

1
2 An act relating to health care; creating s.
3 154.501, F.S.; creating the "Primary Care for
4 Children and Families Challenge Grant Act";
5 creating s. 154.502, F.S.; providing
6 legislative findings and intent; creating s.
7 154.503, F.S.; providing for the creation and
8 administration of the Primary Care for Children
9 and Families Challenge Grant Program; creating
10 s. 154.504, F.S.; providing for eligibility and
11 benefits; creating s. 154.505, F.S.; providing
12 an application process and requirements;
13 authorizing contracts for health care services;
14 creating s. 154.506, F.S.; providing for
15 primary care for children and families
16 challenge grant awards; providing for local
17 matching funds; requiring a study and a report;
18 directing the Agency for Health Care
19 Administration to seek federal waivers;
20 repealing s. 766.1115(12), F.S., relating to
21 expiration of the Access to Health Care Act;
22 amending s. 236.0812, F.S.; authorizing
23 certified match for expanded school-based
24 services; amending s. 409.904, F.S.; providing
25 technical changes; amending s. 409.905, F.S.;
26 authorizing a preventive focus for Medicaid
27 family planning services; amending s. 409.9071,
28 F.S.; incorporating conforming revisions;
29 amending s. 409.908, F.S.; modifying the
30 Medicaid reimbursement for certified match
31 services; amending s. 409.912, F.S.;

1 authorizing Medicaid to enter prepaid contracts
2 with provider service networks; directing the
3 Agency for Health Care Administration to
4 develop a program to inform certain persons
5 about sources of health care; amending s.
6 409.906, F.S.; authorizing the Agency for
7 Health Care Administration to pay for certain
8 services provided by a registered nurse first
9 assistant; amending s. 409.9071, F.S.;
10 incorporating conforming revisions; amending s.
11 409.908, F.S.; authorizing the Agency for
12 Health Care Administration to pay for certain
13 services provided by a registered nurse first
14 assistant; modifying the Medicaid reimbursement
15 for certified match services; providing an
16 effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

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20 Section 1. Section 154.501, Florida Statutes, is
21 created to read:

22 154.501 Short title.--Sections 154.501-154.506 may be
23 cited as the "Primary Care for Children and Families Challenge
24 Grant Act."

25 Section 2. Section 154.502, Florida Statutes, is
26 created to read:

27 154.502 Legislative findings and intent.--

28 (1) The Legislature finds that, despite significant
29 state investments in health care programs, millions of
30 low-income Floridians, many of them families with children,
31 continue to lack access to basic health care. The Legislature

1 finds that local solutions to health care problems can have a
2 dramatic and positive effect on the health status of children
3 and families. Local governments are better equipped to
4 identify the health care needs of the children and families in
5 their communities, mobilize the community to donate time and
6 services to help their neighbors, and organize health care
7 providers to provide health services to needy children and
8 families.

9 (2) It is the intent of the Legislature to provide
10 matching funds to Florida counties in the form of primary care
11 for children and families challenge grants to stimulate the
12 development of coordinated primary health care delivery
13 systems for low-income, children and families. Further, it is
14 the intent of the Legislature to foster the development of
15 coordinated primary health care delivery systems which
16 emphasize volunteerism, cooperation, and broad-based
17 participation by public and private health care providers.
18 Finally, it is the intent of the Legislature that the Primary
19 Care for Children and Families Challenge Grant Program
20 function as a partnership between state and local governments
21 and private sector health care providers.

22 Section 3. Section 154.503, Florida Statutes, is
23 created to read:

24 154.503 Primary Care for Children and Families
25 Challenge Grant Program; creation; administration.--

26 (1) Effective July 1, 1997, there is created the
27 Primary Care for Children and Families Challenge Grant Program
28 to be administered by the Department of Health.

29 (2) The department shall:
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1 (a) Publicize the availability of funds and the method
2 by which a county or counties may submit a primary care for
3 children and families challenge grant application.

4 (b) Develop a quality assurance process to monitor the
5 quality of health services provided under ss. 154.501-154.506.

6 (c) Provide technical assistance, as requested, to
7 primary care for children and families challenge grant
8 recipients.

9 (d) Develop uniform data reporting requirements for
10 primary care for children and families challenge grant
11 recipients, for the purpose of evaluating the performance of
12 the projects.

13 (e) Coordinate with the primary care program developed
14 pursuant to s. 154.011, the Florida Healthy Kids Corporation
15 program created in s. 624.91, the school health services
16 program created in ss. 402.32 and 402.321, the Healthy
17 Communities, Healthy People Program created in s. 408.604, and
18 the volunteer health care provider program developed pursuant
19 to s. 766.1115.

20 (3) A primary care for children and families challenge
21 grant shall be in effect for 1 year and may be renewed for
22 additional years upon application to and approval by the
23 department, subject to meeting quality standards and outcomes,
24 and subject to the availability of funds.

25 (4) The department is authorized to adopt rules
26 necessary to implement ss. 154.501-154.506.

27 Section 4. Section 154.504, Florida Statutes, is
28 created to read:

29 154.504 Eligibility and benefits.--

30 (1) Any county or counties may apply for a primary
31 care for children and families challenge grant to provide

1 primary health care services to children and families with
2 incomes of up to 150 percent of the federal poverty level.
3 Participants shall pay no monthly premium for participation,
4 but shall be required to pay a copayment at the time a service
5 is provided. Copayments may be paid from sources other than
6 the participant, including, but not limited to, the child's or
7 parent's employer, or other private sources.

8 (2) Nothing in this section shall prevent counties
9 with populations less than 100,000, based on the annual
10 estimates produced by the Population Program of the University
11 of Florida Bureau of Economic and Business Research, from
12 submitting a multi-county application for a primary care for
13 children and families challenge grant to jointly administer
14 and operate a coordinated multi-county primary care for
15 children and families program under ss. 154.501-154.506.
16 However, when such counties submit a joint application, the
17 application shall clearly identify one lead county with
18 respect to program accountability and administration.

19 (3) Each county or group of counties submitting an
20 application to participate in the Primary Care for Children
21 and Families Challenge Grant Program shall develop a schedule
22 of benefits and services appropriate for the population to be
23 served. However, at a minimum, such benefits must cover
24 preventive and primary care services and include a
25 coordination mechanism for limited inpatient hospital care.

26 Section 5. Section 154.505, Florida Statutes, is
27 created to read:

28 154.505 Proposals; application process; minimum
29 requirements.--

30 (1) Any county or counties which desire to receive
31 state funding under ss. 154.501-154.506 shall submit an

1 application to the department. The department shall develop
2 an application process for the Primary Care for Children and
3 Families Challenge Grant Program.

4 (2) Applications shall be competitively reviewed by an
5 independent panel appointed by the secretary of the
6 department. This panel shall determine the relative weight
7 for scoring and evaluating each of the following elements to
8 be used in the evaluation process:

9 (a) The target population to be served.

10 (b) The health benefits to be provided.

11 (c) The proposed service network, including specific
12 health care providers and health care facilities that will
13 participate in the service network on a paid or voluntary
14 basis.

15 (d) The methods that will be used to measure
16 cost-effectiveness.

17 (e) How patient and provider satisfaction will be
18 measured.

19 (f) The proposed internal quality assurance process.

20 (g) Projected health status outcomes.

21 (h) The way in which data to measure the
22 cost-effectiveness, outcomes, and overall performance of the
23 program will be collected, including a description of the
24 proposed information system.

25 (i) All local resources, including cash, in-kind,
26 voluntary, or other resources, that will be dedicated to the
27 proposal.

28 (3) Preference shall be given to proposals which:

29 (a) Exceed the minimum local contribution requirements
30 specified in s. 154.506.

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1 (b) Demonstrate broad-based local support for the
2 project, including, but not limited to, agreements to
3 participate in the service network, letters of endorsement, or
4 other forms of support.

5 (c) Demonstrate a high degree of participation by
6 health care providers on a free or volunteer basis, or through
7 financial contributions. This may include participation by
8 publicly or privately funded health care providers, such as,
9 hospitals, county health departments, community health
10 centers, or rural health clinics, in the service network.

11 (d) Are submitted by counties with a high proportion
12 of children and families living in poverty and with poor
13 health status indicators.

14 (e) Demonstrate coordinated service delivery with
15 existing publicly financed health care programs, including
16 those programs specified in s. 154.503(2)(e).

17 (4) Nothing in ss. 154.501-154.506 shall prevent a
18 county or group of counties from contracting for the provision
19 of health care services. A service network may include, but
20 need not be limited to, special health care districts, county
21 health departments, federally qualified health centers,
22 community health centers, and rural health clinics.

23 Section 6. Section 154.506, Florida Statutes, is
24 created to read:

25 154.506 Primary care for children and families
26 challenge grant awards.--

27 (1) Primary care for children and families challenge
28 grants shall be awarded on a matching basis. The county or
29 counties shall provide \$1 in local matching funds for each \$2
30 grant payment made by the state. Except as provided in
31 subsection (2), up to 50 percent of the county match may be

1 in-kind in the form of free hospital and physician services.
2 However, a county shall not supplant the value of donated
3 services in fiscal year 1996 as documented in the volunteer
4 health care provider program annual report. The department
5 shall develop a methodology for determining the value of an
6 in-kind match. Any third party reimbursement and all fees
7 collected shall not be considered local match or in-kind
8 contributions. Fifty percent of the local match shall be in
9 the form of cash.

10 (2) A small county with a population of no more than
11 50,000 may provide the required local matching funds entirely
12 through an in-kind contribution as long as the new system of
13 care produces an increase in patients served or services
14 delivered, or both.

15 (3) Grant awards shall be based on a county's
16 population size, or each individual county's size in a group
17 of counties, and other factors, in an amount as determined by
18 the department. However, for fiscal year 1997-98, no fewer
19 than four grants shall be awarded.

20 (4) Children and families eligible for other state and
21 federally financed health care programs shall exhaust all
22 health care benefits funded through those programs prior to
23 receiving health services through the primary care for
24 children and families challenge grant. A program funded under
25 this act may bill for third party reimbursement for services
26 provided.

27 (5) Implementation of the Primary Care for Children
28 and Families Challenge Grant Program shall be subject to the
29 allocation of a specific appropriation in the General
30 Appropriations Act.

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1 Section 7. (1) It is the intent of the Legislature
2 that there be an evaluation of the various health care
3 programs serving children and families.

4 (2) The Agency for Health Care Administration, in
5 conjunction with the Department of Health, shall evaluate the
6 cost benefits, program effectiveness, and quality outcomes
7 associated with a service delivery model versus an insurance
8 coverage model. The evaluation shall account for program
9 differences with regard to eligibility coverages, benefits,
10 population differences, and other factors that may affect
11 program operations. This evaluation shall include, but not
12 be limited to, Medicaid, the Primary Care for Children and
13 Families Challenge Grant Program, the Children's Medical
14 Services alternative service network, and the Florida Healthy
15 Kids Corporation program. The agency shall submit a report of
16 its findings to the Legislature and the Governor by January 1,
17 1999.

18 Section 8. The Agency for Health Care Administration,
19 working jointly with the Department of Health and the Florida
20 Healthy Kids Corporation, is directed to seek federal waivers
21 to secure Title XIX matching funds for the Florida Healthy
22 Kids program and the Primary Care for Children and Families
23 Challenge Grant. The federal waiver application shall seek
24 Medicaid matching funds for all general revenue, family
25 contributions, and local contributions. The number of persons
26 supported with federal matching funds under the Florida
27 Healthy Kids Corporation shall not exceed the number annually
28 specified in the General Appropriations Act.

29 Section 9. Effective June 30, 1997, subsection (12) of
30 section 766.1115, Florida Statutes, as created by section 1 of
31 chapter 92-278, Laws of Florida, is hereby repealed.

1 Section 10. Subsection (1) of section 236.0812,
2 Florida Statutes, is amended to read:

3 236.0812 Medicaid certified school funding
4 maximization.--

5 (1) Each school district, subject to the provisions of
6 ss.s-409.9071 and 409.908(21), appropriate federal
7 authorization,and this section, is authorized to certify
8 funds provided for school-based physical and behavioral health
9 and transportation, ~~occupational, and speech therapy~~ services
10 for the purpose of earning federal Medicaid financial
11 participation. While not limited to these services, each
12 participating school district must place an emphasis on direct
13 medically related nursing services.

14 Section 11. Section 409.904, Florida Statutes, 1996
15 Supplement, is amended to read:

16 409.904 Optional payments for eligible persons.--The
17 agency ~~department~~ may make payments for medical assistance and
18 related services on behalf of the following persons who are
19 determined ~~the department determines~~ to be eligible subject to
20 the income, assets, and categorical eligibility tests set
21 forth in federal and state law. Payment on behalf of these
22 Medicaid eligible persons is subject to the availability of
23 moneys and any limitations established by the General
24 Appropriations Act or chapter 216.

25 (1) A person who is age 65 or older or is determined
26 ~~by the department~~ to be disabled, whose income is at or below
27 100 percent of federal poverty level, and whose assets do not
28 exceed established limitations ~~established by the department.~~

29 (2) A family, a pregnant woman, a child under age 18,
30 a person age 65 or over, or a blind or disabled person who
31 would be eligible under any group listed in s. 409.903(1),

1 (2), or (3), except that the income or assets of such family
2 or person exceed established limitations ~~established by the~~
3 ~~department~~. For a family or person in this group, medical
4 expenses are deductible from income in accordance with federal
5 requirements in order to make a determination of eligibility.
6 A family or person in this group, which group is known as the
7 "medically needy," is eligible to receive the same services as
8 other Medicaid recipients, with the exception of services in
9 skilled nursing facilities and intermediate care facilities
10 for the developmentally disabled.

11 (3) A person who is in need of the services of a
12 licensed nursing facility, a licensed intermediate care
13 facility for the developmentally disabled, or a state mental
14 hospital, whose income does not exceed 300 percent of the SSI
15 income standard, and who meets the assets standards
16 established under federal and state law.

17 (4) A low-income person who meets all other
18 requirements for Medicaid eligibility except citizenship and
19 who is in need of emergency medical services. The eligibility
20 of such a recipient is limited to the period of the emergency,
21 in accordance with federal regulations.

22 (5) Subject to specific federal authorization, a
23 postpartum woman living in a family that has an income that is
24 at or below 185 percent of the most current federal poverty
25 level is eligible for family planning services as specified in
26 s. 409.905(3) for a period of up to 24 months following a
27 pregnancy for which Medicaid paid for pregnancy-related
28 services.

29 Section 12. Subsection (3) of section 409.905, Florida
30 Statutes, 1996 Supplement, is amended to read:

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1 409.905 Mandatory Medicaid services.--The agency may
2 make payments for the following services, which are required
3 of the state by Title XIX of the Social Security Act,
4 furnished by Medicaid providers to recipients who are
5 determined to be eligible on the dates on which the services
6 were provided. Any service under this section shall be
7 provided only when medically necessary and in accordance with
8 state and federal law. Nothing in this section shall be
9 construed to prevent or limit the agency from adjusting fees,
10 reimbursement rates, lengths of stay, number of visits, number
11 of services, or any other adjustments necessary to comply with
12 the availability of moneys and any limitations or directions
13 provided for in the General Appropriations Act or chapter 216.

14 (3) FAMILY PLANNING SERVICES.--The agency shall pay
15 for services necessary to enable a recipient voluntarily to
16 plan family size or to space children. These services include
17 information; education; counseling regarding the
18 availability, benefits, and risks of each method of pregnancy
19 prevention; drugs and supplies; and necessary medical care
20 and followup. Each recipient participating in the family
21 planning portion of the Medicaid program must be provided
22 freedom to choose any alternative method of family planning,
23 as required by federal law.

24 Section 13. Subsection (1) of section 409.9071,
25 Florida Statutes, 1996 Supplement, is amended to read:

26 409.9071 Medicaid provider agreements for school
27 districts certifying state match.--

28 (1) Subject to any limitations provided for in the
29 General Appropriations Act, the agency, in compliance with
30 appropriate federal authorization, shall develop policies and
31 procedures to allow for certification of state and local

1 education funds which have been provided for services as
2 authorized in s. 236.0812 ~~physical, occupational, and speech~~
3 ~~therapy services~~. Any state or local funds certified pursuant
4 to this section shall be for children with specified
5 disabilities who are eligible for ~~both~~ Medicaid and ~~the~~
6 ~~exceptional student education program, and~~ who have an
7 individualized educational plan that demonstrates that such
8 services are medically necessary and a physician authorization
9 order if ~~where~~ required by federal Medicaid laws.

10 Section 14. Subsection (21) of section 409.908,
11 Florida Statutes, 1996 Supplement, is amended to read:

12 409.908 Reimbursement of Medicaid providers.--Subject
13 to specific appropriations, the agency shall reimburse
14 Medicaid providers, in accordance with state and federal law,
15 according to methodologies set forth in the rules of the
16 agency and in policy manuals and handbooks incorporated by
17 reference therein. These methodologies may include fee
18 schedules, reimbursement methods based on cost reporting,
19 negotiated fees, competitive bidding pursuant to s. 287.057,
20 and other mechanisms the agency considers efficient and
21 effective for purchasing services or goods on behalf of
22 recipients. Payment for Medicaid compensable services made on
23 behalf of Medicaid eligible persons is subject to the
24 availability of moneys and any limitations or directions
25 provided for in the General Appropriations Act or chapter 216.
26 Further, nothing in this section shall be construed to prevent
27 or limit the agency from adjusting fees, reimbursement rates,
28 lengths of stay, number of visits, or number of services, or
29 making any other adjustments necessary to comply with the
30 availability of moneys and any limitations or directions

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1 provided for in the General Appropriations Act, provided the
2 adjustment is consistent with legislative intent.

3 (21) The agency may reimburse school districts which
4 certify the state match pursuant to s. 409.9071 for the
5 federal portion of ~~either the Medicaid fee or the school~~
6 district's allowable costs to deliver the services, subject to
7 federal approval whichever is less. The school district shall
8 determine the allowable costs for delivering ~~therapy~~ services
9 as authorized in s. 236.0812 for which the state Medicaid
10 match will be certified, based on the policies and procedures
11 published by the agency. Reimbursement of school-based therapy
12 providers is contingent on such providers being enrolled as
13 Medicaid therapy providers and meeting the qualifications
14 contained in 42 C.F.R. s. 440.110, unless otherwise waived by
15 the federal Health Care Financing Administration. Speech
16 therapy providers who are certified through the Department of
17 Education pursuant to rule 6A-4.0176, Florida Administrative
18 Code, may bill for services that are provided on school
19 premises.

20 Section 15. Subsection (3) of section 409.912, Florida
21 Statutes, 1996 Supplement, is amended to read:

22 409.912 Cost-effective purchasing of health care.--The
23 agency shall purchase goods and services for Medicaid
24 recipients in the most cost-effective manner consistent with
25 the delivery of quality medical care. The agency shall
26 maximize the use of prepaid per capita and prepaid aggregate
27 fixed-sum basis services when appropriate and other
28 alternative service delivery and reimbursement methodologies,
29 including competitive bidding pursuant to s. 287.057, designed
30 to facilitate the cost-effective purchase of a case-managed
31 continuum of care. The agency shall also require providers to

1 minimize the exposure of recipients to the need for acute
2 inpatient, custodial, and other institutional care and the
3 inappropriate or unnecessary use of high-cost services.

4 (3) The agency may contract with:

5 (a) An entity that provides no prepaid health care
6 services other than Medicaid services under contract with the
7 agency and which is owned and operated by a county, county
8 public health unit, or county-owned and operated hospital to
9 provide health care services on a prepaid or fixed-sum basis
10 to recipients, which entity may provide such prepaid services
11 either directly or through arrangements with other providers.
12 Such prepaid health care services entities must be licensed
13 under parts I and III by July 1, 1997, and until then are
14 exempt from the provisions of part I of chapter 641. An entity
15 recognized under this paragraph which demonstrates to the
16 satisfaction of the Department of Insurance that it is backed
17 by the full faith and credit of the county in which it is
18 located may be exempted from s. 641.225.

19 (b) An entity that is providing comprehensive
20 inpatient and outpatient mental health care services to
21 certain Medicaid recipients in Hillsborough, Highlands,
22 Hardee, Manatee, and Polk Counties, through a capitated,
23 prepaid arrangement pursuant to the federal waiver provided
24 for by s. 409.905(5). Such an entity must become licensed
25 under chapter 624 or chapter 641 by December 31, 1998, and is
26 exempt from the provisions of part I of chapter 641 until
27 then. However, if the entity assumes risk, the Department of
28 Insurance shall develop appropriate regulatory requirements by
29 rule under the insurance code before the entity becomes
30 operational.

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1 (c) A federally qualified health center or an entity
2 owned by one or more federally qualified health centers or an
3 entity owned by other migrant and community health centers
4 receiving non-Medicaid financial support from the Federal
5 Government to provide health care services on a prepaid or
6 fixed-sum basis to recipients. Such prepaid health care
7 services entity must be licensed under parts I and III of
8 chapter 641 by July 1, 1997. However, such an entity is
9 exempt from s. 641.225 if the entity meets the requirements
10 specified in subsections (14) and (15).

11 (d) No more than four provider service networks for
12 demonstration projects to test Medicaid direct contracting.
13 However, no such demonstration project shall be established
14 with a Federally Qualified Health Center nor shall any
15 provider service network under contract with the agency
16 pursuant to this paragraph include a Federally Qualified
17 Health Center in its provider network. One demonstration
18 project must be located in Orange County. The demonstration
19 projects may be reimbursed on a fee-for-service or prepaid
20 basis. A provider service network which is reimbursed by the
21 agency on a prepaid basis shall be exempt from parts I and III
22 of chapter 641, but must meet appropriate financial reserve,
23 quality assurance and patient rights requirements as
24 established by the agency. The agency shall award contracts
25 on a competitive bid basis and shall select bidders based upon
26 price and quality of care. Medicaid recipients assigned to a
27 demonstration project shall be chosen equally from those who
28 would otherwise have been assigned to prepaid plans and
29 MediPass. The agency is authorized to seek federal Medicaid
30 waivers as necessary to implement the provisions of this
31 section. A demonstration project awarded pursuant to this

1 paragraph shall be for two years from the date of
2 implementation.

3 Section 16. The Agency for Health Care Administration
4 shall develop a program, in conjunction with the Department of
5 Education, the Department of Children and Family Services, the
6 Department of Health, local school districts, and other
7 stakeholders to identify low-income, uninsured children and,
8 to the extent possible and subject to appropriation, refer
9 them to the Department of Children and Family Services for a
10 Medicaid eligibility determination and provide parents with
11 information about alternative sources of health care.

12 Section 17. Present subsections (20) and (21) of
13 section 409.906, Florida Statutes, 1996 Supplement, are
14 renumbered as subsections (21) and (22), respectively, and a
15 new subsection (20) is added to that section to read:

16 409.906 Optional Medicaid services.--Subject to
17 specific appropriations, the agency may make payments for
18 services which are optional to the state under Title XIX of
19 the Social Security Act and are furnished by Medicaid
20 providers to recipients who are determined to be eligible on
21 the dates on which the services were provided. Any optional
22 service that is provided shall be provided only when medically
23 necessary and in accordance with state and federal law.
24 Nothing in this section shall be construed to prevent or limit
25 the agency from adjusting fees, reimbursement rates, lengths
26 of stay, number of visits, or number of services, or making
27 any other adjustments necessary to comply with the
28 availability of moneys and any limitations or directions
29 provided for in the General Appropriations Act or chapter 216.
30 Optional services may include:

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1 (20) REGISTERED NURSE FIRST ASSISTANT SERVICES.--The
2 agency may pay for all services provided to a recipient by a
3 registered nurse first assistant as described in s. 464.027.
4 Reimbursement for such services may not be less than 80
5 percent of the reimbursement that would be paid to a physician
6 providing the same services.

7 Section 18. Subsection (1) of section 409.9071,
8 Florida Statutes, 1996 Supplement, is amended to read:

9 409.9071 Medicaid provider agreements for school
10 districts certifying state match.--

11 (1) Subject to any limitations provided for in the
12 General Appropriations Act, the agency, in compliance with
13 appropriate federal authorization, shall develop policies and
14 procedures to allow for certification of state and local
15 education funds which have been provided for services as
16 authorized in s. 236.0812 ~~physical, occupational, and speech~~
17 ~~therapy services~~. Any state or local funds certified pursuant
18 to this section shall be for children with specified
19 disabilities who are eligible for ~~both~~ Medicaid and ~~the~~
20 ~~exceptional student education program~~, and who have an
21 individualized educational plan that demonstrates that such
22 services are medically necessary and a physician authorization
23 order if ~~where~~ required by federal Medicaid laws.

24 Section 19. Present paragraphs (q), (r), and (s) of
25 subsection (3) of section 409.908, Florida Statutes, 1996
26 Supplement, are redesignated as paragraphs (r), (s), and (t),
27 respectively, and a new paragraph (q) is added to that
28 subsection, and subsection (21) of that section is amended, to
29 read:

30 409.908 Reimbursement of Medicaid providers.--Subject
31 to specific appropriations, the agency shall reimburse

1 Medicaid providers, in accordance with state and federal law,
2 according to methodologies set forth in the rules of the
3 agency and in policy manuals and handbooks incorporated by
4 reference therein. These methodologies may include fee
5 schedules, reimbursement methods based on cost reporting,
6 negotiated fees, competitive bidding pursuant to s. 287.057,
7 and other mechanisms the agency considers efficient and
8 effective for purchasing services or goods on behalf of
9 recipients. Payment for Medicaid compensable services made on
10 behalf of Medicaid eligible persons is subject to the
11 availability of moneys and any limitations or directions
12 provided for in the General Appropriations Act or chapter 216.
13 Further, nothing in this section shall be construed to prevent
14 or limit the agency from adjusting fees, reimbursement rates,
15 lengths of stay, number of visits, or number of services, or
16 making any other adjustments necessary to comply with the
17 availability of moneys and any limitations or directions
18 provided for in the General Appropriations Act, provided the
19 adjustment is consistent with legislative intent.

20 (3) Subject to any limitations or directions provided
21 for in the General Appropriations Act, the following Medicaid
22 services and goods may be reimbursed on a fee-for-service
23 basis. For each allowable service or goods furnished in
24 accordance with Medicaid rules, policy manuals, handbooks, and
25 state and federal law, the payment shall be the amount billed
26 by the provider, the provider's usual and customary charge, or
27 the maximum allowable fee established by the agency, whichever
28 amount is less, with the exception of those services or goods
29 for which the agency makes payment using a methodology based
30 on capitation rates, average costs, or negotiated fees.

31 (q) Registered nurse first assistant services.

1 (21) The agency may reimburse school districts which
2 certify the state match pursuant to s. 409.9071 for the
3 federal portion of ~~either the Medicaid fee or the school~~
4 district's allowable costs to deliver the services, subject to
5 federal approval ~~whichever is less~~. The school district shall
6 determine the allowable costs for delivering ~~therapy~~ services
7 as authorized in s. 236.0812 for which the state Medicaid
8 match will be certified, based on the policies and procedures
9 published by the agency. Reimbursement of school-based therapy
10 providers is contingent on such providers being enrolled as
11 Medicaid therapy providers and meeting the qualifications
12 contained in 42 C.F.R. s. 440.110, unless otherwise waived by
13 the federal Health Care Financing Administration. Speech
14 therapy providers who are certified through the Department of
15 Education pursuant to rule 6A-4.0176, Florida Administrative
16 Code, may bill for services that are provided on school
17 premises.

18 Section 20. This act shall take effect upon becoming a
19 law.

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