By Senator Brown-Waite

	10-1246-02 See HB 703
1	A bill to be entitled
2	An act relating to Medicaid home and
3	community-based services; creating s. 409.221,
4	F.S.; creating the "Florida Consumer-Directed
5	Care Act"; providing legislative findings;
6	providing legislative intent; establishing the
7	consumer-directed care program; providing for
8	consumer selection of certain long-term care
9	services and providers; providing for
10	interagency agreements between the Agency for
11	Health Care Administration and the Departments
12	of Elderly Affairs, Health, and Children and
13	Family Services; providing for program
14	eligibility and enrollment; providing
15	definitions; providing for consumer budget
16	allowances and purchasing guidelines;
17	specifying authorized services; providing roles
18	and responsibilities of consumers, the agency
19	and departments, and fiduciary intermediaries;
20	providing background screening requirements for
21	persons who render care under the program;
22	providing rulemaking authority of the agency
23	and departments; requiring the agency to apply
24	for federal waivers as necessary; requiring
25	ongoing program reviews and annual reports;
26	providing an effective date.
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28	Be It Enacted by the Legislature of the State of Florida:
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30	Section 1. Section 409.221, Florida Statutes, is
31	created to read:

409.221 Consumer-directed care program.--

- (1) SHORT TITLE.--This section may be cited as the "Florida Consumer-Directed Care Act."
- alternatives to institutional care, such as in-home and community-based care, should be encouraged. The Legislature finds that giving recipients of in-home and community-based services the opportunity to select the services they need and the providers they want, including family and friends, enhances their sense of dignity and autonomy. The Legislature also finds that providing consumers choice and control, as tested in current research and demonstration projects, has been beneficial and should be developed further and implemented statewide.
- (3) LEGISLATIVE INTENT.--It is the intent of the Legislature to nurture the autonomy of those citizens of the state, of all ages, who have disabilities by providing the long-term care services they need in the least restrictive, appropriate setting. It is the intent of the Legislature to give such individuals more choices in and greater control over the purchased long-term care services they receive.
 - (4) CONSUMER-DIRECTED CARE. --
- Administration shall establish the consumer-directed care program which shall be based on the principles of consumer choice and control. The agency shall establish interagency cooperative agreements with and shall work with the Departments of Elderly Affairs, Health, and Children and Family Services to implement and administer the program. The program shall allow enrolled persons to choose the providers of services and to direct the delivery of services, to best

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meet their long-term care needs. The program must operate within the funds appropriated by the Legislature.

- (b) Eligibility and enrollment.--Persons who are enrolled in one of the Medicaid home and community-based waiver programs and are able to direct their own care, or to designate an eligible representative, may choose to participate in the consumer-directed care program.
- (c) Definitions. -- For purposes of this section, the term:
- "Budget allowance" means the amount of money made available each month to a consumer to purchase needed long-term care services, based on the results of a functional needs assessment.
- 2. "Consultant" means an individual who provides technical assistance to consumers in meeting their responsibilities under this section.
- "Consumer" means a person who has chosen to participate in the program, has met the enrollment requirements, and has received an approved budget allowance.
- 4. "Fiscal intermediary" means an entity approved by the agency that helps the consumer manage the consumer's budget allowance, retains the funds, processes employment and tax information, reviews records to ensure correctness, writes paychecks to providers, and delivers paychecks to the consumer for distribution to providers and caregivers.
 - 5. "Provider" means:
- a. A person licensed or otherwise permitted to render services eligible for reimbursement under this program for whom the consumer is not the employer of record; or
- b. A consumer-employed caregiver for whom the consumer 31 is the employer of record.

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6. "Representative" means an uncompensated individual designated by the consumer to assist in managing the consumer's budget allowance and needed services.

- (d) Budget allowances.--Consumers enrolled in the program shall be given a monthly budget allowance based on the results of their assessed functional needs and the financial resources of the program. Consumers shall receive the budget allowance directly from an agency-approved fiscal intermediary. Each department shall develop purchasing guidelines, approved by the agency, to assist consumers in using the budget allowance to purchase needed, cost-effective services.
- (e) Services.--Consumers shall use the budget allowance only to pay for home and community-based services that meet the consumer's long-term care needs and are a cost-efficient use of funds. Such services may include, but are not limited to, the following:
 - 1. Personal care.
- 2. Homemaking and chores, including housework, meals, shopping, and transportation.
- 3. Home modifications and assistive devices which may increase the consumer's independence or make it possible to avoid institutional placement.
 - 4. Assistance in taking self-administered medication.
- 5. Day care and respite care services, including those provided by nursing home facilities pursuant to s. 400.141(6) or by adult day care facilities licensed pursuant to s. 400.554.
- (f) Consumer roles and responsibilities.--Consumers shall be allowed to choose the providers of services, as well

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the service plan.

as when and how the services are provided. Providers may include a consumer's neighbor, friend, spouse, or relative. 2 3 1. In cases where a consumer is the employer of record, the consumer's roles and responsibilities include, but 4 5 are not limited to, the following: 6 a. Developing a job description. 7 Selecting caregivers and submitting information for 8 the background screening as required in s. 435.05. 9 c. Communicating needs, preferences, and expectations 10 about services being purchased. 11 d. Providing the fiscal intermediary with all information necessary for provider payments and tax 12 13 requirements. 14 e. Ending the employment of an unsatisfactory 15 caregiver. 2. In cases where a consumer is not the employer of 16 17 record, the consumer's roles and responsibilities include, but are not limited to, the following: 18 19 a. Communicating needs, preferences, and expectations 20 about services being purchased. Ending the services of an unsatisfactory provider. 21 22 Providing the fiscal agent with all information necessary for provider payments and tax requirements. 23 24 (g) Agency and departments roles and 25 responsibilities .-- The agency's and the departments' roles and 26 responsibilities include, but are not limited to, the 27 following:

with the service plan, and providing ongoing assistance with

1. Assessing each consumer's functional needs, helping

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1 2. Offering the services of consultants who shall provide training, technical assistance, and support to the 2 3 consumer. 3. Completing the background screening for providers. 4 5 4. Approving fiscal intermediaries. 6 5. Establishing the minimum qualifications for all 7 caregivers and providers and being the final arbiter of the 8 fitness of any individual to be a caregiver or provider. (h) Fiscal intermediary roles and 9 10 responsibilities .-- The fiscal intermediary's roles and 11 responsibilities include, but are not limited to, the 12 following: 1. Providing recordkeeping services. 13 2. Retaining the consumer-directed care funds, 14 processing employment and tax information, reviewing records 15 to ensure correctness, writing paychecks to providers, and 16 17 delivering paychecks to the consumer for distribution. (i) Background screening requirements. -- All persons 18 19 who render care under this section shall comply with the requirements of s. 435.05. Persons shall be excluded from 20 21 employment pursuant to s. 435.06. 22 Persons excluded from employment may request an exemption from disqualification, as provided in s. 435.07. 23 24 Persons not subject to certification or professional licensure 25 may request an exemption from the agency. In considering a 26 request for an exemption, the agency shall comply with the 27 provisions of s. 435.07. The agency shall, as allowable, reimburse 28

consumer-employed caregivers for the cost of conducting

background screening as required by this section.

1 (j) Rules; federal waivers. -- In order to implement 2 this section: 3 1. The agency and the Departments of Elderly Affairs, Health, and Children and Family Services are authorized to 4 adopt and enforce rules. 5 6 2. The agency shall take all necessary action to 7 ensure state compliance with federal regulations. The agency 8 shall apply for any necessary federal waivers needed to 9 implement the program. 10 (k) Reviews and reports. -- The agency and the 11 Departments of Elderly Affairs, Health, and Children and Family Services shall each, on an ongoing basis, review and 12 assess the implementation of the consumer-directed care 13 program. By January 15 of each year, the agency shall submit a 14 written report to the Legislature that includes each 15 department's review of the program and contains 16 recommendations for improvements to the program. 17 18 Section 2. This act shall take effect July 1, 2002. 19 20 21 22 23 24 25 26 27 28 29 30 31

Creates the "Florida Consumer-Directed Care Act."
Provides legislative findings and intent. Establishes a consumer-directed care program to provide for consumer choice and control in the selection, purchase, and delivery of Medicaid long-term care in-home and community-based services. Provides for interagency agreements between the Agency for Health Care
Administration and the Departments of Elderly Affairs,
Health, and Children and Family Services. Provides for program eligibility and enrollment. Provides definitions.
Provides for consumer budget allowances and purchasing guidelines. Specifies authorized services. Provides roles and responsibilities of the consumer, the agency, the departments, and fiscal intermediaries. Provides background screening requirements for persons who render care under the program. Provides rulemaking authority of the agency and departments. Directs the agency to apply for any necessary federal waivers. Requires the agency and departments to review the program and provide annual reports to the Legislature.