

By Senators Dawson, Miller, Bullard, Siplin and Hill

29-423-03

1 A bill to be entitled
2 An act relating to the Agency for Health Care
3 Administration; amending s. 409.904, F.S.;
4 revising standards for eligibility for certain
5 optional medical assistance; providing for
6 eligibility for Medicaid services under a
7 buy-in program; amending s. 409.906, F.S.,
8 relating to optional Medicaid services;
9 removing certain limitations on the provision
10 of home-based and community-based services;
11 amending s. 409.815, F.S., relating to
12 benchmark benefits; conforming a
13 cross-reference; amending s. 409.9065, F.S.;
14 eliminating certain limitations on enrollment
15 levels with respect to assistance for
16 pharmaceutical expenses; providing an effective
17 date.

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

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21 Section 1. Subsections (1) and (2) of section 409.904,
22 Florida Statutes, are amended, and subsection (11) is added to
23 that section, to read:

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

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

5 (2) A family ~~caretaker relative or parent~~, a pregnant
6 woman, a child under age 18 ~~19~~ who would otherwise qualify for
7 ~~Florida Kidcare Medicaid~~, a child up to age ~~21~~ who would
8 ~~otherwise qualify under s. 409.903(1)~~, a person age 65 or
9 over, or a blind or disabled person, who would ~~otherwise~~ be
10 eligible under any group listed in s. 409.903(1), (2), or (3)
11 ~~for Florida Medicaid~~, except that the income or assets of such
12 family or person exceed established limitations.

13
14 For a family or person in one of these coverage groups,
15 medical expenses are deductible from income in accordance with
16 federal requirements in order to make a determination of
17 eligibility. ~~Expenses used to meet spend-down liability are~~
18 ~~not reimbursable by Medicaid. Effective May 1, 2003, when~~
19 ~~determining the eligibility of a pregnant woman, a child, or~~
20 ~~an aged, blind, or disabled individual, \$270 shall be deducted~~
21 ~~from the countable income of the filing unit. When determining~~
22 ~~the eligibility of the parent or caretaker relative as defined~~
23 ~~by Title XIX of the Social Security Act, the additional income~~
24 ~~disregard of \$270 does not apply.~~A family or person eligible
25 under the coverage known as the "medically needy," is eligible
26 to receive the same services as other Medicaid recipients,
27 with the exception of services in skilled nursing facilities
28 and intermediate care facilities for the developmentally
29 disabled.

30 (11) Subject to specific federal authorization, a
31 person who, but for earnings in excess of the limit

1 established under s. 1905(q)(2)(B) of the Social Security Act,
2 would be considered for receiving supplemental security
3 income, who is at least 16 but less than 65 years of age, and
4 whose assets, resources, and earned or unearned income, or
5 both, do not exceed 250 percent of the most current federal
6 poverty level. Such persons may be eligible for Medicaid
7 services as part of a Medicaid buy-in established under s.
8 409.914(2), specifically designed to accommodate those persons
9 made eligible for such a buy-in by Title II of Pub. L. No.
10 106-170. Such buy-in shall include income-related premiums and
11 cost sharing.

12 Section 2. Subsection (13) of section 409.906, Florida
13 Statutes, is amended to read:

14 409.906 Optional Medicaid services.--Subject to
15 specific appropriations, the agency may make payments for
16 services which are optional to the state under Title XIX of
17 the Social Security Act and are furnished by Medicaid
18 providers to recipients who are determined to be eligible on
19 the dates on which the services were provided. Any optional
20 service that is provided shall be provided only when medically
21 necessary and in accordance with state and federal law.
22 Optional services rendered by providers in mobile units to
23 Medicaid recipients may be restricted or prohibited by the
24 agency. Nothing in this section shall be construed to prevent
25 or limit the agency from adjusting fees, reimbursement rates,
26 lengths of stay, number of visits, or number of services, or
27 making any other adjustments necessary to comply with the
28 availability of moneys and any limitations or directions
29 provided for in the General Appropriations Act or chapter 216.
30 If necessary to safeguard the state's systems of providing
31 services to elderly and disabled persons and subject to the

1 notice and review provisions of s. 216.177, the Governor may
2 direct the Agency for Health Care Administration to amend the
3 Medicaid state plan to delete the optional Medicaid service
4 known as "Intermediate Care Facilities for the Developmentally
5 Disabled." Optional services may include:

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

14 Section 3. Paragraph (q) of subsection (2) of section
15 409.815, Florida Statutes, is amended to read:

16 409.815 Health benefits coverage; limitations.--

17 (2) BENCHMARK BENEFITS.--In order for health benefits
18 coverage to qualify for premium assistance payments for an
19 eligible child under ss. 409.810-409.820, the health benefits
20 coverage, except for coverage under Medicaid and Medikids,
21 must include the following minimum benefits, as medically
22 necessary.

23 (q) Dental services.--Subject to a specific
24 appropriation for this benefit, covered services include those
25 dental services provided to children by the Florida Medicaid
26 program under s. 409.906(6)~~s. 409.906(5)~~.

27 Section 4. Subsections (3) and (5) of section
28 409.9065, Florida Statutes, are amended to read:

29 409.9065 Pharmaceutical expense assistance.--

30 (3) BENEFITS.--Medications covered under the
31 pharmaceutical expense assistance program are those covered

1 under the Medicaid program in s. 409.906(20)~~s. 409.906(19)~~.
2 Monthly benefit payments shall be limited to \$80 per program
3 participant. Participants are required to make a 10-percent
4 coinsurance payment for each prescription purchased through
5 this program.

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

14 Section 5. This act shall take effect July 1, 2003.

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17 SENATE SUMMARY

18 Revises eligibility standards for persons receiving
19 medical assistance under the Medicaid program. Authorizes
20 Medicaid services under a buy-in program, subject to
21 federal authorization. Removes certain limitations on
22 home and community-based services. Revises limitations on
23 enrollment levels for an assistance program for
24 pharmaceutical expenses. (See bill for details.)
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