
	FROM GENERAL REVENUE FUND	5,040,956	
	FROM FEDERAL GRANTS TRUST FUND . . .		2,537,635
	FROM OPERATING TRUST FUND		4,500,633
3106	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	177,154	
	FROM FEDERAL GRANTS TRUST FUND . . .		121,291
	FROM OPERATING TRUST FUND		29,377
3107	EXPENSES		
	FROM GENERAL REVENUE FUND	1,000	
	FROM FEDERAL GRANTS TRUST FUND . . .		1,053,724
	FROM OPERATING TRUST FUND		2,049,004
3108	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	2,233	
	FROM FEDERAL GRANTS TRUST FUND . . .		699,311
	FROM OPERATING TRUST FUND		274,310
3109	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	681,257	
	FROM FEDERAL GRANTS TRUST FUND . . .		6,987,361
	FROM OPERATING TRUST FUND		1,332,100
3110	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	4,006	
	FROM FEDERAL GRANTS TRUST FUND . . .		20,720
	FROM OPERATING TRUST FUND		21,679
3111	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM FEDERAL GRANTS TRUST FUND . . .		7,100
	FROM OPERATING TRUST FUND		240,000
3112	DATA PROCESSING SERVICES		
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES		
	FROM GENERAL REVENUE FUND	133,877	
	FROM FEDERAL GRANTS TRUST FUND . . .		119,820
	FROM OPERATING TRUST FUND		1,363,209
3113	DATA PROCESSING SERVICES		
	NORTHWEST REGIONAL DATA CENTER (NWRDC)		
	FROM GENERAL REVENUE FUND	1,498,654	
	FROM FEDERAL GRANTS TRUST FUND . . .		538,260
	FROM OPERATING TRUST FUND		1,306,701

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TOTAL: INFORMATION TECHNOLOGY		
FROM GENERAL REVENUE FUND	7,539,137	
FROM TRUST FUNDS		23,202,235
TOTAL POSITIONS	182.00	
TOTAL ALL FUNDS		30,741,372
TOTAL: REVENUE, DEPARTMENT OF		
FROM GENERAL REVENUE FUND	221,856,410	
FROM TRUST FUNDS		380,185,319
TOTAL POSITIONS	5,054.75	
TOTAL ALL FUNDS		602,041,729
TOTAL APPROVED SALARY RATE	201,663,002	

STATE, DEPARTMENT OF

No funds are appropriated in Specific Appropriations 3114 through 3186 and sections 8, 101 through 107, and 125 for the payment of rent, lease, or possession of space or offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139 or 450:0110 or any other lease by the Department of State, notwithstanding any lease or contract to the contrary. The Department of State is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund, or from any other source for the rent, lease, or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139 or 450:0110 or any other lease.

PROGRAM: OFFICE OF THE SECRETARY AND ADMINISTRATIVE SERVICES

EXECUTIVE DIRECTION AND SUPPORT SERVICES

APPROVED SALARY RATE 6,262,725

3114	SALARIES AND BENEFITS	POSITIONS	103.00	
	FROM GENERAL REVENUE FUND		8,346,190	
	FROM FEDERAL GRANTS TRUST FUND			186,147
	FROM RECORDS MANAGEMENT TRUST FUND			239
3115	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		12,661	
	FROM LAND ACQUISITION TRUST FUND			67,733
3116	EXPENSES			
	FROM GENERAL REVENUE FUND		652,313	
3117	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		1,250	
3119	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		1,275,089	
	FROM GRANTS AND DONATIONS TRUST FUND			169,000

From the funds in Specific Appropriation 3119, $1,000,000 in nonrecurring funds from the General Revenue Fund is provided to address any vulnerabilities in elections infrastructure that may be identified as a result of a statewide review conducted by the Department of State.

3120	SPECIAL CATEGORIES			
	LITIGATION EXPENSES			
	FROM GENERAL REVENUE FUND		1,000,000	
3121	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		37,149	
3122	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		28,529	

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3123	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND		32,759	
3124	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM GENERAL REVENUE FUND		835,400	
3125	DATA PROCESSING SERVICES OTHER DATA PROCESSING SERVICES FROM GENERAL REVENUE FUND		15,000	
3126	DATA PROCESSING SERVICES NORTHWEST REGIONAL DATA CENTER (NWRDC) FROM GENERAL REVENUE FUND		61,891	
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES FROM GENERAL REVENUE FUND		12,298,231	
	FROM TRUST FUNDS			423,119
	TOTAL POSITIONS	103.00		
	TOTAL ALL FUNDS			12,721,350

PROGRAM: ELECTIONS

ELECTIONS

APPROVED SALARY RATE 2,113,006

3127	SALARIES AND BENEFITS FROM GENERAL REVENUE FUND	POSITIONS	52.00 3,139,715	
3128	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND		407,798	
3129	EXPENSES FROM GENERAL REVENUE FUND		1,321,505	
3130	AID TO LOCAL GOVERNMENTS SPECIAL ELECTIONS FROM GENERAL REVENUE FUND		1,500,000	
3131	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND		13,211	
3131A	LUMP SUM HELP AMERICA VOTE ACT (HAVA) - 2020 ELECTION SECURITY GRANT FROM FEDERAL GRANTS TRUST FUND . . .			3,475,000

Funds in Specific Appropriation 3131A are provided to utilize the 2020 Help America Vote Act (HAVA) Election Security Grant funding. The Department of State is authorized to request budget amendments up to $3,475,000 for release of funds pursuant to chapter 216, Florida Statutes. Each budget amendment must specify the activity to be funded and the timeframe in which the activity is expected to be completed. The budget amendment must specify detailed information including a work plan and specific expenditure plans with anticipated deliverables by category. For funding specified for distribution to local governments, the budget amendment must further outline the reporting requirements necessary to provide for transparency in the use of these funds.

3132	SPECIAL CATEGORIES ADVERTISING OF PROPOSED AMENDMENTS TO THE CONSTITUTION FROM GENERAL REVENUE FUND		1,280,000	
3133	SPECIAL CATEGORIES VOTING SYSTEMS ASSISTANCE FROM GENERAL REVENUE FUND		525,000	

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3134	SPECIAL CATEGORIES STATEWIDE VOTER REGISTRATION SYSTEM - HELP AMERICA VOTE ACT (HAVA) FROM GENERAL REVENUE FUND	2,169,285	
3135	SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND	1,948,560	
3136	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE FROM GENERAL REVENUE FUND	70,509	
3137	SPECIAL CATEGORIES ELECTION FRAUD PREVENTION FROM GENERAL REVENUE FUND	446,526	
3138	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	29,669	
3140	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	13,358	
3141	DATA PROCESSING SERVICES DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES FROM GENERAL REVENUE FUND	136,862	
TOTAL:	ELECTIONS FROM GENERAL REVENUE FUND	13,001,998	
	FROM TRUST FUNDS		3,475,000
	TOTAL POSITIONS	52.00	
	TOTAL ALL FUNDS		16,476,998

PROGRAM: HISTORICAL RESOURCES

HISTORICAL RESOURCES PRESERVATION AND EXHIBITION

APPROVED SALARY RATE 2,075,407

3142	SALARIES AND BENEFITS POSITIONS	53.00	
	FROM GENERAL REVENUE FUND	54,620	
	FROM FEDERAL GRANTS TRUST FUND . . .		369,190
	FROM LAND ACQUISITION TRUST FUND . .		2,730,444
3143	OTHER PERSONAL SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		307,572
	FROM LAND ACQUISITION TRUST FUND . .		1,425,949
	FROM OPERATING TRUST FUND		240,000
3144	EXPENSES FROM FEDERAL GRANTS TRUST FUND . . .		473,690
	FROM LAND ACQUISITION TRUST FUND . .		1,112,549
	FROM OPERATING TRUST FUND		6,000
3145	OPERATING CAPITAL OUTLAY FROM FEDERAL GRANTS TRUST FUND . . .		15,625
	FROM LAND ACQUISITION TRUST FUND . .		25,000
3146	LUMP SUM HISTORIC PROPERTIES MAINTENANCE FROM LAND ACQUISITION TRUST FUND . .		500,000
3147	SPECIAL CATEGORIES CONTRACTED SERVICES FROM FEDERAL GRANTS TRUST FUND . . .		2,039,245
	FROM LAND ACQUISITION TRUST FUND . .		461,561

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3148 SPECIAL CATEGORIES
GRANTS AND AIDS - HISTORIC PRESERVATION GRANTS
FROM FEDERAL GRANTS TRUST FUND . . . 118,250
FROM LAND ACQUISITION TRUST FUND . . 1,500,000

From the funds in Specific Appropriation 3148, $1,500,000 of recurring funds from the Land Acquisition Trust Fund is provided for the Department of State 2020-2021 Small Matching Historic Preservation Grants ranked list in its entirety.

3149 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM LAND ACQUISITION TRUST FUND . . 72,427

3150 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM FEDERAL GRANTS TRUST FUND . . . 3,931
FROM LAND ACQUISITION TRUST FUND . . 20,641

3151 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM FEDERAL GRANTS TRUST FUND . . . 1,903
FROM LAND ACQUISITION TRUST FUND . . 18,675

3152 DATA PROCESSING SERVICES
OTHER DATA PROCESSING SERVICES
FROM LAND ACQUISITION TRUST FUND . . 34,746

3153 FIXED CAPITAL OUTLAY
FACILITIES CONSTRUCTION AND MAJOR RENOVATIONS
FROM GENERAL REVENUE FUND 2,500,000

From the funds in Specific Appropriation 3153, $2,500,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of State for the design and construction of an artifact curation facility.

3153A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - SPECIAL CATEGORIES - ACQUISITION, RESTORATION OF HISTORIC PROPERTIES
FROM GENERAL REVENUE FUND 10,934,789
FROM FEDERAL GRANTS TRUST FUND . . . 8,054,000

From the funds in Specific Appropriation 3153A, $5,595,476 in nonrecurring funds from the General Revenue Fund is provided for the Department of State 2020-2021 Special Categories Grants ranked list.

The remaining nonrecurring funds in Specific Appropriation 3153A from the General Revenue Fund shall be allocated as follows:

Historic Bush House Renovations (HB 2743)(Senate Form 2214)..... 200,000
Bay of Pigs - Brigade 2506 Museum (HB 3725)(Senate Form 1831)..... 1,500,000
Camp Matecumbe - Historic Pedro Pan Hall Renovation - Miami-Dade (HB 2353)(Senate Form 1591)..... 250,000
Groveland Train Depot (HB 4589)(Senate Form 2012)..... 189,313
Pioneer Florida Museum Association, Inc. - Archives Center - Pasco (Senate Form 2299)..... 100,000
Homeland Heritage Park Renovation - Polk (HB 2517)(Senate Form 1878)..... 250,000
Jackson House Restoration - Tampa (HB 4569)(Senate Form 1604)..... 500,000
Fighting for the Forgotten: Zion Cemetery Memorial - Tampa (Senate Form 2574)..... 50,000
Fighting for the Forgotten: Ridgewood Cemetery Memorial - Tampa (Senate Form 2576)..... 50,000
Exterior Restoration Sidney Berne Davis Art Center Phase I (HB 4873)(Senate Form 2018)..... 500,000
Lincolnville African American Museum and Cultural Center

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- St. Augustine (HB 4755)(Senate Form 2397).....	750,000
Italian Club of Tampa (HB 4069)(Senate Form 2363).....	1,000,000

From the funds in Specific Appropriation 3153A, $8,054,000 in nonrecurring funds from the Federal Grants Trust Fund is provided for historic preservation projects providing relief to damages in areas that received a major disaster declaration as a result of Hurricane Michael.

TOTAL: HISTORICAL RESOURCES PRESERVATION AND EXHIBITION			
FROM GENERAL REVENUE FUND		13,489,409	
FROM TRUST FUNDS			19,531,398
TOTAL POSITIONS		53.00	
TOTAL ALL FUNDS			33,020,807

PROGRAM: CORPORATIONS

COMMERCIAL RECORDINGS AND REGISTRATIONS

APPROVED SALARY RATE 3,794,946

3154	SALARIES AND BENEFITS	POSITIONS	102.00	
	FROM GENERAL REVENUE FUND		5,516,918	
3155	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		615	
3156	EXPENSES			
	FROM GENERAL REVENUE FUND		1,700,229	
3157	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		6,715	
3158	SPECIAL CATEGORIES			
	CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		637,069	
3159	SPECIAL CATEGORIES			
	RICO ACT - ALIEN CORPORATIONS			
	FROM GENERAL REVENUE FUND		262,197	
3160	SPECIAL CATEGORIES			
	RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		20,762	
3161	SPECIAL CATEGORIES			
	LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		5,880	
3162	SPECIAL CATEGORIES			
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		37,111	
3163	DATA PROCESSING SERVICES			
	DATA PROCESSING ASSESSMENT - DEPARTMENT OF MANAGEMENT SERVICES			
	FROM GENERAL REVENUE FUND		540,132	
TOTAL:	COMMERCIAL RECORDINGS AND REGISTRATIONS			
	FROM GENERAL REVENUE FUND		8,727,628	
	TOTAL POSITIONS		102.00	
	TOTAL ALL FUNDS			8,727,628

PROGRAM: LIBRARY AND INFORMATION SERVICES

LIBRARY, ARCHIVES AND INFORMATION SERVICES

APPROVED SALARY RATE 2,930,695

3164	SALARIES AND BENEFITS	POSITIONS	69.00	
	FROM GENERAL REVENUE FUND		1,427,145	
	FROM FEDERAL GRANTS TRUST FUND . . .			1,564,891
	FROM RECORDS MANAGEMENT TRUST FUND .			1,044,047

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3165	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	76,128	
	FROM FEDERAL GRANTS TRUST FUND . . .		238,072
	FROM RECORDS MANAGEMENT TRUST FUND .		72,607
3166	EXPENSES		
	FROM GENERAL REVENUE FUND	1,601,831	
	FROM FEDERAL GRANTS TRUST FUND . . .		426,392
	FROM RECORDS MANAGEMENT TRUST FUND .		358,658
3167	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS - LIBRARY COOPERATIVES		
	FROM GENERAL REVENUE FUND	2,000,000	
3168	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS - LIBRARY GRANTS		
	FROM GENERAL REVENUE FUND	17,304,072	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,205,204
3169	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	24,960	
	FROM FEDERAL GRANTS TRUST FUND . . .		40,498
	FROM RECORDS MANAGEMENT TRUST FUND .		9,740
3170	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	226,633	
	FROM FEDERAL GRANTS TRUST FUND . . .		501,966
	FROM RECORDS MANAGEMENT TRUST FUND .		187,059
3171	SPECIAL CATEGORIES		
	LIBRARY RESOURCES		
	FROM GENERAL REVENUE FUND	484,388	
	FROM FEDERAL GRANTS TRUST FUND . . .		3,304,848
3172	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	17,571	
3173	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	18,101	
	FROM FEDERAL GRANTS TRUST FUND . . .		7,308
	FROM RECORDS MANAGEMENT TRUST FUND .		3,724
3174	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	15,994	
	FROM FEDERAL GRANTS TRUST FUND . . .		8,313
	FROM RECORDS MANAGEMENT TRUST FUND .		7,637
3174A	FIXED CAPITAL OUTLAY		
	LIBRARY CONSTRUCTION GRANTS		
	FROM GENERAL REVENUE FUND	1,000,000	

From the funds in Specific Appropriation 3174A, $1,000,000 of nonrecurring funds from the General Revenue Fund is provided for the Department of State 2020-2021 Library Construction Grants ranked list.

TOTAL:	LIBRARY, ARCHIVES AND INFORMATION SERVICES		
	FROM GENERAL REVENUE FUND	24,196,823	
	FROM TRUST FUNDS		10,980,964
	TOTAL POSITIONS	69.00	
	TOTAL ALL FUNDS		35,177,787

PROGRAM: CULTURAL AFFAIRS

CULTURAL AFFAIRS

	APPROVED SALARY RATE	1,296,693	
3175	SALARIES AND BENEFITS	POSITIONS	35.00
	FROM GENERAL REVENUE FUND	756,476	

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	FROM FEDERAL GRANTS TRUST FUND . . .		481,723
	FROM LAND ACQUISITION TRUST FUND . .		776,933
3176	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	14,163	
	FROM LAND ACQUISITION TRUST FUND . .		90,272
3177	EXPENSES		
	FROM GENERAL REVENUE FUND	153,370	
	FROM FEDERAL GRANTS TRUST FUND . . .		24,568
	FROM LAND ACQUISITION TRUST FUND . .		651,418
3178	AID TO LOCAL GOVERNMENTS		
	GRANTS AND AIDS - ARTS GRANTS		
	FROM FEDERAL GRANTS TRUST FUND . . .		232,231
3179	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	1,100	
3179A	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CULTURE BUILDS FLORIDA		
	FROM GENERAL REVENUE FUND	2,881,168	
3180	SPECIAL CATEGORIES		
	GRANTS AND AIDS - CULTURAL AND MUSEUM GRANTS		
	FROM GENERAL REVENUE FUND	16,560,870	

From the funds in Specific Appropriation 3180, $13,600,000 in nonrecurring funds from the General Revenue Fund is provided for the Department of State 2020-2021 Cultural and Museum Grants General Program Support ranked list in its entirety.

The remaining nonrecurring funds in Specific Appropriation 3180 from the General Revenue Fund shall be allocated as follows:

Miami Military Museum and Memorial (HB 2063)(Senate Form 1057)	400,000
Harry S. Truman Little White House Digitization and Protection of Archival Collection - Key West (HB 2733)(Senate Form 2093)	250,000
African American History Museum and Library at Roosevelt High School (HB 3781)(Senate Form 1620)	200,000
PIAG Museum - Art for the Community (HB 9105)(Senate Form 2009)	360,870
Florida Holocaust Museum - Pinellas (HB 2181)(Senate Form 1019)	750,000
Straz Center for the Performing Arts - Master Plan - Tampa (HB 2163)(Senate Form 2274)	1,000,000

3180A	SPECIAL CATEGORIES		
	GRANTS AND AIDS - FLORIDA AFRICAN-AMERICAN HERITAGE PRESERVATION NETWORK		
	FROM GENERAL REVENUE FUND	325,000	

The nonrecurring funds in Specific Appropriation 3180A are provided to the Florida African-American Heritage Preservation Network (FAAHPN) (HB 2785)(Senate Form 1360). The funds shall be used as follows: (a) seventy percent for grants to affiliate organizations for technology and equipment acquisitions, content and exhibit development, preservation of documents and artifacts, or other eligible expenses as determined by FAAHPN; (b) fifteen percent for activities that serve affiliates, including, but not limited to, informational and technical assistance, professional development, marketing and promotions, regional or statewide conferences, or other activities that benefit the FAAHPN or its affiliates; and (c) fifteen percent for administrative costs. The FAAHPN shall submit an annual report of expenditures, including grant funds disbursed, to the Department of State in a format approved by the department. No affiliate organization may be awarded more than five percent of the total amount of grants awarded pursuant to this appropriation.

3181	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	90,709	
	FROM FEDERAL GRANTS TRUST FUND . . .		18,000
	FROM LAND ACQUISITION TRUST FUND . .		25,000

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3181A SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA ENDOWMENT FOR THE HUMANITIES
FROM GENERAL REVENUE FUND 750,000

The nonrecurring funds in Specific Appropriation 3181A are provided for the Florida Humanities Council (HB 2231)(Senate Form 2032).

3182 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 20,814

3183 SPECIAL CATEGORIES
HOLOCAUST DOCUMENTATION AND EDUCATION CENTER
FROM GENERAL REVENUE FUND 357,000

From the funds in Specific Appropriation 3183, $100,000 in recurring funds and $257,000 in nonrecurring funds from the General Revenue Fund are provided for funding an appropriations project (HB 2393) (Senate Form 1574).

3184 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 2,094
FROM LAND ACQUISITION TRUST FUND . . 5,796

3185 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 10,700
FROM FEDERAL GRANTS TRUST FUND . . . 1,749

3186 GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - SPECIAL CATEGORIES - CULTURAL FACILITIES PROGRAM
FROM GENERAL REVENUE FUND 5,658,871

From the funds in Specific Appropriation 3186, $3,778,871 of nonrecurring funds from the General Revenue Fund is provided for the Department of State 2020-2021 Cultural Facilities ranked list.

The remaining nonrecurring funds in Specific Appropriation 3186 from the General Revenue Fund shall be allocated as follows:

Miami Military Museum and Memorial (HB 2063)(Senate Form 1057)	600,000
Happy Workers Learning Center Rehab/Restoration (HB 3469)(Senate Form 1939)	300,000
Richloam Museum (HB 3501)(Senate Form 1908)	50,000
St. Augustine Lighthouse Tower Preservation (HB 4757)	250,000
Pulse Memorial & Museum (HB 3615)(Senate Form 1932)	680,000

TOTAL: CULTURAL AFFAIRS
FROM GENERAL REVENUE FUND 27,582,335
FROM TRUST FUNDS 2,307,690

TOTAL POSITIONS 35.00
TOTAL ALL FUNDS 29,890,025

TOTAL: STATE, DEPARTMENT OF
FROM GENERAL REVENUE FUND 99,296,424
FROM TRUST FUNDS 36,718,171

TOTAL POSITIONS 414.00
TOTAL ALL FUNDS 136,014,595
TOTAL APPROVED SALARY RATE 18,473,472

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SECTION 6 - GENERAL GOVERNMENT

TOTAL OF SECTION 6

FROM GENERAL REVENUE FUND	1,240,107,865	
FROM TRUST FUNDS		5,198,885,461
TOTAL POSITIONS	18,424.50	
TOTAL ALL FUNDS		6,438,993,326

AMERICAN OVERSIGHT

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SECTION 7 - JUDICIAL BRANCH

SPECIFIC
APPROPRIATION

The moneys contained herein are appropriated from the named funds to the State Courts System as the amounts to be used to pay salaries, other operational expenditures and fixed capital outlay.

STATE COURT SYSTEM

From the funds in Specific Appropriations 3198 through 3246, the Office of the State Courts Administrator shall coordinate with the circuit courts to develop or procure one or more electronic criminal justice risk assessment solutions. The solution(s) shall be a validated pretrial risk assessment instrument for all counties which will objectively analyze the risk that a criminal defendant will re-offend or fail to appear before trial and provide risk levels that will inform the court's decision as to whether the defendant should be detained pretrial or released with or without conditions. Criminal justice agencies shall cooperate with the implementation of the tool. In determining the appropriate pretrial risk assessment instruments, the office, in collaboration with the participating criminal justice agencies, shall review existing, validated pretrial risk assessment instruments. The office shall submit to the President of the Senate and the Speaker of the House of Representatives an interim report by February 1, 2021, which addresses the implementation status, outcomes, and whether risk assessment instruments used in problem solving courts could be included in the solution. A final report shall be issued by January 3, 2022, and shall include the preliminary outcome results from the use of the tool.

PROGRAM: SUPREME COURT

COURT OPERATIONS - SUPREME COURT

APPROVED SALARY RATE 7,025,236

3187	SALARIES AND BENEFITS POSITIONS 99.00		
	FROM GENERAL REVENUE FUND	5,900,104	
	FROM STATE COURTS REVENUE TRUST FUND		4,212,248
3188	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	275,343	
	FROM STATE COURTS REVENUE TRUST FUND		60,186
3189	EXPENSES		
	FROM GENERAL REVENUE FUND	850,803	
3190	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	31,371	
3191	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	380,205	
3192	SPECIAL CATEGORIES		
	DISCRETIONARY FUNDS OF THE CHIEF JUSTICE		
	FROM GENERAL REVENUE FUND	15,000	

Funds provided in Specific Appropriation 3192 may be spent at the discretion of the Chief Justice to carry out the official duties of the court. These funds shall be disbursed by the Chief Financial Officer upon receipt of vouchers authorized by the Chief Justice.

3193	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	54,365	
3194	SPECIAL CATEGORIES		
	SALARY INCENTIVE PAYMENTS		
	FROM GENERAL REVENUE FUND	18,418	
3195	SPECIAL CATEGORIES		
	SUPREME COURT LAW LIBRARY		
	FROM GENERAL REVENUE FUND	248,018	

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SECTION 7 - JUDICIAL BRANCH

3196	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT FROM GENERAL REVENUE FUND	24,308	
3197	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT FROM GENERAL REVENUE FUND	21,810	
TOTAL:	COURT OPERATIONS - SUPREME COURT FROM GENERAL REVENUE FUND	7,819,745	
	FROM TRUST FUNDS		4,272,434
	TOTAL POSITIONS	99.00	
	TOTAL ALL FUNDS		12,092,179

EXECUTIVE DIRECTION AND SUPPORT SERVICES

From the funds in Specific Appropriations 3398, 3200, 3203, and 3208, one position, associated salary rate and $333,951 of recurring funds and $3,940 of nonrecurring funds from the General Revenue Fund is provided to the Office of the State Courts Administrator to hire a statewide training specialist to provide training to court teams participating in Early Childhood Courts (ECCs). Additionally, funds are provided to contract for an evaluation of the ECCs to ensure the quality, accountability, and fidelity of the programs' evidence-based treatment.

APPROVED SALARY RATE 11,856,144

3198	SALARIES AND BENEFITS POSITIONS	195.00	
	FROM GENERAL REVENUE FUND	7,847,583	
	FROM ADMINISTRATIVE TRUST FUND . . .		371,152
	FROM STATE COURTS REVENUE TRUST FUND		5,331,376
	FROM COURT EDUCATION TRUST FUND . .		1,549,241
	FROM FEDERAL GRANTS TRUST FUND . . .		1,063,637
3199	OTHER PERSONAL SERVICES FROM GENERAL REVENUE FUND	238,388	
	FROM ADMINISTRATIVE TRUST FUND . . .		225,992
	FROM STATE COURTS REVENUE TRUST FUND		31,596
	FROM COURT EDUCATION TRUST FUND . .		105,957
	FROM FEDERAL GRANTS TRUST FUND . . .		85,030
3200	EXPENSES FROM GENERAL REVENUE FUND	1,939,887	
	FROM ADMINISTRATIVE TRUST FUND . . .		284,676
	FROM STATE COURTS REVENUE TRUST FUND		23,640
	FROM COURT EDUCATION TRUST FUND . .		1,992,949
	FROM FEDERAL GRANTS TRUST FUND . . .		872,006
3201	OPERATING CAPITAL OUTLAY FROM GENERAL REVENUE FUND	113,735	
	FROM ADMINISTRATIVE TRUST FUND . . .		50,000
	FROM COURT EDUCATION TRUST FUND . .		10,000
	FROM FEDERAL GRANTS TRUST FUND . . .		26,332
3202	SPECIAL CATEGORIES GRANTS AND AIDS - CLERK OF COURT INFORMATION TECHNOLOGY FROM GENERAL REVENUE FUND	370,000	

Funds in Specific Appropriation 3202 shall be used by the Office of the State Courts Administrator, in coordination with the Florida Clerks of Court Operations Corporation and clerks of court, for operation, maintenance, and enhancement of an information technology platform to electronically transmit alert reminders and information to individuals involved with the state courts system. The platform shall integrate with existing state, county, or other court- or justice-related information systems, as necessary. Any data collected is the property of the State of Florida or designated agency. The Office of the State Courts Administrator shall provide a project status report which includes progress made to date for each milestone and deliverable as well as key

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metrics such as failures to appear in order to assess the performance of the project. The report shall be submitted to the chair of the Senate Committee on Appropriations, the chair of the House of Representatives Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget on July 15, 2020, for the prior fiscal year.

3203	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	511,010	
	FROM ADMINISTRATIVE TRUST FUND . . .		151,000
	FROM COURT EDUCATION TRUST FUND . .		106,105
	FROM FEDERAL GRANTS TRUST FUND . . .		472,755
3204	SPECIAL CATEGORIES		
	FLORIDA CASES SOUTHERN 2ND REPORTER		
	FROM GENERAL REVENUE FUND	632,424	
	FROM STATE COURTS REVENUE TRUST FUND		101,124
3205	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	85,941	
3206	SPECIAL CATEGORIES		
	COMPUTER SUBSCRIPTION SERVICES		
	FROM GENERAL REVENUE FUND	209,533	
3207	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	46,159	
	FROM COURT EDUCATION TRUST FUND . .		7,500
	FROM FEDERAL GRANTS TRUST FUND . . .		5,500
3208	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	35,499	
	FROM ADMINISTRATIVE TRUST FUND . . .		196
	FROM COURT EDUCATION TRUST FUND . .		3,651
	FROM FEDERAL GRANTS TRUST FUND . . .		3,933
3209	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM GENERAL REVENUE FUND	2,516,309	
	FROM ADMINISTRATIVE TRUST FUND . . .		150,000
	FROM STATE COURTS REVENUE TRUST FUND		448,696
TOTAL:	EXECUTIVE DIRECTION AND SUPPORT SERVICES		
	FROM GENERAL REVENUE FUND	14,546,468	
	FROM TRUST FUNDS		13,474,044
	TOTAL POSITIONS	195.00	
	TOTAL ALL FUNDS		28,020,512

ADMINISTERED FUNDS - JUDICIAL

COURT OPERATIONS - ADMINISTERED FUNDS

3209A	AID TO LOCAL GOVERNMENTS		
	SMALL COUNTY COURTHOUSE FACILITIES		
	FROM STATE COURTS REVENUE TRUST FUND		125,000

Funds provided in Specific Appropriation 3209A are to be used for Union County Courthouse Security (HB 4917) (Senate Form 2430).

3209B	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY		
	FIXED CAPITAL OUTLAY - COUNTY COURTHOUSE FACILITIES		
	FROM STATE COURTS REVENUE TRUST FUND		775,000

Funds in Specific Appropriation 3209B are provided for the following fixed capital outlay projects:

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	Nassau County Courthouse Annex Completion Project (HB 3351) (Senate Form 1680)		250,000
	Taylor County Courthouse Improvements (HB 2943) (Senate Form 1457)		250,000
	Union County Courthouse and Jail Security (HB 4917) (Senate Form 2430)		275,000
3209C	GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY IMPROVEMENTS - LIBERTY COUNTY COURTHOUSE FROM STATE COURTS REVENUE TRUST FUND		380,000

Funds in Specific Appropriation 3209C are provided for Liberty County Courthouse Improvements (HB 2959) (Senate Form 1451).

TOTAL:	COURT OPERATIONS - ADMINISTERED FUNDS FROM TRUST FUNDS		1,280,000
	TOTAL ALL FUNDS		1,280,000

PROGRAM: DISTRICT COURTS OF APPEAL

COURT OPERATIONS - APPELLATE COURTS

APPROVED SALARY RATE 32,896,022

3210	SALARIES AND BENEFITS	POSITIONS	445.00	
	FROM GENERAL REVENUE FUND		31,470,551	
	FROM ADMINISTRATIVE TRUST FUND			2,028,114
	FROM STATE COURTS REVENUE TRUST FUND			13,175,976
3211	OTHER PERSONAL SERVICES			
	FROM GENERAL REVENUE FUND		140,007	
3212	EXPENSES			
	FROM GENERAL REVENUE FUND		3,398,286	
	FROM ADMINISTRATIVE TRUST FUND			94,669
	FROM STATE COURTS REVENUE TRUST FUND			125,000
3213	OPERATING CAPITAL OUTLAY			
	FROM GENERAL REVENUE FUND		113,364	
	FROM ADMINISTRATIVE TRUST FUND			27,000
3214	SPECIAL CATEGORIES COMPENSATION TO RETIRED JUDGES			
	FROM GENERAL REVENUE FUND		51,790	
3215	SPECIAL CATEGORIES CONTRACTED SERVICES			
	FROM GENERAL REVENUE FUND		724,929	
3216	SPECIAL CATEGORIES RISK MANAGEMENT INSURANCE			
	FROM GENERAL REVENUE FUND		115,104	
3217	SPECIAL CATEGORIES SALARY INCENTIVE PAYMENTS			
	FROM STATE COURTS REVENUE TRUST FUND			26,151
3218	SPECIAL CATEGORIES DISTRICT COURT OF APPEAL LAW LIBRARY			
	FROM GENERAL REVENUE FUND		162,797	
3219	SPECIAL CATEGORIES LEASE OR LEASE-PURCHASE OF EQUIPMENT			
	FROM GENERAL REVENUE FUND		62,686	
3220	SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT			
	FROM GENERAL REVENUE FUND		90,763	

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	FROM ADMINISTRATIVE TRUST FUND . . .		1,966
	FROM STATE COURTS REVENUE TRUST FUND		1,421
3221	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM GENERAL REVENUE FUND	171,100	
3221A	FIXED CAPITAL OUTLAY		
	SECOND DISTRICT COURT OF APPEAL NEW COURTHOUSE CONSTRUCTIONS - DMS MGD		
	FROM GENERAL REVENUE FUND	21,000,000	

Funds in Specific Appropriation 3221A are provided for the relocation of the 2nd District Court of Appeal. State or local land shall be sought for the relocated courthouse. A state-owned property located in Pinellas County, Florida, is the first choice for the new courthouse. The funds may be used for architectural and engineering professional services, and construction management to prepare the cost projection for the new courthouse. Funds from this appropriation may also be used for demolition or other expenses related to repurposed land, and for general site preparation, construction or relocation expenses of state workers at the repurposed site, if needed. In the event a state-owned location in Pinellas County, Florida cannot be made available, the courts shall work with the Department of Management Services to select another location. If there is no suitable state or local land available in the greater Tampa Bay area, funds may be used to purchase land including to purchase contiguous properties to state or local lands within the jurisdiction of the 2nd District Court of Appeal.

TOTAL:	COURT OPERATIONS - APPELLATE COURTS		
	FROM GENERAL REVENUE FUND	57,501,377	
	FROM TRUST FUNDS		15,480,297
	TOTAL POSITIONS	445.00	
	TOTAL ALL FUNDS		72,981,674

PROGRAM: TRIAL COURTS

COURT OPERATIONS - CIRCUIT COURTS

From the funds in Specific Appropriations 3222, 3224, 3236, nine positions, associated salary rate, and $1,433,945 of recurring funds and $21,591 of nonrecurring funds from the General Revenue Fund is provided for one additional circuit court judgeship in the First Judicial Circuit and the Fourteenth Judicial Circuit, and two additional circuit court judgeships in the Ninth Judicial Circuit, contingent upon HB 5301 or similar legislation becoming law.

From the funds in Specific Appropriations 3222, 3224, and 3236, 20 positions, associated salary rate and $1,864,719 of recurring funds and $47,080 of nonrecurring funds from the General Revenue Fund is provided to the trial courts to be used for community coordinators for Early Childhood Courts (ECCs). The Office of the State Courts Administrator (OSCA) may coordinate with participating circuit courts to fill community coordinator positions for the circuits' ECCs.

APPROVED SALARY RATE 224,635,153

3222	SALARIES AND BENEFITS POSITIONS	3,017.50	
	FROM GENERAL REVENUE FUND	266,763,367	
	FROM ADMINISTRATIVE TRUST FUND . . .		286,678
	FROM STATE COURTS REVENUE TRUST FUND		49,106,006
	FROM FEDERAL GRANTS TRUST FUND . . .		6,735,294
3223	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	833,096	
	FROM STATE COURTS REVENUE TRUST FUND		164,243
	FROM FEDERAL GRANTS TRUST FUND . . .		25,930
3224	EXPENSES		
	FROM GENERAL REVENUE FUND	6,277,641	
	FROM ADMINISTRATIVE TRUST FUND . . .		3,928
	FROM STATE COURTS REVENUE TRUST FUND		334,505

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	FROM FEDERAL GRANTS TRUST FUND . . .		110,616
3225	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	266,618	
	FROM STATE COURTS REVENUE TRUST FUND		144,982
3226	SPECIAL CATEGORIES		
	PROBLEM SOLVING COURTS		
	FROM GENERAL REVENUE FUND	10,845,555	
	FROM STATE COURTS REVENUE TRUST FUND		260,000

From the funds in Specific Appropriation 3226, the Office of the State Courts Administrator shall provide a report by February 1, 2021, to the President of the Senate and the Speaker of the House of Representatives which details the number of participants in each problem-solving court for each fiscal year the court has been operating and the types of services provided, each source of funding for each court during each fiscal year, and information on the performance of each court based upon outcome measures established by the courts.

From the funds in Specific Appropriation 3226, $9,412,527 in recurring funds from the General Revenue Fund is provided for treatment services, drug testing, case management, and ancillary services for participants in problem-solving courts, including, but not limited to, adult drug courts, juvenile drug courts, family dependency drug courts, early childhood courts, mental health courts, and veterans courts. Funds may also be used to provide training and education for multidisciplinary problem-solving court team members to gain up-to-date knowledge on best practices.

The Trial Court Budget Commission shall determine the allocation of funds to the circuits. Funds distributed from this specific appropriation must be matched by local government, federal government, or private funds. The matching ratio for allocation of these funds shall be 30 percent non-state and 70 percent state funding, other than veterans court, which shall have a matching ratio of 20 percent non-state funding and 80 percent state funding. However, no match will be required for a problem-solving court that by its primary purpose or mission addresses activities for which state dollars are typically expended. Further, if the county meets the definition of a "fiscally constrained county," as provided in section 218.67, Florida Statutes, no match will be required. In pursuing funding under this specific appropriation, a circuit may consider, among other criteria, the extent to which a problem-solving court addresses the needs of individuals with an opioid use disorder.

From the funds in Specific Appropriation 3226, $1,425,000 in recurring funds from the General Revenue Fund is provided for felony and/or misdemeanor pretrial or post-adjudicatory veterans' treatment intervention programs in the following counties:

Alachua	150,000
Clay	150,000
Duval	200,000
Escambia	150,000
Leon	125,000
Okaloosa	150,000
Orange	200,000
Pasco	150,000
Pinellas	150,000

From the funds in Specific Appropriation 3226, $260,000 in nonrecurring funds from the State Courts Revenue Trust Fund is provided for the Seminole County Juvenile Drug Court (HB 3059) (Senate Form 1954).

3227	SPECIAL CATEGORIES		
	CIVIL TRAFFIC INFRACTION HEARING OFFICERS		
	FROM GENERAL REVENUE FUND	2,042,854	
3228	SPECIAL CATEGORIES		
	COMPENSATION TO RETIRED JUDGES		
	FROM GENERAL REVENUE FUND	2,015,249	

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3229 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND 12,161,897
FROM STATE COURTS REVENUE TRUST FUND 436,387

From the funds in Specific Appropriation 3229, $5,000,000 in recurring funds and $500,000 in nonrecurring funds from the General Revenue Fund is provided for naltrexone extended-release injectable medication to treat alcohol- or opioid-addicted individuals involved in the criminal justice system, individuals who have a high likelihood of criminal justice involvement, or who are in court-ordered, community-based drug treatment (recurring base appropriations project) (HB 3879). The Office of the State Courts Administrator shall contract with a non-profit entity for the purpose of purchasing and distributing the medication.

From the funds in Specific Appropriation 3229, $6,000,000 in recurring funds from the General Revenue Fund is provided to the Office of State Court Administrator for medication-assisted treatment of substance abuse disorders in individuals involved in the criminal justice system, individuals who have a high likelihood of becoming involved in the criminal justice system, or individuals who are in court-ordered, community-based drug treatment. Such medication-assisted treatment may include, but is not limited to, methadone, buprenorphine, buprenorphine extended release injectable, and naltrexone extended release injectable. The Office of the State Courts Administrator shall contract with a non-profit entity for the purpose of purchasing and distributing the medication.

From the funds in Specific Appropriation 3229, $436,387 in nonrecurring funds from the State Courts Revenue Trust Fund is provided for the following appropriations projects:

Community Court Program - City of Fort Lauderdale (HB 3289) (Senate Form 1292)..... 136,387
The Alternative Programs, Inc. - Alternatives to Incarceration (HB 2197)..... 300,000

3230 SPECIAL CATEGORIES
DOMESTIC VIOLENCE OFFENDER MONITORING PROGRAM
FROM GENERAL REVENUE FUND 316,000

Funds in Specific Appropriation 3230 are provided to the Eighteenth Judicial Circuit to continue its program to protect victims of domestic violence with Active Global Positioning Satellite (GPS) technology (recurring base appropriations project).

3231 SPECIAL CATEGORIES
RISK MANAGEMENT INSURANCE
FROM GENERAL REVENUE FUND 1,790,417

3232 SPECIAL CATEGORIES
STATEWIDE GRAND JURY - EXPENSES
FROM GENERAL REVENUE FUND 143,310

3233 SPECIAL CATEGORIES
LEASE OR LEASE-PURCHASE OF EQUIPMENT
FROM GENERAL REVENUE FUND 57,133

3234 SPECIAL CATEGORIES
MEDIATION/ARBITRATION SERVICES
FROM GENERAL REVENUE FUND 3,279,359

3235 SPECIAL CATEGORIES
STATE COURTS DUE PROCESS COSTS
FROM GENERAL REVENUE FUND 19,748,736
FROM ADMINISTRATIVE TRUST FUND . . . 1,104,930

3236 SPECIAL CATEGORIES
TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT
FROM GENERAL REVENUE FUND 597,763
FROM FEDERAL GRANTS TRUST FUND . . . 29,029

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3237	DATA PROCESSING SERVICES		
	OTHER DATA PROCESSING SERVICES		
	FROM GENERAL REVENUE FUND	1,482,114	
	FROM STATE COURTS REVENUE TRUST FUND		447,780
TOTAL:	COURT OPERATIONS - CIRCUIT COURTS		
	FROM GENERAL REVENUE FUND	328,621,109	
	FROM TRUST FUNDS		59,190,308
	TOTAL POSITIONS	3,017.50	
	TOTAL ALL FUNDS		387,811,417

COURT OPERATIONS - COUNTY COURTS

From the funds in Specific Appropriations 3238, 3240 and 3246, 12 positions, associated salary rate, and $1,927,109 of recurring funds and $28,788 of nonrecurring funds from the General Revenue Fund is provided for one additional county court judgeship in Orange County and in Lee County, and four additional county court judgeships in Hillsborough County, contingent upon HB 5301 or similar legislation becoming law.

APPROVED SALARY RATE 64,619,069

3238	SALARIES AND BENEFITS POSITIONS	660.00	
	FROM GENERAL REVENUE FUND	92,897,489	
	FROM STATE COURTS REVENUE TRUST FUND		5,912,636
3239	OTHER PERSONAL SERVICES		
	FROM GENERAL REVENUE FUND	27,066	
3240	EXPENSES		
	FROM GENERAL REVENUE FUND	2,935,194	
3241	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	15,000	
3242	SPECIAL CATEGORIES		
	ADDITIONAL COMPENSATION FOR COUNTY JUDGES		
	FROM GENERAL REVENUE FUND	75,000	
3243	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	468,000	
3244	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	147,573	
3245	SPECIAL CATEGORIES		
	LEASE OR LEASE-PURCHASE OF EQUIPMENT		
	FROM GENERAL REVENUE FUND	30,382	
3246	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - HUMAN RESOURCES SERVICES PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	130,453	
TOTAL:	COURT OPERATIONS - COUNTY COURTS		
	FROM GENERAL REVENUE FUND	96,726,157	
	FROM TRUST FUNDS		5,912,636
	TOTAL POSITIONS	660.00	
	TOTAL ALL FUNDS		102,638,793

PROGRAM: JUDICIAL QUALIFICATIONS COMMISSION

JUDICIAL QUALIFICATIONS COMMISSION OPERATIONS

APPROVED SALARY RATE 301,904

3247	SALARIES AND BENEFITS POSITIONS	4.00	
	FROM GENERAL REVENUE FUND	395,777	

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3248	EXPENSES		
	FROM GENERAL REVENUE FUND	160,205	
3249	OPERATING CAPITAL OUTLAY		
	FROM GENERAL REVENUE FUND	1,638	
3250	SPECIAL CATEGORIES		
	CONTRACTED SERVICES		
	FROM GENERAL REVENUE FUND	240,475	
3251	SPECIAL CATEGORIES		
	RISK MANAGEMENT INSURANCE		
	FROM GENERAL REVENUE FUND	700	
3252	SPECIAL CATEGORIES		
	LITIGATION EXPENSES		
	FROM GENERAL REVENUE FUND	231,294	

Funds in Specific Appropriation 3252 are to be used only for case expenditures associated with the filing and prosecution of formal charges. These costs shall consist of attorney's fees, court reporting fees, investigators' fees, and similar charges associated with the adjudicatory process.

3253	SPECIAL CATEGORIES		
	TRANSFER TO DEPARTMENT OF MANAGEMENT		
	SERVICES - HUMAN RESOURCES SERVICES		
	PURCHASED PER STATEWIDE CONTRACT		
	FROM GENERAL REVENUE FUND	983	
TOTAL:	JUDICIAL QUALIFICATIONS COMMISSION OPERATIONS		
	FROM GENERAL REVENUE FUND	1,031,072	
	TOTAL POSITIONS	4.00	
	TOTAL ALL FUNDS		1,031,072
TOTAL:	STATE COURT SYSTEM		
	FROM GENERAL REVENUE FUND	506,245,928	
	FROM TRUST FUNDS		99,609,719
	TOTAL POSITIONS	4,420.50	
	TOTAL ALL FUNDS		605,855,647
	TOTAL APPROVED SALARY RATE	341,333,528	
TOTAL OF SECTION 7			
	FROM GENERAL REVENUE FUND	506,245,928	
	FROM TRUST FUNDS		99,609,719
	TOTAL POSITIONS	4,420.50	
	TOTAL ALL FUNDS		605,855,647

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SECTION 8. EMPLOYEE COMPENSATION AND BENEFITS - FISCAL YEAR 2020-2021

This section provides instructions for implementing the Fiscal Year 2020-2021 salary and benefit adjustments provided in this act. All allocations, distributions, and uses of these funds are to be made in strict accordance with the provisions of this act and chapter 216, Florida Statutes.

References to an "eligible" employee refer to an employee who is, at a minimum, meeting his or her required performance standards, if applicable. If an ineligible employee achieves performance standards subsequent to the salary implementation date, but on or before the end of the fiscal year, the employee may receive the increase; however, the increase shall be effective on the date the employee becomes eligible but not retroactively. In addition, any salary increase or bonus provided under this section shall be pro-rated based on the full-time equivalency of the employee's position. Employees classified as other personnel services employees are not eligible for an increase.

It is the intent of the Legislature that the minimum for each pay grade and pay band may not be adjusted during the 2020-2021 fiscal year and that the maximums for each pay grade and pay band be adjusted upward commensurate with the increases provided in subsections (1)(b), and (2)(a),(b) and (c). In addition, the Legislature intends that all eligible employees receive the increases specified in this section, even if the implementation of such increases results in an employee's salary exceeding the adjusted pay grade maximum.

(1) EMPLOYEE AND OFFICER COMPENSATION

(a) Officer Compensation

The elected officers, members of commissions, and designated employees shall be paid at the annual rate, listed below, for the 2020-2021 fiscal year; however, these salaries may be reduced on a voluntary basis.

	7/01/2020	10/01/2020
Governor	130,273	134,181
Lieutenant Governor	124,851	128,597
Chief Financial Officer	128,972	132,841
Attorney General	128,972	132,841
Agriculture, Commissioner of	128,972	132,841
Supreme Court Justice	220,600	227,218
Judges - District Courts of Appeal	169,554	174,641
Judges - Circuit Courts	160,688	165,509
Judges - County Courts	151,822	156,377
State Attorneys	169,554	174,641
Public Defenders	169,554	174,641
Commissioner - Public Service Commission	132,036	135,997
Public Employees Relations Commission Chair	97,789	100,723
Public Employees Relations Commission Commissioners	46,362	47,753
Commissioner - Parole	92,724	95,506
Criminal Conflict and Civil Regional Counsels	115,000	118,450

None of the officers, commission members, or employees whose salaries have been fixed in this section shall receive any supplemental salary or benefits from any county or municipality.

(b) Employee Compensation

Effective October 1, 2020, funds are provided in Specific Appropriation 2014B to grant a competitive pay adjustment of 3.0 percent to each eligible employee in the Career Service, the Selected Exempt Service, the Senior Management Service, the lottery pay plan, the judicial branch pay plan, the legislative pay plan, and the pay plans administered by the Justice Administration Commission, to each military employee of the Florida National Guard on full-time military duty, and to each eligible non-career service employee of the Florida School for the Deaf and Blind, based on each eligible employee's September 30, 2020, base rate of pay, but the minimum annual increase shall be $1,000. This competitive pay adjustment shall not apply to the Child Protective Investigator classifications within the Department of Children and Families receiving compensation adjustments pursuant to subsection (2)(b) of Section 8 listed below.

(2) SPECIAL PAY ISSUES

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(a) Security Service Employees

1. For the purposes of this paragraph, "security service employee" means:

a. An employee of the Department of Corrections in the following classification codes: Correctional Officer (8003); Correctional Officer Sergeant (8005); Correctional Officer Lieutenant (8011); Correctional Officer Captain (8013); Correctional Officer Major (8015); Correctional Officer Colonel (8017); Correctional Probation Officer (8036); Correctional Probation Officer - Institution (8037); Correctional Probation Senior Officer (8039); Correctional Probation Officer Specialist (8040); Correctional Probation Senior Officer - Institution (8041); Correctional Probation Supervisor (8045); Correction Probation Senior Supervisor (8046); Correctional Probation Senior Supervisor Institution SES (8048); Inspector DC (8026); Senior Inspector DC (8028); and Inspector Supervisor (8029); and

b. An employee of the Agency for Persons with Disabilities or Department of Children and Families in the following classification codes: Institutional Security Specialist I (8237); Institutional Security Specialist II (8238); Institutional Security Specialist Shift Supervisor (8240); Institutional Security Chief (8243).

2. Effective October 1, 2020, funds are provided in Specific Appropriation 2014B, in addition to the competitive market pay adjustment provided in paragraph (1)(b), to grant:

a. Each eligible security service employee with less than 2 years of service as a security service employee, a special pay adjustment of $500 to each eligible security service employee's September 30, 2020 base rate of pay.

b. Each eligible security service employee with 2 or more years, but less than 5 years, of service as a security service employee, a service longevity pay adjustment of $1,500 to each eligible security service employee's September 30, 2020 base rate of pay.

c. Each eligible security service employee with 5 or more years of service as a security service employee, a service longevity pay adjustment of $2,500 to each eligible security service employee's September 30, 2020 base rate of pay.

(b) Department of Children and Families - Child Protective Investigators

1. Effective July 1, 2020, funds are provided in Specific Appropriation 2014B for the Department of Children and Families to grant a 10.0 percent increase to each Child Protective Investigator and Senior Child Protective Investigator (class codes 8371 and 8373); and a 5.0 percent increase to each Child Protective Investigator Supervisor and Child Protective Field Support Consultant (class codes 8372 and 8374) June 30, 2020, base rate of pay.

(c) Department of Corrections Teachers

Effective October 1, 2020, funds are provided in Specific Appropriation 2014B for the Department of Corrections to grant an additional 15.0 percent increase to the base rate of pay on September 30, 2020, of each Academic Teacher (class code 8093), Special Education Teacher (class code 9095), Education Supervisor I (class code 8082), and Education Supervisor II (class code 8083). The increase provided in this subsection shall be in addition to the adjustment provided in subsection (1)(b) above.

(d) Criminal Conflict and Civil Regional Counsel

Effective July 1, 2020, funds are provided in Specific Appropriation 2014B to provide senior management class benefits in the Florida Retirement System to each appointed criminal conflict and civil regional counsel and each district's assistant regional counsel chiefs, administrative directors and chief investigators, contingent upon the passage of Committee Substitute for Senate Bill 952, or other similar legislation, during the 2020 Regular Session and such legislation becoming a law.

(e) Guardian Ad Litem Attorneys

Effective July 1, 2020, funds are provided in Specific Appropriation

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2014B for the Justice Administration Commission to provide attorneys employed by the Guardian ad Litem Office with enhanced health insurance benefits and annual leave benefits.

(3) BENEFITS: HEALTH, LIFE, AND DISABILITY INSURANCE

(a) State Life Insurance and State Disability Insurance

Funds are provided in each agency's budget to continue paying the state share of the current State Life Insurance Program and the State Disability Insurance Program premiums.

(b) State Health Insurance Plans and Benefits

1. For the period July 1, 2020, through June 30, 2021, the Department of Management Services shall continue within the State Group Insurance Program State Group Health Insurance Standard Plans, State Group Health Insurance High Deductible Plans, State Group Health Maintenance Organization Standard Plans, and State Group Health Maintenance Organization High Deductible Plans.

2. For the period July 1, 2020, through June 30, 2021, the benefits provided under each of the plans shall be those benefits as provided in the current State Employees' PPO Plan Group Health Insurance Plan Booklet and Benefit Document, and current Health Maintenance Organization contracts and benefit documents, including any revisions to such health benefits approved by the Legislature.

3. Beginning January 1, 2021, for the 2021 plan year, each plan shall continue the benefits for occupational therapy authorized for the 2020 plan year.

4. Effective July 1, 2020, the state health insurance plans, as defined in subsection (3)(b), shall limit plan participant cost sharing (deductibles, coinsurance, and copayments) for covered in-network medical services, the amount of which shall not exceed the annual cost sharing limitations for individual coverage or for family coverage as provided by the U.S. Department of Health and Human Services pursuant to the provisions of the federal Patient Protection and Affordable Care Act of 2010 and the Internal Revenue Code. Medical and prescription drug cost sharing amounts incurred by a plan participant for covered in-network service shall be aggregated to record the participant's total amount of plan cost sharing limitations. The plan shall pay 100 percent of covered in-network services for a plan participant during the applicable calendar year once the federal cost share limitations are reached.

5. Effective July 1, 2020, a participant has the option to receive a covered immunization from a participating provider pursuant to a participant's current State Employees' PPO Plan Group Health Insurance Plan Booklet and Benefit Document, a participating provider pursuant to a participant's current Health Maintenance Organization contract and benefits document, or a participating pharmacy in the State Employees' pharmacy benefit manager's network.

6. Effective January 1, 2021, the Division of State Group Insurance shall amend its health benefits contracts to allow service delivery through telehealth for primary care benefits.

7. The high deductible health plans shall continue to include an integrated Health Savings Account (HSA). Such plans and accounts shall be administered in accordance with the requirements and limitations of federal provisions related to the Medicare Prescription Drug Improvement and Modernization Act of 2003. The state shall make a monthly contribution to the employee's health savings account, as authorized in section 110.123(12), Florida Statutes, of $41.66 for employees with individual coverage and $83.33 for employees with family coverage.

8. a. The Department of Management Services shall continue the pilot program within the PPO plan and the self-insured HMO plans to provide coverage for the treatment and management of obesity and related conditions during the 2021 plan year.

b. The participation in the pilot program will be limited to 2,000 members. The department shall establish criteria, which shall include, but not be limited to:

i. Member of the PPO plan or a self-insured HMO during the 2020 and 2021 plan year;

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ii. Completion of a health risk assessment through the PPO plan during the 2020 plan year;

iii. Consent to provide personal and medical information to the department;

iv. Referral and supervision of a physician participating in the PPO network during the 2020 plan year; and

v. Enrollment in a department-approved wellness program during the 2021 plan year.

By January 15, 2021, the Department of Management Services will report to the legislature the number of individuals who applied to participate in the pilot program and the number of participants who enrolled in the pilot program.

c. Members participating in the pilot program will be responsible for all applicable copayments, coinsurance, deductibles, and other out-of-pocket expenses. The pilot program will provide coverage for all Federal Drug Administration approved medications for chronic weight management for patients.

d. The Department of Management Services shall review the results and outcomes of the pilot program beginning June 30, 2021. The department shall provide a final report by December 15, 2021, to be submitted to the legislature. The report shall include, at a minimum, a discussion of whether members participating in the pilot program have experienced a reduction in body mass index, and if so, the average amount of reduction; and the reduction or elimination of co-morbidities, and if so, which co-morbidities were reduced or eliminated. In addition, the report should determine the average cost to the state employee health insurance program on a per member per month basis and the total cost of each participant's annual health care costs prior to entering the pilot program, and upon completion of the pilot program. The department must include recommendations to treat, reduce, and prevent obesity in the state employee population.

(c) State Health Insurance Premiums for the Period July 1, 2020, through June 30, 2021.

1. State Paid Premiums

a. For the coverage period beginning August 1, 2020, through December 31, 2020, the state share of the State Group Health Insurance Standard and High Deductible Health Plan premiums to the executive, legislative and judicial branch agencies shall continue at $713.80 per month for individual coverage and $1,539.32 per month for family coverage.

b. For the coverage period, beginning January 1, 2021, the state share of the State Group Health Insurance Standard and High Deductible Health Plan premiums to the executive, legislative, and judicial branch agencies shall increase, effective December 1, 2020, from $713.80 to $763.46 per month for individual coverage and from $1,539.32 to $1,651.08 for family coverage.

c. Funds are provided in each state agency and university's budget to continue paying the state share of the State Group Health Insurance program premiums for the fiscal year. Funds are provided in Specific Appropriation 2014B to pay the incremental cost of the premium adjustments effective December 1, 2020.

d. The agencies shall continue to pay premiums on behalf of employees who have enhanced benefits as follows, including those employees participating in the Spouse Program in accordance with section 60P-2.0036, Florida Administrative Code, and those employees filling positions with "agency pay-all" benefits.

i. For the coverage period beginning August 1, 2020, through December 31, 2020, the state share of the State Group Health Insurance Standard Plan Premiums to the executive, legislative, and judicial branch agencies for employees with enhanced benefits, excluding the Spouse Program, shall continue to be $755.46 per month for Individual Coverage and $1,689.32 per month for family coverage.

ii. For the coverage period beginning January 1, 2021, the state share of the State Group Health Insurance Standard Plan Premiums to the executive, legislative, and judicial branch agencies for employees with

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enhanced benefits, excluding Spouse Program participants, shall increase, effective December 1, 2020, from $755.46 per month to $805.12 per month for individual coverage and from $1,689.32 to $1,801.08 for family coverage.

iii. For the coverage period beginning August 1, 2020, through December 31, 2020, the state share of the State Group Health Insurance Standard Plan Premiums to the executive, legislative and judicial branch agencies, for each employee participating in the Spouse Program shall continue to be $844.66 per month for family coverage.

iv. For the coverage period beginning January 1, 2021, the state share of the State Group Health Insurance Standard Plan Premiums to the executive, legislative, and Judicial branch agencies, for each employee participating in the Spouse Program shall increase, effective December 1, 2020, from $844.66 per month to $900.54 for family coverage.

v. For the coverage period beginning August 1, 2020, through December 31, 2020, the state share of the State Group Health Insurance High Deductible Plan Premiums to the executive, legislative, and judicial branch agencies for employees with enhanced benefits, excluding the Spouse Program, shall continue to be $720.46 per month for Individual Coverage and $1,573.62 per month for family coverage.

vi. For the coverage period beginning January 1, 2021, the state share of the State Group Health Insurance High Deductible Plan Premiums to the executive, legislative, and judicial branch agencies for employees with enhanced benefits, excluding the Spouse Program, shall increase, effective December 1, 2020, from $720.46 per month to $770.12 per month for Individual Coverage and from $1,573.62 per month to $1,685.38 per month for family coverage.

vii. For the coverage period beginning August 1, 2020, through December 31, 2020, the state share of the State Group Health Insurance High Deductible Plan Premiums to the executive, legislative and judicial branch agencies, for each employee participating in the Spouse Program shall continue to be $786.82 per month for family coverage.

viii. For the coverage period beginning January 1, 2021, the state share of the State Group Health Insurance High Deductible Plan Program premiums to the executive, legislative, and judicial branch agencies, for each employee participating in the Spouse Program shall increase, effective December 1, 2020, from $786.82 per month to $842.70 per month for family coverage.

2. Premiums Paid by Employees

a. For the coverage period beginning August 1, 2020, the employee share of the health insurance premiums for the standard plans shall continue to be $50 per month for individual coverage and $180 per month for family coverage.

b. For the coverage period beginning August 1, 2020, the employee share of the health insurance premium for the high deductible health plans shall continue to be $15 per month for individual coverage and $64.30 per month for family coverage.

c. For the coverage period beginning August 1, 2020, the employee share of the health insurance premium for the standard plan and the high deductible plan shall continue to be $8.34 per month for individual coverage and $30 per month for family coverage for employees filling positions with "agency payall" benefits.

d. For the coverage period beginning August 1, 2020, the employee share of the health insurance premiums for the standard plans and the high deductible plans shall continue to be $15 per month for each employee participating in the Spouse Program in accordance with section 60P-2.0036, Florida administrative Code.

3. Premiums paid by Medicare Participants

a. For the coverage period beginning August 1, 2020, through December 31, 2020, the monthly premiums for Medicare participants participating in the State Group Health Insurance Standard Plan shall continue to be $403.92 for "one eligible", $1,167.71 for "one under/one over", and $807.83 for "both eligible."

b. For the coverage period beginning January 1, 2021, the monthly premiums for Medicare participants participating in the State Group

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Health Insurance Standard Plan shall increase, effective December 1, 2020, from $403.92 to $430.18 for "one eligible," from $1,167.71 to $1,243.63 for "one under/one over," and from $807.83 to $860.35 for both eligible.

c. For the coverage period beginning August 1, 2020, through December 31, 2020, the monthly premiums for Medicare participants participating in the State Group Health Insurance High Deductible Plan shall continue to be $304.47 for "one eligible", $991.61 for "one under/one over", and $608.94 for "both eligible."

d. For the coverage period beginning January 1, 2021, the monthly premiums for Medicare participants participating in the State Group High Deductible Plan shall increase, effective December 1, 2020, from $304.47 to $324.26 for "one eligible," from $991.61 to $1,061.06 for "one under/one over," and from $608.94 to $648.52 for "both eligible."

e. For the coverage period beginning August 1, 2020, the monthly premiums for Medicare participants enrolled in a Health Maintenance Organization Standard Plan or High Deductible Health Plan or a Medicare Advantage Plan shall be equal to the negotiated monthly premium for the selected state-contracted Health Maintenance Organization or selected state-contracted plan.

4. Premiums paid by "Early Retirees"

a. For the coverage period beginning August 1, 2020, an "early retiree" participating in the State Group Health Insurance Standard Plan shall continue to pay a monthly premium equal to 100 percent of the total premium charged (state and employee contributions) for an active employee participating in the standard plan with the same coverage.

b. For the coverage period beginning August 1, 2020, through December 31, 2020, an "early retiree" participating in the State Group Health Insurance High Deductible Plan shall continue to pay a monthly premium equal to $687.14 for individual coverage and $1,520.29 for family coverage.

c. For the coverage period beginning January 1, 2021, the monthly premiums for an early retiree participating in the State Group Health Insurance High Deductible Plan shall increase, effective December 1, 2020, from $687.14 to $736.80 for individual coverage and from $1,520.29 to $1,632.05 for family coverage.

5. Premiums paid by COBRA participants

a. For the coverage period beginning August 1, 2020, a COBRA participant participating in the State Group Health Insurance Program shall continue to pay a premium equal to 102 percent of the total premium charged (state and employee contributions) for an active employee participating in the same plan option.

(d) The state Employees' Prescription Drug Program shall be governed by the provision's of section 110.12315, Florida Statutes. Under the State Employees' Prescription Drug Program, the following shall apply:

1. Effective July 1, 2020, for the purpose of encouraging an individual to change from brand name drugs to generic drugs, the department may continue to waive co-payments for a six month supply of a generic statin or a generic proton pump inhibitor.

2. The State Employees' Prescription Drug Program shall provide coverage for smoking cessation prescription drugs; however, members shall be responsible for appropriate co-payments and deductibles when applicable.

(4) OTHER BENEFITS

(a) The following items shall be implemented in accordance with the provisions of this act and with the applicable negotiated collective bargaining agreement:

1. The state shall provide up to six (6) credit hours of tuition-free courses per term at a state university, state college or community college to full-time employees on a space available basis as authorized by law.

2. The state shall continue to reimburse, at current levels, for replacement of personal property.

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3. Each agency, at the discretion of the agency head, may expend funds provided in this act for bar dues and for legal education courses for employees who are required to be a member of the Florida Bar as a condition of employment.

4. The state shall continue to provide, at current levels, clothing allowances and uniform maintenance and shoe allowances.

(b) All state branches, departments, and agencies which have established or approved personnel policies for the payment of accumulated and unused annual leave, shall not provide payment which exceeds a maximum of 480 hours of actual payment to each employee for accumulated and unused annual leave.

(c) Upon termination of employees in the Senior Management Service, Selected Exempt Service, or positions with comparable benefits, payments for unused annual leave credits accrued on the member's last anniversary date shall be prorated at 1/12th of the last annual amount credited for each month, or portion thereof, worked subsequent to the member's last anniversary date.

(5) PAY ADDITIVES AND OTHER INCENTIVE PROGRAMS

The following pay additives and other incentive programs are authorized for the 2020-2021 fiscal year from existing agency resources consistent with provisions of sections 110.2035 and 216.251, Florida Statutes, the applicable rules promulgated by the Department of Management Services and negotiated collective bargaining agreements.

(a) Each agency is authorized to continue to pay, at the levels in effect on June 30, 2007, on-call fees and shift differentials as necessary to perform normal operations of the agency.

(b) Each agency that had a training program in existence on June 30, 2006, which included granting pay additives to participating employees, is authorized to continue such training program for the 2020-2021 fiscal year. Such additives shall be granted under the provisions of the law administrative rules, and collective bargaining agreements.

(c) Each agency is authorized to continue to grant temporary special duties pay additives to employees assigned additional duties as a result of another employee being absent from work pursuant to the Family Medical Leave Act or authorized military leave. The notification process described in section 110.2035(6)(c), Florida Statutes, does not apply to additives authorized in this paragraph.

(d) Each agency is authorized to grant merit pay increases based on the employee's exemplary performance as evidenced by a performance evaluation conducted pursuant to chapter 60L-35, Florida Administrative Code, or a similar performance evaluation applicable to other pay plans. The Chief Justice may exempt judicial branch employees from the performance evaluation requirements of this paragraph.

(e) Contingent upon the availability of funds and at the agency head's discretion, each agency is authorized to grant a temporary special duties pay additive, of up to 15 percent of the employee's base rate of pay, to each employee temporarily deployed to a facility or area closed due to emergency conditions from another area of the state that is not closed.

(f) The Fish and Wildlife Conservation Commission may continue to grant temporary special duty pay additives to law enforcement officers who perform additional duties as K-9 handlers, regional recruiters/media coordinators, and breath test operators/inspectors, and may grant temporary special duty pay additives to law enforcement officers who perform additional duties as offshore patrol vessel crew members, special operations group members, and long-term covert investigators.

(g) The Fish and Wildlife Conservation Commission is authorized to grant critical market pay additives to employees residing in and assigned to Lee County, Collier County, Monroe County, Broward County, or Miami-Dade County, at the levels that the employing agency granted salary increases for similar purposes prior to July 1, 2006. These pay additives shall be granted only during the time in which the employee resides in, and is assigned to duties within, those counties. In no instance may the employee receive an adjustment to the employee's base rate of pay and a critical market pay additive based on the employee residing in and being assigned in the specified counties.

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(h) The Department of Highway Safety and Motor Vehicles is authorized to grant critical market pay additives to sworn law enforcement officers residing in and assigned to:

1. Lee County, Collier County, or Monroe County, at the levels that the employing agency granted salary increases for similar purposes prior to July 1, 2006;

2. Hillsborough, Orange, Pinellas, Duval, Marion, and Escambia counties, at $5,000, or, in lieu thereof, an equivalent salary adjustment that was made during Fiscal Year 2015-2016;

3. Alachua, Baker, Brevard, Clay, Charlotte, Flagler, Manatee, Nassau, Osceola, Pasco, Sarasota, Santa Rosa, St. Johns, and Volusia Counties at $5,000.

These critical market pay additives and equivalent salary adjustment may be granted only during the time in which the employee resides in, and is assigned to duties within, those counties. In no instance may the employee receive an adjustment to the employee's base rate of pay and a critical market pay additive based on the employee residing in and being assigned in the specified counties.

(i) The Department of Highway Safety and Motor Vehicles may grant special duty pay additives of $2,000 for law enforcement officers who perform additional duties as K-9 handlers; felony officers; criminal interdiction officers; criminal investigation and intelligence officers; new recruit background checks and training, and technical support officers; drug recognition experts; hazardous material squad members; compliance investigation squad members; motorcycle squad members; Quick Response Force Team; Honor Guard; or Florida Advanced Investigation and Reconstruction Teams.

(j) The Department of Highway Safety and Motor Vehicles may provide a critical market pay additive of $1,300 to non-sworn Florida Highway Patrol personnel working and residing in Miami-Dade and Broward counties. These critical market pay additives shall be granted during the time the employee resides in, and is assigned duties within, those counties.

(k) The Department of Highway Safety and Motor Vehicles is authorized to continue to grant a pay additive of $162.50 per pay period for law enforcement officers assigned to the Office of Motor Carrier Compliance who maintain certification by the Commercial Vehicle Safety Alliance.

(l) The Department of Transportation is authorized to continue its training program for employees in the areas of transportation engineering, right-of-way acquisition, relocation benefits administration, right-of-way property management, real estate appraisal, and business valuation under the same guidelines established for the training program prior to June 30, 2006.

(m) The Department of Corrections may continue to grant hazardous duty pay additives, as necessary, to those employees assigned to the Department of Corrections institutions' Rapid Response Teams (including the baton, shotgun, and chemical agent teams) and the Correctional Emergency Response Teams.

(n) The Department of Corrections may continue to grant a temporary special duties pay additive of up to 10 percent of the employee's base rate of pay for each certified correctional officer (class code 8003); certified correctional officer sergeant (class code 8005); certified correctional officer lieutenant (class code 8011), and certified correctional officer captain (class code 8013). For purposes of determining eligibility for this special pay additive, the term "certified" means the employee has obtained a correctional mental health certification as provided through the department. To be certified, a correctional officer must: (a) initially complete 5 courses consisting of a total of 54 hours of instruction taught by a department instructor with a correctional officer behavioral mental health certification through the American Correctional Association; (b) upon completing that instruction, satisfactorily pass a department examination; and (c) twice each year satisfactorily complete 16 additional hours of training and an examination, including in the year the correctional officer satisfies (a) and (b). The courses and training must educate correctional officers in identifying symptoms of mental illness in prisoners while helping to foster a safer environment for inmates with mental illness. Such additive may be awarded only during the time the certified officer is employed full time in an assigned mental health unit post.

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(o) The Department of Corrections may continue to grant a one-time $1,000 hiring bonus to newly-hired correctional officers (class code 8003) who are hired to fill positions at a correctional institution that had a vacancy rate for such positions of more than 10 percent for the preceding calendar quarter. The bonus may not be awarded before the officer obtains his or her correctional officer certification. Current employees and former employees who have had a break in service with the Department of Corrections of 31 days or less, are not eligible for this bonus.

(p) The Department of Corrections may grant a one-time $1,000 hiring bonus to newly hired teachers and instructors (class codes 1313, 1315, 4133, 8085, 8093, 9095) at a correctional institution. Current employees and former employees who have had a break in service with the Department of Corrections of 31 days or less, are not eligible for this bonus.

(q) The Department of Children and Families may grant a temporary special duties pay additive of 5 percent of the employee's base rate of pay to:

1. All employees in the Human Services Worker I, Human Services Worker II, and Unit Treatment and Rehabilitation Specialist classes who work within the 13-1E, 13-1W, 32N, or 32S living areas at the Northeast Florida State Hospital. Such additive may be awarded only during the time the employees work within those living areas at the Northeast Florida State Hospital.

2. All employees in the Human Services Worker I, Human Services Worker II, and Unit Treatment and Rehabilitation Specialist classes who work within the Specialty Care Unit or Medical Services Unit at the Florida State Hospital. Such additive may be awarded only during the time those employees work within the Specialty Care Unit or Medical Services Unit at the Florida State Hospital.

3. All employees in Child Protective Investigator and Senior Child Protective Investigator classes who work in a weekend unit. Such additive may be awarded only during the time such employees work in a weekend unit.

4. All Adult Registry Counselors who work in a weekend unit at the Abuse Hotline. Such additive may be awarded only during the time such employees work in a weekend unit.

(r) The Department of Financial Services may grant special duty pay additives of $2,000 for law enforcement officers who perform additional duties as K-9 handlers.

(6) COLLECTIVE BARGAINING

(a) All collective bargaining issues at impasse between the State of Florida and AFSCME Council 79, the Federation of Public Employees, the Federation of Physicians and Dentists, the Florida Fire Service Association, the Police Benevolent Association, and the Florida Nurses Association related to wages, insurance benefits and other economic issues shall be resolved pursuant to the instructions provided under Item "(1) EMPLOYEE AND OFFICER COMPENSATION," Item "(2) SPECIAL PAY ISSUES," Item "(3) BENEFITS, HEALTH, LIFE, AND DISABILITY INSURANCE," Item "(4) OTHER BENEFITS," and Item "(5) PAY ADDITIVES AND OTHER INCENTIVE PROGRAMS," and other legislation enacted to implement this act.

SECTION 9. Pursuant to section 1010.62 and section 1013.171, Florida Statutes, and section 11(d) and (f), Article VII of the Florida Constitution, the following fixed capital outlay projects may be constructed, acquired, and financed by a university or university direct support organization. Financing mechanisms include any form of approved debt or bonds authorized by the Board of Governors.

No state appropriation of funds will be associated with these projects. The Legislature has provided the Board of Governors general authority to consider debt financing for most classes of projects. However, certain athletic and commercial facilities require specific Legislative authorization as a prerequisite condition for these projects. Legislative authorization does not supersede any of the requirements for Board of Governors review and approval of all projects to be financed from debt, unless the project as proposed meets an exception in the Board of Governors Debt Management Guidelines.

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University of Florida - Phase 3 and Phase 4 Athletic Improvements

SECTION 10. The unexpended balance of funds provided to the Department of Education for the Coach Aaron Feis Guardian Program in Specific Appropriation 95 and section 14 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the Department of Education for the same purpose.

SECTION 11. The unexpended balance of funds provided to the Department of Education for the Gardiner Scholarship Program in Specific Appropriation 110 and section 15 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the Department of Education for the same purpose. The funds shall be 100% released to the Department of Education at the beginning of the first quarter of the fiscal year.

SECTION 12. The unexpended balance of funds provided to the Department of Education for the Community School Grant Program in Specific Appropriation 112A of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the Department of Education for the same purpose.

SECTION 13. The unexpended balance of funds provided to the Department of Education for the Preschool Emergency Alert Response Learning System (PEARLS) in section 16 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose (Senate Form 2569).

SECTION 14. The nonrecurring sum of $5,240,750 from the Child Care and Development Block Grant Trust Fund is appropriated to the Office of Early Learning for Fiscal Year 2019-2020 for the Supplemental Disaster Relief Funds for Child Care program. Any unexpended balance of funds appropriated in this section shall revert after June 30, 2020, and is appropriated to the office for Fiscal Year 2020-2021 for the same purpose. This section is effective upon becoming law.

SECTION 15. The nonrecurring sum of $150,000 from the Child Care and Development Block Grant Trust Fund is appropriated to the Office of Early Learning for Fiscal Year 2019-2020 for the completion of the risk assessment of the office's Enhanced Field System Modernization project. This section is effective upon becoming law.

SECTION 16. There is hereby appropriated for Fiscal Year 2019-2020, $31,303,639 in nonrecurring funds from the Educational Enhancement Trust Fund to the Department of Education for the deficit in the Bright Futures Scholarship Program. This section is effective upon becoming a law.

SECTION 17. There is hereby appropriated for Fiscal Year 2019-2020, $688,723 in nonrecurring funds from the General Revenue Fund to the Department of Education for the deficit in the Benacquisto Scholarship Program. This section is effective upon becoming a law.

SECTION 18. The unexpended balance of funds provided to the Department of Education for the Pathways to Career Opportunities Grant in Specific Appropriation 125A of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the Department of Education for the same purpose.

SECTION 19. The proviso language in Specific Appropriation 203 of Chapter 2019-115, Laws of Florida, associated with Diagnosis Related Grouping (DRG) reimbursement methodology for hospital inpatients services is repealed and shall be replaced with the following:

Base Rate - $3,510.72
Neonates Service Adjustor Severity Level 1 - 1.0
Neonates Service Adjustor Severity Level 2 - 1.52
Neonates Service Adjustor Severity Level 3 - 1.8
Neonates Service Adjustor Severity Level 4 - 2.0
Neonatal, Pediatric, Transplant Pediatric, Mental Health and Rehab DRGs:
Severity Level 1 - 1.0
Severity Level 2 - 1.52
Severity Level 3 - 1.8
Severity Level 4 - 2.0
Free Standing Rehabilitation Provider Adjustor - 4.223
Rural Provider Adjustor - 2.254
Long Term Acute Care (LTAC) Provider Adjustor - 2.179
High Medicaid and High Outlier Provider Adjustor - 2.211

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Outlier Threshold - $60,000
Marginal Cost Percentage - 60%
Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Transplant Pediatric Claims Severity Levels 3 or 4 - 80%
Documentation and Coding Adjustment - 1/3 of 1% per year
Level I Trauma Add On - 17%
Level II or Level II and Pediatric Add On - 11%
Pediatric Trauma Add On - 4%

By May 1, 2020, the Agency for Health Care Administration shall recalculate fee-for-service Diagnosis Related Grouping (DRG) payment parameters for the 2019-2020 state fiscal year based on data correctly reflecting neonatal service volume. The re-calculated DRG payment parameters shall be implemented effective May 1, 2020, posted publicly, and applied for the remainder of state fiscal year 2019-2020. The re-calculated DRG payment parameters shall also be applied retrospectively, through reprocessing of paid claims for services provided from July 1, 2019 through April 30, 2020.

By May 1, 2020, the Agency shall recalculate Managed Medical Assistance capitation rates to reflect the change to the DRG payment parameters for State Fiscal Year 2019-2020. The re-calculated capitation rates shall be implemented effective May 1, 2020, and applied for the remainder of capitation rate year 2019-2020. The re-calculated capitation rates shall also be applied retrospectively for payments made for the period of October 2019 through April 2020.

Managed care organizations that make payments to hospitals which are based upon DRG payment rates shall use these adjusted payment parameters, effective May 1, 2020 through the remainder of State Fiscal Year 2019-2020 and shall appropriately reimburse all paid claims for services provided from July 1, 2019 through April 30, 2020 using the re-calculated parameters, with corrected reimbursement occurring within 120 days of the implementation of the new rate parameters.

This section shall take effect upon becoming a law.

SECTION 20. The nonrecurring sum of $12,200,000 from the Medical Care Trust Fund provided in Specific Appropriation 191A of chapter 2019-115, Laws of Florida, to the Agency for Health Care Administration shall revert and is reappropriated for Fiscal Year 2020-2021 for the modular replacement of the Florida Medicaid Management Information System and fiscal agent. Of this amount, $8,489,600 is for the implementation of an enterprise data warehouse and data governance, and the remainder is for strategic planning, program management, and project management activities. These funds shall be held in reserve. Upon submission of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. This section shall take effect July 1, 2020.

SECTION 21. The unexpended balance of funds in Specific Appropriation 173, chapter 2019-115, Laws of Florida, appropriated to the Agency for Health Care Administration for the Bureau of Financial Services Enterprise Financial System shall revert and is appropriated for the same purpose in Fiscal Year 2020-2021. This section shall take effect July 1, 2020.

SECTION 22. The unexpended balance of funds in Specific Appropriation 230, chapter 2019-115, Laws of Florida, appropriated to the Agency for Health Care Administration for the Care Provider Background Screening Clearinghouse shall revert and is appropriated for the same purpose in Fiscal Year 2020-2021. This section shall take effect July 1, 2020.

SECTION 23. The unexpended balance of funds in Specific Appropriation 230, chapter 2019-115, Laws of Florida, appropriated to the Agency for Health Care Administration for the Facilities Discharge Data Systems shall revert and is appropriated for the same purpose in Fiscal Year 2020-2021. This section shall take effect July 1, 2020.

SECTION 24. The unexpended balance of funds in Section 26, chapter 2019-115, Laws of Florida, provided to the Agency for Health Care Administration for the comprehensive health care claims data analytics

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service shall revert and is appropriated for the same purpose in Fiscal Year 2020-2021. This section shall take effect July 1, 2020.

SECTION 25. From the funds appropriated to the Agency for Health Care Administration in Specific Appropriations 197 through 224 of chapter 2019-115, Laws of Florida, the sum of $100,000,000 in general revenue funds that is held in unbudgeted reserve shall revert immediately to the General Revenue Fund. This section is effective upon becoming a law.

SECTION 26. The Agency for Health Care Administration shall recalculate the funding distribution for Fiscal Year 2019-2020 to address deficits in the distribution of the Graduate Medical Education Funding in Specific Appropriation 202 of chapter 2019-115 Laws of Florida, provided to fund up to $100,000 per-FTE in primary care as defined in section 409.909, Florida Statutes, and training in Medicaid regions with primary care demand greater than supply by 25 percent or more as documented in the 2015 IHS Florida Statewide and Regional Physician Workforce Analysis: Estimating Current and Forecasting Future Supply and Demand, 2025 projection. Of these funds, $3,170,796 shall be first distributed proportionally per the filled State Fiscal Year 2019-2020 Medicaid approved Graduate Medical Education full-time equivalent (FTEs) to hospitals with equal to or greater than 12 percent Medicaid utilization, based on the 2018 Florida Hospital Uniform Reporting System data accepted as of December 31, 2019. The remaining funds shall be distributed proportionally per the filled State Fiscal Year 2019-2020 Medicaid approved Graduate Medical Education FTEs. Payments to providers under this section of proviso are contingent upon the nonfederal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments under this section. This section shall take effect upon becoming a law.

SECTION 27. For the 2019-2020 fiscal year, the sum of $1,000,000 in nonrecurring General Revenue is provided to the Agency for Health Care Administration for the operational support of Tallahassee Memorial HealthCare. This section is effective upon becoming a law.

SECTION 28. For the 2019-2020 fiscal year, the sum of $1,100,000 in nonrecurring General Revenue is provided to the Agency for Health Care Administration for the operational support of Sacred Heart Hospital. This section is effective upon becoming a law.

SECTION 29. The nonrecurring sums of $50,831,235 from the General Revenue Fund and $82,374,307 from the Operations and Maintenance Trust Fund are appropriated to the Agency for Persons with Disabilities in the Home and Community Based Services Waiver appropriation category for Fiscal Year 2019-2020 to address projected deficits. The nonrecurring sum of $133,205,542 from the Medical Care Trust Fund is appropriated to the Agency for Health Care Administration in the Home and Community Based Services appropriation category for Fiscal Year 2019-2020 to address projected deficits. This section is effective upon becoming a law.

SECTION 30. The nonrecurring sums of $41,155,174 from the General Revenue Fund and $66,693,814 from the Operations and Maintenance Trust Fund are appropriated to the Agency for Persons with Disabilities for Fiscal Year 2019-2020 to address the Fiscal Year 2018-2019 deficit in the Home and Community Based Services Waiver appropriation category. The nonrecurring sum of $107,848,988 from the Medical Care Trust Fund is appropriated to the Agency for Health Care Administration in the Home and Community Based Services appropriation category for Fiscal Year 2019-2020. This section is effective upon becoming a law.

SECTION 31. The nonrecurring sums of $10,313,926 from the General Revenue Fund, $4,500,000 from the Welfare Transition Trust Fund, and $4,937,976 from the Federal Grants Trust Fund are provided to the Department of Children and Families for Fiscal Year 2019-2020 in the Lump Sum - Grants and Aids - Community Based Care category for the purpose of mitigating operational deficits experienced by the community-based care lead agencies. The department is authorized to submit budget amendments, pursuant to the provisions of chapter 216, Laws of Florida, requesting the release of funds. This section shall take effect upon becoming a law.

SECTION 32. The proviso following Specific Appropriation 316, section 3 of chapter 2019-115, Laws of Florida, is repealed and replaced with the following:

From the funds provided in Specific Appropriation 316, $11,164,596 from

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the General Revenue Fund, $7,951,132 from the Domestic Violence Trust Fund, $17,694,229 from the Federal Grants Trust Fund and $7,750,000 from the Welfare Transition Trust Fund is provided for the implementation of programs and the management and delivery of services of the state's domestic violence program including implementation of statutory directives contained in chapter 39, Florida Statutes, as amended by chapter 2020-6, Laws of Florida, implementation of special projects, coordination of a strong families and domestic violence campaign, implementation of the child welfare and domestic violence co-location projects, conducting training and providing technical assistance to certified domestic violence centers and allied professionals, and administration of contracts executed on or after March 1, 2020. Except, as to contractual services provided on or before April 28, 2020, the Department of Children and Families shall not provide, distribute, or expend, directly or indirectly, any of the funds in Specific Appropriation 316 to, for, or on behalf of, the Florida Coalition Against Domestic Violence, unless and until a receiver is appointed by the circuit court in the Second Judicial Circuit in and for Leon County Florida, to assume control and custody of the coalition and its property, business, and affairs.

From the funds in Specific Appropriation 316, $2,119,602 from the Federal Grants Trust Fund shall be transferred to the Department of Health to contract with the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

This section is effective upon becoming law.

SECTION 33. The unexpended balance of funds from the Federal Grants Trust Fund and the Operations and Maintenance Trust Fund, provided to the Department of Children and Families in Specific Appropriation 314, chapter 2019-115, Laws of Florida, to expand the use of the family finding model that promotes child permanency, shall revert and is appropriated to the department in Fiscal Year 2020-2021 for the same purpose. This section shall take effect July 1, 2020.

SECTION 34. The nonrecurring sum of $710,000 from the General Revenue Fund is appropriated to the Department of Elder Affairs in the Salary and Benefits appropriation category for Fiscal Year 2019-2020 for the Comprehensive Eligibility Services (CARES) program. This section shall take effect upon becoming a law.

SECTION 35. The unexpended balance of funds provided in Specific Appropriation 410 of chapter 2019-115, Laws of Florida, to the Department of Elder Affairs for the implementation of the Enterprise Client Information and Registration Tracking System (eCIRTS) shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose in the Enterprise Client Information and Registration Tracking System (eCIRTS) category. The funds shall be held in reserve and the department is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon the approval of a comprehensive operational work plan reflecting all project tasks and a detailed spend plan reflecting estimated and actual costs that comport with each deliverable proposed by the department.

SECTION 36. The unexpended balance of funds from the Grants and Donations Trust Fund in Specific Appropriation 474 of chapter 2019-115, Laws of Florida, provided to the Department of Health for the Office of Medical Marijuana Use shall revert and is appropriated for Fiscal Year 2020-2021 in the Contracted Services category for the same purpose. The funds shall be placed in reserve and the department is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release of funds held in reserve for the implementation of a statewide seed-to-sale tracking system, technology upgrades to the Medical Marijuana Use Registry, and completion of a licensure and regulatory system are contingent upon the approval of a comprehensive operational work plan for each project reflecting all project tasks and a detailed spending plan reflecting estimated and actual costs that comport with each deliverable proposed by the department. Upon execution of the contract for each project, the department shall submit quarterly project status reports to the Executive Office of the Governor's Office of Policy and Budget and the chairs of the Senate Committee on Appropriations and the House of Representatives Appropriations Committee.

SECTION 37. The nonrecurring sum of $27,296,000 from the Federal Grants Trust Fund is appropriated to the Department of Health for Fiscal Year 2019-2020 in the Disease Control and Health Protection, County Health

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Departments Local Health Needs, and Statewide Public Health Support Services budget entities to spend federal dollars approved in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. Any unexpended balance of funds appropriated in this section shall revert after June 30, 2020, and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose. This section is effective upon becoming a law.

SECTION 38. The nonrecurring sum of $25,150,000 from the General Revenue Fund is appropriated to the Department of Health in the Public Assistance State Operations appropriation category for Fiscal Year 2019-2020 to address the Coronavirus (COVID-19) outbreak. Any unexpended balance of funds appropriated in this section shall revert after June 30, 2020, and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose. This section is effective upon becoming a law.

SECTION 39. The unexpended balance of funds provided in Specific Appropriation 456A, chapter 2019-115, Laws of Florida, provided to the Department of Health for the Mayo Clinic Cancer Center of Jacksonville (Senate Form 2641) shall revert and is appropriated for Fiscal Year 2020-2021 to the Department of Health for the Mayo Clinic Cancer Center of Jacksonville to fund an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes.

SECTION 40. The nonrecurring sum of $1,820,000 from the General Revenue Fund is appropriated to the Department of Veterans' Affairs in the Additions and Improvements to the Veterans' Homes appropriation category for Fiscal Year 2019-2020 for fixed capital outlay repairs at the Lake Baldwin State Veterans' Nursing Home in Orange County. This section is effective upon becoming a law.

SECTION 41. The unexpended balance of funds provided in Section 44 of chapter 2019-115, Laws of Florida, to the Department of Veterans' Affairs for the planning and design of a ninth State Veterans' Nursing Home in Marion County shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose (HB 2093).

SECTION 42. The unexpended balance of funds provided to the Department of Veterans Affairs for Entrepreneur Program in section 578 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 43. The unexpended balance of funds provided to the Department of Veterans Affairs for Workforce Training Grants in section 579 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 44. From the unexpended balance of recurring funds from the General Revenue Fund appropriated to the Department of Juvenile Justice in Specific Appropriation 1204 of chapter 2019-115, Laws of Florida, for non-secure residential commitment contracted services, $4,300,000 shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose.

SECTION 45. The unexpended balance of funds provided to the Florida Department of Law Enforcement for domestic security projects in Specific Appropriation 2048A of chapter 2019-115, Laws of Florida, subsequently distributed through budget amendment EOG #B2020-0014, and the unexpended balance of funds appropriated to the Florida Department of Law Enforcement in Section 50 of Chapter 2019-115, Laws of Florida, are reverted and appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 46. The unexpended balance of nonrecurring funds appropriated to the Florida Department of Law Enforcement for the Florida Incident-Based Reporting System in Specific Appropriations 1302, 1305, and 1306 of chapter 2019-115, Laws of Florida, shall revert and is appropriated in reserve for Fiscal Year 2020-2021 to the department for the same purpose. Upon completion of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the department is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes.

SECTION 47. The unexpended balance of nonrecurring funds from the General Revenue Fund appropriated to the Florida Department of Law Enforcement for the Criminal Justice Data Transparency project in Specific Appropriation 1305 of chapter 2019-115, Laws of Florida, shall

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revert and is appropriated in reserve for Fiscal Year 2020-2021 to the department for the same purpose. Upon completion of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs, the department is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes.

SECTION 48. The unexpended balance of nonrecurring funds from the General Revenue Fund appropriated to the Florida Department of Law Enforcement to provide financial assistance to entities for the implementation of the Criminal Justice Data Transparency project in Specific Appropriation 1305 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose. The department shall develop the criteria and process for awarding such compliance assistance funds to a clerk of court, a state attorney, a public defender, a criminal conflict and civil regional counsel, or the administrator of a county detention facility. The department shall report to the Governor, President of the Senate and Speaker of the House of Representatives regarding the use of these funds on a monthly basis.

SECTION 49. The unexpended balance of nonrecurring funds from the Administrative Trust Fund appropriated in Specific Appropriation 1355 of chapter 2019-115, Laws of Florida, for the Department of Legal Affairs Agency-wide Information Technology Modernization Program, shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose.

SECTION 50. The unexpended balance of funds from the General Revenue Fund appropriated in Specific Appropriation 3247 of chapter 2019-115, Laws of Florida, for the State Courts System Problem Solving Courts, shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose.

SECTION 51. The unexpended balance of funds from the General Revenue Fund provided to the Office of State Court Administrator in Specific Appropriation 3250 of chapter 2019-115, Laws of Florida, for medication-assisted treatment of substance abuse disorders in individuals involved in the criminal justice system, individuals who have a high likelihood of becoming involved in the criminal justice system, or individuals who are in court-ordered, community-based drug treatment, shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose.

SECTION 52. The unexpended balance of funds from the General Revenue Fund appropriated in Specific Appropriation 3222A of chapter 2019-115, Laws of Florida, for an information technology platform to electronically transmit alert reminders and information to individuals involved in the criminal justice system, shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose.

SECTION 53. The sum of $19,173,978 in nonrecurring funds from the General Revenue Fund is appropriated in Fiscal Year 2019-2020 for the Department of Agriculture and Consumer Services to make full and final payment of all amounts due on all judgments, including interest thereon, rendered against the Department of Agriculture and Consumer Services and the Commissioner of Agriculture in the case of Dellaselva v. Florida Department of Agriculture, et al, Case No. 03-1947 CA WCM (20th Judicial Circuit in and for Lee County, Florida). Release of the funds is contingent upon the Department of Agriculture and Consumer Services and the Commissioner of Agriculture obtaining from counsel for the plaintiffs and class a recordation of a satisfaction of all judgments rendered in that case; or in the alternative, is contingent upon the Department of Agriculture and Consumer Services and the Commissioner of Agriculture pursuing the procedures set out in section 55.141, Florida Statutes, of obtaining satisfaction of all judgments rendered in that case from the Clerk of the Court. This section is effective upon becoming a law.

SECTION 54. The sum of $1,871,727 in nonrecurring funds from the Food and Nutrition Services Trust Fund is appropriated in Fiscal Year 2019-2020 for the Department of Agriculture and Consumer Services for the Emergency Food Assistance Program. This section is effective upon becoming a law.

SECTION 55. The unexpended balance of funds provided to the Department of Agriculture and Consumer Services for storm damages associated with Tropical Storm Debby pursuant to budget amendment EOG #B2013-0213, and subsequently distributed to the department pursuant to budget amendment

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EOG #B2020-005, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 56. The unexpended balance of funds provided to the Department of Agriculture and Consumer Services for domestic security issues in Specific Appropriation 2048A of chapter 2019-115, Laws of Florida, and subsequently distributed to the department pursuant to budget amendment EOG #B2019-0005, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 57. The sum of $82,851 from the unexpended balance of funds provided to the Department of Environmental Protection in Specific Appropriation 1770A of chapter 2008-152, Laws of Florida, is hereby reverted. This section is effective upon becoming a law.

SECTION 58. The sum of $3,709,986 from the unexpended balance of funds provided to the Department of Environmental Protection in Section 38 of chapter 2014-1, Laws of Florida, is hereby reverted. This section is effective upon becoming a law.

SECTION 59. The sum of $310,734 from the unexpended balance of funds provided to the Department of Environmental Protection in Specific Appropriation 1668A of chapter 2014-51, Laws of Florida, is hereby reverted. This section is effective upon becoming a law.

SECTION 60. The sum of $2,215,307 from the unexpended balance of funds provided to the Department of Environmental Protection in Specific Appropriation 1662A of chapter 2015-232, Laws of Florida, is hereby reverted. This section is effective upon becoming a law.

SECTION 61. The nonrecurring sums of $7,000,000 from the Minerals Trust Fund and $5,000,000 from the Water Quality Assurance Trust Fund are appropriated in Fiscal Year 2019-2020 to the Department of Environmental Protection in the Hazardous Waste/Site Cleanup appropriation category for fixed capital outlay needs to protect the State against potential threats to public health and the environment as it relates to pending bankruptcy proceedings with Petro Operating Company, LP. Nonoperating authority is also provided to the Department of Environmental Protection for Fiscal Year 2019-2020 to transfer $4,000,000 from the Coastal Protection Trust Fund to the Minerals Trust Fund and $5,000,000 from the Inland Protection Trust Fund to the Water Quality Assurance Trust Fund. This section is effective upon becoming a law.

SECTION 62. The sum of $233,628 from Insurance Regulatory Trust Fund of the Department of Financial Services in Specific Appropriation 2378 of chapter 2015-232, Laws of Florida, for the Florida State Fire College Burn Tower repairs, shall revert immediately. This section is effective upon becoming law.

SECTION 63. The nonrecurring sum of $65,000, from the Regulatory Trust Fund, is appropriated to the Office of Financial Regulation within the Department of Financial Services for Fiscal Year 2019-2020 to pay costs associated with the Deferred Presentment Provider Database. This section is effective upon becoming law.

SECTION 64. The unexpended balance of funds provided to the Department of Financial Services from the Insurance Regulatory Trust Fund for Hurricane Michael storm related expenditures pursuant to Budget Amendment EOG #B2020-0029, shall revert, and is appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

SECTION 65. The unexpended balance of funds provided to the Department of Financial Services from the Insurance Regulatory Trust Fund for the Local Government Electronic Reporting System in section 65, chapter 2019-115, Laws of Florida, and the unexpended balance of funds provided from the General Revenue Fund in Specific Appropriation 2360, chapter 2019-115, Laws of Florida, shall revert, and are appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

SECTION 66. The unexpended balances of funds provided to the Department of Financial Services from the Insurance Regulatory Trust Fund for Hurricane Dorian storm related expenditures pursuant to Budget Amendment EOG #B2020-0196, shall revert, and is appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

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SECTION 67. The unexpended balance of funds provided to the Department of Financial Services for domestic security issues in Specific Appropriation 2048A of chapter 2019-115, Laws of Florida, and subsequently distributed to the Department of Financial Services pursuant to Budget Amendment EOG #B2020-0014, from the Insurance Regulatory Trust Fund, shall revert, and is appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

SECTION 68. The unexpended balance of funds provided to the Department of Financial Services for the implementation of transparency initiatives and policies in Specific Appropriation 2340, chapter 2019-115, Laws of Florida, from the Administrative Trust Fund, shall revert, and is appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

SECTION 69. The unexpended balance of funds provided to the Department of Financial Services for Electronic Discovery Data Storage for Public Records Requests in Specific Appropriation 2352, chapter 2019-115, Laws of Florida, from the Administrative Trust Fund, shall revert, and is appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

SECTION 70. The unexpended balance of funds provided to the Department of Financial Services for Florida Fire Incident System in Specific Appropriation 2449, chapter 2019-115, Laws of Florida, from the Insurance Regulatory Trust Fund, shall revert, and is appropriated for Fiscal Year 2020-2021 to the Department of Financial Services for the same purpose.

SECTION 71. The unexpended balance of funds provided to the Fish and Wildlife Conservation Commission in Specific Appropriations 1818, 1862, 1900, and 1916 of chapter 2019-115, Laws of Florida, for Hurricane Irma Marine Fisheries Disaster Recovery shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose.

SECTION 72. The nonrecurring sum of $1,078,823 from the Federal Grants Trust Fund is appropriated for Fiscal Year 2019-2020 to the Fish and Wildlife Conservation Commission to provide for new federal grant awards. The unexpended balance of funds as of June 30, 2020, shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose. This section is effective upon becoming law.

SECTION 73. The unexpended balance of funds provided to the Executive Office of the Governor in Specific Appropriations 2623, 2624, 2636, and 2637 of chapter 2019-115, Laws of Florida, and subsequently distributed through budget amendment EOG# B2020-0021 for the allocation of the Lump Sum appropriations in Specific Appropriations 2624 and 2637, shall revert and is appropriated for Fiscal Year 2020-21 for the same purposes.

SECTION 74. The sum of $12,500,000 appropriated to the Department of the Lottery in Specific Appropriation 2770 of chapter 2019-115, Laws of Florida, for the Instant Ticket Purchase contract, shall revert immediately. This section is effective upon becoming law.

SECTION 75. The recurring sum of $123,375 from the Operating Trust Fund provided to the Department of the Lottery in Specific Appropriation 2766 of chapter 2019-115, Laws of Florida, for the Website Content Management System is immediately reverted and the recurring amount is appropriated for Fiscal Year 2019-2020, to the department within the contracted services appropriation category for the same purpose. This section is effective upon becoming law.

SECTION 76. The unexpended balance of funds from the General Revenue Fund appropriated to the Department of Management Services in section 79 of chapter 2019-115, Laws of Florida, relating to the former Arthur G. Dozier School for Boys, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 77. The unexpended balance of funds from the General Revenue Fund appropriated to the Department of Management Services in Specific Appropriation 2788 of chapter 2019-115, Laws of Florida, to provide public viewing access to travel reports posted on the statewide travel management system, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 78. The unexpended balance of funds from the Operating Trust Fund appropriated to the Department of Management Services in Specific Appropriation 2843 of chapter 2019-115, Laws of Florida, to

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competitively procure technical support to assist with the development of a project plan and implementation timeline for transition to a future scalable MyFloridaMarketPlace platform, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 79. The unexpended balance of funds from the Operating Trust Fund appropriated to the Department of Management Services in Specific Appropriation 2892 of chapter 2019-115, Laws of Florida, to support costs necessary to transition all components related to the Division of Retirement information system to a new service provider, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 80. The unexpended balance of funds from the Emergency Communications Number E911 System Trust Fund appropriated to the Department of Management Services in Specific Appropriation 2927A of chapter 2019-115, Laws of Florida, for the National Highway Traffic Safety Administration and National Telecommunication and Information Administration 911 Grant, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 81. The unexpended balance of funds from the Operating Trust Fund appropriated to the Department of Management Services in Specific Appropriation 2941 of chapter 2019-115, Laws of Florida, for the First Responder Network Authority (FirstNet) Grant, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 82. The unexpended balance of funds from the Law Enforcement Radio Trust Fund, provided to the Department of Management Services for acquiring and maintaining necessary staff augmentation support for the Statewide Law Enforcement Radio System appropriated in Specific Appropriation 2942 of chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 83. The sum of $436,000 appropriated to the State Data Center, Department of Management Services, in Specific Appropriation 3008Q of chapter 2019-115, Laws of Florida, from the Working Capital Trust Fund, for Salaries and Benefits shall revert immediately. This section is effective upon becoming law.

SECTION 84. The nonrecurring sum of $436,000, from the Working Capital Trust Fund, is appropriated to the Department of Management Services in the State Data Center for Fiscal Year 2019-2020, to acquire subject matter experts and independent verification and validation support to assist the department in a competitive procurement to outsource or obtain third-party managed services for all or part of the operation of the State Data Center. The unexpended balance of funds on June 30, 2020, shall revert and is appropriated for Fiscal Year 2020-2021 for the same purpose. This section is effective upon becoming law.

SECTION 85. The Department of Management Services is authorized to issue a competitive solicitation in Fiscal Year 2019-2020, for the replacement of the state's online purchasing system pursuant to chapter 287, Florida Statutes. This section is effective upon becoming law.

SECTION 86. The Department of Management Services is authorized to release one or more competitive solicitations in Fiscal Year 2019-2020, pursuant to sections 282.201 and 282.318(4)(h), Florida Statutes, and chapter 287, Florida Statutes, to outsource or obtain third-party managed services for all or part of the operation of the State Data Center. Services obtained must comply with all applicable federal and state security and privacy requirements and must be located in the United States. The Department of Management Services must collaborate with its customer agencies to identify any applicable federal regulations that must be addressed and federal approvals that must be received prior to transitioning to third-party services. Upon completion of a competitive solicitation, the Department of Management Services shall submit with its Fiscal Year 2021-2022 legislative budget request the proposed plan to transition data center service(s). The proposed plan shall include: (1) a detailed operational work plan that includes a schedule and timeline for transitioning each service; (2) a copy of the unexecuted agreement; (3) documentation that indicates any applicable federal approval has been obtained; and (4) Schedules XII and XIIA of the legislative budget request instructions issued pursuant to section 216.023, Florida Statutes. This section is effective upon becoming law.

SECTION 87. The nonrecurring sum of $150,000 appropriated to the

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Florida Commission on Human Relations from Salaries and Benefits in Specific Appropriation 2979 of chapter 2019-115, Laws of Florida, from the General Revenue Fund, is immediately reverted and is appropriated to the Florida Commission on Human Relations to settle all claims by individuals returning to work pursuant to the Uniformed Services Employment and Reemployment Rights Act and related state laws. The funds shall be held in reserve pending the submission of a budget amendment in accordance with chapter 216, Florida Statutes, to release the funds. The budget amendment shall include an executed settlement agreement. This section is effective upon becoming law.

SECTION 88. The nonrecurring sums of $105,196 from the General Revenue Fund and $204,203 from the Federal Grants Trust Fund are appropriated to the Department of Revenue for Fiscal Year 2019-2020, for distribution to the Office of the State Courts Administrator to support pay increases for judicial employees pursuant to section 8(2)(b) of chapter 2019-115, Laws of Florida. This section is effective upon becoming law.

SECTION 89. The nonrecurring sum of $70,126 from the General Revenue Fund is appropriated to the Department of Revenue for Fiscal Year 2019-2020, for distribution to Monroe County and fiscally constrained counties pursuant to section 218.131(1), Florida Statutes. This section is effective upon becoming law.

SECTION 90. The unexpended balance of funds provided to the Department of Economic Opportunity for the Community Development Block Grant - Disaster Recovery Program in Specific Appropriation 2300 of Chapter 2019-115, Laws of Florida, and the unexpended balance of funds provided to the Department of Economic Opportunity in Section 80 of Chapter 2019-115, Laws of Florida, shall revert and are appropriated for Fiscal Year 2020-2021 to the department for the Community Development Block Grant Disaster Recovery and Community Development Block Grant Mitigation Programs for Hurricanes Hermine, Matthew, Irma, and Michael.

SECTION 91. The unexpended balance of funds appropriated to the Department of Economic Opportunity for the Revolving Loan Fund Program in Section 81 of Chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 92. The unexpended balance of funds provided to the Department of Economic Opportunity in Specific Appropriation 2307A of Chapter 2019-115, Laws of Florida, for SRQ A&P Mechanic School and Airline Maintenance Hangers (Senate Form 1947)(HB 3867) shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 93. The nonrecurring sum of $500,000 from the General Revenue Fund is appropriated to the Department of Economic Opportunity for Fiscal Year 2019-2020 for the Kiwanis Club of Little Havana. This section is effective upon becoming a law.

SECTION 94. The unexpended balance of funds provided to the Executive Office of the Governor, Division of Emergency Management, for domestic security projects in Specific Appropriation 2048A of Chapter 2019-115, Laws of Florida, subsequently distributed through budget amendment EOG# B2020-0014, and the unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, in Section 83 of Chapter 2019-115, Laws of Florida, shall revert and are appropriated for Fiscal Year 2020-2021 to the division for the same purpose.

SECTION 95. The unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, for the Federal Emergency Management Performance Grant in Specific Appropriations 2644 and 2652 of Chapter 2019-115, Laws of Florida, and the unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, in Section 84 of Chapter 2019-115, Laws of Florida, shall revert and are appropriated for Fiscal Year 2020-2021 to the division for the same purpose.

SECTION 96. The unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, for the Hurricane Loss Mitigation Program in Specific Appropriation 2662 of Chapter 2019-115, Laws of Florida, and the unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, in Section 85 of Chapter 2019-115, Laws of Florida, shall revert and are appropriated for Fiscal Year 2020-2021 to the division for the same purpose.

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SECTION 97. The unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, for the federal Citrus Disaster Recovery Program in Section 87 of Chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the division for the same purpose.

SECTION 98. The unexpended balance of funds appropriated to the Executive Office of the Governor, Division of Emergency Management, for LiDAR in Section 86 of Chapter 2019-115, Laws of Florida, shall revert and is appropriated for Fiscal Year 2020-2021 to the division for the same purpose.

SECTION 99. The nonrecurring sum of $2,000,000 from the General Revenue Fund is appropriated to the Executive Office of the Governor, Division of Emergency Management, for Fiscal Year 2019-2020 for the City of Hialeah Hurricane Recovery. This section is effective upon becoming a law.

SECTION 100. The unexpended balance of funds provided to the Department of Highway Safety and Motor Vehicles for the Florida Highway Patrol Station Renovations - Troop D (Orlando) in Specific Appropriation 2700 of Chapter 2019-115, Laws of Florida, shall immediately revert and $5,950,000 from the Highway Safety Operating Trust Fund is appropriated to the department for Fiscal Year 2019-2020 for the purpose of negotiating the purchase of a facility for the headquarters of Florida Highway Patrol Troop D.

Prior to execution of a contract for purchase and upon submission of the budget amendment for release of funds, a report shall be submitted to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. The report must detail any findings of the building inspector's report and the estimated cost to repair or correct any deficiencies or code corrections identified. The Department of Highway Safety and Motor Vehicles shall request the release of funds pursuant to the provisions of chapter 216, Florida Statutes. This section shall take effect upon becoming a law.

SECTION 101. The unexpended balance of funds from the Federal Grants Trust Fund appropriated to the Department of State in Specific Appropriations 3164, 3165, and 3168, of Chapter 2019-115, Laws of Florida, for the implementation of the National Park Service grant for the continued development of historic resource disaster planning, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 102. The unexpended balance of funds appropriated to the Department of State in Specific Appropriation 3179 of Chapter 2019-115, Laws of Florida, for the implementation of a commercial registry solution, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose. These funds shall be held in reserve. The Department of State is authorized to submit quarterly budget amendments to request release of funds held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the department's planned monthly expenditures. Each budget amendment shall include a detailed operational work plan and quarterly spending plan.

The department shall provide a quarterly project status report to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House of Representatives Appropriations Committee. The report must include progress made to date for each project milestone and contract deliverable, planned and actual completion dates, planned and actual costs incurred, and any current project issues and risks.

SECTION 103. The unexpended balance of funds appropriated to the Department of State in Specific Appropriation 3183A of Chapter 2019-115, Laws of Florida, for the continued support of servers and storage supporting the Department of State's Division of Corporations, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

SECTION 104. The unexpended balance of funds appropriated to the Department of State in Section 90 of Chapter 2019-115, Laws of Florida, for the continued examination into the Arthur G. Dozier School for Boys site located in Jackson County, shall revert and is appropriated to the department for Fiscal Year 2020-2021 for the same purpose.

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SECTION 105. From the unexpended balance of funds provided to the Department of State, Division of Historical Resources in Specific Appropriation 3077A of Chapter 2016-66, Laws of Florida, for Historic Preservation Fixed Capital Outlay grants, the sum of $170,641 shall revert immediately. This section is effective upon becoming a law.

SECTION 106. From the unexpended balance of funds provided to the Department of State, Division of Historical Resources in Specific Appropriation 3112A of Chapter 2017-70, Laws of Florida, Historic Preservation Fixed Capital Outlay grants the sum of $25,000 shall revert immediately. This section is effective upon becoming a law.

SECTION 107. The nonrecurring sum of $500,000 from the General Revenue Fund is appropriated to the Department of State for Fiscal Year 2019-2020 for litigation expenses related to elections lawsuits. This section is effective upon becoming a law.

SECTION 108. The unexpended balance of funds provided in Specific Appropriation 2016 and Section 91, Chapter 2019-115, Laws of Florida, to the Department of Transportation for the Work Program Integration Initiative Project shall revert immediately and $8,605,340 of the unexpended balance of funds is appropriated for Fiscal Year 2020-2021 to the Department of Transportation for the same purpose. These funds shall be placed in reserve. The department is authorized to conduct a competitive procurement for the software and services to replace the department's Financial Management system comprised of: Work Program Administration, Federal Authorization, Federal Program Management, and Project Cost Management. As part of the procurement, the department shall complete a fit gap analysis to determine how the proposed software aligns with the department's detailed business requirements.

The department is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the department's planned quarterly expenditures. Release is contingent upon approval of a comprehensive operational work plan identifying all project work and a monthly spend plan detailing estimated and actual costs. The department shall submit monthly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. Each status report must include progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks.

The department shall procure a private sector provider with experience in conducting independent verification and validation services of public sector information technology projects to provide independent verification and validation services for all department staff and vendor work needed to implement the initiative. The contract shall require that all deliverables be simultaneously provided to the department, the Department of Management Services, the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee.

SECTION 109. The unexpended balance of funds provided to the Department of Transportation for the Transportation Disadvantaged Commission to do training and technical assistance grants as part of M-CORES funding in budget amendment EOG# B2019-0026 shall revert and is appropriated for Fiscal Year 2020-2021 to the department for the same purpose.

SECTION 110. The unexpended balance of funds provided to the Department of Transportation in Specific Appropriation 1906A of Chapter 2018-9, Laws of Florida, for the CR 220 Capacity Improvements shall revert and is appropriated for Fiscal Year 2020-2021 to the department for County Road 220 construction and other road improvements (Senate Form 2450).

SECTION 111. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG# B2020-0337 as submitted by the Governor on February 19, 2020, on behalf of the Agency for Health Care Administration for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 112. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG# B2020-0338 as submitted by the Governor on February 19, 2020, on behalf

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of the Agency for Health Care Administration for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 113. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG# B2020-0347 as submitted by the Governor on February 19, 2020, on behalf of the Agency for Health Care Administration for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 114. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0369 as submitted by the Governor on February 19, 2020, on behalf of the Department of Children and Family Services for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming a law.

SECTION 115. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0306 as submitted on January 6, 2020, by the Governor on behalf of the Department of Corrections for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 116. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0406 as submitted on March 3, 2020, by the Governor on behalf of the Department of Corrections for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 117. The Legislature hereby adopts by reference for the 2019-2020 fiscal year the alternate compliance calculation amounts as the reduction calculation to the class size operating categorical fund required by section 1003.03(4), Florida Statutes, as set forth in Budget Amendment EOG O0062 as submitted by the Governor on behalf of the Commissioner of Education for approval by the Legislative Budget Commission. The Commissioner of Education shall modify payments to school districts as required by section 1003.03(4), Florida Statutes, for the 2019-2020 fiscal year. This section is effective upon becoming law.

SECTION 118. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0313 as submitted by the Governor on January 13, 2020, on behalf of the Department of Health for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 119. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0314 as submitted by the Governor on January 13, 2020, on behalf of the Department of Health for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 120. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0315 as submitted by the Governor on January 13, 2020, on behalf of the Department of Health for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming a law.

SECTION 121. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0349 as submitted on January 30, 2020, by the Governor on behalf of the Justice Administrative Commission for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

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SECTION 122. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0388 as submitted on February 21, 2020, by the Governor on behalf of the Justice Administrative Commission for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 123. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-0308 as submitted on January 8, 2020, by the Governor on behalf of the Department of the Lottery for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 124. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-0383 as submitted on February 19, 2020, by the Governor on behalf of the Department of the Lottery for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming law.

SECTION 125. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-B0350 as submitted by the Governor on January 30, 2020, on behalf of the Department of State for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming a law.

SECTION 126. The Legislature hereby adopts by reference the changes to the approved operating budget as set forth in Budget Amendment EOG #B2020-0311 as submitted by the Governor on behalf of the Department of Transportation for approval by the Legislative Budget Commission. The Governor shall modify the approved operating budget for Fiscal Year 2019-2020 consistent with the amendment. This section is effective upon becoming a law.

SECTION 127. Pursuant to section 215.32(2)(b)4.a., Florida Statutes, $182,000,000 from unobligated cash balance amounts specified from the following trust funds shall be transferred to the General Revenue Fund for Fiscal Year 2020-2021:

AGENCY FOR HEALTH CARE ADMINISTRATION	
Grants and Donations Trust Fund	30,000,000
Medical Care Trust Fund	15,000,000
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION	
Division of Florida Condominiums, Timeshares and Mobile Homes Trust Fund	5,000,000
Professional Regulation Trust Fund	10,000,000
DEPARTMENT OF ECONOMIC OPPORTUNITY	
International Trade and Promotion Trust Fund	1,000,000
DEPARTMENT OF ENVIRONMENTAL PROTECTION	
Inland Protection Trust Fund	85,000,000
Non-Mandatory Land Reclamation Trust Fund	1,500,000
DEPARTMENT OF FINANCIAL SERVICES	
Anti-Fraud Trust Fund	1,000,000
Financial Institutions Regulatory Trust Fund	1,000,000
Insurance Regulatory Trust Fund	7,000,000
Regulatory Trust Fund/Office of Financial Regulation	8,500,000
DEPARTMENT OF HEALTH	
Medical Quality Assurance Trust Fund	5,000,000
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES	
Highway Safety Operating Trust Fund	10,000,000
DEPARTMENT OF LAW ENFORCEMENT	
Revolving Trust Fund	1,000,000
DEPARTMENT OF MANAGEMENT SERVICES	
Public Employees Relations Commission Trust Fund	1,000,000

Funds specified above from each trust fund shall be transferred in four equal installments on a quarterly basis during the fiscal year.

SECTION 128. The Chief Financial Officer is hereby authorized to transfer $100,000,000 from the General Revenue Fund to the Budget Stabilization Fund for Fiscal Year 2020-2021, as required by section 19(g) Article III of the Constitution of the State of Florida.

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SECTION 129. Any section of this act, or any appropriation herein contained, if found to be invalid shall in no way affect other sections or specific appropriations contained in this act.

SECTION 130. Except as otherwise provided herein, this act shall take effect July 1, 2020, or upon becoming law, whichever occurs later; however, if this act becomes law after July 1, 2020, then it shall operate retroactively to July 1, 2020.

TOTAL THIS GENERAL APPROPRIATION ACT

FROM GENERAL REVENUE FUND	35,190,872,453	
FROM TRUST FUNDS		58,024,658,270
TOTAL POSITIONS	113,413.51	
TOTAL ALL FUNDS		93,215,530,723
TOTAL APPROVED SALARY RATE	5,263,915,528	

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ITEMIZATION OF EXPENDITURE TOTALS
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21
($ IN MILLIONS)

	GENERAL REVENUE	LOTTERY	PECO	TOBACCO	OTHER TRUST	ALL FUNDS	POSITIONS
OPERATING							
A - STATE OPERATIONS	6,524.6	.0	.0	73.4	7,999.1	14,597.1	113,413.51
B - AID TO LOC GOV - OPERATION	16,778.4	1,211.6	.0	.0	6,183.4	24,173.4	.00
C - PYMT OF PEN, BEN & CLAIMS	413.3	724.0	.0	.0	40.4	1,177.8	.00
D - PASS THRU/ST & FED FUNDS	2,972.5	103.8	.0	.0	5,380.2	8,456.5	.00
E - MEDICAID AND TANF	7,778.6	.0	.0	331.9	23,128.7	31,239.2	.00
H - TRANS TO OTHER ENTITIES	79.4	.0	.0	.0	83.6	162.9	.00
TOTAL OPERATING	34,546.6	2,039.4	.0	405.3	42,815.5	79,806.8	113,413.51
FIXED CAPITAL OUTLAY							
I - STATE CAPITAL OUTLAY - DMS	74.2	.0	.0	.0	17.3	91.6	.00
J - ST CAPITAL OUTLAY - AGENCY	49.0	.0	.0	.0	501.5	550.5	.00
K - STATE CAPITAL OUTLAY - DOT	.0	.0	.0	.0	9,268.1	9,268.1	.00
L - STATE CAPITAL OUTLAY-PECO	14.0	.0	353.6	.0	48.0	415.6	.00
M - AID TO LOC GOVT-CAP OUTLAY	453.6	.0	.0	.0	961.2	1,414.9	.00
N - DEBT SERVICE	53.3	175.9	844.1	.0	594.7	1,668.0	.00
TOTAL FIXED CAPITAL OUTLAY	644.2	175.9	1,197.7	.0	11,390.9	13,408.7	.00
TOTAL ITEM. OF EXPENDITURES	35,190.9	2,215.3	1,197.7	405.3	54,206.4	93,215.5	113,413.51

NOTE: AMOUNTS ACROSS AND DOWN MAY NOT EQUAL DUE TO ROUNDING.

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SUMMARY BY SECTION
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21

	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 1 - EDUCATION ENHANCEMENT			
OPERATING			
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING		1,211,565,011	1,211,565,011
TOTAL AID TO LOC GOV - OPERATION		1,211,565,011	1,211,565,011
PYMT OF PEN, BEN & CLAIMS			
STATE FUNDS - NONMATCHING		724,032,438	724,032,438
TOTAL PYMT OF PEN, BEN & CLAIMS		724,032,438	724,032,438
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING		103,776,356	103,776,356
TOTAL PASS THRU/ST & FED FUNDS		103,776,356	103,776,356
FIXED CAPITAL OUTLAY			
DEBT SERVICE			
STATE FUNDS - NONMATCHING		175,916,981	175,916,981
TOTAL DEBT SERVICE		175,916,981	175,916,981
TOTAL SECTION 1		2,215,290,786	2,215,290,786
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING		2,215,290,786	2,215,290,786
TOTAL SPENDING AUTHORIZATIONS			
OPERATING		2,039,373,805	2,039,373,805
FIXED CAPITAL OUTLAY		175,916,981	175,916,981
SECTION 2 - EDUCATION (ALL OTHER FUNDS)			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	242,711,595	50,759,890	293,471,485
STATE FUNDS - MATCHING	47,629,205	2,095,000	49,724,205
FEDERAL FUNDS		313,996,222	313,996,222
TRANS/RECIPIENT/FED FUNDS		525,826	525,826
POSITIONS			2,266.75
TOTAL STATE OPERATIONS	290,340,800	367,376,938	657,717,738
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	14,116,885,670	2,158,822,548	16,275,708,218
STATE FUNDS - MATCHING	207,023,465		207,023,465
FEDERAL FUNDS		819,537,330	819,537,330
TOTAL AID TO LOC GOV - OPERATION	14,323,909,135	2,978,359,878	17,302,269,013
PYMT OF PEN, BEN & CLAIMS			
STATE FUNDS - NONMATCHING	378,331,541	1,467,506	379,799,047
FEDERAL FUNDS		105,000	105,000
TOTAL PYMT OF PEN, BEN & CLAIMS	378,331,541	1,572,506	379,904,047

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SUMMARY BY SECTION
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21

	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 2 - EDUCATION (ALL OTHER FUNDS)			
OPERATING			
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING	2,955,857,931	86,161,098	3,042,019,029
FEDERAL FUNDS		1,983,309,134	1,983,309,134
TOTAL PASS THRU/ST & FED FUNDS	2,955,857,931	2,069,470,232	5,025,328,163
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	2,899,854	4,560,210	7,460,064
STATE FUNDS - MATCHING	104,812		104,812
FEDERAL FUNDS		2,128,480	2,128,480
TOTAL TRANS TO OTHER ENTITIES	3,004,666	6,688,690	9,693,356
FIXED CAPITAL OUTLAY			
STATE CAPITAL OUTLAY-PECO			
STATE FUNDS - NONMATCHING	14,038,430	401,600,000	415,638,430
TOTAL STATE CAPITAL OUTLAY-PECO	14,038,430	401,600,000	415,638,430
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING	52,260,115		52,260,115
TOTAL AID TO LOC GOVT-CAP OUTLAY	52,260,115		52,260,115
DEBT SERVICE			
STATE FUNDS - NONMATCHING		984,586,229	984,586,229
TOTAL DEBT SERVICE		984,586,229	984,586,229
POSITIONS			2,266.75
TOTAL SECTION 2	18,017,742,618	6,809,654,473	24,827,397,091
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	17,762,985,136	3,687,957,481	21,450,942,617
STATE FUNDS - MATCHING	254,757,482	2,095,000	256,852,482
FEDERAL FUNDS		3,119,076,166	3,119,076,166
TRANS/RECIPIENT/FED FUNDS		525,826	525,826
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	17,951,444,073	5,423,468,244	23,374,912,317
FIXED CAPITAL OUTLAY	66,298,545	1,386,186,229	1,452,484,774
SECTION 3 - HUMAN SERVICES			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	270,110,927	833,750,101	1,103,861,028
STATE FUNDS - MATCHING	506,624,058	328,266,238	834,890,296
FEDERAL FUNDS		1,642,337,628	1,642,337,628
TRANS/RECIPIENT/FED FUNDS		116,675,678	116,675,678
POSITIONS			30,869.76
TOTAL STATE OPERATIONS	776,734,985	2,921,029,645	3,697,764,630

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SUMMARY BY SECTION
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21

	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 3 - HUMAN SERVICES			
OPERATING			
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	608,552,189	93,965,946	702,518,135
STATE FUNDS - MATCHING	1,426,103,801	78,454,664	1,504,558,465
FEDERAL FUNDS		1,975,128,591	1,975,128,591
TRANS/RECIPIENT/FED FUNDS		152,643,247	152,643,247
TOTAL AID TO LOC GOV - OPERATION	2,034,655,990	2,300,192,448	4,334,848,438
PYMT OF PEN, BEN & CLAIMS			
STATE FUNDS - NONMATCHING	5,202,400		5,202,400
STATE FUNDS - MATCHING	11,158,237		11,158,237
TOTAL PYMT OF PEN, BEN & CLAIMS	16,360,637		16,360,637
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING	9,000,000		9,000,000
FEDERAL FUNDS		1,000,000	1,000,000
TOTAL PASS THRU/ST & FED FUNDS	9,000,000	1,000,000	10,000,000
MEDICAID AND TANF			
STATE FUNDS - MATCHING	7,778,579,157	4,757,669,290	12,536,248,447
FEDERAL FUNDS		17,819,458,423	17,819,458,423
TRANS/RECIPIENT/FED FUNDS		883,450,307	883,450,307
TOTAL MEDICAID AND TANF	7,778,579,157	23,460,578,020	31,239,157,177
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	13,246,000	7,992,435	21,238,435
STATE FUNDS - MATCHING	3,981,132	3,008,992	6,990,124
FEDERAL FUNDS		3,120,640	3,120,640
TRANS/RECIPIENT/FED FUNDS		338,242	338,242
TOTAL TRANS TO OTHER ENTITIES	17,227,132	14,460,309	31,687,441
FIXED CAPITAL OUTLAY			
ST CAPITAL OUTLAY - AGENCY			
STATE FUNDS - NONMATCHING	2,000,000	15,199,901	17,199,901
STATE FUNDS - MATCHING		962,500	962,500
FEDERAL FUNDS		5,657,500	5,657,500
TOTAL ST CAPITAL OUTLAY - AGENCY	2,000,000	21,819,901	23,819,901
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING	9,775,000		9,775,000
TOTAL AID TO LOC GOVT-CAP OUTLAY	9,775,000		9,775,000
POSITIONS			30,869.76
TOTAL SECTION 3	10,644,332,901	28,719,080,323	39,363,413,224
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	917,886,516	950,908,383	1,868,794,899
STATE FUNDS - MATCHING	9,726,446,385	5,168,361,684	14,894,808,069
FEDERAL FUNDS		21,446,702,782	21,446,702,782
TRANS/RECIPIENT/FED FUNDS		1,153,107,474	1,153,107,474

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SUMMARY BY SECTION
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21

	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 3 - HUMAN SERVICES			
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	10,632,557,901	28,697,260,422	39,329,818,323
FIXED CAPITAL OUTLAY	11,775,000	21,819,901	33,594,901
SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	3,844,888,130	385,709,906	4,230,598,036
STATE FUNDS - MATCHING	7,140,710	10,968,594	18,109,304
FEDERAL FUNDS		38,749,832	38,749,832
TRANS/RECIPIENT/FED FUNDS		48,466,641	48,466,641
POSITIONS			42,465.75
TOTAL STATE OPERATIONS	3,852,028,840	483,894,973	4,335,923,813
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	280,048,729	35,626,719	315,675,448
STATE FUNDS - MATCHING	6,112		6,112
FEDERAL FUNDS		50,208,912	50,208,912
TRANS/RECIPIENT/FED FUNDS		1,000,000	1,000,000
TOTAL AID TO LOC GOV - OPERATION	280,054,841	86,835,631	366,890,472
PYMT OF PEN, BEN & CLAIMS			
STATE FUNDS - NONMATCHING	900,000	16,000,000	16,900,000
FEDERAL FUNDS		9,600,000	9,600,000
TOTAL PYMT OF PEN, BEN & CLAIMS	900,000	25,600,000	26,500,000
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING	6,400,000	2,529,702	8,929,702
FEDERAL FUNDS		123,217,554	123,217,554
TOTAL PASS THRU/ST & FED FUNDS	6,400,000	125,747,256	132,147,256
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	11,643,236	3,664,368	15,307,604
STATE FUNDS - MATCHING	17,757	27,073	44,830
FEDERAL FUNDS		8,959,057	8,959,057
TRANS/RECIPIENT/FED FUNDS		86,461	86,461
TOTAL TRANS TO OTHER ENTITIES	11,660,993	12,736,959	24,397,952
FIXED CAPITAL OUTLAY			
ST CAPITAL OUTLAY - AGENCY			
STATE FUNDS - NONMATCHING	15,520,846	3,350,000	18,870,846
TOTAL ST CAPITAL OUTLAY - AGENCY	15,520,846	3,350,000	18,870,846
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING	4,500,000	650,000	5,150,000
TOTAL AID TO LOC GOVT-CAP OUTLAY	4,500,000	650,000	5,150,000
DEBT SERVICE			
STATE FUNDS - NONMATCHING	53,333,075		53,333,075
TOTAL DEBT SERVICE	53,333,075		53,333,075

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SUMMARY BY SECTION
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	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS			
POSITIONS			42,465.75
TOTAL SECTION 4	4,224,398,595	738,814,819	4,963,213,414
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	4,217,234,016	447,530,695	4,664,764,711
STATE FUNDS - MATCHING	7,164,579	10,995,667	18,160,246
FEDERAL FUNDS		230,735,355	230,735,355
TRANS/RECIPIENT/FED FUNDS		49,553,102	49,553,102
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	4,151,044,674	734,814,819	4,885,859,493
FIXED CAPITAL OUTLAY	73,353,921	4,000,000	77,353,921
SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	165,591,076	1,483,445,260	1,649,036,336
STATE FUNDS - MATCHING	232,203	42,915,425	43,147,628
FEDERAL FUNDS		202,943,062	202,943,062
TRANS/RECIPIENT/FED FUNDS		600,000	600,000
POSITIONS			14,966.25
TOTAL STATE OPERATIONS	165,823,279	1,729,903,747	1,895,727,026
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	30,034,636	112,035,143	142,069,779
STATE FUNDS - MATCHING	9,165,197		9,165,197
FEDERAL FUNDS		13,153,374	13,153,374
TOTAL AID TO LOC GOV - OPERATION	39,199,833	125,188,517	164,388,350
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING		10,557,261	10,557,261
FEDERAL FUNDS		1,246,062,742	1,246,062,742
TOTAL PASS THRU/ST & FED FUNDS		1,256,620,003	1,256,620,003
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	582,347	29,913,105	30,495,452
STATE FUNDS - MATCHING		351	351
FEDERAL FUNDS		155,839	155,839
TOTAL TRANS TO OTHER ENTITIES	582,347	30,069,295	30,651,642
FIXED CAPITAL OUTLAY			
ST CAPITAL OUTLAY - AGENCY			
STATE FUNDS - NONMATCHING	14,450,328	462,984,020	477,434,348
STATE FUNDS - MATCHING		1,000,000	1,000,000
FEDERAL FUNDS		6,895,000	6,895,000
TOTAL ST CAPITAL OUTLAY - AGENCY	14,450,328	470,879,020	485,329,348
STATE CAPITAL OUTLAY - DOT			
STATE FUNDS - NONMATCHING		6,328,445,040	6,328,445,040
STATE FUNDS - MATCHING		100,380,252	100,380,252
FEDERAL FUNDS		2,839,310,782	2,839,310,782
TOTAL STATE CAPITAL OUTLAY - DOT		9,268,136,074	9,268,136,074

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	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION			
FIXED CAPITAL OUTLAY			
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING	290,387,759	390,297,189	680,684,948
STATE FUNDS - MATCHING	47,601,000	117,857	47,718,857
FEDERAL FUNDS		537,884,300	537,884,300
TOTAL AID TO LOC GOVT-CAP OUTLAY	337,988,759	928,299,346	1,266,288,105
DEBT SERVICE			
STATE FUNDS - NONMATCHING		434,226,687	434,226,687
TOTAL DEBT SERVICE		434,226,687	434,226,687
POSITIONS			14,966.25
TOTAL SECTION 5	558,044,546	14,243,322,689	14,801,367,235
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	501,046,146	9,251,903,705	9,752,949,851
STATE FUNDS - MATCHING	56,998,400	144,413,885	201,412,285
FEDERAL FUNDS		4,846,405,099	4,846,405,099
TRANS/RECIPIENT/FED FUNDS		600,000	600,000
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	205,605,459	3,141,781,562	3,347,387,021
FIXED CAPITAL OUTLAY	352,439,087	11,101,541,127	11,453,980,214
SECTION 6 - GENERAL GOVERNMENT			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	907,277,489	1,977,783,995	2,885,061,484
STATE FUNDS - MATCHING	48,365,003	119,151,030	167,516,033
FEDERAL FUNDS		341,630,676	341,630,676
TRANS/RECIPIENT/FED FUNDS		33,431,629	33,431,629
POSITIONS			18,424.50
TOTAL STATE OPERATIONS	955,642,492	2,471,997,330	3,427,639,822
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	84,458,476	162,193,149	246,651,625
STATE FUNDS - MATCHING	15,718,569	8,447,346	24,165,915
FEDERAL FUNDS		521,068,399	521,068,399
TRANS/RECIPIENT/FED FUNDS		1,036,300	1,036,300
TOTAL AID TO LOC GOV - OPERATION	100,177,045	692,745,194	792,922,239
PYMT OF PEN, BEN & CLAIMS			
STATE FUNDS - NONMATCHING	17,722,534	13,249,704	30,972,238
TOTAL PYMT OF PEN, BEN & CLAIMS	17,722,534	13,249,704	30,972,238
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING	1,203,265	536,877,835	538,081,100
STATE FUNDS - MATCHING		126,743,875	126,743,875
FEDERAL FUNDS		1,263,786,370	1,263,786,370
TOTAL PASS THRU/ST & FED FUNDS	1,203,265	1,927,408,080	1,928,611,345

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SUMMARY BY SECTION
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	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 6 - GENERAL GOVERNMENT			
OPERATING			
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	44,342,410	14,868,948	59,211,358
STATE FUNDS - MATCHING	1,663,156	189	1,663,345
FEDERAL FUNDS		4,678,452	4,678,452
TRANS/RECIPIENT/FED FUNDS		42,271	42,271
TOTAL TRANS TO OTHER ENTITIES	46,005,566	19,589,860	65,595,426
FIXED CAPITAL OUTLAY			
STATE CAPITAL OUTLAY - DMS			
STATE FUNDS - NONMATCHING	53,220,000	17,345,116	70,565,116
TOTAL STATE CAPITAL OUTLAY - DMS	53,220,000	17,345,116	70,565,116
ST CAPITAL OUTLAY - AGENCY			
STATE FUNDS - NONMATCHING	6,955,081	5,445,944	12,401,025
STATE FUNDS - MATCHING	10,070,000		10,070,000
TOTAL ST CAPITAL OUTLAY - AGENCY	17,025,081	5,445,944	22,471,025
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING	49,111,882	20,083,000	69,194,882
STATE FUNDS - MATCHING		3,000,000	3,000,000
FEDERAL FUNDS		8,054,000	8,054,000
TOTAL AID TO LOC GOVT-CAP OUTLAY	49,111,882	31,137,000	80,248,882
DEBT SERVICE			
STATE FUNDS - NONMATCHING		19,967,233	19,967,233
TOTAL DEBT SERVICE		19,967,233	19,967,233
POSITIONS			18,424.50
TOTAL SECTION 6	1,240,107,865	5,198,885,461	6,438,993,326
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	1,164,291,137	2,767,814,924	3,932,106,061
STATE FUNDS - MATCHING	75,816,728	257,342,440	333,159,168
FEDERAL FUNDS		2,139,217,897	2,139,217,897
TRANS/RECIPIENT/FED FUNDS		34,510,200	34,510,200
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	1,120,750,902	5,124,990,168	6,245,741,070
FIXED CAPITAL OUTLAY	119,356,963	73,895,293	193,252,256
SECTION 7 - JUDICIAL BRANCH			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	483,998,657	88,136,477	572,135,134
FEDERAL FUNDS		2,244,519	2,244,519
TRANS/RECIPIENT/FED FUNDS		7,908,527	7,908,527
POSITIONS			4,420.50
TOTAL STATE OPERATIONS	483,998,657	98,289,523	582,288,180

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	GEN REVENUE	TRUST FUNDS	ALL FUNDS
SECTION 7 - JUDICIAL BRANCH			
OPERATING			
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	370,000	125,000	495,000
TOTAL AID TO LOC GOV - OPERATION	370,000	125,000	495,000
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	877,271	7,234	884,505
FEDERAL FUNDS		3,933	3,933
TRANS/RECIPIENT/FED FUNDS		29,029	29,029
TOTAL TRANS TO OTHER ENTITIES	877,271	40,196	917,467
FIXED CAPITAL OUTLAY			
STATE CAPITAL OUTLAY - DMS			
STATE FUNDS - NONMATCHING	21,000,000		21,000,000
TOTAL STATE CAPITAL OUTLAY - DMS	21,000,000		21,000,000
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING		1,155,000	1,155,000
TOTAL AID TO LOC GOVT-CAP OUTLAY		1,155,000	1,155,000
POSITIONS			4,420.50
TOTAL SECTION 7	506,245,928	99,609,719	605,855,647
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	506,245,928	89,423,711	595,669,639
FEDERAL FUNDS		2,248,452	2,248,452
TRANS/RECIPIENT/FED FUNDS		7,937,556	7,937,556
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	485,245,928	98,454,719	583,700,647
FIXED CAPITAL OUTLAY	21,000,000	1,155,000	22,155,000

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SUMMARY FOR ALL SECTIONS
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	GEN REVENUE	TRUST FUNDS	ALL FUNDS
ALL SECTIONS			
OPERATING			
STATE OPERATIONS			
STATE FUNDS - NONMATCHING	5,914,577,874	4,819,585,629	10,734,163,503
STATE FUNDS - MATCHING	609,991,179	503,396,287	1,113,387,466
FEDERAL FUNDS		2,541,901,939	2,541,901,939
TRANS/RECIPIENT/FED FUNDS		207,608,301	207,608,301
POSITIONS			113,413.51
TOTAL STATE OPERATIONS	6,524,569,053	8,072,492,156	14,597,061,209
AID TO LOC GOV - OPERATION			
STATE FUNDS - NONMATCHING	15,120,349,700	3,774,333,516	18,894,683,216
STATE FUNDS - MATCHING	1,658,017,144	86,902,010	1,744,919,154
FEDERAL FUNDS		3,379,096,606	3,379,096,606
TRANS/RECIPIENT/FED FUNDS		154,679,547	154,679,547
TOTAL AID TO LOC GOV - OPERATION	16,778,366,844	7,395,011,679	24,173,378,523
PYMT OF PEN, BEN & CLAIMS			
STATE FUNDS - NONMATCHING	402,156,475	754,749,648	1,156,906,123
STATE FUNDS - MATCHING	11,158,237		11,158,237
FEDERAL FUNDS		9,705,000	9,705,000
TOTAL PYMT OF PEN, BEN & CLAIMS	413,314,712	764,454,648	1,177,769,360
PASS THRU/ST & FED FUNDS			
STATE FUNDS - NONMATCHING	2,972,461,196	739,902,252	3,712,363,448
STATE FUNDS - MATCHING		126,743,875	126,743,875
FEDERAL FUNDS		4,617,375,800	4,617,375,800
TOTAL PASS THRU/ST & FED FUNDS	2,972,461,196	5,484,021,927	8,456,483,123
MEDICAID AND TANF			
STATE FUNDS - MATCHING	7,778,579,157	4,757,669,290	12,536,248,447
FEDERAL FUNDS		17,819,458,423	17,819,458,423
TRANS/RECIPIENT/FED FUNDS		883,450,307	883,450,307
TOTAL MEDICAID AND TANF	7,778,579,157	23,460,578,020	31,239,157,177
TRANS TO OTHER ENTITIES			
STATE FUNDS - NONMATCHING	73,591,118	61,006,300	134,597,418
STATE FUNDS - MATCHING	5,766,857	3,036,605	8,803,462
FEDERAL FUNDS		19,046,401	19,046,401
TRANS/RECIPIENT/FED FUNDS		496,003	496,003
TOTAL TRANS TO OTHER ENTITIES	79,357,975	83,585,309	162,943,284
FIXED CAPITAL OUTLAY			
STATE CAPITAL OUTLAY - DMS			
STATE FUNDS - NONMATCHING	74,220,000	17,345,116	91,565,116
TOTAL STATE CAPITAL OUTLAY - DMS	74,220,000	17,345,116	91,565,116
ST CAPITAL OUTLAY - AGENCY			
STATE FUNDS - NONMATCHING	38,926,255	486,979,865	525,906,120
STATE FUNDS - MATCHING	10,070,000	1,962,500	12,032,500
FEDERAL FUNDS		12,552,500	12,552,500
TOTAL ST CAPITAL OUTLAY - AGENCY	48,996,255	501,494,865	550,491,120

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SUMMARY FOR ALL SECTIONS
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	GEN REVENUE	TRUST FUNDS	ALL FUNDS
ALL SECTIONS			
FIXED CAPITAL OUTLAY			
STATE CAPITAL OUTLAY - DOT			
STATE FUNDS - NONMATCHING		6,328,445,040	6,328,445,040
STATE FUNDS - MATCHING		100,380,252	100,380,252
FEDERAL FUNDS		2,839,310,782	2,839,310,782
TOTAL STATE CAPITAL OUTLAY - DOT		9,268,136,074	9,268,136,074
STATE CAPITAL OUTLAY-PECO			
STATE FUNDS - NONMATCHING	14,038,430	401,600,000	415,638,430
TOTAL STATE CAPITAL OUTLAY-PECO	14,038,430	401,600,000	415,638,430
AID TO LOC GOVT-CAP OUTLAY			
STATE FUNDS - NONMATCHING	406,034,756	412,185,189	818,219,945
STATE FUNDS - MATCHING	47,601,000	3,117,857	50,718,857
FEDERAL FUNDS		545,938,300	545,938,300
TOTAL AID TO LOC GOVT-CAP OUTLAY	453,635,756	961,241,346	1,414,877,102
DEBT SERVICE			
STATE FUNDS - NONMATCHING	53,333,075	1,614,697,130	1,668,030,205
TOTAL DEBT SERVICE	53,333,075	1,614,697,130	1,668,030,205
POSITIONS			113,413.51
TOTAL ALL SECTIONS	35,190,872,453	58,024,658,270	93,215,530,723
FUNDING SOURCE RECAP			
STATE FUNDS - NONMATCHING	25,069,688,879	19,410,829,685	44,480,518,564
STATE FUNDS - MATCHING	10,121,183,574	5,583,208,676	15,704,392,250
FEDERAL FUNDS		31,784,385,751	31,784,385,751
TRANS/RECIPIENT/FED FUNDS		1,246,234,158	1,246,234,158
TOTAL SPENDING AUTHORIZATIONS			
OPERATING	34,546,648,937	45,260,143,739	79,806,792,676
FIXED CAPITAL OUTLAY	644,223,516	12,764,514,531	13,408,738,047

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SUMMARY BY SECTION BY DEPARTMENT
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($ IN MILLIONS)

	GENERAL REVENUE	LOTTERY	PECO	TOBACCO	OTHER TRUST	ALL FUNDS	POSITIONS
OPERATING							
SECTION 1 - EDUCATION ENHANCEMENT							
EDUCATION, DEPT OF.....	.0	2,039.4	.0	.0	.0	2,039.4	.00
TOTAL SECTION 1	.0	2,039.4	.0	.0	.0	2,039.4	.00
SECTION 2 - EDUCATION (ALL OTHER FUNDS)							
EDUCATION, DEPT OF.....	17,951.4	.0	.0	.0	5,423.5	23,374.9	2,266.75
TOTAL SECTION 2	17,951.4	.0	.0	.0	5,423.5	23,374.9	2,266.75
EDUCATION RECAP							
EDUCATION/EARLY LEARNING...	568.9	.0	.0	.0	802.6	1,371.5	98.00
EDUCATION/PUBLIC SCHOOLS...	12,782.3	717.3	.0	.0	2,277.9	15,777.5	.00
EDUCATION/FL COLLEGES.....	1,121.7	168.2	.0	.0	.0	1,289.9	.00
EDUCATION/UNIVERSITIES.....	2,849.0	429.8	.0	.0	1,962.7	5,241.5	.00
EDUCATION/OTHER.....	629.5	724.0	.0	.0	380.3	1,733.9	2,168.75
TOTAL EDUCATION RECAP	17,951.4	2,039.4	.0	.0	5,423.5	25,414.3	2,266.75
SECTION 3 - HUMAN SERVICES							
AGENCY/HEALTH CARE ADMIN.....	7,344.1	.0	.0	331.9	23,098.8	30,774.8	1,526.50
AGENCY/PERSONS WITH DISABL...	645.0	.0	.0	.0	934.8	1,579.8	2,700.50
CHILDREN & FAMILIES.....	1,906.7	.0	.0	.0	1,460.8	3,367.5	12,052.75
ELDER AFFAIRS, DEPT OF.....	181.9	.0	.0	.0	187.4	369.3	404.00
HEALTH, DEPT OF.....	532.6	.0	.0	73.4	2,489.9	3,095.9	12,706.51
VETERANS' AFFAIRS, DEPT OF...	22.4	.0	.0	.0	120.1	142.6	1,479.50
TOTAL SECTION 3	10,632.6	.0	.0	405.3	28,292.0	39,329.8	30,869.76
SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS							
CORRECTIONS, DEPT OF.....	2,666.7	.0	.0	.0	62.9	2,729.7	25,154.00
FL COMMISN/OFFENDER REVIEW...	11.8	.0	.0	.0	.1	11.9	132.00
JUSTICE ADMINISTRATION.....	830.1	.0	.0	.0	152.2	982.2	10,560.75
JUVENILE JUSTICE, DEPT OF....	438.7	.0	.0	.0	140.2	578.8	3,285.50
LAW ENFORCEMENT, DEPT OF.....	135.2	.0	.0	.0	151.3	286.5	1,949.00
LEGAL AFFAIRS/ATTY GENERAL...	68.7	.0	.0	.0	228.1	296.7	1,384.50
TOTAL SECTION 4	4,151.0	.0	.0	.0	734.8	4,885.9	42,465.75
SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION							
AGRIC/CONSUMER SVCS/COMMR....	120.2	.0	.0	.0	1,610.2	1,730.4	3,740.25
ENVIR PROTECTION, DEPT OF....	37.7	.0	.0	.0	390.4	428.1	2,917.50
FISH/WILDLIFE CONSERV COMM...	47.7	.0	.0	.0	336.6	384.3	2,114.50
TRANSPORTATION, DEPT OF.....	.0	.0	.0	.0	804.6	804.6	6,194.00
TOTAL SECTION 5	205.6	.0	.0	.0	3,141.8	3,347.4	14,966.25
SECTION 6 - GENERAL GOVERNMENT							
ADMINISTERED FUNDS.....	425.1	.0	.0	.0	188.5	613.6	.00
BUSINESS/PROFESSIONAL REG....	1.4	.0	.0	.0	158.5	160.0	1,659.25
CITRUS, DEPT OF.....	5.7	.0	.0	.0	20.7	26.4	27.00
ECONOMIC OPPORTUNITY.....	68.9	.0	.0	.0	1,143.4	1,212.3	1,469.00
FINANCIAL SERVICES.....	23.7	.0	.0	.0	370.0	393.7	2,569.50

NOTE: AMOUNTS ACROSS AND DOWN MAY NOT EQUAL DUE TO ROUNDING.

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	GENERAL REVENUE	LOTTERY	PECO	TOBACCO	OTHER TRUST	ALL FUNDS	POSITIONS
OPERATING							
SECTION 6 - GENERAL GOVERNMENT							
GOVERNOR, EXECUTIVE OFFICE...	30.7	.0	.0	.0	1,467.2	1,497.9	445.00
HIWAY SAFETY/MTR VEH, DEPT...	.0	.0	.0	.0	498.1	498.1	4,339.00
LEGISLATIVE BRANCH.....	210.5	.0	.0	.0	4.6	215.1	.00
LOTTERY, DEPARTMENT OF THE...	.0	.0	.0	.0	187.0	187.0	418.50
MANAGEMENT SRVCS, DEPT OF....	32.7	.0	.0	.0	612.4	645.1	1,304.50
MILITARY AFFAIRS, DEPT OF....	21.0	.0	.0	.0	39.8	60.9	453.00
PUBLIC SERVICE COMMISSION....	.0	.0	.0	.0	25.9	25.9	271.00
REVENUE, DEPARTMENT OF.....	221.9	.0	.0	.0	380.2	602.0	5,054.75
STATE, DEPT OF.....	79.2	.0	.0	.0	28.7	107.9	414.00
TOTAL SECTION 6	1,120.8	.0	.0	.0	5,125.0	6,245.7	18,424.50
SECTION 7 - JUDICIAL BRANCH							
STATE COURT SYSTEM.....	485.2	.0	.0	.0	98.5	583.7	4,420.50
TOTAL SECTION 7	485.2	.0	.0	.0	98.5	583.7	4,420.50
TOTAL OPERATING	34,546.6	2,039.4	.0	405.3	42,815.5	79,806.8	113,413.51
FIXED CAPITAL OUTLAY							
SECTION 1 - EDUCATION ENHANCEMENT							
EDUCATION, DEPT OF.....	.0	175.9	.0	.0	.0	175.9	.00
TOTAL SECTION 1	.0	175.9	.0	.0	.0	175.9	.00
SECTION 2 - EDUCATION (ALL OTHER FUNDS)							
EDUCATION, DEPT OF.....	66.3	.0	1,197.7	.0	188.5	1,452.5	.00
TOTAL SECTION 2	66.3	.0	1,197.7	.0	188.5	1,452.5	.00
EDUCATION RECAP							
EDUCATION/EARLY LEARNING...	.3	.0	.0	.0	.0	.3	.00
EDUCATION/PUBLIC SCHOOLS...	51.0	.0	.0	.0	.0	51.0	.00
EDUCATION/FL COLLEGES.....	.0	.0	.0	.0	.0	.0	.00
EDUCATION/UNIVERSITIES.....	.0	.0	.0	.0	.0	.0	.00
EDUCATION/OTHER.....	15.1	175.9	1,197.7	.0	188.5	1,577.2	.00
TOTAL EDUCATION RECAP	66.3	175.9	1,197.7	.0	188.5	1,628.4	.00
SECTION 3 - HUMAN SERVICES							
AGENCY/HEALTH CARE ADMIN....	3.0	.0	.0	.0	.0	3.0	.00
AGENCY/PERSONS WITH DISABL...	2.3	.0	.0	.0	3.3	5.6	.00
CHILDREN & FAMILIES.....	2.7	.0	.0	.0	.0	2.7	.00
ELDER AFFAIRS, DEPT OF.....	2.4	.0	.0	.0	.0	2.4	.00
HEALTH, DEPT OF.....	1.0	.0	.0	.0	10.4	11.4	.00
VETERANS' AFFAIRS, DEPT OF...	.5	.0	.0	.0	8.1	8.6	.00
TOTAL SECTION 3	11.8	.0	.0	.0	21.8	33.6	.00
SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS							
CORRECTIONS, DEPT OF.....	66.7	.0	.0	.0	.0	66.7	.00
JUVENILE JUSTICE, DEPT OF....	4.3	.0	.0	.0	4.0	8.3	.00

NOTE: AMOUNTS ACROSS AND DOWN MAY NOT EQUAL DUE TO ROUNDING.

AMERICAN OVERSIGHT
FL-AHCA-20-0902-A-003283

SUMMARY BY SECTION BY DEPARTMENT
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21
($ IN MILLIONS)

	GENERAL REVENUE	LOTTERY	PECO	TOBACCO	OTHER TRUST	ALL FUNDS	POSITIONS
FIXED CAPITAL OUTLAY							
SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS							
LAW ENFORCEMENT, DEPT OF.....	2.4	.0	.0	.0	.0	2.4	.00
TOTAL SECTION 4	73.4	.0	.0	.0	4.0	77.4	.00
SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION							
AGRIC/CONSUMER SVCS/COMMR....	18.5	.0	.0	.0	10.0	28.5	.00
ENVIR PROTECTION, DEPT OF....	329.1	.0	.0	.0	1,518.9	1,848.0	.00
FISH/WILDLIFE CONSERV COMM...	4.8	.0	.0	.0	29.4	34.2	.00
TRANSPORTATION, DEPT OF.....	.0	.0	.0	.0	9,543.2	9,543.2	.00
TOTAL SECTION 5	352.4	.0	.0	.0	11,101.5	11,454.0	.00
SECTION 6 - GENERAL GOVERNMENT							
ECONOMIC OPPORTUNITY.....	17.7	.0	.0	.0	9.3	26.9	.00
FINANCIAL SERVICES.....	5.4	.0	.0	.0	12.8	18.2	.00
GOVERNOR, EXECUTIVE OFFICE...	7.0	.0	.0	.0	3.0	10.0	.00
HIWAY SAFETY/MTR VEH, DEPT...	.0	.0	.0	.0	1.1	1.1	.00
MANAGEMENT SRVCS, DEPT OF....	59.2	.0	.0	.0	38.8	98.0	.00
MILITARY AFFAIRS, DEPT OF....	10.1	.0	.0	.0	.9	10.9	.00
STATE, DEPT OF.....	20.1	.0	.0	.0	8.1	28.1	.00
TOTAL SECTION 6	119.4	.0	.0	.0	73.9	193.3	.00
SECTION 7 - JUDICIAL BRANCH							
STATE COURT SYSTEM.....	21.0	.0	.0	.0	1.2	22.2	.00
TOTAL SECTION 7	21.0	.0	.0	.0	1.2	22.2	.00
TOTAL FIXED CAPITAL OUTLAY	644.2	175.9	1,197.7	.0	11,390.9	13,408.7	.00
OPERATING AND FIXED CAPITAL OUTLAY							
SECTION 1 - EDUCATION ENHANCEMENT							
EDUCATION, DEPT OF.....	.0	2,215.3	.0	.0	.0	2,215.3	.00
TOTAL SECTION 1	.0	2,215.3	.0	.0	.0	2,215.3	.00
SECTION 2 - EDUCATION (ALL OTHER FUNDS)							
EDUCATION, DEPT OF.....	18,017.7	.0	1,197.7	.0	5,611.9	24,827.4	2,266.75
TOTAL SECTION 2	18,017.7	.0	1,197.7	.0	5,611.9	24,827.4	2,266.75
EDUCATION RECAP							
EDUCATION/EARLY LEARNING...	569.1	.0	.0	.0	802.6	1,371.7	98.00
EDUCATION/PUBLIC SCHOOLS...	12,833.3	717.3	.0	.0	2,277.9	15,828.4	.00
EDUCATION/FL COLLEGES.....	1,121.7	168.2	.0	.0	.0	1,289.9	.00
EDUCATION/UNIVERSITIES.....	2,849.0	429.8	.0	.0	1,962.7	5,241.5	.00
EDUCATION/OTHER.....	644.6	899.9	1,197.7	.0	568.8	3,311.1	2,168.75
TOTAL EDUCATION RECAP	18,017.7	2,215.3	1,197.7	.0	5,611.9	27,042.7	2,266.75

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AMERICAN OVERSIGHT

FL-AHCA-20-0902-A-003284

SUMMARY BY SECTION BY DEPARTMENT
(FOR INFORMATION ONLY)

CR/HB 5001 FY2020-21
($ IN MILLIONS)

	GENERAL REVENUE	LOTTERY	PECO	TOBACCO	OTHER TRUST	ALL FUNDS	POSITIONS
OPERATING AND FIXED CAPITAL OUTLAY							
SECTION 3 - HUMAN SERVICES							
AGENCY/HEALTH CARE ADMIN.....	7,347.1	.0	.0	331.9	23,098.8	30,777.8	1,526.50
AGENCY/PERSONS WITH DISABL...	647.2	.0	.0	.0	938.1	1,585.4	2,700.50
CHILDREN & FAMILIES.....	1,909.3	.0	.0	.0	1,460.8	3,370.2	12,052.75
ELDER AFFAIRS, DEPT OF.....	184.2	.0	.0	.0	187.4	371.6	404.00
HEALTH, DEPT OF.....	533.6	.0	.0	73.4	2,500.3	3,107.3	12,706.51
VETERANS' AFFAIRS, DEPT OF...	22.9	.0	.0	.0	128.3	151.2	1,479.50
TOTAL SECTION 3	10,644.3	.0	.0	405.3	28,313.8	39,363.4	30,869.76
SECTION 4 - CRIMINAL JUSTICE AND CORRECTIONS							
CORRECTIONS, DEPT OF.....	2,733.4	.0	.0	.0	62.9	2,796.4	25,154.00
FL COMMISN/OFFENDER REVIEW...	11.8	.0	.0	.0	.1	11.9	132.00
JUSTICE ADMINISTRATION.....	830.1	.0	.0	.0	152.2	982.2	10,560.75
JUVENILE JUSTICE, DEPT OF....	442.9	.0	.0	.0	144.2	587.1	3,285.50
LAW ENFORCEMENT, DEPT OF.....	137.6	.0	.0	.0	151.3	288.9	1,949.00
LEGAL AFFAIRS/ATTY GENERAL...	68.7	.0	.0	.0	228.1	296.7	1,384.50
TOTAL SECTION 4	4,224.4	.0	.0	.0	738.8	4,963.2	42,465.75
SECTION 5 - NATURAL RESOURCES/ENVIRONMENT/GROWTH MANAGEMENT/TRANSPORTATION							
AGRIC/CONSUMER SVCS/COMMR....	138.8	.0	.0	.0	1,620.1	1,758.9	3,740.25
ENVIR PROTECTION, DEPT OF....	366.8	.0	.0	.0	1,909.3	2,276.2	2,917.50
FISH/WILDLIFE CONSERV COMM...	52.5	.0	.0	.0	366.1	418.5	2,114.50
TRANSPORTATION, DEPT OF.....	.0	.0	.0	.0	10,347.8	10,347.8	6,194.00
TOTAL SECTION 5	558.0	.0	.0	.0	14,243.3	14,801.4	14,966.25
SECTION 6 - GENERAL GOVERNMENT							
ADMINISTERED FUNDS.....	425.1	.0	.0	.0	188.5	613.6	.00
BUSINESS/PROFESSIONAL REG....	1.4	.0	.0	.0	158.5	160.0	1,659.25
CITRUS, DEPT OF.....	5.7	.0	.0	.0	20.7	26.4	27.00
ECONOMIC OPPORTUNITY.....	86.6	.0	.0	.0	1,152.6	1,239.2	1,469.00
FINANCIAL SERVICES.....	29.1	.0	.0	.0	382.7	411.9	2,569.50
GOVERNOR, EXECUTIVE OFFICE...	37.7	.0	.0	.0	1,470.2	1,507.8	445.00
HIWAY SAFETY/MTR VEH, DEPT...	.0	.0	.0	.0	499.2	499.2	4,339.00
LEGISLATIVE BRANCH.....	210.5	.0	.0	.0	4.6	215.1	.00
LOTTERY, DEPARTMENT OF THE...	.0	.0	.0	.0	187.0	187.0	418.50
MANAGEMENT SRVCS, DEPT OF....	91.9	.0	.0	.0	651.2	743.1	1,304.50
MILITARY AFFAIRS, DEPT OF....	31.1	.0	.0	.0	40.7	71.8	453.00
PUBLIC SERVICE COMMISSION....	.0	.0	.0	.0	25.9	25.9	271.00
REVENUE, DEPARTMENT OF.....	221.9	.0	.0	.0	380.2	602.0	5,054.75
STATE, DEPT OF.....	99.3	.0	.0	.0	36.7	136.0	414.00
TOTAL SECTION 6	1,240.1	.0	.0	.0	5,198.9	6,439.0	18,424.50
SECTION 7 - JUDICIAL BRANCH							
STATE COURT SYSTEM.....	506.2	.0	.0	.0	99.6	605.9	4,420.50
TOTAL SECTION 7	506.2	.0	.0	.0	99.6	605.9	4,420.50
TOTAL OPERATING AND FCO	35,190.9	2,215.3	1,197.7	405.3	54,206.4	93,215.5	113,413.51

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