

By Representative Frankel

1 A bill to be entitled
2 An act relating to Medicaid; amending s.
3 409.904, F.S.; revising standards for
4 eligibility for certain optional medical
5 assistance; amending s. 409.906, F.S.; revising
6 guidelines for payment for certain services;
7 revising eligibility for certain Medicaid
8 services; amending s. 409.9065, F.S.; removing
9 certain limitations on enrollment levels with
10 respect to pharmaceutical expense assistance;
11 amending s. 409.815, F.S.; correcting a cross
12 reference; repealing s. 1 of ch. 2001-377, Laws
13 of Florida, relating to eligibility of
14 specified persons for certain optional medical
15 assistance; providing an effective date.

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

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19 Section 1. Subsections (1) and (2) of section 409.904,
20 Florida Statutes, are amended to read:

21 409.904 Optional payments for eligible persons.--The
22 agency may make payments for medical assistance and related
23 services on behalf of the following persons who are determined
24 to be eligible subject to the income, assets, and categorical
25 eligibility tests set forth in federal and state law. Payment
26 on behalf of these Medicaid eligible persons is subject to the
27 availability of moneys and any limitations established by the
28 General Appropriations Act or chapter 216.

29 (1) A person who is age 65 or older or is determined
30 to be disabled, whose income is at or below 100 ~~88~~ percent of
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1 federal poverty level, and whose assets do not exceed
2 established limitations.

3 (2) A family, a pregnant woman, a child under age 18,
4 a person age 65 or over, or a blind or disabled person who
5 would be eligible under any group listed in s. 409.903(1),
6 (2), or (3), except that the income or assets of such family
7 or person exceed established limitations.

8 ~~(a) A pregnant woman who would otherwise qualify for~~
9 ~~Medicaid under s. 409.903(5) except for her level of income~~
10 ~~and whose assets fall within the limits established by the~~
11 ~~Department of Children and Family Services for the medically~~
12 ~~needy. A pregnant woman who applies for medically needy~~
13 ~~eligibility may not be made presumptively eligible.~~

14 ~~(b) A child under age 21 who would otherwise qualify~~
15 ~~for Medicaid or the Florida Kidcare program except for the~~
16 ~~family's level of income and whose assets fall within the~~
17 ~~limits established by the Department of Children and Family~~
18 ~~Services for the medically needy.~~

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20 For a family or person in this group, medical expenses are
21 deductible from income in accordance with federal requirements
22 in order to make a determination of eligibility. A family or
23 person in this group, which group is known as the "medically
24 needy," is eligible to receive the same services as other
25 Medicaid recipients, with the exception of services in skilled
26 nursing facilities and intermediate care facilities for the
27 developmentally disabled.

28 Section 2. Subsections (1), (12), and (23) of section
29 409.906, Florida Statutes, are amended to read:

30 409.906 Optional Medicaid services.--Subject to
31 specific appropriations, the agency may make payments for

1 services which are optional to the state under Title XIX of
2 the Social Security Act and are furnished by Medicaid
3 providers to recipients who are determined to be eligible on
4 the dates on which the services were provided. Any optional
5 service that is provided shall be provided only when medically
6 necessary and in accordance with state and federal law.
7 Optional services rendered by providers in mobile units to
8 Medicaid recipients may be restricted or prohibited by the
9 agency. Nothing in this section shall be construed to prevent
10 or limit the agency from adjusting fees, reimbursement rates,
11 lengths of stay, number of visits, or number of services, or
12 making any other adjustments necessary to comply with the
13 availability of moneys and any limitations or directions
14 provided for in the General Appropriations Act or chapter 216.
15 If necessary to safeguard the state's systems of providing
16 services to elderly and disabled persons and subject to the
17 notice and review provisions of s. 216.177, the Governor may
18 direct the Agency for Health Care Administration to amend the
19 Medicaid state plan to delete the optional Medicaid service
20 known as "Intermediate Care Facilities for the Developmentally
21 Disabled." Optional services may include:

22 (1) ADULT DENTURE SERVICES.--The agency may pay for
23 dentures, the procedures required to seat dentures, and the
24 repair and reline of dentures, provided by or under the
25 direction of a licensed dentist, for a recipient who is age 21
26 or older. However, Medicaid will not provide reimbursement for
27 dental services provided in a mobile dental unit, except for a
28 mobile dental unit:

29 (a) Owned by, operated by, or having a contractual
30 agreement with the Department of Health and complying with
31 Medicaid's county health department clinic services program

1 specifications as a county health department clinic services
2 provider.

3 (b) Owned by, operated by, or having a contractual
4 arrangement with a federally qualified health center and
5 complying with Medicaid's federally qualified health center
6 specifications as a federally qualified health center
7 provider.

8 (c) Rendering dental services to Medicaid recipients,
9 21 years of age and older, at nursing facilities.

10 (d) Owned by, operated by, or having a contractual
11 agreement with a state-approved dental educational
12 institution.

13 ~~(e) This subsection is repealed July 1, 2002.~~

14 (12) ~~CHILDREN'S~~ HEARING SERVICES.--The agency may pay
15 for hearing and related services, including hearing
16 evaluations, hearing aid devices, dispensing of the hearing
17 aid, and related repairs, if provided to a recipient ~~under age~~
18 ~~21~~ by a licensed hearing aid specialist, otolaryngologist,
19 otologist, audiologist, or physician.

20 (13) HOME AND COMMUNITY-BASED SERVICES.--The agency
21 may pay for home-based or community-based services that are
22 rendered to a recipient in accordance with a federally
23 approved waiver program. ~~The agency may limit or eliminate~~
24 ~~coverage for certain Project AIDS Care Waiver services,~~
25 ~~preauthorize high-cost or highly utilized services, or make~~
26 ~~any other adjustments necessary to comply with any limitations~~
27 ~~or directions provided for in the General Appropriations Act.~~

28 (23) ~~CHILDREN'S~~ VISUAL SERVICES.--The agency may pay
29 for visual examinations, eyeglasses, and eyeglass repairs for
30 a recipient ~~under age 21~~, if they are prescribed by a licensed
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1 physician specializing in diseases of the eye or by a licensed
2 optometrist.

3 Section 3. Subsections (3) and (5) of section
4 409.9065, Florida Statutes, are amended to read:

5 409.9065 Pharmaceutical expense assistance.--

6 (3) BENEFITS.--Medications covered under the
7 pharmaceutical expense assistance program are those covered
8 under the Medicaid program in s. 409.906(20)~~(19)~~. Monthly
9 benefit payments shall be limited to \$80 per program
10 participant. Participants are required to make a 10-percent
11 coinsurance payment for each prescription purchased through
12 this program.

13 (5) NONENTITLEMENT.--The pharmaceutical expense
14 assistance program established by this section is not an
15 entitlement. ~~Enrollment levels are limited to those authorized
16 by the Legislature in the annual General Appropriations Act.
17 If funds are insufficient to serve all individuals eligible
18 under subsection (2) and seeking coverage, the agency may
19 develop a waiting list based on application dates to use in
20 enrolling individuals in unfilled enrollment slots.~~

21 Section 4. Paragraph (q) of subsection (2) of section
22 409.815, Florida Statutes, is amended to read:

23 409.815 Health benefits coverage; limitations.--

24 (2) BENCHMARK BENEFITS.--In order for health benefits
25 coverage to qualify for premium assistance payments for an
26 eligible child under ss. 409.810-409.820, the health benefits
27 coverage, except for coverage under Medicaid and Medikids,
28 must include the following minimum benefits, as medically
29 necessary.

30 (q) Dental services.--Subject to a specific
31 appropriation for this benefit, covered services include those

1 dental services provided to children by the Florida Medicaid
2 program under s. 409.906(6)(5).

3 Section 5. Section 1 of chapter 2001-377, Laws of
4 Florida, is repealed.

5 Section 6. This act shall take effect upon becoming a
6 law.

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9 HOUSE SUMMARY

10 Reverses changes to Medicaid law enacted in Special
11 Session C, 2001, relating to eligibility standards for
12 optional medical assistance for certain families and
13 elderly persons, eligibility for specified optional
14 Medicaid services, guidelines for payment for certain
15 optional Medicaid services, and limitations on enrollment
16 levels for Medicaid pharmaceutical expense assistance.
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