Amendment No. ____ (for drafter's use only)

CHAMBER ACTION	
	Senate • House
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5	ORIGINAL STAMP BELOW
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10 11	Representative(s) Joyner and Gannon offered the following:
12	Representative(s) boyner and Gamion Offered the following.
13	Amendment (with title amendment)
14	On page 8, line 19 through page 16, line 20,
15	remove from the bill: all of said lines
16	
17	and insert in lieu thereof:
18	Section 5. Subsection (16) of Section 409.906, Florida
19	Statutes, is amended, and subsection (25) is added to said
20	subsection, to read:
21	409.906 Optional Medicaid servicesSubject to
22	specific appropriations, the agency may make payments for
23	services which are optional to the state under Title XIX of
24	the Social Security Act and are furnished by Medicaid
25	providers to recipients who are determined to be eligible on
26	the dates on which the services were provided. Any optional
27	service that is provided shall be provided only when medically
28	necessary and in accordance with state and federal law.
29	Nothing in this section shall be construed to prevent or limit
30	the agency from adjusting fees, reimbursement rates, lengths
31	of stay, number of visits, or number of services, or making

any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

- (16) INTERMEDIATE CARE SERVICES.—The agency may pay for 24-hour—a-day intermediate care nursing and rehabilitation services rendered to a recipient in a nursing facility licensed under part II of chapter 400, if the services are ordered by and provided under the direction of a physician, meet nursing home level of care criteria as determined by the Comprehensive Assessment and Review Long—Term Care (CARE)

 Program of the Department of Elderly Affairs, and do not meet the definition of "general care" as used in the Medicaid budget estimating process.
- (25) ASSISTIVE CARE SERVICES.--The agency may pay for assistive care services provided to recipients with functional or cognitive impairments residing in assisted living facilities, adult family-care homes, or residential treatment facilities with 16 or fewer beds. These services may include health support, assistance with the activities of daily living and the instrumental acts of daily living, assistance with medication administration, and arrangements for health care.

Bill No. HB 1753, 1st Eng.

Amendment No. ____ (for drafter's use only)

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======= T I T L E A M E N D M E N T =========
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    And the title is amended as follows:
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           On page 1, lines 18-21,
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    remove from the title of the bill: all of said lines
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    and insert in lieu thereof:
           amending s. 409.906, F.S.; providing additional
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