

**House of Representatives**  
**Committee on Health Regulation**  
**2001-2002 Interim Study on Privatization of Health Practitioner Regulation**  
**Follow-Up Questionnaire for**  
**the Department of Health and Agency for Health Care Administration**

Please provide a *joint* answer the following questions. For each question asked, please provide an explanation of how the Department and Agency determined the answer, which staff member(s) provided the answer, and a list of all documents from which the information was gathered. Please attach a copy of all documents used in answering the questions. The questions relate to the answers previously provided by the Department of Health (DOH) and the Agency for Health Care Administration (AHCA) in response to the committee questionnaire.

1. There is a discrepancy between the costs reported by DOH and AHCA in response to question #3. Please explain

Persons Providing Answer: Christy Gregg, AHCA  
 Jim Hentz, DOH

Joint Answer: The Agency for Health Care Administration's response to question #3 reflected the costs in the year that they were actually incurred as they were invoiced to the Department of Health. The Department of Health's response to question #3 reflected the year in which they transferred the cash to the Agency and only reflects the amount of cash transferred to the Agency for Health Care Administration, not the actual cost of enforcement activities incurred by the Agency. Please see the schedule below reflecting a reconciliation of both Departments responses.

<b>Expenditures Incurred</b>	<b>Amount Billed</b>	<b>Date Paid</b>	<b>Amount Paid</b>
<b><u>Quarter Ending</u></b>	<b><u>By AHCA</u></b>	<b><u>By DOH</u></b>	<b><u>By DOH</u></b>
June 30, 1999		December 10, 1999	3,766,095
September 30, 1999	3,988,998	February 2, 2000	3,988,997
December 31, 1999	4,295,118	February 8, 2000	4,295,121
March 31, 2000	3,894,924	May 5, 2000	3,894,920
		<b>Paid in FY 99-00</b>	<b><u>15,945,133</u></b>
June 30, 2000	4,626,631	November 6, 2000	3,209,428
<b>Fiscal Year 1999-2000</b>	<b><u>16,805,671</u></b>		
September 30, 2000	3,977,915	December 13, 2000	3,632,080
December 31, 2000	4,664,952	March 15, 2001	4,316,186
March 31, 2001	4,008,079	April 24, 2001	3,768,827
		<b>Paid in FY 00-01</b>	<b><u>14,926,521</u></b>
June 30, 2001 **	4,216,982	Not Billed Yet	
<b>Fiscal Year 2000-2001</b>	<b><u>16,867,928</u></b>		

\*\* estimated, to be completed by 9/30/2001

2. In AHCA response to question #4, it is stated that allocation is a function of DOH. However, materials submitted to the committee by AHCA also indicate that AHCA provides percentages to DOH for each profession regarding time spent by function area: complaint analysis, investigation, and legal services. Are these percentages used by DOH as part of the allocation method used to assess costs to the different professions? If so, how? If not, why not? Is this required under the interagency contract? Does AHCA certify that these percentages are correct?

Persons Providing Answer: Charlene Willoughby, AHCA  
Jim Hentz, DOH

Joint Answer: Attachment 2 of the current Interagency Agreement between DOH and AHCA outlines the process to be used in allocating non-direct costs for the three functional areas of consumer complaints, investigations, and legal services. AHCA provides DOH a quarterly report that provides number of hours spent serving each MQA Board. DOH converts the hours for each profession into a percentage by using the MQA costs allocation report (the matrix). The matrix is used by DOH's Finance and Accounting Office to allocate the amount paid to AHCA for non-direct charges. The report provided by AHCA as referred to in the question above is the billable hours report submitted to DOH on a quarterly basis using the DOH allocation method.

3. How are costs determined for particular disciplinary cases? Please explain methodology used and whether these costs are certified by AHCA to be correct in every case. Are costs being imposed in every disciplinary case? Is AHCA including all costs in every settlement agreement that it proposes to the boards? Why or why not?

Persons Providing Answer: Charlene Willoughby & Nancy Snurkowski, AHCA  
Diane Orcutt & Jim Hentz, DOH

Joint Answer: Employees working directly on complaints/cases record time worked on a daily activity report. The time is designated to a specific complaint/case being worked. The employee's hourly rate is computed on the individual's hourly salary plus overhead budget expenses. The information is input into the time tracking database by complaint/case number. All expenses incurred during the analysis, investigative and legal process are tracked by object code and by dollar amount that is entered into the time tracking database by complaint/case number. An administrative costs report was created by the programmers at DOH for totaling all costs incurred for a particular complaint/case. The administrative cost report is run for each disciplinary case.

Best efforts are always made to capture administrative costs in each disciplinary case presented before the boards. A licensee has a right to actively engage in his/her due process right to a trial on the merits. There are occasions where the best interest of the public is better served by the expeditious resolution and discipline of a health care practitioner, rather than the recapturing of all administrative costs for that discipline. For example, it may be more important to get a health care practitioner on probation with terms than to leave a case unresolved because the licensee refuses to agree to pay the entire administrative costs incurred by the Agency. Efforts to recapture all costs can be a barrier to negotiating a settlement.

Board offices are reporting that although AHCA is not yet including costs in 100% of settlements, the cases where they do not are usually cases that pre-date 1999. The boards are reporting a much higher rate of consents with costs assessed and anticipate continued improvement in this area. It should be noted, however, that prior to July 1999, the law only allowed for recovery of the investigative costs. In 1999, the statute was changed to allow legal costs to be recouped. However, it was not until July 2001 that the law was amended to make it a requirement rather than discretionary to recover administrative costs.

4. DOH information includes statements by board members and staff relating to at least 10 boards which have experienced difficulties or expressed concerns about the enforcement services provided by AHCA. The information includes a letter of resignation from a Board of Medicine probable cause panel member and information that at least one other probable cause panel member from a different profession has threatened to resign based on concerns about and difficulties with AHCA's performance of the enforcement function. In many instances, it is clear from the documentation provided that AHCA was notified of the issues and was given the opportunity to respond. Furthermore, there is a February 26, 2001 letter from the Chairman of the Board of Dentistry to Secretary Brooks and copied to Governor Bush stating that the Board of Dentistry voted unanimously to seek privatization of the enforcement function currently performed by AHCA under contract with DOH. Nonetheless, in response to question #5, AHCA answered "none" when asked which boards have expressed concern over AHCA's services during the last 5 years. Please explain.

Persons Providing Answer: Nancy Snurkowski, AHCA

AHCA Answer: Most of the correspondence (at least 75%) provided as documentation of problems expressed by the Boards had not been shared with the Agency. However, when the Agency was apprised of an issue concerning the Boards (25%), the Agency immediately resolved it. Had these issues been left unresolved, clearly the Boards would have advised the General Counsel of the Agency. Notably, the "difficulties or expressed concerns" were isolated, single events that were immediately resolved by AHCA once they were determined to exist. Thus, they were not considered issues of long-term significance and the Agency can only assume that the problems were resolved to the satisfaction of the Boards since subsequent discontent was not formally expressed to the General Counsel or the leadership at AHCA. Additionally, the example documentation reflects a time period of late 1999 through the fall of 2000. This was during a period of time when the Agency was aggressively working through a backlog of cases therefore resulting in some of the criticism concerning deadlines not being met and supplementary mail-outs of case material being given to the Boards.

AHCA's response to question #5 was a correct answer. The reference to the February 26, 2001 letter from the Chairman of the Board of Dentistry was directed specifically to Dr. Brooks and not former Secretary King-Shaw. Furthermore, there has been no written correspondence from a Board to either former Secretary King-Shaw or former General Counsel Julie Gallagher regarding "difficulties or expressed concerns about the enforcement services provided by AHCA".

5. Of the 39 MQA attorney positions currently authorized to AHCA, as stated by AHCA in response to question #6, please list the names of the 7 MQA attorneys who were employed at AHCA on or before January 1, 1999 who are still employed at AHCA as of August 31, 2001.

Persons Providing Answer: Nancy Snurkowski, AHCA

Joint Answer: In response to question #6, the Agency had the following 7 attorneys employed from January 1999 through June 30, 2001:

Nancy Snurkowski  
Larry McPherson  
Randy Collette (has since resigned)  
Britt Thomas  
Reginald Dixon  
Larry Kranert  
John Terrel

6. Also, in response to question #6, AHCA made the following statement:

“As noted, however, whatever turnover has occurred, the work has been done better than ever, more than ever has been done, and the work was done under budget.”

Also, AHCA noted that it will have 43 MQA attorney positions as of October 1, 2001 and has 39 MQA attorney positions today, compared with only 20 MQA attorneys on January 1, 1999. Thus, the number of attorney positions has doubled during that time. What is the purpose and significance of stating that AHCA has done “more than ever” given that the number of attorneys has also doubled?

Persons Providing Answer: Nancy Snurkowski, AHCA

AHCA Answer: The response to question #6, simply notes the successful prosecution accomplished by the enforcement program during a period of time when the Agency did receive additional attorney positions. These additional positions were requested by the Agency, and received in 1999, in direct response to the recognition of inadequate and insufficient resources to manage the ever-increasing caseload. However; it should also be noted that during this most successful period of time, the Agency was in the process of hiring, training, and making productive the additional attorney positions, therefore, the success rate was attributable in significant to the existing staff.

7. In AHCA's response to question #6, there is a reference to the work being done "under budget." However, the costs of enforcement have increased each of the last two fiscal years and are projected to increase more during this current fiscal year. In addition, AHCA has sent a letter to DOH demanding payment of more than \$2.35 million for overhead expenses over and beyond the amount appropriated by the Legislature for enforcement services. Please explain how this can be characterized as "under budget?" Is this a reference to the budget of the state of Florida or some other budget?

Persons Providing Answer: Christy Gregg, AHCA

AHCA Answer: The reference made in the Agency's response to question #6 concerning "under budget" was referring to both the Agency's direct budget for the Practitioner Regulation activities and the total cash need projections given to the Department of Health each year for the full amount necessary to run the Practitioner Regulation program at the Agency. Each year since the Agency has contracted with the Department of Health we have come in under budget for both the direct portion and overall cash needs. Please see the schedule below.

	<u>Budgeted Amount</u>	<u>Total Amount Expended</u>	<u>Under/(Over) Projections</u>
<u>Total Program Costs</u>			
FY 1997-1998	13,902,037	12,676,981	1,225,056
FY 1998-1999	14,892,857	13,581,860	1,310,997
FY 1999-2000	18,278,666	16,805,671	1,472,995
FY 2000-2001	18,588,060	Incomplete	
FY 2001-2002	18,716,734		
<u>Direct Cost Only</u>			
FY 1997-1998	13,406,529	11,349,602	2,056,927
FY 1998-1999	13,949,001	12,221,598	1,727,403
FY 1999-2000	17,095,767	14,909,639	2,186,128
FY 2000-2001	16,692,028	Incomplete	
FY 2001-2002	16,819,495		

8. In response to question #7, AHCA answered that on average it takes 273 days to close a case in which no probable cause exists. Given the 180-day statutory timeframe and the availability of teleconferencing, please explain why it takes so long for these cases to be closed.

Persons Providing Answer: Nancy Snurkowski & Charlene Willoughby, AHCA  
Diane Orcutt, DOH

Joint Answer: The statutory 180-day timeframe references the analysis, investigation and recommendation of probable cause, not closure. The average number of days for analysis, investigation and recommendation of probable cause for legally sufficient complaints is 148 days. The average compliance rate for the analysis, investigation and recommendation of probable cause within 180-days for fiscal year 00/01 was 88.7%. Recent analysis indicates that the Agency has a compliance rate of 91.6% in July 2001. It should be noted that certain allegations require longer, more in depth investigations, including review by expert witnesses, e.g., standard of care allegations. The standard of care complaints represent the greatest majority of complaints received. As a result, these standard of care complaints require an expert review and report, and therefore take a greater period of time to analyze, investigate, and prepare a recommendation for probable cause when compared to an advertising or continuing education violation. All allegations are included in the average; the simplest of investigations to the most complex.

The Agency's performance standard is to close a case in which no probable cause exists within 14 days of the probable cause panel meeting. Even though the analysis, investigation and recommendation of probable cause may be made within the 180-day statutory mandate, some probable cause panels do not meet every month, thus adding an additional 30-90 days before a complaint may be closed. The average of 273 days to close a complaint was based on the timeframe from receipt of a complaint until the actual closure date on the enforcement database. On occasion, panel meetings are cancelled. Cancellations are outside of the control of the Agency and have contributed to the days beyond the 180-day timeframe.

9. In response to question #9, AHCA provided data indicating that the Division of Administrative Hearings (DOAH) caseload of MQA cases dropped from 603 to 357 during the last two fiscal years. As a result of substantially fewer cases being sent to DOAH for hearing, will DOH pay DOAH less for its services than previously? Why or Why not? Please explain.

Persons Providing Answer: Nancy Snurkowski, AHCA  
Jim Hentz, DOH

Joint Answer:

Chapter 120, F.S., requires the Agency to refer a case to DOAH within 15 days from receipt of the election of rights form wherein the respondent requests a formal hearing. This short timeframe limits the abilities of the Agency to enter into settlement agreements with the respondents prior to filing of the case at DOAH. Moreover, costs attributable to DOAH are encumbered upon submission of the matter to DOAH, thus possibly incurring unnecessary costs when a case might be settled within the first 30-45 days upon election of a formal hearing. Additionally, it is the policy of AHCA to not agree to continuances unless it is in the best interest of the prosecution of the case. The granting or denial of a continuance is the purview of the Administrative Law Judge, not AHCA.

Reimbursement to DOAH is determined by the legislature based on LBR submission by DOAH. DOAH's LBR submission is based on services provided to the various state agencies two years earlier; e.g., their FY 02-03 LBR submission will request appropriation chargeable to MQATF based on services provided to MQA in FY 00-01. It is not known if MQATF will pay DOAH more or less in future years; however, if the past three years are an indication, DOH would expect to see DOAH costs increasing. Following are reimbursements to DOAH the past three years:

FY 00-01:	\$1,083,780
FY 99-00:	723,611
FY 98-99:	27,109

MQA has already reimbursed DOAH for FY 01-02 in an amount of \$996,615 although their LBR request was for \$1.3 million.

DOAH's LBR request for FY 002-03 is an appropriation chargeable to DOH of \$2,261,265.

10. In response to question #9, AHCA stated that 126 dental cases were sent to DOAH between FY 99-00 and FY 00-01. Of those 126 cases, how many have been presented to the Board of Dentistry for final action?

Persons Providing Answer: Charlene Willoughby, AHCA  
Diane Orcutt & Sue Foster, DOH

Joint Answer: Based on a run of the PRAES database taken on 8/30/01, 89 of those cases filed with DOAH during FY 99-00 and 00-01 have been presented to the Board of Dentistry for final action.

See attachment.

11. Based on the information provided by AHCA in response to questions #10 and #11, please explain the outcomes of the 2 dental cases which resulted in recommended orders of no discipline. Please provide a copy of the recommended orders and final orders in both of those cases.

Persons Providing Answer: Diane Orcutt, DOH

DOH Answer:

The cases are:

Department of Health vs. Jane George Brahmakulam, D.M.D. (DOH Case # 98-02551)

Department of Health, Board of Dentistry vs. George Williams, D.D.S. ( DOH Case # 99-4549)

Attachments:

Final Orders

Meeting Records

12. In response to question #12, AHCA provided statistics showing that the disciplinary cases which were resolved during FY 99-00 and FY 00-01 which went through the full DOAH hearing process on average took approximately 3 years. For dental cases, the average length of time for cases ending in FY 00-01 was 5 ½ years. Are there any internal or external performance measures for AHCA and DOAH being used to measure the overall processing time of cases that are submitted to DOAH? If so, please provide a copy and explanation of the performance measures used. Please explain all policies and procedures which have been implemented by AHCA to expedite the processes under its control. Please attach a copy of the written policy and procedure. Also, please provide a copy of the written contract between DOH and DOAH which provides performance measures of the services being paid for from the Medical Quality Assurance Trust Fund.

Persons Providing Answer: Charlene Willoughby & Nancy Snurkowski, AHCA

Joint Answer: The Agency has internal performance measures for complaints/cases that proceed through the various stages of the disciplinary process. Some of the measures include:

- Days between receipt of Priority I complaint and issuance of an Emergency Order
- Days between receipt of complaint and finding of legal sufficiency
- Days to complete the investigation
- Days from completion of investigation until draft of the Administrative Complaint or Closing Order
- Days from the date of recommendation by legal for probable cause until date of probable cause panel meeting
- Days from date of probable cause panel meeting until the filing of an Administrative Complaint
- Percentage Consumer Services compliance with 10 day internal timeframe
- Percentage Investigative Services compliance with 90 day internal timeframe
- Percentage Legal compliance with 80 day internal timeframe
- Percentage Administrative Complaints filed within 10 days of probable cause panel meeting
- Percentage of complaints completed within 180-days from receipt
- Percentage of complaints closed within 14 days from probable cause panel
- Percentage of referrals to DOAH within 15 days

**Policies and procedures for Consumer Services, Investigative Services, and Office of General Counsel, Practitioner Regulation will be provided. See also the timeframe guideline chart for legal.** Additionally, the Agency provides a report to the Department of Health of all cases not before the DOAH or otherwise resolved within 1 year from the filing of the administrative complaint.

In three years, there were 3 dental cases that went to DOAH. There was one 1992 dental case that slanted the 5 1/2 year average reported by AHCA for question #12. It should be noted that this case was seriously litigated and resulted in a Final Order for revocation. Removing this case from the inventory yields a 3 1/2 year average for resolution of the remaining cases.

At its July 2001 meeting, the Board of Medicine specifically requested AHCA to develop performance expectations for medical experts.

Many boards have noted an improvement in the number of cases and timeliness of cases over the past year.

Currently there is no contract or interagency agreement between DOH and DOAH and no performance measures that DOH or AHCA has been made aware of.

See Attachment

13. Have any probable cause panel members or board members resigned or threatened to resign as a result of AHCA's handling of disciplinary cases?

Persons Providing Answer: Diane Orcutt, DOH  
Nancy Snurkowski, AHCA

Joint Answer: A Board of Medicine consumer member resigned from the Board based on her belief that the disciplinary system is inadequate and ineffective, reflecting both frustration with the process and with the decisions of the board itself.

A Board of Medicine consumer member resigned from the probable cause panel of the Board of Medicine specifically because of frustration with AHCA "panel shopping" cases to attempt to obtain findings of no probable cause.

Though AHCA received no direct correspondence regarding dissatisfaction with AHCA's performance or resignations, after hearing of these resignations, the Agency personnel initiated a face-to-face meeting with the chairpersons of both probable cause panels in response; neither chairperson expressed the concerns outlined by the resigning member. More importantly, both chairpersons expressed support for AHCA's efforts in processing complaints through probable cause and pledged to work with AHCA staff.

14. Have any board chairs or probable cause panel chairs discussed with DOH privatization or use of outside counsel due to issues relating to AHCA's ability to or willingness to prosecute a disciplinary case or group of cases?

Persons Providing Answer: Diane Orcutt, DOH  
Nancy Snurkowski, AHCA

Joint Answer: AHCA is aware that the Board of Dentistry Probable Cause Chairperson sought approval from DOH for outside counsel to review 4 cases that the Agency recommended to nol prosequi. In response to this request, DOH used in-house counsel to provide the second opinion that was being sought by the Chairperson. Upon further review and discussion of the merits of the 4 cases, both DOH and AHCA decided that prosecution would remain at AHCA and outside counsel was not necessary. Additionally, AHCA is aware that the Board of Dentistry is seeking privatization of all regulatory functions provided by the DOH and AHCA.

The Board of Optometry has on record discussions of hiring outside counsel to prosecute cases in 3 of the past 6 fiscal years. AHCA understands that the issues relate to the prosecution of the corporate practice of optometry. The board has requested Nancy Snurkowski to attend its October 2001 meeting to dialogue again about this matter.

The Board of Physical Therapy has voiced their concerns to Nancy Snurkowski on public record regarding the high turn over of prosecutors, as a result of this, having prosecutors were new in the field of health care regulation and seemed not have received the appropriate training.

At a meeting on July 30, 2001 with the chair of the Board of Pharmacy he asked if it were possible to "go in another direction" rather than using the services of AHCA for enforcement. The chair voiced concerns over several issues with AHCA, among them the problems with enforcement being in a separate agency from DOH, the turnover in prosecutors, the lack of communication from AHCA about changes made to personnel that affected the board, and the high costs.

At its meeting on June 29, 2001, the Board of Dentistry voted to privatize all of the functions of its board, including enforcement, and is pursuing legislation to implement this change.

15. Is DOH considering privatizing or out-sourcing any other functions relating to regulation of MQA professions? Has a feasibility study been conducted of using a "paperless system" in the regulation of health practitioners? Please provide a copy of any contracts or requests for proposals for feasibility studies in MQA.

Persons Providing Answer: Diane Orcutt, DOH

15. Is DOH considering privatizing or outsourcing any other functions relating to regulation of MQA professions? Has a feasibility study been conducted of using a "paperless system" in the regulation of health practitioners? Please provide a copy of any contracts or requests for proposals for feasibility studies in MQA.

Persons Providing Answer: Diane Orcutt, DOH

Joint Answer:

Yes. All options are on the table. The DOH has contracted for the services of KSJ & Associates to complete a feasibility study, cost-benefit study, and business process analysis by mid-FY 01-02. It is anticipated that implementation of a chosen option will begin the latter part of FY 01-02. MQA was appropriated funds for the process of evaluating opportunities for cost reduction and program efficiencies with the goal to be proceeding toward a "paperless" business environment and maximizing opportunities to partner with other agencies and private business. We are requesting funds to continue this process in DOH's LBR for FY 02-03.

16. Has a contract been entered into between AHCA and DOH for FY 01-02? What is the total amount of money that DOH will pay AHCA for such enforcement services during FY 01-02? Does this amount equal to the legislative appropriation included in the budget passed during the 2001 session? If not, why not? Please attach a copy of the current contract as well as any written agreements or documentation of Medical Quality Assurance Trust Fund dollars to be paid to AHCA for this fiscal year's enforcement services.

Persons Providing Answer: Christy Gregg & Nancy Snurkowski, AHCA  
Jim Hentz, DOH

Joint Answer: An Interagency Agreement between AHCA and DOH for FY 01-02 is in draft. The current Agreement is in force until the new Agreement is executed.

The Agency for Health Care Administration has estimated the amount the Department of Health will pay for the Practitioner Regulation activities at the Agency for the fiscal year 2001-2002 will be \$18,716,734. This amount includes \$16,819,495 for expenditures made directly by Practitioner Regulation staff and \$1,897,239 of allocated costs expended by the Agency in support of the Practitioner Regulation staff. Both amounts were legislatively appropriated during the 2001 session. The \$16,819,495 can easily be found in the Practitioner Regulation program component (1205010000), whereas the \$1,897,239 is a portion of the Agency's infrastructure and can be found by looking at the Schedule I in the Agency's Legislative Budget Request. It shows the Department of Health as one of the many funding sources for the appropriations provided in the Health Care Trust Fund.

17. The contract between DOH and the Department of Legal Affairs, Office of the Attorney General (OAG), specifies that ss. 216.346 and 287.0582, F.S., apply. The

contract also requires OAG to submit actual hourly record keeping to DOH. Do the contracts between DOH and AHCA and between DOH and DOAH contain similar language? Why or why not? Please attach a current copy of the contract between DOH and OAG for FY 01-02 and between DOH and DOAH for FY 01-02.

Persons Providing Answer: Jim Knepton, DOH

Joint Answer:

Comparison of language between DOH/OAG Interagency Agreement and DOH/AHCA Interagency Agreement:

- A. Availability of Funds (287.0582, F.S.)  
DOH/OAG- page 3 of agreement  
DOH/AHCA- page 12 of agreement
- B. Administrative Overhead (216.346, F.S.)  
DOH/OAG- page 1 of agreement  
DOH/AHCA- not referenced
- C. Reporting of Hours Expended  
DOH/OAG- page 3 of agreement (Section 7)  
DOH/AHCA- (Attachment 2 of agreement)

The contract between DOH and OAG is a “boiler-plate” contract used by DOH for many purposes. The Interagency Agreement with AHCA is not a standard DOH contract.

Please note that there is not an Interagency Agreement between DOH and DOAH; reporting of hours expended is conducted and sent to MQA on a quarterly basis.

(Copies of both contracts attached.)

**Practitioner Regulation,  
Complaint/Case Process Time Limits**

<b>EVENT</b>	<b>TIME LIMITS (maximum days)</b>
STATUS 60	0-65 days for probable cause recommendation with draft pleading attached
Response by Subject	20 days to respond to allegations before complaint is presented to the Probable Cause Panels
Expert Witness review/reports	5 days for 1 page report 30 days for detailed report
Closing Orders	14 days to close in the computer system and send Post PCP letters to Subject and Complainant
Closing Orders	Complainant has 60 days from receipt of notification to "appeal" closure
Complaint becomes Case and Public	10 days after probable cause has been found
Administrative Complaints	To be filed and served within 10 days after probable cause has been found
Supplemental report requests	Due back to legal within 30 days of receipt by investigators
Supplemental report receipt	Upon receipt of supplemental report, Complaint is to be agendaed for <b>NEXT AVAILABLE PCP</b>
Election of Rights	Respondent has 21 days from receipt to respond to the Administrative Complaint
Request for Formal Hearing	Sharyn Smith letter for ALJ assignment is to be sent to DOAH within 15 days
Initial Order from ALJ	Usually 10 days (although individual orders should be read)
Trial Dates	No less than 14 days unless as a result of an ESO/ERO (Section 120.569(2)(b))
Discovery responses	30 days
Response to Motions	7 days
Settlement offers from prosecution to Respondent or Respondent's Counsel	30 days to accept or reject
Counteroffers	30 days to accept or reject
Trial Notebooks due to Chief	7 working days before trial date
Proposed Recommended Orders (PRO) due	10 days from ALJ's receipt of transcript (unless waived)
Exceptions to Recommended Order Due	15 days
Appeals of Final Orders	30 days
Litigation Reports due to Chief	1 <sup>st</sup> of every month
PCP/Final Action Number on Agendas due	Every Monday
General Notices of Action in FAW	7 days
Constructive Service	4 consecutive weeks
Citations	Issued within 6 months of the date of complaint
Citations	30 days to dispute otherwise citation becomes a Final Order
Citations	Generally, 30 days to comply with the terms of the Final Order
ESO/ERO	Document becomes public <b>upon signature</b> of the Secretary of DOH
ESO/ERO Probable Cause Panel Meeting for Finding or Probable Cause for AC to be filed and served IF probable cause is found	A Probable Cause Panel meeting is to be set within 10 days of service of the ESO/ERO to establish probable cause and proceed with AC IF probable cause found
ESO/ERO Administrative Complaint	AC shall be filed and served within 20 days of service of the ESO/ERO, Rule 28-107.005(3)

1/5/2000

**Practitioner Regulation,  
Complaint/Case Process Time Limits**

<b>INTERNAL ALLIED HEALTH ESO/ERO DEADLINES</b>	<b>TIME LIMITS</b>
Attorney review Priority One file review	2 days
Investigation is complete	1-10 days
Draft ESO/ERO	3 days from receipt of completed investigative file
Decline ESO/ERO recommendation	Tuesday/Thursday meeting with Chief to discuss reason
Voluntary Withdrawals	5 days upon attorney's initial review

1/5/2000