

By Senator Atwater

25-1653-06

1 A bill to be entitled

2 An act relating to the Medicaid program;

3 amending s. 409.912, F.S.; requiring the Agency

4 for Health Care Administration to work with the

5 Agency for Persons with Disabilities to develop

6 a Medicaid waiver program for children who have

7 autism spectrum disorder; providing a

8 definition; providing for implementation of the

9 program subject to the availability of funds;

10 authorizing the agency to adopt rules;

11 providing an effective date.

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

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15 Section 1. Subsection (53) is added to section

16 409.912, Florida Statutes, as amended by section 2 of chapter

17 2005-358, Laws of Florida, to read:

18 409.912 Cost-effective purchasing of health care.--The

19 agency shall purchase goods and services for Medicaid

20 recipients in the most cost-effective manner consistent with

21 the delivery of quality medical care. To ensure that medical

22 services are effectively utilized, the agency may, in any

23 case, require a confirmation or second physician's opinion of

24 the correct diagnosis for purposes of authorizing future

25 services under the Medicaid program. This section does not

26 restrict access to emergency services or poststabilization

27 care services as defined in 42 C.F.R. part 438.114. Such

28 confirmation or second opinion shall be rendered in a manner

29 approved by the agency. The agency shall maximize the use of

30 prepaid per capita and prepaid aggregate fixed-sum basis

31 services when appropriate and other alternative service

1 delivery and reimbursement methodologies, including
2 competitive bidding pursuant to s. 287.057, designed to
3 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 shall contract with a vendor to monitor and evaluate
9 the clinical practice patterns of providers in order to
10 identify trends that are outside the normal practice patterns
11 of a provider's professional peers or the national guidelines
12 of a provider's professional association. The vendor must be
13 able to provide information and counseling to a provider whose
14 practice patterns are outside the norms, in consultation with
15 the agency, to improve patient care and reduce inappropriate
16 utilization. The agency may mandate prior authorization, drug
17 therapy management, or disease management participation for
18 certain populations of Medicaid beneficiaries, certain drug
19 classes, or particular drugs to prevent fraud, abuse, overuse,
20 and possible dangerous drug interactions. The Pharmaceutical
21 and Therapeutics Committee shall make recommendations to the
22 agency on drugs for which prior authorization is required. The
23 agency shall inform the Pharmaceutical and Therapeutics
24 Committee of its decisions regarding drugs subject to prior
25 authorization. The agency is authorized to limit the entities
26 it contracts with or enrolls as Medicaid providers by
27 developing a provider network through provider credentialing.
28 The agency may competitively bid single-source-provider
29 contracts if procurement of goods or services results in
30 demonstrated cost savings to the state without limiting access
31 to care. The agency may limit its network based on the

1 assessment of beneficiary access to care, provider
2 availability, provider quality standards, time and distance
3 standards for access to care, the cultural competence of the
4 provider network, demographic characteristics of Medicaid
5 beneficiaries, practice and provider-to-beneficiary standards,
6 appointment wait times, beneficiary use of services, provider
7 turnover, provider profiling, provider licensure history,
8 previous program integrity investigations and findings, peer
9 review, provider Medicaid policy and billing compliance
10 records, clinical and medical record audits, and other
11 factors. Providers shall not be entitled to enrollment in the
12 Medicaid provider network. The agency shall determine
13 instances in which allowing Medicaid beneficiaries to purchase
14 durable medical equipment and other goods is less expensive to
15 the Medicaid program than long-term rental of the equipment or
16 goods. The agency may establish rules to facilitate purchases
17 in lieu of long-term rentals in order to protect against fraud
18 and abuse in the Medicaid program as defined in s. 409.913.
19 The agency may seek federal waivers necessary to administer
20 these policies.

21 (53) The Agency for Health Care Administration shall
22 work with the Agency for Persons with Disabilities to develop
23 a home and community-based waiver program to provide personal
24 care assistance, respite, and applied behavioral analysis for
25 children who are diagnosed as having autism spectrum disorder.
26 As used in this subsection, the term "autism spectrum
27 disorder" means a neurological disorder that affects
28 reasoning, social interaction, and communication; may affect
29 the functioning of the brain; and is usually evident before a
30 child is 3 years of age. The Agency for Health Care
31 Administration shall seek federal waiver approval and

1 implement the approved waiver subject to the availability of
2 funds and any limitations provided in the General
3 Appropriations Act. The Agency for Health Care Administration
4 may adopt rules to administer this waiver program.

5 Section 2. This act shall take effect July 1, 2006.

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8 SENATE SUMMARY

9 Requires that the Agency for Health Care Administration
10 work with the Agency for Persons with Disabilities to
11 develop a Medicaid waiver program for children who have
12 autism spectrum disorder. Provides for the program to be
13 implemented subject to the availability of funds.
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