By the Committee on Health, Aging and Long-Term Care; and Senator Dawson

317-868A-00

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A bill to be entitled An act relating to health care assistance; amending s. 216.136, F.S.; requiring the Social Services Estimating Conference to develop certain information relating to the Florida Kidcare program; amending s. 409.8132, F.S.; revising eligibility requirements for the Medikids program component of the Florida Kidcare program; removing the applicability of the Medicaid third-party liability requirements to the Medikids program; revising enrollment procedures; allowing mandatory assignment; amending s. 409.8134, F.S.; requiring agencies that administer Florida Kidcare components to collect certain information and report to the Social Services Estimating Conference; amending s. 409.814, F.S.; providing for Medicaid-presumptive eligibility; providing for expedited enrollment; revising eligibility for certain children for services under the Children's Medical Services network; allowing premium assistance for certain children ineligible for federal funding; extending the period of continuous eligibility for the Florida Kidcare program; amending s. 409.815, F.S.; providing for dental benefits under the Florida Kidcare program; amending s. 409.8177, F.S.; requiring the Agency for Health Care Administration to submit additional monthly reports to the Governor and Legislature; revising evaluation requirements; amending s.

1 409.818, F.S.; extending the period of 2 continuous eligibility for the Florida Kidcare 3 program; requiring simplified eligibility redetermination; amending s. 409.903, F.S.; 4 5 providing for presumptive eligibility for 6 children eligible for Medicaid; amending s. 409.904, F.S.; revising the eligibility requirements for optional payments for medical 8 9 assistance and related services for certain 10 children; authorizing optional payments for 11 certain pregnant women; providing for presumptive eligibility; requiring the Division 12 13 of State Group Insurance of the Department of Management Services to develop a program to 14 15 subsidize health insurance coverage for children of certain state employees; providing 16 17 applicability of the act to certain contracts; providing an effective date. 18

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

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Section 1. Subsection (6) of section 216.136, Florida Statutes, is amended to read:

24 216.136 Consensus estimating conferences; duties and 25 principals.--

- (6) SOCIAL SERVICES ESTIMATING CONFERENCE. --
- 27 (a) Duties.--
  - The Social Services Estimating Conference shall develop such official 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 shall include, but not be limited to, subsidized child care caseloads mandated by the Family Support Act of 1988.

- 2. In addition, the Social Services Estimating Conference shall develop estimates and forecasts of the unduplicated count of children eligible for subsidized child care as defined in s. 402.3015(1). These estimates and forecasts shall not include children enrolled in the prekindergarten early intervention program established in s. 230.2305.
- 3. The Department of Children and Family Services and the Department of Education shall provide information on caseloads and waiting lists for the subsidized child care and prekindergarten early intervention programs requested by the Social Services Estimating Conference or individual conference principals, in a timely manner.
- 4. The Social Services Estimating Conference shall develop information relating to the Florida Kidcare program, including, but not limited to, enrollment, caseload, utilization, and expenditure information that the conference determines is needed to plan for and project future budgets and the drawdown of federal matching funds. The agencies required to collect and analyze Florida Kidcare program data under s. 409.8134 shall be participants in the Social Services Estimating Conference for purposes of developing information relating to the Florida Kidcare program.
- (b) Principals.--The Executive Office of the Governor, the coordinator of the Office of Economic and Demographic Research, and professional staff, who have forecasting expertise, from the Department of Children and Family

 Services, the Senate, and the House of Representatives, or their designees, are the principals of the Social Services Estimating Conference. The principal representing the Executive Office of the Governor shall preside over sessions of the conference.

Section 2. Subsections (4), (6), (7), and (8) of section 409.8132, Florida Statutes, are amended to read:

409.8132 Medikids program component.--

- (4) APPLICABILITY OF LAWS RELATING TO MEDICAID.--The provisions of ss. 409.902, 409.905, 409.906, 409.907, 409.908, 409.910, 409.912, 409.9121, 409.9122, 409.9123, 409.9124, 409.9127, 409.9128, 409.913, 409.916, 409.919, 409.920, and 409.9205 apply to the administration of the Medikids program component of the Florida Kidcare program, except that s. 409.9122 applies to Medikids as modified by the provisions of subsection (7).
  - (6) ELIGIBILITY.--
- (a) A child who has attained the age of 1 year but who is under the age of 5 years is eligible to enroll in the Medikids program component of the Florida Kidcare program, if the child is a member of a family that has a family income which exceeds the Medicaid applicable income level as specified in s. 409.903, but which is equal to or below 200 percent of the current federal poverty level. In determining the eligibility of such a child, an assets test is not required. A child who is eligible for Medikids may elect to enroll in Florida Healthy Kids coverage or employer-sponsored group coverage. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy

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Kids program and the child's county of residence permits such enrollment.

- (b) The provisions of s. 409.814(3), (4), and (5) shall be applicable to the Medikids program.
- (7) ENROLLMENT.--Enrollment in the Medikids program component may only occur during periodic open enrollment periods as specified by the agency. During the first 12 months of the program, there shall be at least one, but no more than three, open enrollment periods. The initial open enrollment period shall be for 90 days, and subsequent open enrollment periods during the first year of operation of the program shall be for 30 days. After the first year of the program, the agency shall determine the frequency and duration of open enrollment periods. An applicant may apply for enrollment in the Medikids program component and proceed through the eligibility determination process at any time throughout the year. However, enrollment in Medikids shall not begin until the next open enrollment period; and a child may not receive services under the Medikids program until the child is enrolled in a managed care plan or MediPass. In addition, once determined eligible, an applicant may receive choice counseling and select a managed care plan or MediPass. The agency may initiate mandatory assignment for a Medikids applicant who has not chosen a managed care plan or MediPass provider after the applicant's voluntary choice period ends. An applicant may select MediPass under the Medikids program component only in counties that have fewer than two managed care plans available to serve Medicaid recipients and only if the federal Health Care Financing Administration determines that MediPass constitutes "health insurance coverage" as defined in Title XXI of the Social Security Act.

(8) SPECIAL ENROLLMENT PERIODS.--The agency shall establish a special enrollment period of 30 days' duration for any newborn child who is eligible for Medikids, or for any child who is enrolled in Medicaid if such child loses Medicaid eligibility and becomes eligible for Medikids, or for any child who is enrolled in Medikids if such child moves to another county that is not within the coverage area of the child's Medikids managed care plan or MediPass provider.

Section 3. Subsection (3) of section 409.8134, Florida Statutes, is amended to read:

409.8134 Program enrollment and expenditure ceilings.--

program components agency shall collect and analyze the data needed to project Florida Kidcare program enrollment, including participation rates, caseloads, and expenditures. The agencies agency shall report the caseload and expenditure trends to the Social Services Estimating Conference in accordance with chapter 216.

Section 4. Section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.--A child whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. In determining the eligibility of such a child, an assets test is not required. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medicaid component of the Florida Kidcare program is presumed eligible for coverage under Medicaid, subject to federal rules. A child who has been deemed presumptively eligible for Medicaid shall not be enrolled in a

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managed care plan until the child's full eligibility determination for Medicaid has been completed. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medikids, Florida Healthy Kids, or Children's Medical Services network program component and who is screened as ineligible for Medicaid may, prior to the monthly verification of the applicant's enrollment in Medicaid or of eligibility for coverage under the state employee health benefit plan, be enrolled in and begin receiving coverage from the appropriate program component on the first day of the month following the receipt of a completed application. For enrollment in the Children's Medical Services network, a complete application includes the medical or behavioral health screening. If, after verification, an individual is determined to be ineligible for coverage, he or she must be disenrolled from the respective Title-XXI-funded Kidcare program component.

- (1) A child who is eligible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under ss. 409.810-409.820.
- (2) A child who is not eligible for Medicaid, but who is eligible for the Florida Kidcare program, may obtain coverage under any of the other types of health benefits coverage authorized in ss. 409.810-409.820 if such coverage is approved and available in the county in which the child resides. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.

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- (3) A child who is eligible for the Florida Kidcare program who is a child with special health care needs, as determined through a medical or behavioral screening risk-screening instrument, is eligible for health benefits coverage from and must may be referred to the Children's Medical Services network. When calculating income for purposes of determining the financial eligibility of a child with special health care needs, except for a child who is eligible for Medicaid, the department and the Florida Healthy Kids Corporation shall implement an income disregard for medical or behavioral costs of the child.
- (4) The following children are not eligible to receive premium assistance for health benefits coverage under ss. 409.810-409.820, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:
- (a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state. +
- (b) A child who is covered under a group health benefit plan or under other health insurance coverage, excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91.
- (c) A child who is seeking premium assistance for employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 6 months prior to the family's submitting an application for determination of eligibility under the Florida Kidcare program. +
- (d) A child who is an alien, but who does not meet the 31 definition of qualified alien, in the United States. However,

such child may be enrolled, based on age and family income, in
the appropriate Florida Kidcare program, and premium
assistance must be provided only by state funds, subject to an
annual appropriation for this specific purpose.; or

- (e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.
- Medical Services network who qualify under an income disregard, a child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida Kidcare program, excluding the Medicaid program, but is subject to the following provisions:
- (a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.
- (b) The agency is authorized to place limits on enrollment in Medikids by these children in order to avoid adverse selection. The number of children participating in Medikids whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Medikids program.
- (c) The board of directors of the Florida Healthy Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In addition, the board is authorized to offer a reduced benefit package to these children in order to limit program costs for such families. The number of children participating in the Florida Healthy Kids program whose family income exceeds 200 percent of the federal poverty level must not exceed 10

percent of total enrollees in the Florida Healthy Kids program.

- (d) Children described in this subsection are not counted in the annual enrollment ceiling for the Florida Kidcare program.
- (6) Once a child is <u>enrolled in</u> determined eligible for the Florida Kidcare program, the child is eligible for coverage under the program for 12 6 months without a redetermination or reverification of eligibility, if the family continues to pay the applicable premium. Effective January 1, 1999, a child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

Section 5. Paragraph (v) is added to subsection (2) of section 409.815, Florida Statutes, to read:

409.815 Health benefits coverage; limitations.--

- (2) BENCHMARK BENEFITS.--In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.
- (v) Dental services.--Dental services must include those services specified in s. 409.906(6).

Section 6. Section 409.8177, Florida Statutes, is amended to read:

409.8177 Program evaluation.--The agency, in consultation with the Department of Health, the Department of Children and Family Services, and the Florida Healthy Kids Corporation, shall:

31 program.

1 (1) Monthly submit to the Governor and the Legislature 2 a report of enrollment for each program component of the 3 Florida Kidcare program. 4 (2) By January 1 of each year, submit to the Governor 5 and the Legislature a report of the Florida Kidcare program. 6 In addition to the items specified under s. 2108 of Title XXI 7 of the Social Security Act, the report shall include an assessment of crowd-out and access to health care, as well as 8 the following: 9 10 (a)(1) An assessment of the operation of the program, 11 including the progress made in reducing the number of uncovered low-income children. 12 13 (b) (2) An assessment of the effectiveness in 14 increasing the number of children with creditable health 15 coverage, including an assessment of the impact of outreach. (c) The characteristics of the children and 16 17 families assisted under the program, including ages of the children, family income, and access to or coverage by other 18 19 health insurance prior to the program and after disenrollment 20 from the program. (d) (4) The quality of health coverage provided, 21 22 including the types of benefits provided. (e) (5) The amount and level, including payment of part 23 24 or all of any premium, of assistance provided. 25 (f) The average length of coverage of a child under 26 the program. 27 (g) The program's choice of health benefits 28 coverage and other methods used for providing child health 29 assistance.

(h) The sources of nonfederal funding used in the

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(i)<del>(9)</del> An assessment of the effectiveness of Medikids, Children's Medical Services network, and other public and private programs in the state in increasing the availability of affordable quality health insurance and health care for children.

(j)(10) A review and assessment of state activities to coordinate the program with other public and private programs.

(k) (11) An analysis of changes and trends in the state that affect the provision of health insurance and health care to children.

(1)<del>(12)</del> A description of any plans the state has for improving the availability of health insurance and health care for children.

 $(m)\frac{(13)}{(13)}$  Recommendations for improving the program.

 $(n)\frac{(14)}{(14)}$  Other studies as necessary.

Section 7. Subsection (1) of section 409.818, Florida Statutes, is amended to read:

409.818 Administration. -- In order to implement ss. 409.810-409.820, the following agencies shall have the following duties:

- The Department of Children and Family Services shall:
- (a) Develop a simplified eligibility application mail-in form to be used for determining the eligibility of children for coverage under the Florida Kidcare program, in consultation with the agency, the Department of Health, and the Florida Healthy Kids Corporation. The simplified eligibility application form must include an item that provides an opportunity for the applicant to indicate whether coverage is being sought for a child with special health care 31 needs. Families applying for children's Medicaid coverage must

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also be able to use the simplified application form without having to pay a premium.

(b) Establish and maintain the eligibility determination process under the program except as specified in subsection (5). The department shall directly, or through the services of a contracted third-party administrator, establish and maintain a process for determining eligibility of children for coverage under the program. The eligibility determination process must be used solely for determining eligibility of applicants for health benefits coverage under the program. The eligibility determination process must include an initial determination of eligibility for any coverage offered under the program, as well as a redetermination or reverification of eligibility each subsequent 12 6 months. Effective January 1, 1999, a child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility. In conducting an eligibility determination, the department shall determine if the child has special health care needs. The department, in consultation with the Agency for Health Care Administration and the Florida Healthy Kids Corporation, shall develop procedures for redetermining eligibility which enable a family to easily update any change in circumstances which could affect eligibility without requiring the family to submit a new application. Redetermination of a child's eligibility for Medicaid may not be linked to a child's eligibility determination for other programs.

(c) Inform program applicants about eligibility determinations and provide information about eligibility of applicants to Medicaid, Medikids, the Children's Medical

Services network, and the Florida Healthy Kids Corporation, and to insurers and their agents, through a centralized coordinating office.

(d) Adopt rules necessary for conducting program eligibility functions.

Section 8. Subsections (6) and (7) of section 409.903, Florida Statutes, are amended to read:

409.903 Mandatory payments for eligible persons.—The agency shall make payments for medical assistance and related services on behalf of the following persons who the agency determines to be eligible, subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

- (6) A child born after September 30, 1983, living in a family that has an income which is at or below 100 percent of the current federal poverty level, who has attained the age of 6, but has not attained the age of 19. In determining the eligibility of such a child, an assets test is not required. A child who is eligible for Medicaid under this subsection must be offered the opportunity, subject to federal rules, to be made presumptively eligible. A child who has been deemed presumptively eligible for Medicaid shall not be enrolled in a managed care plan until the child's full eligibility determination for Medicaid has been completed.
- (7) A child living in a family that has an income which is at or below 133 percent of the current federal poverty level, who has attained the age of 1, but has not attained the age of 6. In determining the eligibility of such a child, an assets test is not required. A child who is

eligible for Medicaid under this subsection must be offered
the opportunity, subject to federal rules, to be made
presumptively eligible. A child who has been deemed
presumptively eligible for Medicaid shall not be enrolled in a
managed care plan until the child's full eligibility
determination for Medicaid has been completed.

Section 9. Subsections (6) and (7) of section 409.904, Florida Statutes, are amended, and subsections (8) and (9) are added to that section, to read:

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

- (6) A child born before October 1, 1983, living in a family that has an income which is at or below 100 percent of the current federal poverty level, who has attained the age of 6, but has not attained the age of 19, and who would be eligible in s. 409.903(6), if the child had been born on or after such date. In determining the eligibility of such a child, an assets test is not required. A child who is eligible for Medicaid under this subsection must be offered the opportunity, subject to federal rules, to be made presumptively eligible.
- (7) A child who has not attained the age of 19 who has been determined eligible for the Medicaid program is deemed to be eligible for a total of  $\underline{12}$  6 months, regardless of changes in circumstances other than attainment of the maximum age.

Effective January 1, 1999, a child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is deemed to be eligible for a total of 12 months regardless of changes in circumstances other than attainment of the maximum age.

- (8) A child under 1 year of age who lives in a family that has an income above 185 percent of the most recently published federal poverty level, but which is at or below 200 percent of such poverty level. In determining the eligibility of such child, an assets test is not required. A child who is eligible for Medicaid under this subsection must be offered the opportunity, subject to federal rules, to be made presumptively eligible.
- (9) A pregnant woman for the duration of her pregnancy and for the postpartum period, as defined in federal law and rule, who lives in a family that has an income above 185 percent of the current federal poverty level, but which is at or below 200 percent of the most current federal poverty level. A pregnant woman who applies for eligibility for the Medicaid program through a qualified Medicaid provider must be offered the opportunity, subject to federal rules, to be made presumptively eligible for the Medicaid program.

Section 10. The Division of State Group Insurance of the Department of Management Services shall develop a program to subsidize health insurance coverage for children of state employees if funds are made available for this purpose in the General Appropriations Act. Premium subsidies must be available only to state employees who have children under 19 years of age and whose family income is equal to or below 200 percent of the federal poverty level. The amount of the subsidy is to be determined by subtracting from the cost of

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       the employee family premium the cost for the individual state
       employee and the amount of the premium paid by Title
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       XXI-subsidized families in the Florida Kidcare program.
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       Eligibility for subsidized health insurance coverage for
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       children of state employees must be determined, to the extent
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       possible, using procedures and forms of the Florida Kidcare
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       program.
                                            The provisions of this act which would
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                    Section 11.
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       require changes to contracts in existence on June 30, 2000,
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       between the Florida Healthy Kids Corporation and its
       contracted providers shall be applied to such contracts upon
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       renewal of the contracts, but no later than July 1, 2002.
                    Section 12. This act shall take effect upon becoming a
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       law.
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                      STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
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                                                  Senate Bill 212
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      The Committee Substitute removes the applicability of the Medicaid third party liability requirements to the Medikids program; allows mandatory assignment of Medikids applicants who do not make a voluntary choice of providers; requires that presumptively eligible children not be enrolled in managed care plans until the child's full eligibility for Medicaid has been completed; deletes the creation of a separate Kidcare dental program and adds dental services to the benchmark benefits for Kidcare; adds a requirement that the Kidcare annual report assess the impact of outreach; and allows the Healthy Kids Corporation to apply the provisions of the bill which require changes to provider contracts to those contracts as they are renewed, but no later than July 1, 2002.
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