

By the Committee on Health, Aging and Long-Term Care; and
Senator Silver

317-1148A-02

1 A bill to be entitled
2 An act relating to subacute pediatric
3 transitional care; requiring the Agency for
4 Health Care Administration to conduct a study
5 of health care services provided to medically
6 fragile or medical-technology-dependent
7 children; requiring the Agency for Health Care
8 Administration to conduct a pilot program for a
9 subacute pediatric transitional care center;
10 requiring background screening of center
11 personnel; requiring the agency to amend the
12 Medicaid state plan and seek federal waivers as
13 necessary; requiring the center to have an
14 advisory board; providing for membership on the
15 advisory board; providing requirements for the
16 admission, transfer, and discharge of a child
17 to the center; requiring the agency to submit
18 certain reports to the Legislature; providing
19 an effective date.

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

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23 Section 1. The Agency for Health Care Administration
24 shall conduct a study of health care services provided to the
25 medically fragile or medical-technology-dependent children in
26 the state and conduct a pilot program to provide subacute
27 pediatric transitional care to a maximum of 30 children at any
28 one time in an urban area of the state. The purposes of the
29 study and the pilot program are to determine ways to permit
30 medically fragile or medical-technology-dependent children to
31 successfully make a transition from acute care in a health

1 care institution to live with their families when possible,
2 and to provide cost-effective, subacute transitional care
3 services.

4 Section 2. The Agency for Health Care Administration,
5 in cooperation with the Children's Medical Services Program in
6 the Department of Health, shall conduct a study to identify
7 the total number of medically fragile or
8 medical-technology-dependent children, from birth through age
9 21, in the state. By January 1, 2003, the agency must report
10 to the Legislature regarding the children's ages, the
11 locations where the children are served, the types of services
12 received, itemized costs of the services, and the sources of
13 funding that pay for the services, including the proportional
14 share when more than one funding source pays for a service.
15 The study must include information regarding medically fragile
16 or medical-technology-dependent children residing in
17 hospitals, nursing homes, and medical foster care, and those
18 who live with their parents. The study must describe children
19 served in prescribed pediatric extended-care centers,
20 including their ages and the services they receive. The report
21 must identify the total services provided for each child and
22 the method for paying for those services. The report must also
23 identify the number of such children who could, if appropriate
24 transitional services were available, return home or move to a
25 less-institutional setting.

26 Section 3. (1) Within 30 days after the effective
27 date of this act, the agency shall establish minimum staffing
28 standards and quality requirements for a subacute pediatric
29 transitional care center to be operated as a 2-year pilot
30 program in a large, urban area of the state. The pilot program
31 must operate under the license of a hospital licensed under

1 chapter 395, Florida Statutes, or a nursing home licensed
2 under chapter 400, Florida Statutes, and shall use existing
3 beds in the hospital or nursing home. A child's placement in
4 the subacute pediatric transitional care center may not exceed
5 90 days.

6 (2) Within 60 days after the effective date of this
7 act, the agency must amend the state Medicaid plan and request
8 any federal waivers necessary to implement and fund the pilot
9 program.

10 (3) The subacute pediatric transitional care center
11 must require level I background screening as provided in
12 chapter 435, Florida Statutes, for all employees or
13 prospective employees of the center who are expected to, or
14 whose responsibilities may require them to, provide personal
15 care or services to children, have access to children's living
16 areas, or have access to children's funds or personal
17 property.

18 Section 4. (1) The subacute pediatric transitional
19 care center must have an advisory board. Membership on the
20 advisory board must include, but need not be limited to:

21 (a) A physician or an advanced registered nurse
22 practitioner who is familiar with services for medically
23 fragile or medical-technology-dependent children;

24 (b) A registered nurse who has experience in the care
25 of medically fragile or medical-technology-dependent children;

26 (c) A child development specialist who has experience
27 in the care of medically fragile or
28 medical-technology-dependent children and their families;

29 (d) A social worker who has experience in the care of
30 medically fragile or medical-technology-dependent children and
31 their families; and

1 (e) A consumer representative who is a parent or
2 guardian of a child placed in the center.

3 (2) The advisory board shall:

4 (a) Review the policy and procedure components of the
5 center to assure conformance with applicable standards
6 developed by the Agency for Health Care Administration; and

7 (b) Provide consultation with respect to the
8 operational and programmatic components of the center.

9 Section 5. (1) The subacute pediatric transitional
10 care center must have written policies and procedures
11 governing the admission, transfer, and discharge of children.

12 (2) The admission of each child to the center must be
13 under the supervision of the center nursing administrator or
14 his or her designee, and must be in accordance with the
15 center's policies and procedures.

16 (3) Each child admitted to the center shall be
17 admitted upon prescription of a prescribing physician or
18 advanced registered nurse practitioner and the child shall
19 remain under the care of the licensed primary physician or
20 advanced registered nurse practitioner for the duration of his
21 or her stay in the center.

22 (4) Each child admitted to the center must meet at
23 least the following criteria:

24 (a) The child must be medically fragile or
25 medical-technology-dependent.

26 (b) The child may not, prior to admission, present
27 significant risk of infection to other children or personnel.
28 The medical and nursing directors shall review, on a
29 case-by-case basis, the condition of any child who is
30 suspected of having an infectious disease to determine whether
31 admission is appropriate.

1 (c) The child must be medically stabilized and require
2 skilled nursing care or other interventions.

3 (5) If the child meets the criteria specified in
4 paragraphs (4)(a), (b), and (c), the medical director or
5 nursing director of the center shall implement a preadmission
6 plan that delineates services to be provided and appropriate
7 sources for such services.

8 (a) If the child is hospitalized at the time of
9 referral, preadmission planning must include the participation
10 of the child's parent or guardian and relevant medical,
11 nursing, social services, and developmental staff to assure
12 that the hospital's discharge plans will be implemented
13 following the child's placement in the center.

14 (b) A consent form, outlining the purpose of the
15 center, family responsibilities, authorized treatment,
16 appropriate release of liability, and emergency disposition
17 plans, must be signed by the parent or guardian and witnessed
18 before the child is admitted to the center. The parent or
19 guardian shall be provided a copy of the consent form.

20 Section 6. By January 1, 2003, the Agency for Health
21 Care Administration shall report to the Legislature concerning
22 the progress of the pilot program. By January 1, 2004, the
23 agency shall submit to the Legislature a report on the success
24 of the pilot program.

25 Section 7. This act shall take effect October 1, 2002.

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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 484

The committee substitute does not create a new form of licensure for subacute pediatric prescribed extended alternative care centers, but rather requires the Agency for Health Care Administration to conduct a study of medically fragile and medical-technology-dependent children in the state and to conduct a pilot program for a subacute pediatric transitional care center.