

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES
Senator Bean, Chair
Senator Rodriguez, Vice Chair

MEETING DATE: Wednesday, December 1, 2021
TIME: 2:30—4:00 p.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Bean, Chair; Senator Rodriguez, Vice Chair; Senators Book, Brodeur, Burgess, Diaz, Farmer, Harrell, Jones, Rodrigues, and Rouson

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|---------------------------------|--|--|------------------|
| 1 | Presentation by the Agency for Persons with Disabilities on Group Home Closures | | Presented |
| 2 | Presentation by the Agency for Health Care Administration on Medicaid Rate Setting | | Presented |
| 3 | Panel Discussion on Visitation in Long Term Care Facilities | | Not Considered |
| Other Related Meeting Documents | | | |

Agency for Persons with Disabilities

**Senate Appropriations Subcommittee
On Health and Human Services
December 1, 2021**

Ron DeSantis
Governor

Barbara Palmer
Director

APD Licensed Group Homes

- In order to provide residential habilitation services within the licensed setting, APD licensed facilities have specific designations as follows:
 - Standard - Provides supervision and training to acquire, maintain or improve skills of daily living and staffing to meet the health and safety needs of the residents.
 - Behavior Focused - Provides supervision and training to acquire, maintain or improve skills of daily living including providing appropriate behavioral interventions for residents.
 - Intensive Behavior - Intended for clients who present issues with behavior that are exceptional in intensity, duration and frequency whose needs cannot be met in a behavior focus or standard residential habilitation setting.
 - Enhanced Intensive Behavior (EIB), Medical EIB - intended for clients who present behavioral challenges that are exceptional in intensity, duration and frequency that cannot be safely served in another licensed setting. Medical EIB is limited to clients needing nursing care 24 hours/ 7 days per week.
- Most homes have an average of six residents per home.

APD Licensed Group Homes Number of Homes Opening and Closing Between March 2021 and October 2021

| Designation | Group Homes March 2021 | Closed Homes | Opened Homes | Group Homes October 2021 | Percentage Change |
|----------------------|---------------------------|-----------------|-----------------|-----------------------------|----------------------|
| Standard | 1,463 | 85 | 95 | 1,473 | 0.68% |
| Behavior Focus | 482 | 14 | 10 | 478 | -0.84% |
| Intensive Behavior * | 210 | 13 | 8 | 205 | -2.44% |
| Total | 2,155 | 112 | 113 | 2,156 | 0.05% |

* For display purposes, the Intensive Behavior figures include the five EIB and one Medical EIB Group Homes

APD Licensed Group Homes

Number of Beds Opening and Closing Between March 2021 and October 2021

| Designation | Number of Beds March 2021 | Beds in Closed Homes | Beds in Opened Homes | Number of Beds October 2021 | Percentage Change |
|--------------------|------------------------------|----------------------------|----------------------------|-----------------------------------|----------------------|
| Standard | 8,482 | 440 | 498 | 8,540 | 0.68% |
| Behavior Focus | 2,857 | 83 | 56 | 2,830 | -0.95% |
| Intensive Behavior | 1,233 | 69 | 48 | 1,212 | -1.73% |
| Total | 12,572 | 592 | 602 | 12,582 | 0.08% |

APD Licensed Group Homes Vacant Beds – October 2021

| Designation | Number of Beds | Vacant Beds | Percentage Vacant |
|--------------------|----------------|--------------|-------------------|
| Standard | 8,540 | 2,016 | 23.61% |
| Behavior Focus | 2,830 | 356 | 12.58% |
| Intensive Behavior | 1,212 | 97 | 8.00% |
| Total | 12,582 | 2,469 | 19.62% |

APD Licensed Group Homes Reasons for Closing Between March 2021 and October 2021

| Reason for Closure * | Standard | Behavior Focus | Intensive Behavior | Total |
|----------------------------------|-----------|----------------|--------------------|------------|
| Temporary Closure | 6 | 2 | 5 | 13 |
| Financial Reasons | 23 | 4 | 5 | 32 |
| Lack of Staff | 15 | 7 | 3 | 25 |
| Does Not Want to Continue | 26 | | | 26 |
| Adverse APD Action | 7 | 1 | | 8 |
| Owner Retirement / Health Issues | 8 | | | 8 |
| Total | 85 | 14 | 13 | 112 |

* Reason for Closure is self-reported by Providers

APD Licensed Group Homes Residential Planning Process

- Individuals wishing to move into an APD licensed home go through the residential planning process.
- The individual's waiver support coordinator submits a residential referral packet which provides information about the individual's needs and their preference of living setting.
- The residential referral packet is sent to the residential planning coordinator who identifies available homes that provide the level of residential habilitation needed by the person. Referrals are then sent out to available homes.
- The waiver support coordinator works with the individual to select a home from the list and develops a transitional plan to assist the individual in moving into the home of their choice.
- If a home is not available in the individual's desired area, the residential planner offers other options in close proximity. Should a group home not be identified, the waiver support coordinator assists in exploring other options, which may include a supported living arrangement or wrap around services in the family home.

Thank you

Lynne Daw
Bureau Chief of Provider Supports
Lynne.Daw@apdcares.org
www.apdcares.org

**APD Licensed Group Homes
Number of Homes Opening and Closing
Between March 2021 and October 2021**

| County | Group Homes March 2021 | Group Homes Closed | Group Homes Opened | Group Homes October 2021 | Percentage Change |
|-----------|------------------------|--------------------|--------------------|--------------------------|-------------------|
| Alachua | 63 | 2 | 4 | 65 | 3.17% |
| Baker | 2 | | | 2 | 0.00% |
| Bay | 10 | | | 10 | 0.00% |
| Bradford | 6 | 1 | | 5 | -16.67% |
| Brevard | 39 | 5 | 1 | 35 | -10.26% |
| Broward | 223 | 9 | 10 | 224 | 0.45% |
| Charlotte | 14 | | 1 | 15 | 7.14% |
| Citrus | 20 | 1 | | 19 | -5.00% |
| Clay | 22 | 3 | | 19 | -13.64% |
| Collier | 9 | | 2 | 11 | 22.22% |
| Columbia | 5 | | | 5 | 0.00% |
| DeSoto | 2 | | | 2 | 0.00% |
| Duval | 80 | 7 | 3 | 76 | -5.00% |
| Escambia | 31 | | 1 | 32 | 3.23% |
| Flagler | 31 | 1 | | 30 | -3.23% |
| Gadsden | 9 | | | 9 | 0.00% |
| Gilchrist | 1 | 1 | | | -100.00% |
| Glades | 1 | | | 1 | 0.00% |
| Gulf | 1 | | | 1 | 0.00% |
| Hardee | 9 | | | 9 | 0.00% |
| Hendry | 5 | | | 5 | 0.00% |
| Hernando | 22 | 1 | | 21 | -4.55% |

**APD Licensed Group Homes
Number of Homes Opening and Closing
Between March 2021 and October 2021**

| County | Group Homes March 2021 | Group Homes Closed | Group Homes Opened | Group Homes October 2021 | Percentage Change |
|--------------|---------------------------|-----------------------|-----------------------|-----------------------------|----------------------|
| Highlands | 14 | | 1 | 15 | 7.14% |
| Hillsborough | 184 | 17 | 10 | 177 | -3.80% |
| Holmes | 2 | | | 2 | 0.00% |
| Indian River | 13 | | | 13 | 0.00% |
| Jackson | 10 | 2 | 1 | 9 | -10.00% |
| Lake | 97 | 7 | 7 | 97 | 0.00% |
| Lee | 79 | 2 | 4 | 81 | 2.53% |
| Leon | 20 | | 1 | 21 | 5.00% |
| Levy | 2 | | | 2 | 0.00% |
| Manatee | 16 | | 2 | 18 | 12.50% |
| Marion | 47 | 4 | 6 | 49 | 4.26% |
| Martin | 9 | | | 9 | 0.00% |
| Miami-Dade | 328 | 12 | 14 | 330 | 0.61% |
| Monroe | 2 | | | 2 | 0.00% |
| Nassau | 3 | | | 3 | 0.00% |
| Okaloosa | 8 | | | 8 | 0.00% |
| Okeechobee | 1 | | | 1 | 0.00% |
| Orange | 119 | 11 | 7 | 115 | -3.36% |
| Osceola | 17 | | 5 | 22 | 29.41% |
| Palm Beach | 120 | 9 | 9 | 120 | 0.00% |
| Pasco | 54 | 2 | 3 | 55 | 1.85% |
| Pinellas | 135 | 3 | 13 | 145 | 7.41% |

**APD Licensed Group Homes
Number of Homes Opening and Closing
Between March 2021 and October 2021**

| County | Group Homes March 2021 | Group Homes Closed | Group Homes Opened | Group Homes October 2021 | Percentage Change |
|--------------------|---------------------------|-----------------------|-----------------------|-----------------------------|----------------------|
| Polk | 49 | 1 | 1 | 49 | 0.00% |
| Putnam | 10 | | | 10 | 0.00% |
| Santa Rosa | 7 | | | 7 | 0.00% |
| Sarasota | 14 | | 2 | 16 | 14.29% |
| Seminole | 25 | 1 | | 24 | -4.00% |
| St. Johns | 30 | | | 30 | 0.00% |
| St. Lucie | 85 | 5 | 3 | 83 | -2.35% |
| Sumter | 5 | | | 5 | 0.00% |
| Suwannee | 2 | | | 2 | 0.00% |
| Taylor | 1 | | | 1 | 0.00% |
| Union | 2 | | | 2 | 0.00% |
| Volusia | 37 | 5 | 2 | 34 | -8.11% |
| Wakulla | 1 | | | 1 | 0.00% |
| Walton | 2 | | | 2 | 0.00% |
| Grand Total | 2,155 | 112 | 113 | 2,156 | 0.05% |

NOTE: The following counties have no group homes:

Calhoun, Dixie, Franklin, Hamilton, Jefferson, Lafayette, Liberty, Madison, Washington

12-1-21

Meeting Date

Senate Appropriations Subcommittee on Health and Human Services

Committee

The Florida Senate APPEARANCE RECORD

Deliver both copies of this form to
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APD Presentation

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Lynne Daw**

Phone **850-414-6923**

Address **4030 Esplanade Way Suite 380 m**

Email **lynne.daw@apdcares.org**

Street

Tallahassee

FL

32399

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. 511.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

1st

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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Group Home S

Bill Number or Topic

Amendment Barcode (if applicable)

12-1-21

Meeting Date

Health A

Committee

Name

Tyler Sununu

Phone

850-228-4800

Address

Street

Email

tsununu@flsenate.org

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
APPEARANCE RECORD

2 Group Home
Bill Number or Topic

HHS
Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Violet Bromdier
Committee
Name

305-495-2686
Amendment Barcode (if applicable)
Phone

14813 SW 124th Pl.
Address

Violetg@mactown.org
Email

Miami FL 33186
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Mactown, Inc.

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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3A
Group Homes
Bill Number or Topic

01 Dec 21

Meeting Date

Health A

Committee

Amendment Barcode (if applicable)

Name

Phillip Hall

Phone

Address

1949 Commonwealth Ave

Email

Street

Tallahassee

City

FL

State

32303

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
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3B
Group Homes
Bill Number or Topic

Deliver both copies of this form to
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Dec. 1, 2021
Meeting Date

Health A
Committee

Name Carolyn Goodman

Amendment Barcode (if applicable)
Phone (786) 999-2974

Address 505 Shephard St B1
Street

Email Cargoo3@yahoo.com

Tallahassee FL 32303
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
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Group #4
Group Hear

Meeting Date

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Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Mona Wasser

Phone 305-219-3905

Address 4890 SW 182 Terrace
Street

Email YNZWASSER@AOL.COM

SW Ranches FL 33331
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

12-01-2021
Meeting Date

The Florida Senate
APPEARANCE RECORD

Group Home & Provider Pay
Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name Aaron Nangle

Phone 727-916-0001

Address 11126 Sand Pine Lane
Street

Email Waiverinfo@aol.com

Parrish FL 34219
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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The Florida Senate

APPEARANCE RECORD

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12/1/2021

Meeting Date

Group Homes

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Jody Bowes

Phone 508-878-0803

Address 9436 Midway St.
Street

Email JBowes@TANCINC.ORG

Spring Hill
City

FL
State

34608
Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

12/01/21

Meeting Date

The Florida Senate APPEARANCE RECORD

Group Homes

Bill Number or Topic

Deliver both copies of this form to
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Committee

Amendment Barcode (if applicable)

Name

Nancy Stubbs

Phone

352 263 0461

Address

10372 Ponderosa Trail

Email

nancystubbs7@yahoo.com

Street

Weki Wachu, FL 34614

City

State

Zip

Speaking:

 For Against Information

OR

Waive Speaking:

 In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

12/1/21

Meeting Date

The Florida Senate APPEARANCE RECORD

Group Home Provider

Bill Number or Topic

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Committee

Amendment Barcode (if applicable)

Name

Patricia Rendon

Phone

727-580-7147

Address

1106 W. Parsons Suite 105

Email

prendon@columbus.org.com

Street

Brandon, FL 33510

City

State

Zip

Speaking:

 For Against Information

OR

Waive Speaking:

 In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

APD

12/01/21

Meeting Date

Bill Number or Topic

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APD Subcommittee on
Health and Human Services

Committee

Amendment Barcode (if applicable)

Name Elizabeth Rigney Phone 321-482-1961

Address 29 Sutton Street Email betsy.rigney@live.com

Street

Rockledge, FL 32955

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate

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Dec 1, 2021 Meeting Date

APD Bill Number or Topic

App Subcommittee on Health & Human Services Committee

Amendment Barcode (if applicable)

Name Richard Stinson Phone 321-252-9391

Address P.O. Box 685 Email rstinson@specialgatherings.com

Street City State Zip Cocoa FL 32923

Speaking: [] For [] Against [x] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

- [x] I am appearing without compensation or sponsorship. [] I am a registered lobbyist, representing: [] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

12/01/2021

Meeting Date

The Florida Senate
APPEARANCE RECORD

APD Grophones

Bill Number or Topic

Appropriations Subcommittee Health and Human services.

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Amendment Barcode (if applicable)

Name Laura Mohesky

Phone 321-794-3328

Address 205 Sutton St.

Email Lmohesky@cfl.rr.com

Street

Rockledge

FL

32955

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

12-1-21
Meeting Date

The Florida Senate APPEARANCE RECORD

Group Homes
Bill Number or Topic

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Committee
Name Terry Booker

Amendment Barcode (if applicable)
Phone 850-624-8310

Address 8317 Front Beach Rd #29A1
Street
Panama City Beach, FL 32407
City State Zip

Email Tbooker556@aol.com

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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12/1/2021
Meeting Date

The Florida Senate APPEARANCE RECORD

Tab 1
Bill Number or Topic

Deliver both copies of this form to
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Committee

Amendment Barcode (if applicable)

Tim Parson

Name

850-910-2678
Phone

113 E. College Ave.

Address

tim@libertypartnersfl.com
Email

Street

Tallahassee FL 32302

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

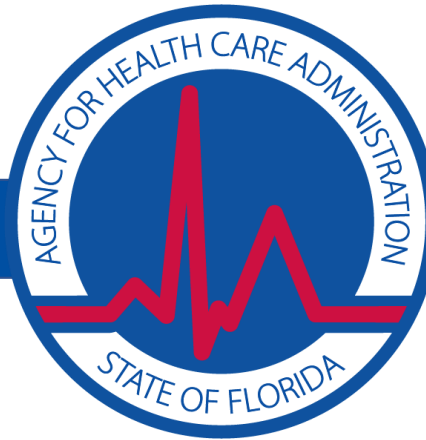
I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Assisted Living Association

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)



MEDICAID RATE SETTING

Tom Wallace, Deputy Secretary for Medicaid

Senate Appropriations Subcommittee on Health & Human Services

December 1, 2021

FLORIDA MEDICAID REIMBURSEMENT

How does Medicaid pay providers?

Fee-For-Service (FFS) payments made by the Florida Medicaid program directly to individual providers.

Capitated payments to health plans who in turn make payments for services rendered to providers in the plan network.



FEE-FOR-SERVICE RATE SETTING



FEE-FOR-SERVICE RATE SETTING

- Prospective Payment Systems
- Cost Based/All Inclusive Reimbursement Rates
- Market Based Fee Schedules with Resource Based Relative Value System (RBRVS)



HOSPITAL INPATIENT RATE SETTING

Hospital Inpatient FFS Rate Setting

| | |
|---------------------------|--|
| Type of Rate | Prospective Payment System; Diagnosis Related Groups |
| Data Used | FFS Claims data/Managed Care data |
| Rate Period | Annual - rates set once a year effective July 1 of each year |
| Standard Base Rate | \$3,614.46 |



HOSPITAL OUTPATIENT RATE SETTING

Hospital Outpatient Rate Setting

| | |
|---|---|
| Type of Rate | Prospective Payment System; Enhanced Ambulatory Patient Groups (EAPG) |
| Data Sources | FFS Claims/ Managed Care Encounters |
| Rate Period | Annual - rates set once a year effective July 1 of each year |
| Standardized Base Rate | \$383.83 |
| Ambulatory Surgical Center Base Rate | \$247.70 |



NURSING HOME PPS FACT SHEET

| Nursing Home Rate Setting | |
|----------------------------------|--|
| Type of Rate | Prospective Payment System with 17 carved out exempt providers |
| Facility Specific Rate | Rates are facility-specific, all inclusive, per diems that reimburse for all necessary care and services |
| Data Used | Cost reports, CMS quality data, FRV data, NFQA |
| Rate Period | Annual - rates set once a year effective October 1 each year |
| Current Weighted Average | \$234.76 \$259.65 (with Oct. 1 through Dec. 31 three-month enhancement) |
| Rate Adjustments Allowed? | No |

| Nursing Home Rate Setting | |
|-------------------------------|---|
| Add-ons | Ventilator and Direct Care Staffing Add-ons |
| Transitional Period | <ul style="list-style-type: none"> Providers will receive the greater of their September 2016 rate or the prospective payment rate for 3 years (10/18 - 10/20). For the next 2 years, providers will receive the greater of 95% of their September 2016 rate or their prospective payment rate (10/21 - 10/22). |
| Patient Care Component | <ul style="list-style-type: none"> Patient care component is 80% of total reimbursement. Consists of direct, indirect, and operating costs. |
| Peer Groups | <ul style="list-style-type: none"> South: Palm Beach, Okeechobee, Broward, Miami-Dade, and Monroe Counties North: All other counties |

**Action was taken through the LBC for a temporary rate enhancement due to the ongoing price pressure and labor market disruption.*



HOSPICE RATE SETTING

- Hospice rates include two components:
 - Room and Board
 - Level of Care
- Annual - rates set once a year effective October 1 each year.



COST BASED/ALL INCLUSIVE REIMBURSEMENT RATES

- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
 - Annual - rates set once a year effective July 1 of each year
- Federally Qualified Health Centers/Rural Health Clinics
 - Annual - rates set once a year effective October 1 each year
- County Health Departments
 - Annual - rates set once a year effective July 1 of each year



PRACTITIONER SERVICES RATE SETTING

- Based on the current market by utilizing the Resource Based Relative Value Scale (RBRVS).
- The RBRVS assigns procedures a relative value, which is adjusted based on geographic region.
- Other components that the RBRVS takes into account are:
 - Physician Work
 - Practice Expense
 - Malpractice Expense
- Annual - rates set once a year effective January 1 each year



CAPITATION RATE SETTING



CAPITATION RATE SETTING

- A capitation rate is the per-member, per-month (PMPM) amount, including any adjustments, that is paid by the Agency to a Managed Care Plan for each Medicaid recipient enrolled under a contract for the provision of Medicaid services during the payment period.
- The capitation rates reflect historical utilization and spending for covered services projected forward.
- The capitation rate is paid regardless of the level of claims of the recipient.
- Rates paid to the plans must be certified by an actuary and be “actuarially sound”.
 - Required by 42 CFR 438.4(b).
 - Florida Medicaid contracts with an actuarial firm for rate setting.
- Any changes to rates must be accompanied by documentation from the actuary.
- Rates must be approved by the Federal Centers for Medicare and Medicaid Services (CMS).
 - A detailed CMS checklist is completed by the actuary and submitted to CMS along with the full rate report.



PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

- For individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services at a cost less than nursing home care.
 - Administered by the Department of Elder Affairs (DOEA)
- Calendar Year Rates are set by PACE organization, not by region.
- The Agency revised the PACE capitation rate setting methodology in January 2021 to reflect a discount off the Upper Payment Limits, or UPLs.
 - The UPL is the amount that would otherwise have been paid under the Medicaid program if the participants were not enrolled in PACE.
- Once the UPL is developed, a discount factor will be applied to the UPL of each individual PACE organization to develop the capitation rates.



QUESTIONS?



The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

Rate setting
Bill Number or Topic

12/1/21
Meeting Date

S. HHS Approps
Committee

Amendment Barcode (if applicable)

Name Tom Wallace

Phone _____

Address 2727 Mahan Dr.
Street

Email _____

Tallahassee
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

No material available



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Education, *Vice Chair*
Appropriations Subcommittee on Health and
Human Services
Finance and Tax
Health Policy
Transportation

JOINT COMMITTEE:

Joint Administrative Procedures Committee

SENATOR SHEVRIN D. "SHEV" JONES

35th District

December 1, 2021

The Honorable, Aaron Bean

Chair, Appropriations Subcommittee on Health and Human Services

404 Senate Building

404 South Monroe Street

Tallahassee, FL 32399-1100

Dear Chair Bean,

I respectfully request an excused absence from the Appropriations Subcommittee on Health and Human Services meeting scheduled for today, Wednesday, December 1, 2021, as I will be out of state.

Thank you in advance for your consideration of this request. If I may be of assistance to answer questions, comments, or concerns, please do not hesitate to contact me or my office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shev".

Shevrin Jones

Senator, District 35

REPLY TO:

- 606 NW 183rd Street, Miami Gardens, Florida 33169 (305) 493-6022
- 1965 South State Road 7, West Park, Florida 33023 (954) 893-5003
- 214 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5035

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Subcommittee on Health & Human Services

Judge:

Started: 12/1/2021 2:32:58 PM

Ends: 12/1/2021 4:00:27 PM

Length: 01:27:30

| | |
|------------|---|
| 2:32:58 PM | Sen. Bean (Chair) |
| 2:35:48 PM | TAB 1 - Presentation by the Agency for Persons with Disabilities on Group Home Closures |
| 2:37:02 PM | Lynne Daw, Bureau Chief of Provider Supports, Agency for Persons with Disabilities |
| 2:40:11 PM | Sen. Bean |
| 2:40:26 PM | L. Daw |
| 2:46:31 PM | Sen. Bean |
| 2:46:51 PM | Sen. Rodriguez |
| 2:47:40 PM | Sen. Rodrigues |
| 2:48:16 PM | L. Daw |
| 2:49:33 PM | Sen. Farmer |
| 2:49:58 PM | L. Daw |
| 2:50:26 PM | Sen. Farmer |
| 2:51:33 PM | L. Daw |
| 2:52:15 PM | Sen. Farmer |
| 2:53:13 PM | L. Daw |
| 2:53:45 PM | Sen. Farmer |
| 2:54:45 PM | Sen. Bean |
| 2:56:10 PM | Tyler Sununu, NHA, MPH, President & CEO, Florida Association of Rehabilitation Facilities, Inc. |
| 2:59:52 PM | Sen. Bean |
| 3:00:05 PM | Violet Gonzalez |
| 3:05:01 PM | Sen. Bean |
| 3:05:21 PM | Phillip Hall |
| 3:05:45 PM | Sen. Bean |
| 3:05:51 PM | Carolyn Goodman |
| 3:08:35 PM | Sen. Bean |
| 3:08:54 PM | C. Goodman |
| 3:09:03 PM | Sen. Bean |
| 3:09:52 PM | Mona Nasser |
| 3:12:40 PM | Sen. Bean |
| 3:12:58 PM | Aaron Nangle |
| 3:16:55 PM | Jody Bowes |
| 3:20:46 PM | Sen. Bean |
| 3:21:15 PM | Nancy Stubbs |
| 3:22:19 PM | Sen. Bean |
| 3:22:25 PM | N. Stubbs |
| 3:24:27 PM | Sen. Bean |
| 3:25:04 PM | N. Stubbs |
| 3:25:20 PM | Sen. Bean |
| 3:25:43 PM | Sen. Farmer |
| 3:27:26 PM | Sen. Bean |
| 3:28:05 PM | Patricia Rendon |
| 3:31:23 PM | Sen. Bean |
| 3:31:44 PM | Sen. Farmer |
| 3:32:14 PM | P. Rendon |
| 3:34:15 PM | Sen. Bean |
| 3:34:34 PM | Elizabeth Rigney |
| 3:38:30 PM | Sen. Bean |
| 3:38:54 PM | Richard Stimson |
| 3:43:36 PM | Sen. Bean |
| 3:43:56 PM | Laura Mohesky |
| 3:47:50 PM | Sen. Bean |
| 3:48:07 PM | Terry Booker |

3:50:06 PM Sen. Bean
3:50:26 PM Tim Parson
3:50:53 PM Sen. Bean
3:51:15 PM TAB 2 - Presentation by the Agency for Health Care Administration on Medicaid Rate Setting
3:51:50 PM Tom Wallace, Deputy Secretary of Medicaid
3:58:39 PM Sen. Bean
3:59:21 PM Sen. Farmer
3:59:47 PM Sen. Bean
3:59:48 PM
3:59:48 PM