

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:

29
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.--

31

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, financial, and
28 insurance requirements;

29 (e) Includes an initial screening component for
30 referring applicants to other health and human services
31 programs provided through state agencies and the Florida

1 Healthy Kids Corporation, including programs addressing
2 developmental delays, developmental disabilities, chronic
3 physical illness, mental health needs, substance-abuse
4 treatment needs, elder and aging needs, and other health care
5 needs; and

6 (f) Includes the level of customer service available
7 to applicants and participants in the pilot project.

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

10 (a) Execute a memorandum of understanding with the
11 local community volunteer placement centers;

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

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

17 (d) Agree, in writing, to become accredited within 3
18 years by a nationally recognized information and referral
19 accrediting agency;

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

22 (f) Implement policies and structured training to
23 effectively respond to crisis calls or obtain accreditation by
24 a nationally recognized mental health or crisis accrediting
25 agency;

26 (g) Obtain teletypewriter and multi-language
27 accessibility, either on-site or through a translation
28 service;

29 (h) Develop resources to support and publicize
30 information and referral services and provide ongoing
31

1 education to the public on the availability of such services;
2 and

3 (i) Provide periodic reports to the Governor, the
4 President of the Senate, and the Speaker of the House of
5 Representatives on the use of the information and referral
6 system and on measures that demonstrate the effectiveness and
7 efficiency of the information and referral services provided.

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

10 (a) Medicaid under Title XIX of the Social Security
11 Act.

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

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

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

18 (e) State and local publicly funded health and social
19 services programs as determined appropriate by the steering
20 committee.

21 (5) If the Secretary of Health Care Administration, in
22 consultation with the steering committee established in s.
23 408.916, determines that it would facilitate operation of the
24 pilot project to obtain federal waiver authority, the
25 appropriate state agency shall request such waiver authority
26 from the appropriate federal agency.

27 Section 6. Section 408.916, Florida Statutes, is
28 created to read:

29 408.916 Steering committee.--In order to guide the
30 implementation of the pilot project, there is created a Health
31 Care Access Steering Committee.

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

3 (a) The Secretary of Health Care Administration.

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

5 (c) The Secretary of Elderly Affairs.

6 (d) The Secretary of Health.

7 (e) A representative of the Florida Alliance of
8 Information and Referral Services.

9 (f) A representative of the Florida Healthy Kids
10 Corporation.

11 (2) The steering committee may designate additional ad
12 hoc members or technical advisors as the committee finds is
13 appropriate.

14 (3) The Secretary of Health Care Administration shall
15 be the chairperson of the steering committee.

16 (4) The steering committee shall provide oversight to
17 the ongoing implementation of the pilot project, provide
18 consultation and guidance on matters of policy, and provide
19 oversight to the evaluation of the pilot project.

20 (5) The steering committee shall complete its
21 activities by June 30, 2004, and the authorization for the
22 steering committee ends on that date.

23 Section 7. Section 408.917, Florida Statutes, is
24 created to read:

25 408.917 Evaluation of the pilot project.--The Agency
26 for Health Care Administration, in consultation with the
27 steering committee, shall conduct or contract for an
28 evaluation of the pilot project under the guidance and
29 oversight of the steering committee. The agency shall ensure
30 that the evaluation is submitted to the Governor and
31

1 Legislature by January 1, 2004. The evaluation report must
2 address at least the following questions:

3 (1) What has been the impact of the pilot project on
4 improving access to the process of determining eligibility?

5 (2) Based on the experience of the pilot project, what
6 is the projected cost of statewide implementation?

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

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

13 (5) Does the experience of the pilot project support
14 continued expansion of the concept?

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

17 Section 8. Section 408.918, Florida Statutes, is
18 created to read:

19 408.918 Florida 211 Network; uniform certification
20 requirements.--

21 (1) The Legislature authorizes the planning,
22 development, and, subject to appropriations, the
23 implementation of a statewide Florida 211 Network, which shall
24 serve as the single point of coordination for information and
25 referral for health and human services. The objectives for
26 establishing the Florida 211 Network shall be to:

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

29 (b) Improve access to accurate information by
30 simplifying and enhancing state and local health and human
31

1 services information and referral systems and by fostering
2 collaboration among information and referral systems.

3 (c) Electronically connect local information and
4 referral systems to each other, to service providers, and to
5 consumers of information and referral services.

6 (d) Establish and promote standards for data
7 collection and for distributing information among state and
8 local organizations.

9 (e) Promote the use of a common dialing access code
10 and the visibility and public awareness of the availability of
11 information and referral services.

12 (f) Provide a management and administrative structure
13 to support the Florida 211 Network and establish technical
14 assistance, training, and support programs for information and
15 referral-service programs.

16 (g) Test methods for integrating information and
17 referral services with local and state health and human
18 services programs and for consolidating and streamlining
19 eligibility and case-management processes.

20 (h) Provide access to standardized, comprehensive data
21 to assist in identifying gaps and needs in health and human
22 services programs.

23 (i) Provide a unified systems plan with a developed
24 platform, taxonomy, and standards for data management and
25 access.

26 (2) In order to participate in the Florida 211
27 Network, a 211 provider must be certified by the Agency for
28 Health Care Administration. The agency shall develop criteria
29 for certification, as recommended by the Florida Alliance of
30 Information and Referral Services, and shall adopt the
31 criteria as administrative rules.

1 (a) If any provider of information and referral
2 services or other entity leases a 211 number from a local
3 exchange company and is not certified by the agency, the
4 agency shall, after consultation with the local exchange
5 company and the Public Service Commission, request that the
6 Federal Communications Commission direct the local exchange
7 company to revoke the use of the 211 number.

8 (b) The agency shall seek the assistance and guidance
9 of the Public Service Commission and the Federal
10 Communications Commission in resolving any disputes arising
11 over jurisdiction related to 211 numbers.

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

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

1 agency on drugs for which prior authorization is required. The
2 agency shall inform the Pharmaceutical and Therapeutics
3 Committee of its decisions regarding drugs subject to prior
4 authorization.

5 (3) The agency may contract with:

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

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

1 provisions of procurements related to children in the
2 department's care or custody prior to enrolling such children
3 in a prepaid behavioral health plan. Any contract awarded
4 under this paragraph must be competitively procured. In
5 developing the behavioral health care prepaid plan procurement
6 document, the agency shall ensure that the procurement
7 document requires the contractor to develop and implement a
8 plan to ensure compliance with s. 394.4574 related to services
9 provided to residents of licensed assisted living facilities
10 that hold a limited mental health license. The agency must
11 ensure that Medicaid recipients have available the choice of
12 at least two managed care plans for their behavioral health
13 care services. The agency may reimburse for
14 substance-abuse-treatment services on a fee-for-service basis
15 until the agency finds that adequate funds are available for
16 capitated, prepaid arrangements.

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

22 2. By December 31, 2001, the agency shall contract
23 with entities providing comprehensive behavioral health care
24 services to Medicaid recipients through capitated, prepaid
25 arrangements in Charlotte, Collier, DeSoto, Escambia, Glades,
26 Hendry, Lee, Okaloosa, Pasco, Pinellas, Santa Rosa, Sarasota,
27 and Walton Counties. The agency may contract with entities
28 providing comprehensive behavioral health care services to
29 Medicaid recipients through capitated, prepaid arrangements in
30 Alachua County. The agency may determine if Sarasota County
31

1 shall be included as a separate catchment area or included in
2 any other agency geographic area.

3 3. Children residing in a Department of Juvenile
4 Justice residential program approved as a Medicaid behavioral
5 health overlay services provider shall not be included in a
6 behavioral health care prepaid health plan pursuant to this
7 paragraph.

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

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

25 (c) A federally qualified health center or an entity
26 owned by one or more federally qualified health centers or an
27 entity owned by other migrant and community health centers
28 receiving non-Medicaid financial support from the Federal
29 Government to provide health care services on a prepaid or
30 fixed-sum basis to recipients. Such prepaid health care
31 services entity must be licensed under parts I and III of

1 chapter 641, but shall be prohibited from serving Medicaid
2 recipients on a prepaid basis, until such licensure has been
3 obtained. However, such an entity is exempt from s. 641.225
4 if the entity meets the requirements specified in subsections
5 (14) and (15).

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

23 (e) An entity that provides comprehensive behavioral
24 health care services to certain Medicaid recipients through an
25 administrative services organization agreement. Such an entity
26 must possess the clinical systems and operational competence
27 to provide comprehensive health care to Medicaid recipients.
28 As used in this paragraph, the term "comprehensive behavioral
29 health care services" means covered mental health and
30 substance abuse treatment services that are available to
31 Medicaid recipients. Any contract awarded under this paragraph

1 must be competitively procured. The agency must ensure that
2 Medicaid recipients have available the choice of at least two
3 managed care plans for their behavioral health care services.

4 (f) An entity in Pasco County or Pinellas County that
5 provides in-home physician services to Medicaid recipients
6 with degenerative neurological diseases in order to test the
7 cost-effectiveness of enhanced home-based medical care. The
8 entity providing the services shall be reimbursed on a
9 fee-for-service basis at a rate not less than comparable
10 Medicare reimbursement rates. The agency may apply for waivers
11 of federal regulations necessary to implement such program.
12 This paragraph expires ~~shall be repealed~~ on July 1, 2002.

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

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

1 Section 10. Section 430.205, Florida Statutes is
2 amended to read:

3 430.205 Community care service system.--

4 (1)(a) The department, through the area agency on
5 aging, shall fund in each planning and service area at least
6 one community care service system that provides case
7 management and other in-home and community services as needed
8 to help the older person maintain independence and prevent or
9 delay more costly institutional care.

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

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

28 (3) The department shall define each core service that
29 is to be provided or coordinated within a community care
30 service area and establish rules and minimum standards for the
31 delivery of core services. The department may conduct or

1 contract for demonstration projects to determine the
2 desirability of new concepts of organization, administration,
3 or service delivery designed to prevent the
4 institutionalization of functionally impaired elderly persons.
5 Evaluations shall be made of the cost-avoidance of such
6 demonstration projects, the ability of the projects to reduce
7 the rate of placement of functionally impaired elderly persons
8 in institutions, and the impact of projects on the use of
9 institutional services and facilities.

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

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

1 contracts by local protocols developed between department
2 service providers and the adult protective services program.

3 (6) Notwithstanding other requirements of this chapter,
4 the Department of Elderly Affairs and the Agency for Health
5 Care Administration shall develop a model system to transition
6 all state-funded services for elderly individuals in one of
7 the department's planning and service areas to a managed,
8 integrated long-term-care delivery system under the direction
9 of a single entity.

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

17 (b) The agency and the department shall integrate all
18 funding for services to individuals over the age of 65 in the
19 model planning and service areas into a single per-person
20 per-month payment rate, except that funds for Medicaid
21 behavioral health care services are exempt from this section.
22 The funds to be integrated shall include:

- 23 1. Community-care-for-the-elderly funds;
- 24 2. Home-care-for-the-elderly funds;
- 25 3. Local services program funds;
- 26 4. Contracted services funds;
- 27 5. Alzheimer's disease initiative funds;
- 28 6. Medicaid home and community-based waiver services
29 funds;

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31

1 7. Funds for all Medicaid services authorized in ss.
2 409.905 and 409.906, including Medicaid nursing home services;
3 and

4 8. Funds paid for Medicare premiums, coinsurance and
5 deductibles for persons dually eligible for Medicaid and
6 Medicare as prescribed in s. 409.908(13).

7
8 The department and the agency shall not make payments for
9 services for people age 65 and older except through the model
10 delivery system.

11 (c) The entity selected to administer the model system
12 shall develop a comprehensive health and long-term-care
13 service delivery system through contracts with providers of
14 medical, social, and long-term-care services sufficient to
15 meet the needs of the population age 65 and older. The entity
16 selected to administer the model system shall not directly
17 provide services other than intake, assessment, and referral
18 services.

19 (d) The department shall determine which of the
20 department's planning and services areas is to be designated
21 as a model area by means of a request for proposals. The
22 department shall select an area to be designated as a model
23 area and the entity to administer the model system based on
24 demonstration of capacity of the entity to:

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

28 2. Provide a comprehensive system of appropriate
29 medical and long-term-care services that provides high-quality
30 medical and social services to assist older individuals in
31 remaining in the least-restrictive setting;

- 1 3. Demonstrate a quality assurance and quality
2 improvement system satisfactory to the department and the
3 agency;
- 4 4. Develop a system to identify participants who have
5 special health care needs such as polypharmacy, mental health
6 and substance abuse problems, falls, chronic pain, nutritional
7 deficits, and cognitive deficits, in order to respond to and
8 meet these needs;
- 9 5. Use a multi-disciplinary team approach to
10 participant management which ensures that information is
11 shared among providers responsible for delivering care to a
12 participant;
- 13 6. Ensure medical oversight of care plans and service
14 delivery, regular medical evaluation of care plans, and the
15 availability of medical consultation for case managers and
16 service coordinators;
- 17 7. Develop, monitor, and enforce quality-of-care
18 requirements;
- 19 8. Secure subcontracts with providers of medical,
20 nursing home, and community-based long-term-care services
21 sufficient to assure access to and choice of providers;
- 22 9. Ensure a system of case management and service
23 coordination which includes educational and training standards
24 for case managers and service coordinators;
- 25 10. Develop a business plan that considers the ability
26 of the applicant to organize and operate a risk-bearing
27 entity;
- 28 11. Furnish evidence of adequate liability insurance
29 coverage or an adequate plan of self-insurance to respond to
30 claims for injuries arising out of the furnishing of health
31 care; and

1 12. Provide, through contract or otherwise, for
2 periodic review of its medical facilities as required by the
3 department and the agency.

4
5 The department shall give preference in selecting an area to
6 be designated as a model area to that in which the
7 administering entity is an existing area agency on aging or
8 community-care-for-the-elderly lead agency demonstrating the
9 ability to perform the functions described in this paragraph.

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

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

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

29 2. The agency and the department may develop
30 innovative risk-sharing agreements that limit the level of
31 custodial nursing home risk that the administering entity

1 assumes, consistent with the intent of the Legislature to
2 reduce the use and cost of nursing home care. Under
3 risk-sharing arrangements, the agency and the department may
4 reimburse the administering entity for the cost of providing
5 nursing home care for Medicaid-eligible participants who have
6 been permanently placed and remain in nursing home care for
7 more than 1 year.

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

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

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

24 (j) The Department of Elderly Affairs shall conduct or
25 contract for an evaluation of the pilot project. The
26 department shall submit the evaluation to the Governor and the
27 Legislature by January 1, 2005. The evaluation must address
28 the effects of the pilot project on the effectiveness of the
29 entity providing a comprehensive system of appropriate and
30 high-quality medical and long-term-care services to elders in
31

1 the least-restrictive setting and make recommendations on a
2 phased-in implementation expansion for the rest of the state.

3 Section 11. Section 430.041, Florida Statutes, is
4 created to read:

5 430.041 Office of Long-Term-Care Policy.--

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

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

15 (a) Ensure close communication and coordination among
16 state agencies involved in developing and administering a more
17 efficient and coordinated long-term-care service delivery
18 system in this state;

19 (b) Identify duplication and unnecessary service
20 provision in the long-term-care system and make
21 recommendations to decrease inappropriate service provision;

22 (c) Review current programs providing long-term-care
23 services to determine whether the programs are cost effective,
24 of high quality, and operating efficiently and make
25 recommendations to increase consistency and effectiveness in
26 the state's long-term-care programs;

27 (d) Develop strategies for promoting and implementing
28 cost-effective home and community-based services as an
29 alternative to institutional care which coordinate and
30 integrate the continuum of care needs of the elderly; and

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

3 (3) The Director of the Office of Long-Term-Care
4 Policy shall be appointed by, and serve at the pleasure of,
5 the Governor. The director shall report to, and be under the
6 general supervision of, the Secretary of Elderly Affairs and
7 shall not be subject to supervision by any other employee of
8 the department.

9 (4) The Office of Long-Term-Care Policy shall have an
10 advisory council, whose chair shall be the Director of the
11 Office of Long-Term-Care Policy. The purposes of the advisory
12 council are to provide assistance and direction to the office
13 and to ensure that the appropriate state agencies are properly
14 implementing recommendations from the office.

15 (a) The advisory council shall consist of:

16 1. A member of the Senate, appointed by the President
17 of the Senate;

18 2. A member of the House of Representatives, appointed
19 by the Speaker of the House of Representatives;

20 3. The Director of the Office of Long-Term-Care
21 Policy;

22 4. The Secretary of Health Care Administration;

23 5. The Secretary of Elderly Affairs;

24 6. The Secretary of Children and Family Services;

25 7. The Secretary of Health;

26 8. The Executive Director of the Department of
27 Veterans' Affairs;

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

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

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

3 12. Two representatives of people using long-term-care
4 services, appointed by the Governor from groups representing
5 elderly persons.

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

9 (c) The advisory council shall meet at the call of its
10 chair or at the request of a majority of its members. During
11 its first year of existence, the advisory council shall meet
12 at least monthly.

13 (d) Members of the advisory council appointed by the
14 Governor shall serve at the pleasure of the Governor and shall
15 be appointed to 4-year staggered terms in accordance with s.
16 20.052.

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

20 (b) The office shall call upon appropriate agencies of
21 state government, including the centers on aging in the State
22 University System, for assistance needed in discharging its
23 duties.

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

30 (d) Each state agency shall pay from its own funds any
31 expenses related to its support of the Office of

1 Long-Term-Care Policy and its participation on the advisory
2 council. The Department of Elderly Affairs shall be
3 responsible for expenses related to participation on the
4 advisory council by members appointed by the Governor.

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

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

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

28 Section 12. This act shall take effect upon becoming a
29 law.
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