

Bill No. CS for SB 1226

Amendment No. ____ Barcode 531348

CHAMBER ACTION

Senate

House

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11 Senator Saunders moved the following amendment:

13 **Senate Amendment (with title amendment)**

14 On page 3, line 11, through
15 page 7, line 2, delete those lines

17 and insert:

18 Section 1. By January 1 of each year, the Department
19 of Elderly Affairs shall submit to the Governor, the President
20 of the Senate, and the Speaker of the House of Representatives
21 a summary of the results of the department's monitoring of the
22 activities of area agencies on aging. The report must include
23 information about each area agency's compliance with state and
24 federal rules pertaining to all programs administered by the
25 area agency, information about each area agency's financial
26 management of state and federally funded programs, information
27 about each agency's compliance with the terms of its contracts
28 with the department, and a summary of corrective action
29 required by the department.

30 Section 2. Paragraph (1) is added to subsection (1) of
31 section 400.441, Florida Statutes, to read:

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1 400.441 Rules establishing standards.--
2 (1) It is the intent of the Legislature that rules
3 published and enforced pursuant to this section shall include
4 criteria by which a reasonable and consistent quality of
5 resident care and quality of life may be ensured and the
6 results of such resident care may be demonstrated. Such rules
7 shall also ensure a safe and sanitary environment that is
8 residential and noninstitutional in design or nature. It is
9 further intended that reasonable efforts be made to
10 accommodate the needs and preferences of residents to enhance
11 the quality of life in a facility. In order to provide safe
12 and sanitary facilities and the highest quality of resident
13 care accommodating the needs and preferences of residents, the
14 department, in consultation with the agency, the Department of
15 Children and Family Services, and the Department of Health,
16 shall adopt rules, policies, and procedures to administer this
17 part, which must include reasonable and fair minimum standards
18 in relation to:

19 (1) The establishment of specific policies and
20 procedures on resident elopement. Facilities shall conduct a
21 minimum of two resident elopement drills each year. All
22 administrators and direct care staff shall participate in the
23 drills. Facilities shall document the drills.

24 Section 3. Subsection (15) of section 409.912, Florida
25 Statutes, is amended to read:

26 409.912 Cost-effective purchasing of health care.--The
27 agency shall purchase goods and services for Medicaid
28 recipients in the most cost-effective manner consistent with
29 the delivery of quality medical care. The agency shall
30 maximize the use of prepaid per capita and prepaid aggregate
31 fixed-sum basis services when appropriate and other

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1 alternative service delivery and reimbursement methodologies,
2 including competitive bidding pursuant to s. 287.057, designed
3 to facilitate the cost-effective purchase of a case-managed
4 continuum of care. The agency shall also require providers to
5 minimize the exposure of recipients to the need for acute
6 inpatient, custodial, and other institutional care and the
7 inappropriate or unnecessary use of high-cost services. The
8 agency may establish prior authorization requirements for
9 certain populations of Medicaid beneficiaries, certain drug
10 classes, or particular drugs to prevent fraud, abuse, overuse,
11 and possible dangerous drug interactions. The Pharmaceutical
12 and Therapeutics Committee shall make recommendations to the
13 agency on drugs for which prior authorization is required. The
14 agency shall inform the Pharmaceutical and Therapeutics
15 Committee of its decisions regarding drugs subject to prior
16 authorization.

17 (15)(a) The agency shall operate the Comprehensive
18 Assessment and Review for Long-Term Care Services (CARES)
19 nursing facility preadmission screening program to ensure that
20 Medicaid payment for nursing facility care is made only for
21 individuals whose conditions require such care and to ensure
22 that long-term care services are provided in the setting most
23 appropriate to the needs of the person and in the most
24 economical manner possible. The CARES program shall also
25 ensure that individuals participating in Medicaid home and
26 community-based waiver programs meet criteria for those
27 programs, consistent with approved federal waivers.

28 (b) The agency shall operate the CARES program through
29 an interagency agreement with the Department of Elderly
30 Affairs. The agency, in consultation with the Department of
31 Elderly Affairs, may contract for any function or activity of

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1 the CARES program, including any function or activity required
2 by 42 C.F.R. part 483.20, relating to preadmission screening
3 and resident review.

4 (c) Prior to making payment for nursing facility
5 services for a Medicaid recipient, the agency must verify that
6 the nursing facility preadmission screening program has
7 determined that the individual requires nursing facility care
8 and that the individual cannot be safely served in
9 community-based programs. The nursing facility preadmission
10 screening program shall refer a Medicaid recipient to a
11 community-based program if the individual could be safely
12 served at a lower cost and the recipient chooses to
13 participate in such program.

14 (d) For the purpose of initiating immediate
15 prescreening and diversion assistance for individuals residing
16 in nursing homes and in order to make families aware of
17 alternative long-term care resources so that they may choose a
18 more cost-effective setting for long-term placement, CARES
19 staff shall conduct an assessment and review of a sample of
20 individuals whose nursing home stay is expected to exceed 20
21 days, regardless of the initial funding source for the nursing
22 home placement. CARES staff shall provide counseling and
23 referral services to these individuals regarding choosing
24 appropriate long-term care alternatives. This paragraph does
25 not apply to continuing care facilities licensed under chapter
26 651 or to retirement communities that provide a combination of
27 nursing home, independent living, and other long-term care
28 services.

29 ~~(e)~~ By January 15 ~~±~~ of each year, the agency shall
30 submit a report to the Legislature and the Office of
31 Long-Term-Care Policy describing the operations of the CARES

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1 program. The report must describe:

2 1. Rate of diversion to community alternative
3 programs;

4 2. CARES program staffing needs to achieve additional
5 diversions;

6 3. Reasons the program is unable to place individuals
7 in less restrictive settings when such individuals desired
8 such services and could have been served in such settings;

9 4. Barriers to appropriate placement, including
10 barriers due to policies or operations of other agencies or
11 state-funded programs; and

12 5. Statutory changes necessary to ensure that
13 individuals in need of long-term care services receive care in
14 the least restrictive environment.

15 (f) The Department of Elderly Affairs shall track
16 individuals over time who are assessed under the CARES program
17 and who are diverted from nursing home placement. By January
18 15 of each year, the department shall submit to the
19 Legislature and the Office of Long-Term-Care Policy, a
20 longitudinal study of the individuals who are diverted from
21 nursing home placement. The study must include:

22 1. The demographic characteristics of the individuals
23 assessed and diverted from nursing home placement, including,
24 but not limited to, age, race, gender, frailty, caregiver
25 status, living arrangements, and geographic location;

26 2. A summary of community services provided to
27 individuals for 1 year after assessment and diversion;

28 3. A summary of inpatient hospital admissions for
29 individuals who have been diverted; and

30 4. A summary of the length of time between diversion
31 and subsequent entry into a nursing home or death.

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1 (q) By July 1, 2005, the department and the Agency for
2 Health Care Administration shall report to the President of
3 the Senate and the Speaker of the House of Representatives
4 regarding the impact to the state of modifying level-of-care
5 criteria to eliminate the Intermediate II level of care.

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7 (Redesignate subsequent sections.)

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

11 And the title is amended as follows:

12 On page 1, lines 3-9, delete those lines

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14 and insert:

15 delivery system; requiring the Department of
16 Elderly Affairs to report to the Governor and
17 the Legislature the results of the department's
18 monitoring of the activities of the area
19 agencies on aging; amending s. 400.441, F.S.;
20 requiring the Department of Children and Family
21 Services and the Department of Health, in
22 consultation with the agency, to adopt rules,
23 policies, and procedures that include standards
24 regarding elopement of residents; amending s.
25 409.912, F.S.; requiring

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