

By the Committee on Appropriations; and Senator Silver

309-2072-02

1 A bill to be entitled
2 An act relating to access to health and human
3 services; creating s. 408.911, F.S.; providing
4 a short title; creating s. 408.912, F.S.;
5 providing legislative findings and intent with
6 respect to access to state-funded health
7 services; creating s. 408.913, F.S.; requiring
8 the Agency for Health Care Administration to
9 establish as a pilot project a comprehensive
10 health and human services eligibility access
11 system; establishing requirements for each
12 component of the system; creating s. 408.914,
13 F.S.; requiring the Agency for Health Care
14 Administration to phase in implementation of
15 the comprehensive health and human services
16 eligibility access system; specifying
17 timeframes for each implementation phase;
18 requiring that the agency submit a plan for
19 statewide implementation to the Governor and
20 Legislature; creating s. 408.915, F.S.;
21 requiring the Agency for Health Care
22 Administration to develop and implement a pilot
23 project to integrate eligibility determination
24 and information and referral services;
25 establishing requirements for the pilot
26 project; establishing requirements for
27 information and referral; specifying the scope
28 of the project; authorizing the agency to
29 request federal waivers; creating s. 408.916,
30 F.S.; establishing the Health Care Access
31 Steering Committee; providing for membership of

1 the steering committee; providing duties;
2 establishing an expiration date for the
3 steering committee; creating s. 408.917, F.S.;
4 requiring an evaluation of the pilot project;
5 requiring a report to the Governor and
6 Legislature; specifying issues to be addressed
7 in the report; creating s. 408.918, F.S.;
8 authorizing the planning, development, and
9 implementation of the Florida 211 Network;
10 providing objectives for the Florida 211
11 Network; requiring the Agency for Health Care
12 Administration to establish criteria for
13 certification of information and referral
14 entities to participate in the Florida 211
15 Network; providing for revocation of 211
16 numbers from uncertified information and
17 referral entities; providing for assistance in
18 resolving disputes from the Public Service
19 Commission and the Federal Communications
20 Commission; amending s. 409.912, F.S.;
21 authorizing the Agency for Health Care
22 Administration to contract with an entity
23 providing prepaid or fixed-sum health care and
24 social services to elderly recipients; amending
25 s. 430.205, F.S.; requiring the Department of
26 Elderly Affairs and the Agency for Health Care
27 Administration to develop a managed, integrated
28 long-term-care delivery system under a single
29 entity; providing for a pilot project;
30 specifying requirements of the pilot project;
31 specifying requirements for payment rates and

1 risk-sharing agreements; authorizing the
2 Department of Elderly Affairs and the Agency
3 for Health Care Administration to seek federal
4 waivers to implement the pilot; specifying
5 requirements for the Department of Children and
6 Family Services and the Department of Elderly
7 Affairs concerning eligibility determination
8 and nursing home preadmission screening;
9 requiring an evaluation of the pilot project;
10 requiring a report to the Governor and
11 Legislature; specifying issues to be addressed
12 in this report; creating s. 430.041, F.S.;
13 establishing the Office of Long-Term-Care
14 Policy within the Department of Elderly
15 Affairs; requiring the office to make
16 recommendations for coordinating the services
17 provided by state agencies; providing for the
18 appointment of an advisory board to the Office
19 of Long-Term-Care Policy; specifying membership
20 in the advisory board; providing for
21 reimbursement of per diem and travel expenses
22 for members of the advisory board; requiring
23 that the office submit an annual report to the
24 Governor and Legislature; requiring assistance
25 to the office by state agencies and
26 universities; providing an effective date.

27
28 Be It Enacted by the Legislature of the State of Florida:

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30 Section 1. Section 408.911, Florida Statutes, is
31 created to read:

1 408.911 Short title.--Sections 408.911-408.918 may be
2 cited as the "Florida Health and Human Services Access Act."

3 Section 2. Section 408.912, Florida Statutes, is
4 created to read:

5 408.912 Legislative findings and intent.--

6 (1) The Legislature finds that:

7 (a) Procedures for accessing state-funded health and
8 human services are fragmented, which can result in redundant,
9 incomplete, and inefficient service delivery;

10 (b) The process for determining eligibility for
11 state-funded health and human services is unnecessarily
12 cumbersome and complex, often requiring repeated visits to an
13 eligibility office to resolve questions regarding family
14 circumstances;

15 (c) Individuals and families who are eligible for
16 multiple state programs are confronted with multiple,
17 uncoordinated case managers and care plans;

18 (d) Information and referral entities provide a vital
19 service that informs, guides, directs, and links people to
20 appropriate local health and human services resources and
21 services;

22 (e) There is no comprehensive, statewide health and
23 human services information and referral system in this state
24 and no way for a person to easily determine the availability
25 of health and human services needed by an individual or
26 family, or the status of the eligibility of an individual or
27 family for such services;

28 (f) There are no consistent, statewide standards,
29 training, or criteria for technical support regarding
30 information on and referral for health and human services;
31 there are no consistent standards, criteria, or statutory

1 framework to guide appropriate sharing of information; and
2 there is duplicative management and funding of information and
3 referral systems and processes; and

4 (g) There is a demonstrated need for an
5 easy-to-remember, easy-to-use dialing code that will enable
6 persons in need, perhaps even critically so, to be directed to
7 available community resources, and that the use of a single
8 dialing code, serving as a primary point of contact, will
9 simplify access to the services and resources of both the
10 government and the nonprofit community.

11 (2) It is, therefore, the intent of the Legislature to
12 establish a pilot project to demonstrate the feasibility of
13 combining the easy access to information provided by a
14 comprehensive information and referral service with a
15 streamlined and simplified approach to determining eligibility
16 for state-funded health care and, if feasible, other human
17 services. It is the intent of the Legislature that the state
18 agencies that provide health and human services develop
19 coordinated care management for individuals and families with
20 multiple needs. It is the intent of the Legislature that a
21 comprehensive information and referral system for health and
22 human services be developed in the state. It is further the
23 intent of the Legislature to establish a governing body to
24 guide the implementation of the pilot project and make
25 recommendations to the Legislature for expanding the pilot
26 project to other areas of the state.

27 Section 3. Section 408.913, Florida Statutes, is
28 created to read:

29 408.913 Comprehensive Health and Human Services
30 Eligibility Access System.--

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1 (1) The Agency for Health Care Administration shall
2 develop a comprehensive, automated system for access to health
3 care services. This system shall, to the greatest extent
4 possible, use the capacity of existing automated systems so as
5 to maximize the benefit of investments already made in
6 information technology and minimize additional costs.

7 (2) The benefit-eligibility component of the system
8 shall include simplified access through coordination with
9 information and referral telephone systems. This does not
10 preclude use of other methods of application, including
11 mail-in applications, office visits, or on-line applications
12 via the Internet. The eligibility component of the system
13 shall include:

14 (a) Improved access to eligibility-status information.

15 (b) Development and sharing of information with
16 eligible individuals and families regarding choices available
17 to them for using health care services.

18 (3) The state agencies providing the medical,
19 clinical, and related health care support services for special
20 populations, including frail elders, adults with disabilities,
21 and children with special needs shall develop systems for
22 these populations which integrate and coordinate care and
23 improved communication. These systems must include development
24 of standard protocols for care planning and assessment, a
25 focus on family involvement, and methods to communicate across
26 systems, including automated methods, in order to improve
27 integration and coordination of services.

28 Section 4. Section 408.914, Florida Statutes, is
29 created to read:

30 408.914 Phased implementation plan.--The Agency for
31 Health Care Administration, in consultation with the Health

1 Care Access Steering Committee created in s. 408.916, shall
2 phase in the implementation of the Comprehensive Health and
3 Human Services Eligibility Access System.

4 (1) The first phase of implementation shall be a pilot
5 project in one or more contiguous counties to demonstrate the
6 feasibility of integrating eligibility determination for
7 health care services with information and referral services.

8 (2) Upon demonstration of the feasibility of the first
9 phase of implementation, and subject to appropriation of any
10 necessary resources, the steering committee shall develop a
11 detailed implementation plan for the care-management component
12 of the system. The implementation plan must include the
13 steering committee's recommendation of one or more state
14 agencies that should be designated to implement the
15 care-management component of the system.

16 (3) Options for further implementation of the system
17 may include a phased implementation of the eligibility
18 component in additional sites before implementing the
19 remaining components of the system or may include
20 implementation of the care management and service system
21 components along with the eligibility components.

22 (4) The Agency for Health Care Administration, in
23 consultation with the steering committee, shall complete
24 analysis of the initial pilot project by November 1, 2003, and
25 by January 1, 2004, shall submit a plan to the Governor, the
26 President of the Senate, and the Speaker of the House of
27 Representatives for statewide implementation of all components
28 of the system, if warranted. This plan must also include
29 recommendations for incorporating additional public assistance
30 and human services programs into the Comprehensive Health and
31 Human Services Eligibility Access System.

1 Section 5. Section 408.915, Florida Statutes, is
2 created to read:

3 408.915 Eligibility pilot project.--The Agency for
4 Health Care Administration, in consultation with the steering
5 committee established in s. 408.916, shall develop and
6 implement a pilot project to integrate the determination of
7 eligibility for health care services with information and
8 referral services.

9 (1) The pilot project shall operate in one or more
10 contiguous counties, as selected by the agency in consultation
11 with the steering committee.

12 (2) The pilot project shall focus on developing, to
13 the maximum extent possible, a process for eligibility
14 application which:

15 (a) Uses a single uniform electronic application
16 process, but permits applying for health services through
17 various entry points, including information and referral
18 providers, state agency program personnel or contracted
19 providers, the mail, or the Internet;

20 (b) Is linked to a shared database that will have the
21 capability to sort or store information by families as well as
22 individuals;

23 (c) Permits electronic input and storage of data and
24 electronic verification and exchange of information;

25 (d) Is compliant with the federal Health Insurance
26 Portability and Accountability Act, as well as all other
27 applicable state and federal confidentiality requirements; and

28 (e) Includes an initial screening component for
29 referring applicants to other health and human services
30 programs provided through state agencies, including programs
31 addressing developmental delays, developmental disabilities,

1 chronic physical illness, mental health needs, substance abuse
2 needs, elder and aging needs, and other health care needs.

3 (3) The information and referral provider in the site
4 selected as the pilot project shall, at a minimum:

5 (a) Execute a memorandum of understanding with the
6 local community volunteer placement centers;

7 (b) Implement, or be in the process of implementing, a
8 shared, web-based, information and eligibility database with
9 community health providers and funders;

10 (c) Provide comprehensive information and referral
11 services 24 hours per day, 7 days per week;

12 (d) Agree, in writing, to become accredited within 3
13 years by a nationally recognized information and referral
14 accrediting agency;

15 (e) Execute a memorandum of understanding with 911 and
16 other emergency response agencies in the pilot area;

17 (f) Implement policies and structured training to
18 effectively respond to crisis calls or obtain accreditation by
19 a nationally recognized mental health or crisis accrediting
20 agency;

21 (g) Obtain teletypewriter and multi-language
22 accessibility, either on-site or through a translation
23 service;

24 (h) Develop resources to support and publicize
25 information and referral services and provide ongoing
26 education to the public on the availability of such services;
27 and

28 (i) Provide periodic reports to the Governor, the
29 President of the Senate, and the Speaker of the House of
30 Representatives on the use of the information and referral
31

1 system and on measures that demonstrate the effectiveness and
2 efficiency of the information and referral services provided.

3 (4) The pilot project shall include eligibility
4 determinations for the following programs:

5 (a) Medicaid under Title XIX of the Social Security
6 Act.

7 (b) Medikids as created in s. 409.8132.

8 (c) Florida Healthy Kids as described in s. 624.91 and
9 within eligibility guidelines provided in s. 409.814.

10 (d) Eligibility for Florida Kidcare services outside
11 of the scope of Title XIX or Title XXI of the Social Security
12 Act as provided in s. 409.814.

13 (e) State and local publicly funded health and social
14 services programs as determined appropriate by the steering
15 committee.

16 (5) If the Secretary of Health Care Administration, in
17 consultation with the steering committee established in s.
18 408.916, determines that it would facilitate operation of the
19 pilot project to obtain federal waiver authority, the
20 appropriate state agency shall request such waiver authority
21 from the appropriate federal agency.

22 Section 6. Section 408.916, Florida Statutes, is
23 created to read:

24 408.916 Steering committee.--In order to guide the
25 implementation of the pilot project, there is created a Health
26 Care Access Steering Committee.

27 (1) The steering committee shall be composed of the
28 following members:

29 (a) The Secretary of Health Care Administration.

30 (b) The Secretary of Children and Family Services.

31 (c) The Secretary of Elderly Affairs.

- 1 (d) The Secretary of Health.
- 2 (e) A representative of the Florida Alliance of
3 Information and Referral Services.
- 4 (2) The steering committee may designate additional ad
5 hoc members or technical advisors as the committee finds is
6 appropriate.
- 7 (3) The Secretary of Health Care Administration shall
8 be the chairperson of the steering committee.
- 9 (4) The steering committee shall provide oversight to
10 the ongoing implementation of the pilot project, provide
11 consultation and guidance on matters of policy, and provide
12 oversight to the evaluation of the pilot project.
- 13 (5) The steering committee shall complete its
14 activities by June 30, 2004, and the authorization for the
15 steering committee ends on that date.
- 16 Section 7. Section 408.917, Florida Statutes, is
17 created to read:
- 18 408.917 Evaluation of the pilot project.--The Agency
19 for Health Care Administration, in consultation with the
20 steering committee, shall conduct or contract for an
21 evaluation of the pilot project under the guidance and
22 oversight of the steering committee. The agency shall ensure
23 that the evaluation is submitted to the Governor and
24 Legislature by January 1, 2004. The evaluation report must
25 address at least the following questions:
- 26 (1) What has been the impact of the pilot project on
27 improving access to the process of determining eligibility?
- 28 (2) Based on the experience of the pilot project, what
29 is the projected cost of statewide implementation?
- 30
- 31

1 (3) What has been the impact of the pilot project on
2 the caseload trends in publicly funded programs and what is
3 the projected impact of statewide implementation?

4 (4) How has the implementation of the pilot project
5 affected customer satisfaction with access to eligibility
6 determination for state-funded health services?

7 (5) Does the experience of the pilot project support
8 continued expansion of the concept?

9 (6) What changes or modifications to the concepts of
10 the pilot project are recommended for future sites?

11 Section 8. Section 408.918, Florida Statutes, is
12 created to read:

13 408.918 Florida 211 Network; uniform certification
14 requirements.--

15 (1) The Legislature authorizes the planning,
16 development, and, subject to appropriations, the
17 implementation of a statewide Florida 211 Network, which shall
18 serve as the single point of coordination for information and
19 referral for health and human services. The objectives for
20 establishing the Florida 211 Network shall be to:

21 (a) Provide comprehensive and cost-effective access to
22 health and human services information.

23 (b) Improve access to accurate information by
24 simplifying and enhancing state and local health and human
25 services information and referral systems and by fostering
26 collaboration among information and referral systems.

27 (c) Electronically connect local information and
28 referral systems to each other, to service providers, and to
29 consumers of information and referral services.

30
31

1 (d) Establish and promote standards for data
2 collection and for distributing information among state and
3 local organizations.

4 (e) Promote the use of a common dialing access code
5 and the visibility and public awareness of the availability of
6 information and referral services.

7 (f) Provide a management and administrative structure
8 to support the Florida 211 Network and establish technical
9 assistance, training, and support programs for information and
10 referral-service programs.

11 (g) Test methods for integrating information and
12 referral services with local and state health and human
13 services programs and for consolidating and streamlining
14 eligibility and case-management processes.

15 (h) Provide access to standardized, comprehensive data
16 to assist in identifying gaps and needs in health and human
17 services programs.

18 (i) Provide a unified systems plan with a developed
19 platform, taxonomy, and standards for data management and
20 access.

21 (2) In order to participate in the Florida 211
22 Network, a provider of information and referral services must
23 be certified by the Agency for Health Care Administration. The
24 agency shall develop criteria for certification, as
25 recommended by the Florida Alliance of Information and
26 Referral Services, and shall adopt the criteria as
27 administrative rules.

28 (a) If any provider of information and referral
29 services or other entity leases a 211 number from a local
30 exchange company and is not certified by the agency, the
31 agency shall, after consultation with the local exchange

1 company and the Public Service Commission, request that the
2 Federal Communications Commission direct the local exchange
3 company to revoke the use of the 211 number.

4 (b) The agency shall seek the assistance and guidance
5 of the Public Service Commission and the Federal
6 Communications Commission in resolving any disputes arising
7 over jurisdiction related to 211 numbers.

8 Section 9. Subsection (3) of section 409.912, Florida
9 Statutes, is amended to read:

10 409.912 Cost-effective purchasing of health care.--The
11 agency shall purchase goods and services for Medicaid
12 recipients in the most cost-effective manner consistent with
13 the delivery of quality medical care. The agency shall
14 maximize the use of prepaid per capita and prepaid aggregate
15 fixed-sum basis services when appropriate and other
16 alternative service delivery and reimbursement methodologies,
17 including competitive bidding pursuant to s. 287.057, designed
18 to facilitate the cost-effective purchase of a case-managed
19 continuum of care. The agency shall also require providers to
20 minimize the exposure of recipients to the need for acute
21 inpatient, custodial, and other institutional care and the
22 inappropriate or unnecessary use of high-cost services. The
23 agency may establish prior authorization requirements for
24 certain populations of Medicaid beneficiaries, certain drug
25 classes, or particular drugs to prevent fraud, abuse, overuse,
26 and possible dangerous drug interactions. The Pharmaceutical
27 and Therapeutics Committee shall make recommendations to the
28 agency on drugs for which prior authorization is required. The
29 agency shall inform the Pharmaceutical and Therapeutics
30 Committee of its decisions regarding drugs subject to prior
31 authorization.

1 (3) The agency may contract with:

2 (a) An entity that provides no prepaid health care
3 services other than Medicaid services under contract with the
4 agency and which is owned and operated by a county, county
5 health department, or county-owned and operated hospital to
6 provide health care services on a prepaid or fixed-sum basis
7 to recipients, which entity may provide such prepaid services
8 either directly or through arrangements with other providers.
9 Such prepaid health care services entities must be licensed
10 under parts I and III by January 1, 1998, and until then are
11 exempt from the provisions of part I of chapter 641. An entity
12 recognized under this paragraph which demonstrates to the
13 satisfaction of the Department of Insurance that it is backed
14 by the full faith and credit of the county in which it is
15 located may be exempted from s. 641.225.

16 (b) An entity that is providing comprehensive
17 behavioral health care services to certain Medicaid recipients
18 through a capitated, prepaid arrangement pursuant to the
19 federal waiver provided for by s. 409.905(5). Such an entity
20 must be licensed under chapter 624, chapter 636, or chapter
21 641 and must possess the clinical systems and operational
22 competence to manage risk and provide comprehensive behavioral
23 health care to Medicaid recipients. As used in this paragraph,
24 the term "comprehensive behavioral health care services" means
25 covered mental health and substance abuse treatment services
26 that are available to Medicaid recipients. The secretary of
27 the Department of Children and Family Services shall approve
28 provisions of procurements related to children in the
29 department's care or custody prior to enrolling such children
30 in a prepaid behavioral health plan. Any contract awarded
31 under this paragraph must be competitively procured. In

1 developing the behavioral health care prepaid plan procurement
2 document, the agency shall ensure that the procurement
3 document requires the contractor to develop and implement a
4 plan to ensure compliance with s. 394.4574 related to services
5 provided to residents of licensed assisted living facilities
6 that hold a limited mental health license. The agency must
7 ensure that Medicaid recipients have available the choice of
8 at least two managed care plans for their behavioral health
9 care services. The agency may reimburse for
10 substance-abuse-treatment services on a fee-for-service basis
11 until the agency finds that adequate funds are available for
12 capitated, prepaid arrangements.

13 1. By January 1, 2001, the agency shall modify the
14 contracts with the entities providing comprehensive inpatient
15 and outpatient mental health care services to Medicaid
16 recipients in Hillsborough, Highlands, Hardee, Manatee, and
17 Polk Counties, to include substance-abuse-treatment services.

18 2. By December 31, 2001, the agency shall contract
19 with entities providing comprehensive behavioral health care
20 services to Medicaid recipients through capitated, prepaid
21 arrangements in Charlotte, Collier, DeSoto, Escambia, Glades,
22 Hendry, Lee, Okaloosa, Pasco, Pinellas, Santa Rosa, Sarasota,
23 and Walton Counties. The agency may contract with entities
24 providing comprehensive behavioral health care services to
25 Medicaid recipients through capitated, prepaid arrangements in
26 Alachua County. The agency may determine if Sarasota County
27 shall be included as a separate catchment area or included in
28 any other agency geographic area.

29 3. Children residing in a Department of Juvenile
30 Justice residential program approved as a Medicaid behavioral
31 health overlay services provider shall not be included in a

1 behavioral health care prepaid health plan pursuant to this
2 paragraph.

3 4. In converting to a prepaid system of delivery, the
4 agency shall in its procurement document require an entity
5 providing comprehensive behavioral health care services to
6 prevent the displacement of indigent care patients by
7 enrollees in the Medicaid prepaid health plan providing
8 behavioral health care services from facilities receiving
9 state funding to provide indigent behavioral health care, to
10 facilities licensed under chapter 395 which do not receive
11 state funding for indigent behavioral health care, or
12 reimburse the unsubsidized facility for the cost of behavioral
13 health care provided to the displaced indigent care patient.

14 5. Traditional community mental health providers under
15 contract with the Department of Children and Family Services
16 pursuant to part IV of chapter 394 and inpatient mental health
17 providers licensed pursuant to chapter 395 must be offered an
18 opportunity to accept or decline a contract to participate in
19 any provider network for prepaid behavioral health services.

20 (c) A federally qualified health center or an entity
21 owned by one or more federally qualified health centers or an
22 entity owned by other migrant and community health centers
23 receiving non-Medicaid financial support from the Federal
24 Government to provide health care services on a prepaid or
25 fixed-sum basis to recipients. Such prepaid health care
26 services entity must be licensed under parts I and III of
27 chapter 641, but shall be prohibited from serving Medicaid
28 recipients on a prepaid basis, until such licensure has been
29 obtained. However, such an entity is exempt from s. 641.225
30 if the entity meets the requirements specified in subsections
31 (14) and (15).

1 (d) No more than four provider service networks for
2 demonstration projects to test Medicaid direct contracting.
3 The demonstration projects may be reimbursed on a
4 fee-for-service or prepaid basis. A provider service network
5 which is reimbursed by the agency on a prepaid basis shall be
6 exempt from parts I and III of chapter 641, but must meet
7 appropriate financial reserve, quality assurance, and patient
8 rights requirements as established by the agency. The agency
9 shall award contracts on a competitive bid basis and shall
10 select bidders based upon price and quality of care. Medicaid
11 recipients assigned to a demonstration project shall be chosen
12 equally from those who would otherwise have been assigned to
13 prepaid plans and MediPass. The agency is authorized to seek
14 federal Medicaid waivers as necessary to implement the
15 provisions of this section. A demonstration project awarded
16 pursuant to this paragraph shall be for 4 years from the date
17 of implementation.

18 (e) An entity that provides comprehensive behavioral
19 health care services to certain Medicaid recipients through an
20 administrative services organization agreement. Such an entity
21 must possess the clinical systems and operational competence
22 to provide comprehensive health care to Medicaid recipients.
23 As used in this paragraph, the term "comprehensive behavioral
24 health care services" means covered mental health and
25 substance abuse treatment services that are available to
26 Medicaid recipients. Any contract awarded under this paragraph
27 must be competitively procured. The agency must ensure that
28 Medicaid recipients have available the choice of at least two
29 managed care plans for their behavioral health care services.

30 (f) An entity in Pasco County or Pinellas County that
31 provides in-home physician services to Medicaid recipients

1 with degenerative neurological diseases in order to test the
2 cost-effectiveness of enhanced home-based medical care. The
3 entity providing the services shall be reimbursed on a
4 fee-for-service basis at a rate not less than comparable
5 Medicare reimbursement rates. The agency may apply for waivers
6 of federal regulations necessary to implement such program.
7 This paragraph expires ~~shall be repealed~~ on July 1, 2002.

8 (g) Children's provider networks that provide care
9 coordination and care management for Medicaid-eligible
10 pediatric patients, primary care, authorization of specialty
11 care, and other urgent and emergency care through organized
12 providers designed to service Medicaid eligibles under age 18.
13 The networks shall provide after-hour operations, including
14 evening and weekend hours, to promote, when appropriate, the
15 use of the children's networks rather than hospital emergency
16 departments.

17 (h) An entity authorized in s. 430.205 to contract
18 with the agency and the Department of Elderly Affairs to
19 provide health care and social services on a prepaid or
20 fixed-sum basis to elderly recipients. Such prepaid healthcare
21 services entities are exempt from the provisions of part I of
22 chapter 641 for the first 3 years of operation. An entity
23 recognized under this paragraph that demonstrates to the
24 satisfaction of the Department of Insurance that it is backed
25 by the full faith and credit of one or more counties in which
26 it operates may be exempted from s. 641.225.

27 Section 10. Section 430.205, Florida Statutes is
28 amended to read:

29 430.205 Community care service system.--

30 (1)(a) The department, through the area agency on
31 aging, shall fund in each planning and service area at least

1 one community care service system that provides case
2 management and other in-home and community services as needed
3 to help the older person maintain independence and prevent or
4 delay more costly institutional care.

5 (b) For fiscal year 2001-2002 only, in each county
6 having a population over 2 million, the department, through
7 the area agency on aging, shall fund in each planning and
8 service area more than one community care service system that
9 provides case management and other in-home and community
10 services as needed to help elderly persons maintain
11 independence and prevent or delay more costly institutional
12 care. This paragraph expires July 1, 2002.

13 (2) Core services and other support services may be
14 furnished by public or private agencies or organizations.
15 Each community care service system must be under the direction
16 of a lead agency that coordinates the activities of individual
17 contracting agencies providing community-care-for-the-elderly
18 services. When practicable, the activities of a community
19 care service area must be directed from a multiservice senior
20 center and coordinated with other services offered therein.
21 This subsection does not require programs in existence prior
22 to the effective date of this act to be relocated.

23 (3) The department shall define each core service that
24 is to be provided or coordinated within a community care
25 service area and establish rules and minimum standards for the
26 delivery of core services. The department may conduct or
27 contract for demonstration projects to determine the
28 desirability of new concepts of organization, administration,
29 or service delivery designed to prevent the
30 institutionalization of functionally impaired elderly persons.
31 Evaluations shall be made of the cost-avoidance of such

1 demonstration projects, the ability of the projects to reduce
2 the rate of placement of functionally impaired elderly persons
3 in institutions, and the impact of projects on the use of
4 institutional services and facilities.

5 (4) A preservice and inservice training program for
6 community-care-for-the-elderly service providers and staff may
7 be designed and implemented to help assure the delivery of
8 quality services. The department shall specify in rules the
9 training standards and requirements for the
10 community-care-for-the-elderly service providers and staff.
11 Training must be sufficient to ensure that quality services
12 are provided to clients and that appropriate skills are
13 developed to conduct the program.

14 (5) Any person who has been classified as a
15 functionally impaired elderly person is eligible to receive
16 community-care-for-the-elderly core services. Those elderly
17 persons who are determined by protective investigations to be
18 vulnerable adults in need of services, pursuant to s.
19 415.104(3)(b), or to be victims of abuse, neglect, or
20 exploitation who are in need of immediate services to prevent
21 further harm and are referred by the adult protective services
22 program, shall be given primary consideration for receiving
23 community-care-for-the-elderly services. As used in this
24 subsection, "primary consideration" means that an assessment
25 and services must commence within 72 hours after referral to
26 the department or as established in accordance with department
27 contracts by local protocols developed between department
28 service providers and the adult protective services program.

29 (6) Notwithstanding other requirements of this chapter,
30 the Department of Elderly Affairs and the Agency for Health
31 Care Administration shall develop a model system to transition

1 all state-funded services for elderly individuals in one of
2 the department's planning and service areas to a managed,
3 integrated long-term-care delivery system under the direction
4 of a single entity.

5 (a) The duties of the model system shall include
6 organizing and administering service delivery for the elderly;
7 obtaining contracts for services with providers in the area;
8 monitoring the quality of services provided; determining
9 levels of need and disability for payment purposes; and other
10 activities determined by the department and the agency in
11 order to operate the model system.

12 (b) The agency and the department shall integrate all
13 funding for services to individuals over the age of 65 in the
14 model planning and service areas into a single per-person
15 per-month payment rate. The funds to be integrated shall
16 include:

- 17 1. Community-care-for-the-elderly funds;
- 18 2. Home-care-for-the-elderly funds;
- 19 3. Local services program funds;
- 20 4. Contracted services funds;
- 21 5. Alzheimer's disease initiative funds;
- 22 6. Medicaid home and community-based waiver services
23 funds;
- 24 7. Funds for all Medicaid services authorized in ss.
25 409.905 and 409.906, including Medicaid nursing home services;
26 and
- 27 8. Funds paid for Medicare premiums, coinsurance and
28 deductibles for persons dually eligible for Medicaid and
29 Medicare as prescribed in s. 409.908(13).

30
31

1 The department and the agency shall not make payments for
2 services for people age 65 and older except through the model
3 delivery system.

4 (c) The entity selected to administer the model system
5 shall develop a comprehensive health and long-term-care
6 service delivery system through contracts with providers of
7 medical, social, and long-term-care services sufficient to
8 meet the needs of the population age 65 and older. The entity
9 selected to administer the model system shall not directly
10 provide services other than intake, assessment, and referral
11 services.

12 (d) The department shall determine which of the
13 department's planning and services areas is to be designated
14 as a model area by means of a request for proposals. The
15 department shall select an area to be designated as a model
16 area and the entity to administer the model system based on
17 demonstration of capacity of the entity to:

18 1. Develop contracts with providers currently under
19 contract with the department, area agencies on aging, or
20 community-care-for-the-elderly lead agencies;

21 2. Provide a comprehensive system of appropriate
22 medical and long-term-care services that provides high-quality
23 medical and social services to assist older individuals in
24 remaining in the least-restrictive setting;

25 3. Demonstrate a quality assurance and quality
26 improvement system satisfactory to the department and the
27 agency;

28 4. Develop a system to identify participants who have
29 special health care needs such as polypharmacy, mental health
30 and substance abuse problems, falls, chronic pain, nutritional
31

1 deficits, and cognitive deficits, in order to respond to and
2 meet these needs;

3 5. Use a multi-disciplinary team approach to
4 participant management which ensures that information is
5 shared among providers responsible for delivering care to a
6 participant;

7 6. Ensure medical oversight of care plans and service
8 delivery, regular medical evaluation of care plans, and the
9 availability of medical consultation for case managers and
10 service coordinators;

11 7. Develop, monitor, and enforce quality-of-care
12 requirements;

13 8. Secure subcontracts with providers of medical,
14 nursing home, and community-based long-term-care services
15 sufficient to assure access to and choice of providers;

16 9. Ensure a system of case management and service
17 coordination which includes educational and training standards
18 for case managers and service coordinators;

19 10. Develop a business plan that considers the ability
20 of the applicant to organize and operate a risk-bearing
21 entity;

22 11. Furnish evidence of adequate liability insurance
23 coverage or an adequate plan of self-insurance to respond to
24 claims for injuries arising out of the furnishing of health
25 care; and

26 12. Provide, through contract or otherwise, for
27 periodic review of its medical facilities as required by the
28 department and the agency.

29
30 The department shall give preference in selecting an area to
31 be designated as a model area to that in which the

1 administering entity is an existing area agency on aging or
2 community-care-for-the-elderly lead agency demonstrating the
3 ability to perform the functions described in this paragraph.

4 (e) The department in consultation with the selected
5 entity shall develop a statewide proposal regarding the
6 long-term use and structure of a program that addresses a risk
7 pool to reduce financial risk.

8 (f) The department and the agency shall develop
9 capitation rates based on the historical cost experience of
10 the state in providing acute and long-term-care services to
11 the population over 65 years of age in the area served.

12 1. Payment rates in the first 2 years of operation
13 shall be set at no more than 100 percent of the costs to the
14 state of providing equivalent services to the population of
15 the model area for the year prior to the year in which the
16 model system is implemented, adjusted forward to account for
17 inflation and population growth. In subsequent years, the rate
18 shall be negotiated based on the cost experience of the model
19 system in providing contracted services, but may not exceed 95
20 percent of the amount that would have been paid by the state
21 in the model planning and service area absent the model
22 integrated service delivery system.

23 2. The agency and the department may develop
24 innovative risk-sharing agreements that limit the level of
25 custodial nursing home risk that the administering entity
26 assumes, consistent with the intent of the Legislature to
27 reduce the use and cost of nursing home care. Under
28 risk-sharing arrangements, the agency and the department may
29 reimburse the administering entity for the cost of providing
30 nursing home care for Medicaid-eligible participants who have
31

1 been permanently placed and remain in nursing home care for
2 more than 1 year.

3 (g) The department and the Agency for Health Care
4 Administration shall seek federal waivers necessary to
5 implement the requirements of this section.

6 (h) The Department of Children and Family Services
7 shall develop a streamlined and simplified eligibility system
8 and shall outstation a sufficient number and quality of
9 eligibility-determination staff with the administering entity
10 to assure determination of Medicaid eligibility for the
11 integrated service delivery system in the model planning and
12 service area within 10 days after receipt of a complete
13 application.

14 (i) The Department of Elderly Affairs shall make
15 arrangements to outstation a sufficient number of nursing home
16 preadmission screening staff with the administering entity to
17 assure timely assessment of level of need for long-term-care
18 services in the model area.

19 (j) The Department of Elderly Affairs shall conduct or
20 contract for an evaluation of the pilot project. The
21 department shall submit the evaluation to the Governor and the
22 Legislature by January 1, 2005. The evaluation must address
23 the effects of the pilot project on the effectiveness of the
24 entity providing a comprehensive system of appropriate and
25 high-quality medical and long-term-care services to elders in
26 the least-restrictive setting and make recommendations on a
27 phased-in implementation expansion for the rest of the state.

28 Section 11. Section 430.041, Florida Statutes, is
29 created to read:

30 430.041 Office of Long-Term-Care Policy.--
31

1 (1) There is established in the Department of Elderly
2 Affairs the Office of Long-Term-Care Policy to evaluate the
3 state's long-term-care service delivery system and make
4 recommendations to increase the availability and the use of
5 noninstitutional settings to provide care to the elderly and
6 ensure coordination among the agencies responsible for the
7 long-term-care continuum.

8 (2) The purpose of the Office of Long-Term-Care Policy
9 is to:

10 (a) Ensure close communication and coordination among
11 state agencies involved in developing and administering a more
12 efficient and coordinated long-term-care service delivery
13 system in this state;

14 (b) Identify duplication and unnecessary service
15 provision in the long-term-care system and make
16 recommendations to decrease inappropriate service provision;

17 (c) Review current programs providing long-term-care
18 services to determine whether the programs are cost effective,
19 of high quality, and operating efficiently and make
20 recommendations to increase consistency and effectiveness in
21 the state's long-term-care programs;

22 (d) Develop strategies for promoting and implementing
23 cost-effective home and community-based services as an
24 alternative to institutional care which coordinate and
25 integrate the continuum of care needs of the elderly; and

26 (e) Assist the Office of Long-Term-Care Policy
27 Advisory Council as necessary to help implement this section.

28 (3) The Director of the Office of Long-Term-Care
29 Policy shall be appointed by, and serve at the pleasure of,
30 the Governor. The director shall report to, and be under the
31 general supervision of, the Secretary of Elderly Affairs and

1 shall not be subject to supervision by any other employee of
2 the department.

3 (4) The Office of Long-Term-Care Policy shall have an
4 advisory council, whose chair shall be the Director of the
5 Office of Long-Term-Care Policy. The purposes of the advisory
6 council are to provide assistance and direction to the office
7 and to ensure that the appropriate state agencies are properly
8 implementing recommendations from the office.

9 (a) The advisory council shall consist of:

10 1. A member of the Senate, appointed by the President
11 of the Senate;

12 2. A member of the House of Representatives, appointed
13 by the Speaker of the House of Representatives;

14 3. The Director of the Office of Long-Term-Care
15 Policy;

16 4. The Secretary of Health Care Administration;

17 5. The Secretary of Elderly Affairs;

18 6. The Secretary of Children and Family Services;

19 7. The Secretary of Health;

20 8. The Executive Director of the Department of
21 Veterans' Affairs;

22 9. A representative of the Florida Association of Area
23 Agencies on Aging, appointed by the Governor;

24 10. A representative of the Florida Association of
25 Aging Service Providers, appointed by the Governor;

26 11. A representative of the Florida Association of
27 Homes for the Aging, appointed by the Governor; and

28 12. Two representatives of people using long-term-care
29 services, appointed by the Governor from groups representing
30 elderly persons.

31

1 (b) Members shall serve without compensation, but are
2 entitled to receive reimbursement for travel and per diem as
3 provided in s. 112.061.

4 (c) The advisory council shall meet at the call of its
5 chair or at the request of a majority of its members. During
6 its first year of existence, the advisory council shall meet
7 at least monthly.

8 (d) Members of the advisory council appointed by the
9 Governor shall serve at the pleasure of the Governor and shall
10 be appointed to 4-year staggered terms in accordance with s.
11 20.052.

12 (5)(a) The Department of Elderly Affairs shall provide
13 administrative support and services to the Office of
14 Long-Term-Care Policy.

15 (b) The office shall call upon appropriate agencies of
16 state government, including the centers on aging in the State
17 University System, for assistance needed in discharging its
18 duties.

19 (c) Each state agency represented on the Office of
20 Long-Term-Care Policy Advisory Council shall make at least one
21 employee available to work with the Office of Long-Term-Care
22 Policy. All state agencies and universities shall assist the
23 office in carrying out its responsibilities prescribed by this
24 section.

25 (d) Each state agency shall pay from its own funds any
26 expenses related to its support of the Office of
27 Long-Term-Care Policy and its participation on the advisory
28 council. The Department of Elderly Affairs shall be
29 responsible for expenses related to participation on the
30 advisory council by members appointed by the Governor.

31

1 (6)(a) By December 1, 2002, the office shall submit to
2 the advisory council a preliminary report of its findings and
3 recommendations on improving the long-term-care continuum in
4 this state. The report shall contain recommendations and
5 implementation proposals for policy changes, as well as
6 legislative and funding recommendations that will make the
7 system more effective and efficient. The report shall contain
8 a specific plan for accomplishing the recommendations and
9 proposals. Thereafter, the office shall revise and update the
10 report annually and resubmit it to the advisory council for
11 review and comments by November 1 of each year.

12 (b) The advisory council shall review and recommend
13 any suggested changes to the preliminary report, and each
14 subsequent annual update of the report, within 30 days after
15 the receipt of the preliminary report. Suggested revisions,
16 additions, or deletions shall be made to the Director of the
17 Office of Long-Term-Care Policy.

18 (c) The office shall submit its final report, and each
19 subsequent annual update of the report, to the Governor and
20 the Legislature within 30 days after the receipt of any
21 revisions, additions, or deletions suggested by the advisory
22 council, or after the time such comments are due to the
23 office.

24 Section 12. This act shall take effect upon becoming a
25 law.

1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 Senate Bill 1276

4 Establishes the Office of Long-Term-Care Policy in the
5 Department of Elderly Affairs to evaluate the state's
6 long-term care service delivery system, make recommendations
7 and ensure coordination among the agencies responsible for the
8 long-term care continuum.

9 Establishes a 13-member advisory council to provide assistance
10 and direction to the Office of Long-Term-Care.

11 Requires that the Office of Long-Term-Care submit a
12 preliminary report of its findings and recommendations to the
13 advisory council by December 1, 2002, and annual updates
14 thereafter by November 1.

15 Authorizes the Department of Elderly Affairs and the Agency
16 for Health Care Administration to develop an integrated,
17 managed long-term care pilot project to provide a
18 comprehensive health and long-term care service delivery
19 system for individuals age 65 and older.

20 Requires an evaluation of the integrated, managed long-term
21 care pilot project no later than January 1, 2005, and
22 recommendations for a phased statewide implementation.