



1           (b) The agency shall evaluate the cost-effectiveness  
2 and the clinical effectiveness of the program and report its  
3 findings to the President of the Senate and the Speaker of the  
4 House of Representatives by January 1, 2009. If the findings  
5 indicate that the program is cost-effective and clinically  
6 effective, the report must include a plan and timetable for  
7 statewide implementation. In evaluating the cost-effectiveness  
8 and the clinical effectiveness of the program, the agency must  
9 consider findings from program evaluations and site-visit  
10 reports relating to the demonstration project described in  
11 paragraph (a).

12           (2) Services provided under subsection (1) shall be  
13 paid for on the same basis as in the demonstration contracts  
14 described in subsection (1). Beginning on the first day of  
15 operation of the third year of program implementation, as  
16 authorized under this section, services shall be reimbursed  
17 only on a capitated, risk-adjusted basis.

18           Section 2. The sums of \$2,320,987 from the General  
19 Revenue Fund and \$3,307,013 from the Medical Care Trust Fund  
20 are appropriated to the Agency for Health Care Administration  
21 for the purposes of implementing the provisions of this act.

22           Section 3. This act shall take effect upon becoming a  
23 law.

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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
COMMITTEE SUBSTITUTE FOR  
Senate Bill 1000

Limits the program to Dade county only and removes specific references to actual contract numbers.

Reduces the number of individuals served by the program from 8,000 to 7,000.

Deletes legislative intent language requiring that the program be included as a certification or credentialing requirement of any plan choosing to participate in Medicaid reform that serves Medicaid recipients at risk for falls.

Provides an appropriation to the Agency for Health Care Administration to implement the provisions in the bill.