

STORAGE NAME: h1781z.hcs
DATE: June 9, 2000

****AS PASSED BY THE LEGISLATURE****
CHAPTER #: 2000-253, Laws of Florida

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
FINAL ANALYSIS**

BILL #: HB 1781 (PCB HCS 00-01; PCB CF 00-05) (Passed as CS/SB 212)

RELATING TO: Health Care Assistance for Children

SPONSOR(S): Committee on Health Care Services, Rep. Peaden & others

TIED BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES YEAS 18 NAYS 0
 - (2) HEALTH & HUMAN SERVICES APPROPRIATIONS YEAS 8 NAYS 2
 - (3)
 - (4)
 - (5)
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I. SUMMARY:

Passed by the Legislature as CS/SB 212. On June 8, 2000, CS/SB 212 became chapter 2000-253, Laws of Florida, with the Governor's Signature.

HB 1781 relates to the Florida Kidcare Program and child care and early intervention programs.

With regard to Kidcare, the bill: requires the Social Services Estimating Conference to develop certain projections for Kidcare; moves children age 0-1 from Medikids and CMS to Medicaid; authorizes mandatory assignment in MediKids; adds certain elements to Kidcare reporting requirements, and requires a monthly enrollment report; authorizes presumptive eligibility for Medicaid-eligible children, and ensures that such children are not assigned to a managed care plan until full eligibility is complete; authorizes the Florida Healthy Kids Corporation (FHKC) to conduct presumptive eligibility determinations; accelerates Kidcare enrollment; clarifies the Children's Medical Services (CMS) screening and referral process; ensures smooth transition across program components; adds a dental benefit for the Kidcare program, subject to a specific appropriation; directs the Department of Children and Family Services, in consultation with the Agency for Health Care Administration and the FHKC, to develop a more simple eligibility redetermination process; clarifies the entities with which CMS may contract; provides for the applicability of these revisions to existing FHKC contracts; directs the Division of State Group Insurance of the Department of Management Services and the Florida Healthy Kids Corporation to study the feasibility of subsidizing health insurance coverage for children of certain state employees; and incorporates technical revisions and deletes obsolete language.

With regard to child care, the bill: extends eligibility for subsidized child care to working families with incomes between 185 and 200 percent of the federal poverty level, and specifies that all eligible families are "needy" for purposes of the use of certain federal funds; ensures that children with developmental delays in subsidized child care be referred for certain assessments for access to early intervention services; provides program enhancements to address access to quality child care; and addresses safety issues in child care settings relating to transportation and summer camp health and safety.

The bill's effective date is July 1, 2000.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

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|-----------------------------------|---------|-------|--------|
| 1. <u>Less Government</u> | Yes [x] | No [] | N/A [] |
| 2. <u>Lower Taxes</u> | Yes [x] | No [] | N/A [] |
| 3. <u>Individual Freedom</u> | Yes [x] | No [] | N/A [] |
| 4. <u>Personal Responsibility</u> | Yes [x] | No [] | N/A [] |
| 5. <u>Family Empowerment</u> | Yes [x] | No [] | N/A [] |

B. PRESENT SITUATION:

THE FLORIDA KIDCARE PROGRAM

Kidcare Background Information

The 1998 Florida Legislature created the Florida Kidcare program, Florida's Title XXI child health insurance program, which makes affordable health insurance available to cover low-income uninsured children. The program was created as a result of the federal Balanced Budget Act of 1997 (P.L. 105-33) which created Title XXI of the Social Security Act and allocated funds to states for the purpose of providing health insurance to uninsured children who live in low-income families.

Florida Kidcare consists of five components: Medicaid for children; the MediKids program; Healthy Kids; the Children's Medical Services Network; and employer-sponsored dependent (ESD) coverage. (Florida's Kidcare ESD coverage proposal has been denied by the federal Health Care Financing Administration, according to a November 5, 1999, letter from HCFA.)

Medicaid, MediKids, and the CMS Network are administered by state agencies. The benefit package for these three programs is the currently approved Medicaid benefit package for children, which includes dental coverage. Medicaid and MediKids are administered by the Agency for Health Care Administration. Under most circumstances, Medicaid offers families a choice between a Medicaid managed care plan or MediPass.

The CMS Network is a division of the Department of Health. The network serves children with special health care needs, those with serious or chronic physical or developmental conditions who require extensive preventive and maintenance care. The CMS Network is a managed care system of care with multi-disciplinary, regional, and tertiary pediatric care providers who offer prevention and early intervention services, primary care and specialty care, as well as long-term care for medically complex, fragile children. A sub-component, the Behavioral Health Specialty Care Network, provides behavioral health care services for children with severe mental health problems.

The Healthy Kids Program is administered by the non-profit Florida Healthy Kids Corporation under s. 624.91, F.S. The program began in the early 1990s and offers a benefit package through commercially licensed insurers, which differs from the Medicaid benefit package for children. It does not include dental coverage and certain other services that are included in the Medicaid benefit package. The Healthy Kids Program is the largest

non-entitlement program under the Florida Kidcare program. It was authorized to offer a certain number of enrollment slots to each county without requiring local matching funds (currently established at 500 slots per county). If a county wants to offer more enrollment slots, a local match is required. Currently, the program is operational in all but 3 counties, where provider networks are under review.

Each department, agency, and program involved in the Florida Kidcare Program has specified duties and responsibilities. The Agency for Health Care Administration administers the Medicaid and MediKids programs and processes premium payments for the Florida Healthy Kids and CMS programs. The Department of Children and Family Services is responsible for developing a simplified application process and determining eligibility for the Florida Kidcare program. The original Kidcare law provided the opportunity to use a third party administrator for the purposes of determining eligibility for the Kidcare program. The Department of Health administers the CMS Network and is responsible for outreach and the Kidcare Coordinating Council. The Florida Healthy Kids Corporation administers the Healthy Kids Program and contracts with the Agency for Health Care Administration to provide a third party administrator for the purposes of premium collection and eligibility screening/processing. The Department of Insurance is responsible for certifying qualified health plans and is designated to be responsible for the administration of the ESD coverage.

During the 1999 session, several recommendations were made by the Kidcare Coordinating Council and several different interest groups to improve the Florida Kidcare program. Those recommendations included presumptive eligibility, continuous eligibility, waiver of local match for the Healthy Kids Program subject to a state appropriation, expansion of the number of children insured through the program, removal of MediPass restrictions in the MediKids program, dental coverage, streamlining the eligibility determination and redetermination process, coverage for nonqualified individuals, as well as other enhancements. No amendments to the Florida Kidcare Act were adopted during the 1999 session.

Kidcare Interim Project

Given the lack of legislative action during the 1999 session, and given the importance of appropriate implementation of this program, the Speaker of the House of Representatives and the President of the Senate each assigned to a respective substantive committee an interim project designed to determine the major strengths and weaknesses of the Kidcare program and to identify any possible changes in the law or program administration that would improve the program. During the summer, House and Senate health care committee staff conducted a series of public forums, interviews, and meetings with individuals involved in various aspects of the Kidcare program from various perspectives as a part of their respective interim projects.

Major findings from the House interim project report related to: program goals, customer satisfaction, benefits, enrollment, funding, outreach, administration, local match, migrant farmworker and immigrant children, state-only coverage issues, and other issues. Twelve specific recommendations were included in the report. These recommendations related to:

- The use of evaluations and other study information;
- Program administration and administrative enhancements;
- Healthy Kids issues;
- Program planning, funding, and budget amendments;
- Implementing presumptive and continuous eligibility;

- Eligibility categories;
- A medical expense disregard for certain children in need of CMS network services;
- State-only funding for certain coverage; and
- Dental pilot project activities.

Dental Care for Children

The 1998 Florida Kidcare Act provided dental benefits for children up to age 5 with family incomes below 200 percent of the federal poverty level under the MediKids program component. Medicaid coverage was expanded to cover children up to age 19 below 100 percent of the federal poverty level. The Medicaid program provides comprehensive dental benefits for children. No dental benefits were provided for children ages 5 or older with family incomes above 133 percent of the federal poverty level and for children ages 6 to 19 with family incomes above 100 percent of the federal poverty level. Dental benefits under the Florida Healthy Kids program are provided as a local option and, if included, only cover cleaning and x-rays.

Kidcare Enrollment

As of May 1, 2000, Title XXI funded Kidcare enrollment by program component was as follows:

Healthy Kids	114,124
MediKids	19,066
CMS Network	4,649
Medicaid for teens	<u>17,752</u>
TOTAL	156,063

Estimating Conference Process

Section 216.134, F.S., establishes an estimating conference process to provide estimates and forecasts for the purpose of state planning and budgeting. Section 216.136, F.S., establishes a Social Services Estimating Conference which develops information relating to the social services system of the state, including forecasts of social services caseloads, as the conference determines is needed for the state planning and budgeting system. Such official information includes estimates of caseload and costs for the Medicaid program, (which includes the Medicaid component of the Kidcare program). Section 409.8134, F.S., which is part of the Florida Kidcare Act, requires the Social Services Estimating Conference to track caseload and expenditure trends for the Florida Kidcare program.

CHILD CARE

Early Development, Subsidized Child Care, and Early Intervention

In 1999 the Legislature made a strong commitment to improve early childhood development through the School Readiness Act and Gold Seal legislation in HB 869. Gold Seal enhanced support for quality subsidized child care and provided for developmental assessments to provide children with referrals for early intervention services. Florida provides child care subsidized with state and federal funds to support working families and enhance child development. The state also provides early intervention services to address developmental delays.

Increased demand for quality child care--The growing number of families seeking out-of-home care for their children has contributed to explosive growth in the use of child care. Nationally, approximately 62 percent of mothers with children under the age of 6 are working outside the home, up from 39 percent in 1975. Florida Children's Forum reports that in 1997, 63 percent of Florida mothers with children younger than 6 years old were in the workforce (Charting the Progress of Child Care in Florida, 1998). In 1997, the number of children under 5 years old in Florida was 976,152. Of these children, 345,211 were enrolled in a child care program.

Need for improved integration of early intervention support--The latest research on brain development shows that stimulation during the period birth to age 3 establishes the pattern and extent of an individual's brain development. Developmental delays are detectable at this age and can be reversed with intervention. Only 1-2 percent of babies are born with disabilities, yet by school age, 10-12 percent need special education.

The child care center and the family care home are quickly replacing the school as the first opportunity to begin early intervention, health promotion, and child development activities. Many publicly funded programs under the Department of Education, Department of Children and Family Services, Department of Health, and Agency for Health Care Administration, already provide early intervention therapeutic and support services, and health care coverage, that need better integration and coordination with subsidized child care.

Subsidized Child Care

Florida has operated a subsidized child care program for approximately 20 years to support parents' opportunities to work and enhance child development. It serves approximately 132,000 children and receives over \$452 million in federal, state, and local funds. The program is administered by the Department of Children and Family Services. The purpose of the subsidized child care program, is "to provide quality child care to enhance the development, including language, cognitive, motor, social, and self-help skills of children who are at risk of abuse or neglect and children of low-income families" (s. 402.3015, F.S.). Performance indicators measure the goal of the program for every child to enter kindergarten ready to learn.

Priority for participation in the subsidized child care program is given to children less than 13 years of age who are:

- at risk of abuse or neglect;
- at risk of welfare dependency (including children of participants in the WAGES program), children of migrant farm workers, and children of teen parents; and
- children of working families, whose family incomes are between 100 and 150 percent of the federal poverty level.

Management of subsidized child care is provided by the department through contracts with 25 community child care coordinating agencies that contract with providers of child care services. Funding sources are federal Temporary Assistance for Needy Families (TANF), child care block grants, and state general revenue.

Child Care Executive Partnership--The Child Care Executive Partnership Program is an innovative strategy designed to help employers meet the needs of a growing segment of the workforce. This program was developed to expand child care subsidies for low-income working families at a reduced cost to the state by creating incentives for employers, local

government, and other partners to share the cost of child care. It was established by the Legislature in 1996 (s. 409.178, F.S.) to match funds on a dollar-by-dollar basis to provide child care for children on the waiting list for subsidized child care. Employers may contribute for their own employees eligible for Subsidized Child Care or to a community Child Care Purchasing Pool.

According to the Florida Children's Forum that has managed the program since September 1996, businesses and communities have invested \$12 million. More than 8,000 children from low-income families have received child care assistance who would not otherwise have received care. More than 35 private businesses have contributed to the local Child Care Purchasing Pools.

Improved integration of subsidized child care with early intervention services

Developmental assessment in subsidized child care--In 1999 the Legislature passed HB 869 that encourages child care providers to pursue quality as embodied in the "Gold Seal" designation. The bill promotes child development by requiring child care staff to receive training on child development and developmental observation, and by establishing a process to assess the development of children in subsidized child care. The bill created s. 402.3027, F.S., which establishes a three-level framework for the observational and developmental assessment of young children and linkage to early intervention services.

The assessment process is being implemented through a six-month pilot in six counties. Current task force recommendations for each level of assessment are:

Level I Assessment: Every six months, the child care staff or parent will complete the Ages and Stages checklist that assesses child development in the areas of motor, communication, cognition, and social-emotional skills. Children with low scores in one or more areas of development will be referred for a Level II assessment.

Level II Assessment: Professionals associated with the community child care coordinating agencies will choose a recommended assessment instrument appropriate for each child. All the assessment tools are standardized and assess multiple domains of child development, such as, fine motor, gross motor, communication, and social-emotional skills. Most involve a parent interview and individual testing of the child. Children who perform poorly in one or more areas of development will be referred for a Level III evaluation.

Level III Assessment: Specialists conduct a Level III diagnostic evaluation using whatever measures they deem appropriate. The purpose of the assessment is to determine eligibility for early intervention programs. Children found delayed will enter existing early intervention programs. The assessment may be conducted by providers such as Medicaid Early Periodic Screening Diagnosis and Testing (EPSDT), Children's Medical Services, and Florida Diagnostic and Learning Resource Services (FDLRS).

Early Intervention Services--Early intervention programs serve children with disabilities or developmental delays and children at risk of delays. Services include hearing and vision services, occupational and physical therapies, psychological and social work services, nursing, family training, home visits and counseling, and transportation. Their purpose is to provide therapeutic and support services to children and their families, so children are able to learn and participate to the fullest extent of their abilities. Two programs, the Infants and Toddlers Early Intervention Program and the Prekindergarten Program for Children with Disabilities serve primarily children with disabilities and developmental delays.

- **The Infants and Toddlers Early Intervention Program**--Public Law 105-17, Part C, of the Individuals with Disabilities Education Act (IDEA), provides federal funds to Florida to provide family-centered early intervention services statewide. It serves over 28,000 children and receives approximately \$34 million in state and federal funds. The program is administered by the Children's Medical Services of the Department of Health. Local Early Intervention Programs provide evaluation and determination of eligibility to children, from birth to thirty-six months of age, who have a developmental delay, and their families. The program provides identification and referral, assessment, family support planning, and services coordination. Community providers and local school districts are contracted to provide services needed.
- **The Prekindergarten Program for Children with Disabilities** is authorized by the Individuals with Disabilities Education Act, Part B, Public Law 105-17, which mandates services to children age three to five with disabilities. It entitles all children with disabilities, ages three through five, to a free and appropriate public education. The program provides special education and related services based on an individual education plan. It is available in all school districts with funding from the federal Department of Education.
- **Florida Diagnostic Learning Resource Centers (FDLRS)** support special education and are funded as part of Exceptional Student Education. They provide technology, training, parental support, and child find services.
- **Other programs** for children at risk of developmental delays and problems that cause difficulty in school, include Healthy Start, Healthy Families Florida, First Start, Teen Parent, Migrant Prekindergarten, and the Even Start family literacy programs.

Florida Kidcare Health Coverage--Florida also provides support to children to enable them to be ready for school through Florida KidCare Program which was created by the Legislature in 1998 to provide medical care coverage for uninsured children. Approximately 36,000 children in subsidized child care in Florida are uninsured. Florida KidCare is an "umbrella" program that combines public and private insurance into a comprehensive health insurance program for children. It combines Medicaid expansions, public/private partnerships, and a wraparound system for children with special health care needs.

Child Care Quality

Teacher Education and Compensation Helps (T.E.A.C.H.) Scholarship Program--The T.E.A.C.H. program is established in Florida to improve the quality of subsidized child care by supporting training and careers for child care professionals. The program provides scholarships for early childhood care givers and center directors to earn an associate, A.S., degree in Child Development and Education, a Child Development Associate (CDA) credential, a CDA equivalency, or an Administrator Credential. The program is administered by the Florida Children's Forum that administers subsidized child care. According to the Children's Forum, more than 1,785 scholarships have been granted, serving participants in 63 counties with funds appropriated from federal sources for the last two years (\$3,000,000 for FY 99-00). The scholarships provide a majority of the cost of tuition and books, a per semester travel stipend, and a bonus to those who complete the program. The T.E.A.C.H. scholarship program is also established in five other states (North Carolina, New York, Illinois, Colorado, and Georgia).

Child Care Enrichment Providers--Many people provide enrichment services, such as story telling, music and art at child care centers as part of the regular program of the centers, whether compensated or as volunteers. Certain providers of services paid for by parents for individual children outside the class room, are not permitted by current licensure standards. Licensure standards require children to be under the supervision of child care staff at all times, with child to adult ratios specified for different age groups. Individual children taken out of a class by a provider for enrichment services must be supervised by staff. For example, a provider who contracts with individual parents for computer training cannot take the child out of the class to use computers unless accompanied by child care staff. Such enrichment providers are not required to be screened under existing statute, so they do not meet current standards and cannot be responsible for the children in their care. If center staff supervises the out of class children, the center's ratio of supervision does not meet standards unless extra staff are hired, which is a significant barrier to providers of such enrichment services.

Child Care Safety

Child Care Transportation

Subsection (10) of s. 402.305, F.S. relating to child care licensing standards, provides for minimum standards for safe transportation of children by child care facilities. The standards provide for child restraints or seat belts in vehicles used to transport children, annual inspections of vehicles, and limitations on the number of children in vehicles. These standards do not address other aspects of transportation safety such as accounting for the children transported. In Alachua County this year, a child died after being left on a van all morning. Good practice by many child care facilities includes required visual check in and check out, and sign off, for each child being transported, that would have prevented this tragedy.

Summer Camps

Many statutory provisions for quality and safety for children in child caring situations do not apply to summer camps. Section 402.305, F.S., defines a "child care facility" as any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether operated for profit. Summer camps having children in full-time residence and summer day camps are specifically excluded from this definition. Thus, child care facility licensing requirements and standards do not apply to summer residential camps and summer day camps.

Subsection (4), paragraph (a) of s. 409.175, F.S. allows the Department of Children and Family Services (DCFS) to adopt rules relating to the screening requirements for summer day camps and summer 24-hour camps. However, DCFS has not adopted rules nor enforced screening for employees and volunteers in summer day camps and summer 24-hour camps. Section 409.1758, F.S., exempts human resource personnel of summer recreation camps, summer day camps, or summer 24-hour camps, other than owners and operators, from being required to be fingerprinted for screening purposes under ch. 409 or ch. 402, F.S.

Subsection (1) of s. 513.02, F.S., requires a permit from the Department of Health (DOH) before a person may establish or maintain a recreational camp. The permit must be renewed annually and is not transferable from one place or person to another. The

department may refuse a permit to, or refuse to renew the permit of, any camp that is not constructed or maintained in accordance with law and with the rules of the department.

Section 514.071, F.S., requires a person working as a swimming instructor or lifeguard at a public swimming pool to be certified by the American Red Cross, the Y.M.C.A., or other nationally recognized aquatic training programs. Swimming instructors must be currently certified in swimming instruction, first aid, and cardiopulmonary resuscitation. Lifeguards must be currently certified in life guarding, first aid, and cardiopulmonary resuscitation. There is no requirement in statute or in rule that a lifeguard be present at all times when campers are involved in water activities in a camp setting or any setting where there is a public pool.

The Department of Health, under the authority of s. 513.05, F.S., has the responsibility to enforce laws and develop rules that pertain to the health and safety of group camps. Chapter 64E-15, F.A.C., provides the framework for these rules. Section 64E-15.001, F.A.C., defines a group camp site as "camp sites open to the public which provide housing for transient occupancy." The definition specifies that occupants of group camp sites are housed in tents or similar housing that provides protection from the elements to transient, overnight campers. The term also includes sites utilized by organizations such as Boy Scouts, Girl Scouts, or church or other nonprofit groups whose memberships are open to the public. The rules under this section address:

- Sites -- Mobile Home, Lodging, and Recreational Vehicle Parks
- Water Supply
- Sewage Disposal
- Sanitary Facilities
- Plumbing
- Garbage and Refuse Disposal
- Insect and Rodent Control
- Recreational Camp Standards
- Permits and Fees
- Owner's and Operator's Responsibility

C. EFFECT OF PROPOSED CHANGES:

The bill addresses the Florida Kidcare Program and several child care issues. For additional information, see the SECTION-BY-SECTION ANALYSIS which follows.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Amends s. 216.136, F.S., relating to the state's revenue estimating process, to require the Social Services Estimating Conference to develop information relating to the Florida Kidcare program. Certain data elements, needed to plan for and project future budgets and the draw down of federal matching funds, are specified. The agencies that administer the program components of the Kidcare program (the Agency for Health Care Administration (AHCA), Department of Health, the Department of Children and Family Services, and the Florida Healthy Kids Corporation) are designated as participants in the Social Services Estimating Conference for purposes of developing information relating to the Florida Kidcare program.

Section 2. Amends s. 409.8132, F.S., relating to the MediKids program component of Kidcare, to delete an inappropriate cross-reference. The bill removes infants up to the age of 1 year from the MediKids program. This revision is necessary to accompany section 9 of

the bill, which makes infants up to the age of 1 year in families with an income between 185 percent and 200 percent of the federal poverty level eligible for the Medicaid program component of Kidcare. In addition, directions relating to open enrollment periods during the first year of implementation of MediKids are deleted since that time period has passed. The bill authorizes AHCA to assign MediKids' applicants to a managed care plan or MediPass provider if the family has not made a voluntary selection of a provider.

Section 3. Amends s. 409.8134, F.S., relating to Kidcare program enrollment, to require the various agencies that administer the Florida Kidcare program components, rather than just AHCA, to collect and analyze the data needed to project Florida Kidcare program enrollment, including outreach impacts, participation rates, caseloads, utilization and expenditures, and to report such data to the Social Services Estimating Conference.

Section 4. Amends s. 409.814, F.S., relating to Kidcare eligibility. Provides for presumptive eligibility for Medicaid eligible children. Specifies that a child who has been deemed presumptively eligible for Medicaid is not to be enrolled in a managed care plan until the child's full eligibility determination for Medicaid has been completed. Specifies that the Florida Healthy Kids Corporation may, subject to compliance with applicable requirements of AHCA and DCFS, be designated as an entity to conduct presumptive eligibility determinations. Expedites enrollment for children who are eligible for non-Medicaid Kidcare program components. Specifies that a completed application for enrollment in the CMS network includes the medical or behavioral health screening. Specifies that, after verification, an individual determined ineligible for coverage must be disenrolled from the respective program component. Children with special health care needs, as determined through a medical or behavioral screening instrument, who are eligible for Kidcare must be referred to the Children's Medical Services Network. Requires an applicant to receive notice of eligibility changes, and requires certain coordination functions relating to transition between program components.

Section 5. Amends s. 409.815(2), F.S., relating to Kidcare benefits, to add dental benefits equivalent to dental services for children under Medicaid, subject to a specific appropriation.

Section 6. Amends s. 409.8177, F.S., relating to Kidcare evaluation, to require AHCA to submit a monthly enrollment report for each program component to the Governor and the Legislature, and to require that the Kidcare annual report include an outreach impact component.

Section 7. Amends s. 409.818, F.S., relating to Kidcare administration, to direct the Department of Children and Family Services, in consultation with AHCA and the Florida Healthy Kids Corporation, to develop a simplified eligibility redetermination process. The Department of Children and Family Services is authorized to accept changes in a family's status as reported to the department by the Florida Healthy Kids Corporation without requiring a new application from the family. Eligibility redetermination for Medicaid may not be linked to a child's eligibility determination for other programs, such as food stamps or cash assistance.

Section 8. Amends s. 409.903, F.S., relating to Medicaid mandatory payments for eligible persons, to provide for presumptive eligibility for Medicaid for children who are mandated by federal law to be covered by the Medicaid program. Specifies that a child who has been deemed presumptively eligible for Medicaid is not to be enrolled in a managed care plan until the child's full eligibility determination for Medicaid has been completed.

Section 9. Amends s. 409.904, F.S., relating to Medicaid optional payments for eligible persons, to provide for presumptive eligibility for Medicaid for children under age 19 who the state has elected to cover (optional eligibles); and to cover infants from birth to 1 year of age in families whose income is above 185 percent of the federal poverty level and at or below 200 percent of the federal poverty under the Medicaid program, with presumptive eligibility;. Specifies that a child who has been deemed presumptively eligible for Medicaid is not to be enrolled in a managed care plan until the child's full eligibility determination for Medicaid has been completed.

Section 10. Amends s. 391.025, F.S., relating to the applicability and scope of CMS services, to delete the requirement that an exemption from the applicability of the Florida Insurance Code not extend to CMS contractors.

Section 11. Specifies that the provisions of this act which would require changes to existing provider contracts of the Florida Healthy Kids Corporation, namely the addition of dental benefits, shall be applied to such contracts upon renewal of the contracts, but not later than July 1, 2002.

Section 12. Directs the Division of State Group Insurance of the Department of Management Services and the Florida Healthy Kids Corporation to study the feasibility of providing a subsidy comparable to the Florida Healthy Kids Corporation subsidy for health insurance coverage through the state employee health insurance program for children of state employees who meet the Kidcare eligibility requirements. A report and recommendations as to how to best provide such a subsidy is to be prepared and submitted to the Governor and legislative leadership by January 1, 2001.

Section 13. Renumbers subsection (9) of s. 402.27, F.S., as subsection (10), and adds a new subsection (9) relating to child care resource and referral, to require that child care resource and referral agencies provide assistance to families in identifying and evaluating summer camp, recreation camp, and day camp programs. Provides for a checklist of important health and safety qualities that parents can use to choose summer camp programs.

Section 14. Amends paragraph (c) of subsection (1) of s. 402.3015, F.S., and adds subsection (10) to said section, relating to the subsidized child care program; purpose; fees; contracts. Allows the Department of Children and Family Services to extend eligibility to children of working families who are currently in the subsidized child care program so they continue to be eligible as their family income rises up to 200 percent of the federal poverty level. This permits families to continue support until they are able to be more self sufficient. Subsection (10) requires the department to consider families eligible to participate in the subsidized child care system to be "needy" families for the purpose of using federal Temporary Assistance for Needy Families (TANF) block grant funds to fund child care, to the extent permitted by appropriation of funds.

Section 15. Creates s. 402.3017, F.S., relating to the already existing and funded Teacher Education and Compensation Helps (T.E.A.C.H) scholarship program, which supports associate degrees and credentials for early childhood care givers and center directors to promote increased wages, commitment, and quality in early childhood. Provides legislative findings and intent. Establishes the program in statute rather than in proviso so that it will not have to be recreated each year. Authorizes the department to contract for administration of the scholarship, and directs the department to adopt rules as necessary to

implement this section. (Program funding will come out of the "school readiness" service category in the Department of Children and Family Services.)

Section 16. Amends subsection (8) of s. 402.302, F.S., relating to the definition of "large family day care homes," to change the age of children related to the caregiver who are counted in the maximum number of children served in large family day care homes from under 12 to under 13, to conform with age requirements in family day care homes in the same section. [Large family day care homes were provided for in 1999. This change conforms to age requirements in the remainder of the section.]

Section 17. Creates s. 402.3028, F.S., relating to referral for assessment. Requires that children in subsidized child care under age three who need Level III developmental assessments be referred to the Early Intervention for Infants and Toddlers with Disabilities program funded under the federal Individuals with Disabilities Education Act, Part C. If such children are age three through five, the bill requires they be referred to the local school system, or Florida Diagnostic Learning Resource Centers (FDLRS). If the programs are not available, centers can refer children to a local community service provider.

Assessments must be completed within 45 days of referral. Services to children with disabilities under this section shall be integrated and delivered with child care programs to the extent possible. Nothing in this section prohibits a subsidized child care program from referring a child to Medicaid or the Florida Kidcare program for eligibility determination, or from making a referral to a child's primary health care provider.

Section 18. Creates s. 402.3054, F.S., relating to child enrichment service providers. Establishes child care enrichment providers as a category of child care service provider that delivers enrichment activities to individual children in a child care setting and are compensated by the child's parent or the facility. Enrichment activities include language training and music instruction provided to specific children outside the regular classroom program. Requires that the enrichment provider have a background screen. The department will not consider these enrichment providers to be volunteers that require supervision.

Section 19. Amends subsection (10) of s. 402.305, F.S., relating to licensing standards specific to transportation safety, to require that minimum standards for transportation safety for child care facilities and large-family child care homes include accountability for children being transported. This provision permits the Department of Children and Family Services to establish such standards in rule.

Section 20. Amends subsection (3) of s. 409.178, F.S., relating to the Child Care Executive Partnership Act, to delete the provision that stipulates that funds from the child care purchasing pool, that consists of funds from employers and other local sources matched with federal block grant funds, may not be used to supplant already existing employer child care benefit programs. [This deletion permits use of employer and local funds matched with federal Child Care and Develop Fund block grant funds to be used to fund existing employer child care benefits so that employer funds can be freed to provide additional benefits such as health or dental coverage.]

Section 21. Provides for a workgroup to make recommendations to improve summer camp health and safety. Requires that, subject to specific appropriation, a workgroup be convened by the child care resource and referral network to develop recommendations for improving the health and safety qualities of summer camp programs without over

regulation. Specifies issues to be addressed. Requires a report of recommendations to the Governor and legislative leadership by January 1, 2001.

Section 22. Provides an effective date of July 1, 2000.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

Kidcare

Fiscal impact estimates of the various components of the bill are as follows:

	<u>State</u>	<u>Federal</u>	<u>Total</u>
Transfer children age 0-1 from MediKids and CMS Network to Medicaid	(\$21,706)	(\$48,314)	(\$70,020)
Presumptive Medicaid eligibility	\$142,315	\$184,996	\$327,311
Addition of dental benefit to Kidcare	\$4,430,121	\$10,128,279	\$14,558,400
TOTAL	\$4,550,730	\$10,264,961	\$14,815,691

Child Care

Section 14. Expanding Eligibility for Subsidized Child Care from 185 percent to 200 percent of the Federal Poverty Level: The Department of Children and Family Services has determined there will be no fiscal impact from the proposed child care eligibility extension from 185 percent to 200 percent of the federal poverty level (FPL) for children already receiving subsidized child care. Families are eligible to receive subsidized child care when their income is under 150 percent of the FPL. Currently they continue to be eligible until their income increases to 185 percent of the FPL. The proposed extension of eligibility to 200 percent of the FPL will allow families to remain eligible longer. The extension will not increase the number of families funded to receive services. Families already receiving subsidized child care will receive it longer. Because families will stay in subsidized child care longer, the waiting list should increase.

Section 13 and Section 21 Relating to Summer Camp Health and Safety: The Department of Children and Family Services has determined that these provisions can be addressed within existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Section 18. Relating to Child Enrichment Service Providers: According to the Department of Children and Family Services, there will be some undetermined impact on providers wishing to contract with individual parents to provide enrichment services in child care centers, from the cost of required background screening by the Florida Department of Law Enforcement. The cost per screen is \$32. The number of providers is unknown.

D. FISCAL COMMENTS:

Not in the bill, but included in the General Appropriations Act for FY 2000-2001 are the following Kidcare related items. Increased funding is sufficient to add 102,000 new children under Kidcare, for a total of 309,482. This represents an increase of \$96 million in the state's obligation to Kidcare. Local match is capped at \$14.4 million, which will save counties \$8.6 million. A study of ways to lower local match is mandated. A cap of \$13.5 million is imposed for state-only funding for those children not eligible for Title XXI funding.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the authority that counties or municipalities have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

N/A

B. RULE-MAKING AUTHORITY:

N/A

C. OTHER COMMENTS:

This bill partially implements the recommendations of an interim project of the House of Representatives' Health Care Services Committee. The reader should see "Review of the Implementation of the Florida Kidcare Act," September 1999, for additional details.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 22, 2000, the Committee on Health Care Services adopted 11 amendments to PCB HCS 00-01, of which 8 were technical. The substantive amendments: added dental coverage as a benefit under Kidcare; deleted reference to a subsidy program for dependents of state employees; and stipulated that no local match funding be required under the Healthy Kids Program, provided replacement funds are included in the General Appropriations Act.

On April 26, 2000, a strike-everything amendment was adopted for HB 1781 by the Health & Human Services Appropriations Committee. The amendment deleted from the bill those provisions that were not specifically included in the budget as approved by the conferees. The amendment: deleted reference to expedited eligibility determination; deleted the medical expense disregard for certain children in the Children's Medical Services Network; eliminated enrollment of nonqualified alien children in Kidcare; deleted 12-month continuous eligibility; modified the language relating to a simplified eligibility redetermination process; deleted reference to expansion of Medicaid for pregnant women from 185% of the federal poverty level (FPL) to 200% FPL; and deleted reference to Kidcare local match "buy-out." In addition, the amendment inserted language directing the Division of State Group Insurance and the Healthy Kids Corporation to study the feasibility of subsidizing health insurance coverage for children of certain state employees. An amendment to the strike-everything amendment clarified those entities with which CMS may contract.

On May 4, 2000, the full House of Representatives took up CS/SB 212 in lieu of HB 1781 as amended. The House adopted a strike-everything amendment which reflected all the above revisions, plus an accelerated Kidcare enrollment provision. An amendment to the amendment reflected the agreed upon language relating to subsidized child care and early intervention services, which was the substance of HB 2173.

On May 5, 2000, the Senate concurred with the House amendments to CS/SB 212.

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VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Staff Director:

Phil E. Williams

Phil E. Williams

FINAL ANALYSIS PREPARED BY THE COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Staff Director:

Phil E. Williams

Phil E. Williams