The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Harrell, Chair
Senator Berman, Vice Chair

MEETING DATE: Tuesday, January 22, 2019
TIME: 10:00—11:30 a.m.
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Harrell, Chair; Senator Berman, Vice Chair; Senators Baxley, Bean, Book, Cruz, Diaz, Hooper, Mayfield, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Continuation of Medicaid Update - Agency for Health Care Administration	Discussed

Other Related Meeting Documents

Agency for Health Care Administration

Statewide Medicaid Managed Care: Newly Covered Services

Overview

The Agency for Health Care Administration (Agency) contracts with Medicaid health and dental plans to provide services to health plan enrollees. The Agency recently entered into new contracts with health plans for the 2018-2023 contract period.

Under the new Statewide Medicaid Managed Care (SMMC) contracts, the Agency has prioritized fully integrated health care, so has added services previously paid for through fee-for-service, including:

- Early Intervention Services
- Medical Foster Care

The inclusion of these services in the SMMC program is intended to facilitate an integrated health care delivery system where the health plans are responsible for coordinating, providing, and paying for **all** services that their enrollees need.

Early Intervention Services

Early intervention services (EIS) provide for the early identification and treatment of recipients under the age of 3 years (36 months) with developmental delays or related conditions. EIS promotes a parent-coaching model intended to support the child in meeting certain developmental milestones.

Children receiving EIS are currently enrolled in Medicaid health plans, but these services have historically been paid through the fee-for-service delivery system (outside of managed care).

Medical Foster Care Services

Medical Foster Care (MFC) services provide family-based care for children, under the age of 21 who are in the care and custody of the Department and Children and Families (DCF) who have complex medical needs. Medical foster care providers are foster care parents licensed by DCF who have received special clinical training through the Department of Health (DOH) to meet the medical needs of the child. MFC providers are responsible for performing most of the day-to-day functions necessary to meet the child's needs.

Children receiving MFC services are currently enrolled in Medicaid health plans, but MFC services have historically been paid through the fee-for-service delivery system (outside of managed care).

How are children impacted?

Children who need EIS and MFC services will continue to be eligible for Medicaid and will continue to have access to these services. This change is intended to facilitate an ***integrated*** health care delivery system where the health plan is responsible for coordinating and paying for all of the services that the enrollee needs.

What does this mean for providers?

Providers are required to go through the health plan's credentialing process in order to join the plan's network to provide these services.

Agency for Health Care Administration

How has the Agency ensured continuity for patient care during the transition?

Continuity of Care (COC) requirements ensure that when enrollees transition from one health plan to another, one service provider to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition.

The Agency has instituted the following COC provisions that are relevant to these services:

- **Health care providers should not cancel appointments with current patients.** Health plans must honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to 60 days after the roll-out date in each region.
- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Plans must pay for previously authorized services for up to 60 days after the roll-out date in each region, and must pay the rate previously received for up to 30 days.
- **Providers will be paid promptly.** During the continuity of care period, plans are required to follow all contract requirements, including those that require timely claims payment. The Agency will closely monitor complaints to ensure that any issues with delays in payment are rapidly resolved.

Outreach Efforts

The Agency implemented a comprehensive outreach strategy to ensure recipients, providers, and other stakeholders were aware that these services would now be covered by the health plans. The Agency used several platforms to conduct outreach regarding EIS and MFC services, including:

- Webinars specific to EIS & MFC attended by over 1500 people
- Targeted phone calls including:
  - To Local Early Steps offices for EIS
  - To Medical Foster Parents for MFC
  - Weekly calls with the health plans about MFC and EIS
- In person meetings with key entities in the delivery of these services, including Florida Department of Health and Local Early Steps offices
- Developed, distributed, and posted program highlight documents to outline changes:
  - Early Intervention Services Program Highlight
  - Early Intervention Services FAQ document
  - Medical Foster Care Program Highlight
  - Medical Foster Care Responsibilities
- Plans with medical foster care children were required to enroll the child's medical foster care parent as a provider.
- Additional EIS-specific outreach efforts:
  - Facilitated an EIS and health plan technical assistance call
  - Required plans to develop and post billing tip sheets for providers
  - Provided plans with billing codes and EIS providers to assist with contracting
  - Required plans to assign EIS points of contacts for EIS providers to assist with service inquiries and billing questions

Agency for Health Care Administration

Medicaid Behavior Analysis Overview

Overview of Behavior Analysis Services

The Agency for Health Care Administration (Agency) covers behavior analysis (BA) services for children enrolled in Medicaid ages 0 through 20 with significant maladaptive behaviors, when medically necessary. These services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors. For example, a child with an autism spectrum disorder may receive BA services to redirect maladaptive behavior such as self-injurious behavior and reinforce positive behaviors.

Services are generally provided during one-to-one sessions between the provider and child in the child's home. Services may also be provided in the provider's office. Depending on the level of need, a child may receive up to 40 hours a week of BA services.

Currently, BA services are paid on a fee-for-service basis, meaning that they are paid for directly by the Agency, rather than being covered by health plans participating in the Statewide Medicaid Managed Care (SMMC) program. This is true even if the child is enrolled in an SMMC health plan for his or her other Medicaid services.

Who Provides BA Services

BA services can be delivered by one of three provider types. All provider types must enroll with Florida Medicaid to provide services.

- **Behavior Analyst Certification Board (BACB) Certified Lead Analysts:** These providers have either a master's or doctoral degree with a background in BA. Lead Analysts can complete behavior assessments and reassessments, deliver BA services directly, and supervise BCaBAs and RBTs.
- **BCaBAs:** These providers have a bachelor's degree with a background in BA. Like the Lead Analysts, they must also receive certification from the BACB. BCaBAs can deliver BA services and supervise RBTs.
- **Registered Behavior Technicians (RBTs):** These providers have at least a high school diploma, have undergone 40 hours of training, and have passed an exam. RBTs are the most numerous provider type and can deliver BA services under the supervision of a Lead Analyst or BCaBA.

Who Can Receive BA Services

BA services are available to Florida Medicaid recipients who are under the age of 21. Children receiving the services are not required to have a specific diagnosis but must exhibit maladaptive behaviors. Over 90% of the children who receive BA services are diagnosed with Autism Spectrum Disorder.

Before a child can receive BA services, they must be referred for a behavior assessment by their treating practitioner. The assessment determines whether BA services are needed and assists the BA Lead Analyst in determining the appropriate number of hours of service. Before Florida Medicaid will reimburse for BA services, providers must first request authorization from the Agency's contracted Quality Improvement Organization vendor, which reviews the requests to determine whether they are medically necessary and then issues an authorization or denial.

Agency for Health Care Administration

Historical Overview

In March 2012, the Agency was directed by a federal judge to begin coverage of BA services for children on Medicaid diagnosed with Autism Spectrum Disorder within 7 days of the court order. In addition, the Agency was required to cover the service without regard for medical necessity. To quickly implement payment for this service, the Agency used established rates and procedure codes that were already in use for similar Medicaid covered services, without adopting a separate BA fee schedule and coverage policy. Use of the BA service grew significantly year over year. Nearly three years after the initial court order, the Agency was successful with the legal appeal, which overturned the judge's ruling, in part. While the Agency was still required to cover the service, it could now implement a utilization management process (e.g., prior authorization of services) for determining medical necessity.

The Agency then quickly moved to promulgate in administrative rule a coverage policy and fee schedule specifically for BA services and also competitively bid a contract, awarded to Beacon Health Options, to implement prior authorization for BA services. The Agency used Beacon's expertise to develop the coverage policy and fee schedule. They recommended that the Agency incentivize the provision of services at the BA technician level (the lowest practitioner type), whenever services can safely be provided at that level. Beacon advised that our current rates for the BA technician levels were insufficient, causing increased use of higher-level, higher cost practitioner types. Beacon recommended a two-pronged strategy for ensuring utilization levels were appropriate:

- Significantly increase the BA technician rates to support increased use of services at that level
- Ensure the utilization management processes (for which they were responsible) assessed whether services that were previously provided at higher practitioner levels could be redirected to the BA technician level without jeopardizing safety.

The Agency incorporated Beacon's recommendations and other suggestions obtained from stakeholders through the public rulemaking process into the BA fee schedule.

The Agency quickly experienced an unprecedented surge in utilization after implementing the utilization management process and the revised fee schedule. We also identified a host of aberrant, fraudulent, and abusive billing practices. In addition, after experiencing a repeated pattern of non-compliance, the Agency terminated its contract with Beacon and entered into a new contract with eQHealth Solutions to conduct utilization management services.

Reducing and Preventing BA Fraud and Abuse

In January 2018, the Agency intensified its investigation of suspected fraud and abuse in the delivery of BA services. A review of records obtained from Beacon and multiple BA provider claims revealed that fraud and abuse were prevalent across the state, particularly in Miami-Dade and Broward counties. This prompted the Agency to take more direct and immediate action.

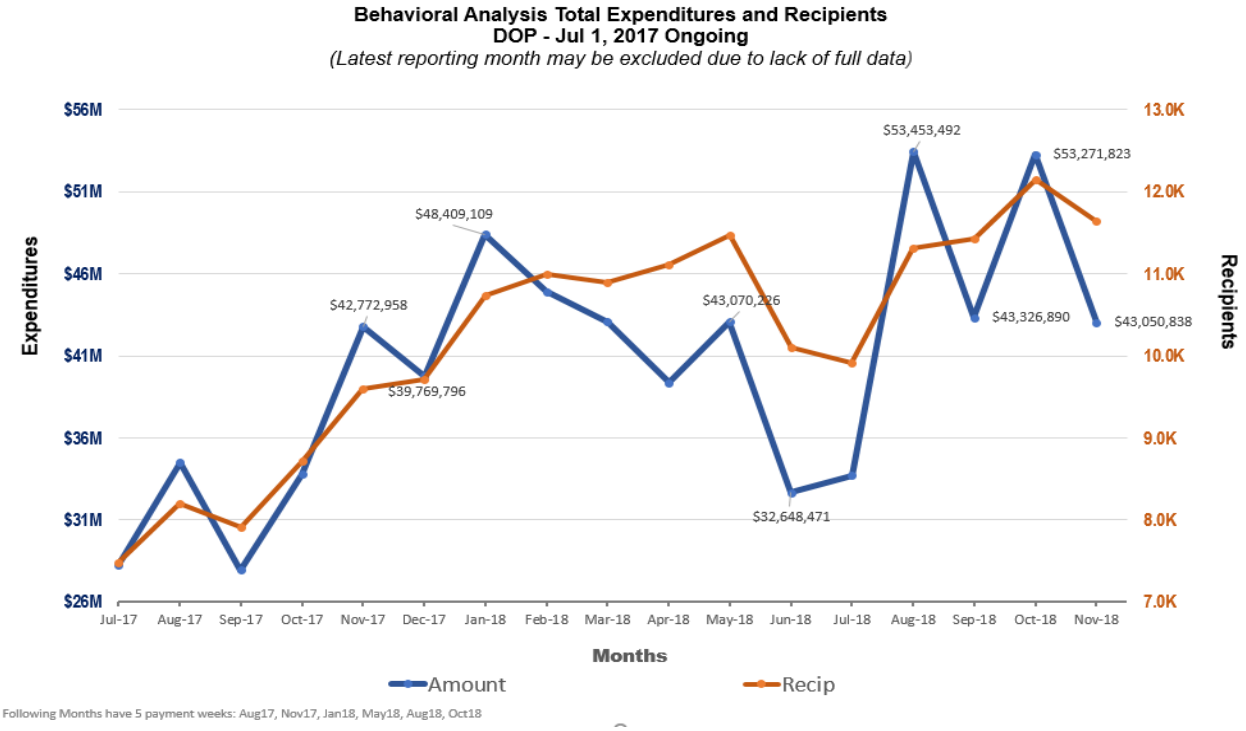
Since February 2018, the Agency has taken the following actions to reduce and prevent BA fraud and abuse:

- Terminated the contract with the previous QIO vendor, Beacon Health Options, in February 2018.

- Implemented a contract with a new QIO vendor, eQHealth Solutions, in March 2018.
- Instituted payment suspensions and terminated BA providers suspected of fraud.
- Implemented a more rigorous screening process for individuals enrolling in Florida Medicaid as BA providers.
- Imposed a maximum of 10 hours per day/70 hours per week limit on the amount of services that a single BA provider can deliver.
- Placed a 6-month moratorium on enrollment of new BA providers in Broward and Miami-Dade and then extended the moratorium for 6 more months (through mid-May 2019). These moratoria required approval from the federal Centers for Medicare and Medicaid Services.

Growth in Use of BA Services and Cost Continues

Despite these actions, growth in both the number of children receiving BA services and the cost continue to rise.



The numbers of enrolled providers has remained stable, ensuring that there is access to services for children.

Date	Enrolled BA Providers
May 2018	14,042
January 2019	14,239

Agency for Health Care Administration

Additional Actions the Agency is Taking to Reduce BA Fraud and Abuse

In an effort to continue to control expenditures and ensure appropriate utilization, the Agency is in the process of taking these additional actions:

- Registered Behavior Technician (RBT) Certification Requirements
  - The Agency required all RBT BA providers to provide proof of RBT certification by December 31, 2018. All RBT providers who have not provided documentation of RBT certification are on prepayment review (i.e., are suspended from receiving reimbursement from the Medicaid program) and will be terminated from the Medicaid program if they cannot provide proof of certification.
- Rule changes
  - Revise the Behavior Analysis Services Coverage Policy rule to strengthen coverage requirements to ensure that BA services that are reimbursed are medically necessary and delivered as prescribed.
  - Revise the Medicaid enrollment requirements to allow for more rigorous screening of BA provider applicants.
- Statute change
  - Drafting a legislative proposal to require providers delivering BA services to be licensed by the Department of Health.
- Budget request
  - Requesting appropriation to extend electronic visit verification to BA providers. This type of verification is currently in place for Medicaid home health providers.

Agency for Health Care Administration

The Dental Component of the Statewide Medicaid Managed Care Program

In 2016, the Florida Legislature directed the Agency for Health Care Administration (Agency) to separate Medicaid dental services from the Managed Medical Assistance health plans and select separate dental plans. This document provides information related to the dental component of the Statewide Medicaid Managed Care (SMMC) program including:

- How recipients and providers benefit from the dental program
- Where dental plans will operate
- Which dental plans will provide services
- Who must enroll in a dental plan
- When dental plans will be available and when recipients will be notified
- What services will be covered by dental plans
- Who will pay for dental services (dental plans vs. health plans)
- Coordination of services between health plans and dental plans
- Continuity of care requirements.

Where will Medicaid dental plans operate?

Every dental plan will operate statewide and provide statewide coverage. There will be no more Medicaid fee-for-service dental services. All dental services will be provided through a dental plan.

What dental plans will provide services?

The Agency selected the following dental plans to operate statewide:

- DentaQuest
- LIBERTY
- MCNA Dental

Who is required to enroll in dental plans?

Most Medicaid recipients who are currently in the fee-for-service and SMMC delivery systems will be required to enroll in a dental plan. The following recipients are not eligible to enroll in a dental plan:

1. Individuals eligible through emergency medical assistance for aliens
2. Presumptively eligible pregnant women
3. Individuals enrolled in the Program of All-inclusive Care for the Elderly (PACE)
4. Individuals eligible through the family planning waiver
5. Partial dual eligible (QMB, SLMB, QI1)
6. Full dual eligibles enrolled in a Medicare D-SNP or FIDE-SNP (these plans cover all Medicaid services)

Choice Counselors are available to assist recipients in selecting a plan that best meets their needs. This assistance will be provided by phone, by calling 1-877-711-3662. In-person visits may also available by request for recipients with special needs. Recipients can also enroll online at: http://www.flmedicaidmanagedcare.com.

Statewide Medicaid Managed Care Program

Agency for Health Care Administration

What services are covered by SMMC dental plans?

For **children**, comprehensive dental care, including all medically necessary dental services, are covered. For **adults**, all State Plan dental services are covered, along with expanded dental benefits offered by the dental plan. All dental plans offer the same expanded benefits.

- The State Plan dental services for adults are:
  - Dental exams (limited to emergencies and dentures)
  - Dental X-rays (limited)
  - Prosthodontics (dentures)
  - Extractions
  - Sedation
  - Ambulatory Surgical Center or Hospital-based dental services provided by a dentist

- **The expanded dental benefits** offered by all dental plans for recipients 21 or older are:
  - Additional dental exams
  - Additional dental X-rays
  - Additional extractions
  - Dental Screenings
  - Fillings (silver and white)
  - Fluoride
  - Oral Health Instructions
  - Sealants
  - Teeth Cleanings (basic and deep)

Do dental plans have to pay providers Medicaid fee-for-service rates?

The Agency does not dictate the rate that dental plans must pay providers, but rather allows plans to negotiate mutually agreed upon rates with providers. Plans must cover all the services listed in the fee-for-service provider reimbursement schedules, but they do not have to pay the fees listed.

Who pays for dental services?

The following table illustrates which types of dental services the dental plan covers and which the health plans cover.

Type of Dental Service(s) Provided:	Dental Plan Covers:	Health Plan Covers:
Dental Services	Covered when you see your dentist or dental hygienist	Covered when you see your doctor or nurse
Scheduled dental services in a hospital or surgery center	Covered for dental services by your dentist	Covered for doctors, nurses, hospitals, and surgery centers
Hospital visit for a dental problem	---	Covered
Prescription drugs for a dental visit or problem	---	Covered
Transportation to your dental service or appointment	---	Covered

Agency for Health Care Administration

How will the Agency ensure that recipients receive services while transitioning to dental plans?

If a new enrollee is receiving a prior authorized, ongoing course of treatment with any dental provider, the dental plan is responsible for the costs of continuation of treatment without any form of authorization and regardless of provider network affiliation, for up to 90 days after the effective date of enrollment.

The dental plans will reimburse providers that do not have a contract with the dental plan ("non-participating providers") at the rate they received for dental services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of 30 days, unless the provider agrees to an alternative rate.

How does coordination of services with dental plans and health plans work?

The Agency requires dental and health plans to coordinate dental services.

- Designated Employee: Dental plans will have a designated employee to serve as a point of contact for health plans in helping to resolve operational (i.e., sharing of data/information) and care coordination /issues, and will work directly with the Agency.
- Communication Strategy: Dental plans will participate in meetings with the Agency and the health plans to foster enhanced communication, strategic planning, and collaboration in coordinating benefits.
- Coordination of Benefits Agreement: Dental plans will enter into a coordination of benefits agreement with the health plans that includes data sharing and coordination protocols to support the provision of dental services.
- Transportation Performance Improvement Project: Dental plans and health plans will be required to participate in a joint performance improvement project specific to transportation and will hold ongoing meetings to coordinate benefits.

How do recipients and providers benefit from the dental program?

	Recipients	Providers
Access to Care When you Need it: Guaranteed access to after hour care and telemedicine where available	✓	
Best Benefit Package Ever: Additional benefits at no extra cost to the state. Extensive adult dental benefits offered by dental plans.	✓	
Less Administrative Burden: High performing providers can bypass prior authorization		✓
Less Administrative Burden: Plans will complete credentialing for network contracts in 60 days		✓
Prompt Authorization of Services: Dental plans will provide authorization decisions: • **Within 7 days of receipt of standard request.** • **Within 2 days of an expedited request.**	✓	✓
Smoother Process for Complaints, Grievances, and Appeals: Dental plans agreed not to delegate any aspect of the grievance system to subcontractors.	✓	✓

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/21/19
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Medicaid

Name Beth Kidder

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Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Admin.

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

Duplicate 1

THE FLORIDA SENATE

APPEARANCE RECORD

1.22.19 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date | *Bill Number (if applicable)*

Topic MMA: Medical Fragile Foster Children | *Amendment Barcode (if applicable)*

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FL Coalition for Children (FCC)

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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2 Duplicate

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1/22/2019
Meeting Date

Bill Number (if applicable)

Topic MMA: Medical Fragile Foster Children

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Coalition For Children

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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1/22/2019
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MMA: Medical Fragile Foster Children

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Coalition For Children

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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APPEARANCE RECORD

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1/22/2019
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MMA: Medical Fragile Foster Children

Name Ruth Benson

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Coalition for Children

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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5

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1/22/2019
Meeting Date

Bill Number (if applicable)

Topic MMA: Medical Fragile Foster Children

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Coalition for Children

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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THE FLORIDA SENATE

APPEARANCE RECORD

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11/22/2019
Meeting Date

Bill Number (if applicable)

Topic Division of Children's Medical Services

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Department of Health

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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1/22/19
Meeting Date

Bill Number (if applicable)

Topic Medical Foster Care/CMS Health Plan

Amendment Barcode (if applicable)

Name Cheryl Young

Job Title Director, DOH CMS Plan/Specialty Programs

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Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing DOH

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/14/14)

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1/22/19
Meeting Date

Bill Number (if applicable)

Topic ABA

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

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1/22/19
Meeting Date

Bill Number (if applicable)

Topic Medicaid Update - Behavior Analysis

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Association for Behavior Analysis

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

CourtSmart Tag Report

Room: KN 412 **Case No.:** **Type:**
Caption: Senate Health and Policy Committee **Judge:**

Started: 1/22/2019 10:01:55 AM
Ends: 1/22/2019 11:29:36 AM Length: 01:27:42

10:02:02 AM Chair Harrell - Meeting called to order
10:02:14 AM Roll call - Quorum present
10:02:39 AM Chair welcome
10:04:04 AM Tab 1 - Continuation of Medicaid Update - Agency for Health Care Administration
10:05:18 AM Beth Kidder, Deputy Secretary for Medicaid, Agency for Health Care Admin. Appearing at request of Chair.
10:13:23 AM Chair - hear from families
10:14:09 AM Victoria V. Zepp, Chief Policy and Research Officer, Fl. Coalition for Children, FCC. Appearing at request of Chair.
10:15:24 AM Shawn Salamida, Pres. of Families First Network, Fla. Coalition for Children. Appearing at request of Chair.
10:18:59 AM Victoria Zepp, introduction of parents from Revierview, Tampa and Pensacola.
10:19:18 AM Merrie Schwartz, Medical Foster Care. Appearing at request of Chair.
10:22:47 AM Ruth Benson, Medical Foster Parent, Fla. Coalition for Children. Appearing at request of Chair.
10:26:29 AM Sharon Velez, Medical Foster Parent, Florida Coalition for Children. Appearing at request of Chair.
10:29:05 AM Victoria Zepp, frustrations with parents and Fla. Coalition for Children
10:30:26 AM Chair
10:32:05 AM Cheryl Young, CMS Plan Administrator,
10:36:00 AM Question by Chair
10:36:38 AM Response
10:36:41 AM Question of presentor by Senator Rouson
10:37:35 AM Response
10:38:26 AM Senator Berman questions of CMS Administrator
10:39:00 AM Response
10:39:26 AM Question from Chair
10:39:30 AM Response
10:39:54 AM Senator Berman
10:40:04 AM Response
10:40:40 AM Chair
10:41:20 AM Senator Book
10:42:04 AM Response
10:43:42 AM Chair
10:43:53 AM Response
10:44:37 AM Chair
10:44:56 AM Chair, asks Ms. Kidder to return to address Behavorial Analysis Services
10:46:37 AM Chair
10:46:40 AM Response
10:47:18 AM Chair
10:47:43 AM Beth Kidder explains Behavioral Analysis Services
10:53:53 AM Chair
10:54:14 AM Monique Todd, President Sonder Academy and ABA Academics. Appearing at request of Chair.
11:00:23 AM Chair
11:00:42 AM Senator Mayfield
11:01:01 AM Response
11:01:19 AM Senator Mayfield
11:01:37 AM Response
11:01:44 AM Chair
11:02:07 AM Mary Riordan, Fla. Assoc. of Behavioral Science
11:05:13 AM Chair
11:05:22 AM Chair - Members any questions?
11:05:27 AM Senator Mayfield
11:06:50 AM Chair - contractors are being fined $25,000 if they appeal

11:08:06 AM Kelly Wilson, Advocacy Chair, Aging Disability Resource Center, Partnership for Aging, PB County. Apprearing at request of Chair.
11:11:21 AM Chair asks Kelly for a digital copy of a document
11:11:42 AM Senator Berman
11:12:38 AM Chair - issues for AHCA for long term care?
11:12:49 AM Response
11:13:19 AM Chair
11:13:25 AM Senator Baxley
11:15:06 AM Senator Cruz
11:16:22 AM Chair
11:17:54 AM Beth Kidder, Dental Services
11:22:34 AM Chair. monitoring dental service?
11:23:04 AM Response
11:23:43 AM Chair
11:23:47 AM Response
11:24:17 AM Chair - Questions for Ms. Kidder?
11:24:53 AM Senator Book
11:25:57 AM Response
11:28:03 AM Senator Book
11:28:27 AM Chair
11:29:29 AM Senator Baxley moves to adjourn. Without objection meeting is adjourned.