September 8, 2023

Mr. Chris Spencer, Director
Office of Policy and Budget
Executive Office of the Governor
1601 The Capitol
Tallahassee, FL 32399-0001

Dear Mr. Spencer:

Pursuant to the provisions of Chapter 216, Florida Statutes, the Legislative Budget Commission met on September 8, 2023, and took the following actions as provided on the enclosed Legislative Budget Commission forms:

I. Adoption of the Long-Range Financial Outlook..........................ADOPTED

II. Consideration of the following budget amendments for Fiscal Year 2023-2024:

A. Department of Children and Families
   B2024-0089.................................................................APPROVED
   B2024-0105.................................................................APPROVED

B. Department of Health
   B2024-0096.................................................................APPROVED

C. Agency for Health Care Administration
   B2024-0103.................................................................APPROVED
   B2024-0125.................................................................APPROVED
   B2024-0131.................................................................APPROVED

D. Department of Environmental Protection
   B2024-0091.................................................................APPROVED

E. Department of Military Affairs
   B2024-0077.................................................................APPROVED

F. Department of Transportation
   B2024-0112.................................................................APPROVED
   W2024-0021.................................................................APPROVED
September 8, 2023
Page 2

G. Department of Corrections
   B2024-0097................................................................. APPROVED
   B2024-0099................................................................. APPROVED

H. Department of Management Services
   B2024-0107................................................................. APPROVED

I. Administered Funds
   A2024-FP7................................................................. APPROVED

II. Other Business

Sincerely,

Thomas Leek, Chair
Legislative Budget Commission

Enclosures

cc: Honorable Jimmy Patronis, Chief Financial Officer
## Legislative Budget Commission
### Attendance Record

**Date:** 9/8/2023  
**Time:** 10:00 AM  
**Location:** 212 Knott

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### COMMISSION ATTENDANCE

- **Announce Quorum Present**
  - Quorum = ___ Senators, ___ Representatives + ___ extra from either House

* Indicates Present via Conf Call

wr:/LBC/FORMS/Vote & Attendance (Before meeting-worksheets)
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Department of Children and Families

FISCAL YEAR
FY 2023-24

Statutory Authority:
Agency Log#: B-0012
BDF Log#: 0010

Legislative Budget Commission Item?
Yes

Legislative Consultation:
Review Period:
From: 6/25/2023 To: 6/8/2023
Date Sent on Consultation: 6/24/2023

Date: 9/8/2023

LBC Form #13 Page 2 of 22
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Refugee Assistance Tt

Case Management

Community Mental Health Sv

Devel Eval & Interv/Part C

Hospital Inpatient Service

Hospital Inpatient Service

Hospital Outpatient Svcs

Other Fee For Service

Physician/Hop Svcs

Prepaid Health Plans

Prescribed Medicine/Drugs

Medicaid Long Term Care

General Revenue Fund

Assiste Care Services

Icd/Dd Community

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**DEPARTMENT:** Department of Transportation

**FISCAL YEAR:** FY 2023-24

**Statutory Authority:**
- Agency Legal:
- SOG Legal:

**BUDGET AMENDMENT FORM**

**Legislative Budget Commission Item?** Yes

**Legislative Consultation:**
- Review Period:
- Date Billed on Consultation:

**Status:**
- Inactive

**Date:** 9/9/2023

**Page:** 14 of 14
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FISCAL YEAR: FY 2023-24

Legislative Budget Commission Item: Yes

Date: 9/8/2023

Page 16 of 22
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**Legislative Budget Commission Item?**: Yes
**Legislative Consultation**: From: 8/26/2023 To: 9/12/2023
**Date Sent on Consultation**: 8/29/2023
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☐

Bill/PCS/PCB Number: ______________

Amendment Barcode Number: ____________

Name: Amy Baker

Representing: Office of Economic and Demographic Research

Title: Coordinator

Address: Suite 574, The Pepper Building

City: Tallahassee State/Zip: FL, 32399

Phone Number: 850-487-1402 Meeting Date: 9/8/2023

Committee/Subcommittee: LBC

Presentation/Workshop Topic: Long-Range Financial Outlook

Registered Lobbyist: YES ☐ NO ☑

State Employee: YES ☑ NO ☐

☐ I wish to speak
☑ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill □ Amendment □

Bill/PCS/PCB Number: ____________

Amendment Barcode Number: ____________

Name: Executive Director Klein Guinne

Representing: FL Division of Emergency Management

Title: ______________________________________________________________________

Address: 295 Smyrna Dike Blvd

City: Tallahassee State/Zip: FL 32399

Phone Number: ______________________________________________________________________

Meeting Date: ______________________________________________________________________

Committee/Subcommittee: USC

Presentation/Workshop Topic: ______________________________________________________________________

Registered Lobbyist: YES □ NO □

State Employee: YES □ NO □

☐ I wish to speak
☐ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent □ Opponent □ Waive in Support □ Waive in Opposition □ Info only □

Amendment: Proponent □ Opponent □ Waive in Support □ Waive in Opposition □ Info only □
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☑

Bill/PCS/PCB Number: ____________
Amendment Barcode Number: 008910105

Name: Chad Barrett

Representing: DCF

Title: Dir. of Budget/Finance/Accounting

Address: 2415 N. Monroe St.

City: Tallahassee State/Zip: FL 32311

Phone Number: 850/245-5252 Meeting Date: 9/8/23

Committee/Subcommittee: LBC

Presentation/Workshop Topic: Budget Amendments

Registered lobbyist: YES ☐ NO ☑

State Employee: YES ☑ NO ☐

☑ I wish to speak
☐ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☑ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill □ Amendment □

Bill/PCS/PCB Number: __________

Amendment Barcode Number: __________

Name: Antonio Daukins

Representing: Department of Health

Title: Deputy Secretary for Operations

Address: 4052 Bald Cypress Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-4111 Meeting Date: 9-8-23

Committee/Subcommittee: Legislative Budget Commission

Presentation/Workshop Topic: Budget Amendment B2024-0096

Registered Lobbyist: YES □ NO □

State Employee: YES □ NO □

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent □ Opponent □ Waive in Support □ Waive in Opposition □ Info only □

Amendment: Proponent □ Opponent □ Waive in Support □ Waive in Opposition □ Info only □

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☐
Bill/PCS/PCB Number: ________________
Amendment Barcode Number: ________________

Name: Tom Wallace

Representing: Agency for Healthcare Admin

Title: Deputy Sec. for Medicaid

Address: 2727 Mahan Dr.

City: Tallahassee State/Zip: FL

Phone Number: 850-412-4117 Meeting Date: 09/08/2023

Committee/Subcommittee: LBC Meeting

Presentation/Workshop Topic: LBC Meeting

Registered Lobbyist: YES ☐ NO ☑
State Employee: YES ☐ NO ☑

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☑ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐
Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [ ]

Bill/PCS/PCB Number: ______________
Amendment Barcode Number: ______________

Name: Anna DeCerchio

Representing: FL Dept. of Environmental Protection

Title: Chief of Staff

Address: 3900 Commonwealth Blvd

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-2137 Meeting Date: 9/8/23

Committee/Subcommittee: Legislative Budget Conference

Presentation/Workshop Topic: ________________________________

Registered Lobbyist: YES [ ] NO [ ]

State Employee: YES [X] NO [ ]

☐ I wish to speak
☐ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill □ Amendment □

Bill/PCS/PCB Number: __________

Amendment Barcode Number: __________

Name: Colonel Adam Curry

Representing: Florida Department of Military Affairs

Title: State Quartermaster

Address: 84 Marine Street

City: St Augustine State/Zip: FL

Phone Number: 904-321-4160 Meeting Date: SEPT 8

Committee/Subcommittee: JLBC

Presentation/Workshop Topic: Budget EXE #82024-0077

Registered Lobbyist: YES □ NO ☒

State Employee: YES ☒ NO □

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent □ Opponent □ Waive in Support □ Waive in Opposition □ Info only □

Amendment: Proponent □ Opponent □ Waive in Support □ Waive in Opposition □ Info only □
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ❑ Amendment ❑

Bill/PCS/PCB Number: ____________

Amendment Barcode Number: ____________

Name: Lisa Saliba

Representing: FDOT

Title: Assistant Sec. of Finance and Administration

Address: 605 Suwannee Street

City: Tallahassee State/Zip: FL / 32399

Phone Number: (850) 414-4575 Meeting Date: 9/8/23

Committee/Subcommittee: LBC Amendments

Presentation/Workshop Topic: LBC

Registered Lobbyist: YES ❑ NO ❑

State Employee: YES ❑ NO ❑

☐ I wish to speak
☐ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ❑ Opponent ❑ Waive in Support ❑ Waive in Opposition ❑ Info only ☑

Amendment: Proponent ❑ Opponent ❑ Waive in Support ❑ Waive in Opposition ❑ Info only ☑

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill □ Amendment □

Bill/PCS/PCB Number: □ B 2024-0097 □ B 2024-0097

Amendment Barcode Number: __________

Name: Mark Talley

Representing: Florida Dep. of Corrections

Title: CFO

Address: 501 5 Calhoun

City: Tallahassee State/Zip: 32399

Phone Number: 850 728 2207 Meeting Date: __________

Committee/Subcommittee: Legislative Budget Commission

Presentation/Workshop Topic: __________

Registered Lobbyist: YES [ ] NO [ ]

State Employee: YES [ ] NO [ ]

☐ I wish to speak
☐ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

H-116 (2020)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☐

Bill/PCS/PCB Number: ________________
Amendment Barcode Number: ________________

Name: Patrick Gillespie

Representing: Department of Management Services

Title: Deputy Secretary

Address: 4050 Esplanade Way

City: Tallahassee State/Zip: FL/32399

Phone Number: 850-487-7001 Meeting Date: 9/8/23

Committee/Subcommittee: Legislative Budget Commission

Presentation/Workshop Topic: ENG AB2024-0107

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☒ NO ☐

☐ I wish to speak
☐ Appearing in response to an inquiry for information made by member, committee, or staff
☐ Appearing in response to subpoena
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

H-116 (2023)
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [ ] Amendment [✓]

Bill/PCS/PCB Number: __________
Amendment Barcode Number: __________

Name: Christopher M. Spencer

Representing: Executive Office of the Governor

Title: Director of Policy & Budget

Address: 400 South Monroe Street

City: Tallahassee

State/Zip: FL 32399

Phone Number: __________________________ Meeting Date: 9/9/2023

Committee/Subcommittee: LBC

Presentation/Workshop Topic: Agency Discretionary Pay Plan Implementation

Registered Lobbyist: YES [ ] NO [✓]

State Employee: YES [✓] NO [ ]

[✓] I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [✓] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

H-116 (2023)