

Amendment No. 1 (for drafter's use only)

| | <u>Senate</u> | CHAMBER ACTION | <u>House</u> |
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The Committee on Health Regulation offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause

and insert:

Section 1. 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 to provide subacute pediatric transitional care to a maximum of 30 children at any one time in an urban area of the state. The purposes 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 2. The Agency for Health Care Administration, in cooperation with the Children's Medical Services Program in the Department of Health, shall conduct a study to identify

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1 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 3. (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 a large, urban area of the state. The pilot program
25 must operate under the license of a hospital licensed under
26 chapter 395, Florida Statutes, or a nursing home licensed
27 under chapter 400, Florida Statutes, and shall use existing
28 beds in the hospital or nursing home. A child's placement in
29 the subacute pediatric transitional care center may not exceed
30 90 days.

31 (2) Within 60 days after the effective date of this

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1 act, the agency must amend the state Medicaid plan and request
2 any federal waivers necessary to implement and fund the pilot
3 program.

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

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

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

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

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

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

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

28 (2) The advisory board shall:

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

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

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

6 (2) The admission of each child to the center must be
7 under the supervision of the center nursing administrator or
8 his or her designee, and must be in accordance with the
9 center's policies and procedures.

10 (3) Each child admitted to the center shall be
11 admitted upon prescription of the Medical Director of the
12 center, licensed pursuant to chapter 458 or 459 and the child
13 shall remain under the care of the licensed primary physician
14 or advanced registered nurse practitioner for the duration of
15 his or her stay in the center.

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

18 (a) The child must be medically fragile or
19 medical-technology-dependent.

20 (b) The child may not, prior to admission, present
21 significant risk of infection to other children or personnel.
22 The medical and nursing directors shall review, on a
23 case-by-case basis, the condition of any child who is
24 suspected of having an infectious disease to determine whether
25 admission is appropriate.

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

28 (5) If the child meets the criteria specified in
29 paragraphs (4)(a), (b), and (c), the medical director or
30 nursing director of the center shall implement a preadmission
31 plan that delineates services to be provided and appropriate

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1 sources for such services.

2 (a) If the child is hospitalized at the time of
3 referral, preadmission planning must include the participation
4 of the child's parent or guardian and relevant medical,
5 nursing, social services, and developmental staff to assure
6 that the hospital's discharge plans will be implemented
7 following the child's placement in the center.

8 (b) A consent form, outlining the purpose of the
9 center, family responsibilities, authorized treatment,
10 appropriate release of liability, and emergency disposition
11 plans, must be signed by the parent or guardian and witnessed
12 before the child is admitted to the center. The parent or
13 guardian shall be provided a copy of the consent form.

14 Section 6. By January 1, 2003, the Agency for Health
15 Care Administration shall report to the Legislature concerning
16 the progress of the pilot program. By January 1, 2004, the
17 agency shall submit to the Legislature a report on the success
18 of the pilot program.

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

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22 ===== T I T L E A M E N D M E N T =====

23 And the title is amended as follows:

24 On page 1, lines 1-19,
25 remove: all of said lines

26

27 and insert:

28 An act relating to subacute pediatric
29 transitional care; requiring the Agency for
30 Health Care Administration to conduct a study
31 of health care services provided to medically

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

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