HB 947 2006

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16 17 A bill to be entitled

An act relating to long-term care coverage; amending s. 409.905, F.S.; revising conditions for eligibility for nursing and rehabilitative services; repealing s. 409.905(8), F.S., as amended, to delete a conflicting provision relating to eligibility for nursing and rehabilitative services that was contingent upon amendment to the Social Security Act; reenacting and amending s. 409.9102, F.S.; directing the Agency for Health Care Administration to amend the Medicaid state plan that established the Florida Long-term Care Partnership Program for purposes of compliance with provisions of the Social Security Act; revising conditions for qualification for coverage; requiring consultation with the Department of Children and Family Services; amending s. 4, ch. 2005-252, Laws of Florida, to delete a contingency in an effective date; providing an effective date.

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

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Section 1. Subsection (8) of section 409.905, Florida Statutes, is amended to read:

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Mandatory Medicaid services. -- The agency may make 409.905 payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically

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CODING: Words stricken are deletions; words underlined are additions.

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necessary and in accordance with state and federal law.

Mandatory services rendered by providers in mobile units to

Medicaid recipients may be restricted by the agency. Nothing in
this section shall be construed to prevent or limit the agency
from adjusting fees, reimbursement rates, lengths of stay,
number of visits, number of services, or any other adjustments
necessary to comply with the availability of moneys and any
limitations or directions provided for in the General
Appropriations Act or chapter 216.

NURSING FACILITY SERVICES. -- The agency shall pay for 24-hour-a-day nursing and rehabilitative services for a recipient in a nursing facility licensed under part II of chapter 400 or in a rural hospital, as defined in s. 395.602, or in a Medicare certified skilled nursing facility operated by a hospital, as defined by s. 395.002(11), that is licensed under part I of chapter 395, and in accordance with provisions set forth in s. 409.908(2)(a), which services are ordered by and provided under the direction of a licensed physician. However, if a nursing facility has been destroyed or otherwise made uninhabitable by natural disaster or other emergency and another nursing facility is not available, the agency must pay for similar services temporarily in a hospital licensed under part I of chapter 395 provided federal funding is approved and available. The agency shall pay only for bed-hold days if the facility has an occupancy rate of 95 percent or greater. The agency is authorized to seek any federal waivers to implement this policy. When determining eligibility for nursing and rehabilitative services, if the individual is a beneficiary of a

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Florida long-term care partnership program policy and has exhausted the benefits of the policy, the total countable assets of the individual shall be reduced by an amount equal to the insurance benefit payments that are made to or on behalf of the individual.

Section 2. Subsection (8) of section 409.905, Florida Statutes, as amended by chapter 2005-252, Laws of Florida, is repealed:

409.905 Mandatory Medicaid services. -- The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(8) NURSING FACILITY SERVICES. The agency shall pay for 24 hour a day nursing and rehabilitative services for a recipient in a nursing facility licensed under part II of chapter 400 or in a rural hospital, as defined in s. 395.602, or in a Medicare certified skilled nursing facility operated by a

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hospital, as defined by s. 395.002(11), that is licensed under part I of chapter 395, and in accordance with provisions set forth in s. 409.908(2)(a), which services are ordered by and provided under the direction of a licensed physician. However, if a nursing facility has been destroyed or otherwise made uninhabitable by natural disaster or other emergency and another nursing facility is not available, the agency must pay for similar services temporarily in a hospital licensed under part I of chapter 395 provided federal funding is approved and available. The agency shall pay only for bed-hold days if the facility has an occupancy rate of 95 percent or greater. When determining eligibility for nursing and rehabilitative services, if the individual is a beneficiary of an approved long-term care partnership program policy and has exhausted the benefits of the policy, the total countable assets of the individual shall be reduced by \$1 for each \$1 of benefits paid out under the individual's approved long term care partnership program policy. The agency is authorized to seek any federal waivers to implement this policy.

Section 3. Section 409.9102, Florida Statutes, as created by chapter 2005-252, Laws of Florida, is reenacted and amended to read:

409.9102 Florida Long-term Care Partnership Program.--The Agency for Health Care Administration is directed to amend the Medicaid state plan establishing establish the Florida Long-term Care Partnership Program, in compliance with the requirements of s. 1921(b) of the Social Security Act, as amended, which shall:

(1) Provide incentives for an individual to obtain insurance to cover the costs of long-term care.

- (2) Establish standards for long-term care insurance policies for designation as approved long-term care partnership program policies in consultation with the Office of Insurance Regulation.
- (3) Provide a mechanism to qualify for coverage of the costs of long-term care needs under Medicaid without first being required to substantially exhaust his or her resources, including a provision for the disregard of any assets or resources in an amount equal to the insurance benefit payments that are made to or on behalf of an individual who is a beneficiary under a Florida long-term care partnership program policy reduction of the individual's asset valuation by \$1 for each \$1 of benefits paid out under the individual's approved long term care partnership program policy as a determination of Medicaid eligibility, in consultation with the Department of Children and Family Services.
- (4) Provide and approve long-term care partnership plan information distributed to individuals through insurance companies offering approved partnership policies.
- (5) Alleviate the financial burden on the state's medical assistance program by encouraging the pursuit of private initiatives.
- Section 4. Section 4 of chapter 2005-252, Laws of Florida, is amended to read:
- Section 4. This act shall take effect upon becoming a lawexcept that the amendments to section 409.905, Florida Statutes,

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and the newly created section 409.9102, Florida Statutes, provided in this act shall take effect contingent upon amendment to section 1917(b)(1)(c) of the Social Security Act by the United States Congress to delete the "May 14, 1993," deadline for approval by states of long-term care partnership plans.

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

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