

Amendment No. 2 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
1		.	
2		.	
3		.	
4		.	

ORIGINAL STAMP BELOW

Representative(s) Lerner and Farkas offered the following:

Amendment to Amendment (121137) (with title amendment)

On page 105, between lines 24 & 25,

insert:

Section 101. The Agency for Health Care Administration shall conduct a study of health care services provided to the medically fragile or medical-technology-dependent children in the state and conduct a pilot program in Dade County to provide subacute pediatric transitional care to a maximum of 30 children at any one time. The purpose of the study and the pilot program are to determine ways to permit medically fragile or medical-technology-dependent children to successfully make a transition from acute care in a health care institution to live with their families when possible, and to provide cost-effective, subacute transitional care services.

Section 102. The Agency for Health Care Administration, in cooperation with the Children's Medical Services Program in the Department of Health, shall conduct a

Amendment No. 2 (for drafter's use only)

1 study to identify the total number of medically fragile or
2 medical-technology-dependent children, from birth through age
3 21, in the state. By January 1, 2003, the agency must report
4 to the Legislature regarding the children's ages, the
5 locations where the children are served, the types of services
6 received, itemized costs of the services, and the sources of
7 funding that pay for the services, including the proportional
8 share when more than one funding source pays for a service.
9 The study must include information regarding medically fragile
10 or medical-technology-dependent children residing in
11 hospitals, nursing homes, and medical foster care, and those
12 who live with their parents. The study must describe children
13 served in prescribed pediatric extended-care centers,
14 including their ages and the services they receive. The report
15 must identify the total services provided for each child and
16 the method for paying for those services. The report must also
17 identify the number of such children who could, if appropriate
18 transitional services were available, return home or move to a
19 less-institutional setting.

20 Section 103. (1) Within 30 days after the effective
21 date of this act, the agency shall establish minimum staffing
22 standards and quality requirements for a subacute pediatric
23 transitional care center to be operated as a 2-year pilot
24 program in Dade County. The pilot program must operate under
25 the license of a hospital licensed under chapter 395, Florida
26 Statutes, or a nursing home licensed under chapter 400,
27 Florida Statutes, and shall use existing beds in the hospital
28 or nursing home. A child's placement in the subacute pediatric
29 transitional care center may not exceed 90 days. The center
30 shall arrange for an alternative placement at the end of a
31 child's stay and a transitional plan for children expected to

Amendment No. 2 (for drafter's use only)

1 remain in the facility for the maximum allowed stay.

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

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

14 Section 104. (1) The subacute pediatric transitional
15 care center must have an advisory board. Membership on the
16 advisory board must include, but need not be limited to:

17 (a) A physician and an advanced registered nurse
18 practitioner who is familiar with services for medically
19 fragile or medical-technology-dependent children;

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

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

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

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

30 (2) The advisory board shall:

31 (a) Review the policy and procedure components of the

Amendment No. 2 (for drafter's use only)

1 center to assure conformance with applicable standards
2 developed by the Agency for Health Care Administration; and

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

5 Section 105. (1) The subacute pediatric transitional
6 care center must have written policies and procedures
7 governing the admission, transfer, and discharge of children.

8 (2) The admission of each child to the center must be
9 under the supervision of the center nursing administrator or
10 his or her designee, and must be in accordance with the
11 center's policies and procedures. Each Medicaid admission must
12 be approved by the Department of Health, Children's Medical
13 Services Multidisciplinary Assessment Team, in conjunction
14 with the Agency for Health Care Administration, as appropriate
15 for placement in the facility.

16 (3) Each child admitted to the center shall be
17 admitted upon prescription of the Medical Director of the
18 center, licensed pursuant to chapter 458 or 459, and the child
19 shall remain under the care of the medical director and
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.

Amendment No. 2 (for drafter's use only)

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 106. The provisions of this pilot program
21 shall be implemented to the extent available appropriations
22 contained in the annual General Appropriations Act are
23 specifically designated for the purposes contained within the
24 pilot program.

25 Section 107. By January 1, 2003, the Agency for Health
26 Care Administration shall report to the Legislature concerning
27 the progress of the medically fragile or
28 medical-technology-dependent children pilot program. By
29 January 1, 2004, the agency shall submit to the Legislature a
30 report on the success of the pilot program.

31

Amendment No. 2 (for drafter's use only)

1 ===== T I T L E A M E N D M E N T =====
2 And the title is amended as follows:
3 On page 116, line 4, of the amendment, after the
4 semicolon,
5
6 insert:
7 requiring the Agency for Health Care
8 Administration to conduct a study of health
9 care services provided to medically fragile or
10 medical-technology-dependent children;
11 requiring the Agency for Health Care
12 Administration to conduct a pilot program for a
13 subacute pediatric transitional care center;
14 requiring background screening of center
15 personnel; requiring the agency to amend the
16 Medicaid state plan and seek federal waivers as
17 necessary; requiring the center to have an
18 advisory board; providing for membership on the
19 advisory board; providing requirements for the
20 admission, transfer, and discharge of a child
21 to the center; requiring the agency to submit
22 certain reports to the Legislature;
23
24
25
26
27
28
29
30
31