

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative(s) Bean offered the following:

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3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Paragraph (f) of subsection (3) of section
6 393.0661, Florida Statutes, is amended to read:

7 393.0661 Home and community-based services delivery
8 system; comprehensive redesign.--The Legislature finds that the
9 home and community-based services delivery system for persons
10 with developmental disabilities and the availability of
11 appropriated funds are two of the critical elements in making
12 services available. Therefore, it is the intent of the
13 Legislature that the Agency for Persons with Disabilities shall
14 develop and implement a comprehensive redesign of the system.

15 (3) The Agency for Health Care Administration, in
16 consultation with the agency, shall seek federal approval and
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17 | implement a four-tiered waiver system to serve clients with
18 | developmental disabilities in the developmental disabilities and
19 | family and supported living waivers. The agency shall assign all
20 | clients receiving services through the developmental
21 | disabilities waiver to a tier based on a valid assessment
22 | instrument, client characteristics, and other appropriate
23 | assessment methods. All services covered under the current
24 | developmental disabilities waiver shall be available to all
25 | clients in all tiers where appropriate, except as otherwise
26 | provided in this subsection or in the General Appropriations
27 | Act.

28 | (f) The agency shall seek federal waivers and amend
29 | contracts as necessary to make changes to services defined in
30 | federal waiver programs administered by the agency as follows:

31 | 1. Supported living coaching services shall not exceed 20
32 | hours per month for persons who also receive in-home support
33 | services.

34 | 2. Limited support coordination services shall be the only
35 | type of support coordination service provided to persons under
36 | the age of 18 who live in the family home.

37 | 3. Personal care assistance services shall be limited to
38 | no more than 180 hours per calendar month and shall not include
39 | rate modifiers. Additional hours may be authorized for persons
40 | who have intensive physical, medical, or adaptive needs if such
41 | hours are essential for avoiding institutionalization ~~only if a~~
42 | ~~substantial change in circumstances occurs for the individual.~~

43 | 4. Residential habilitation services shall be limited to 8
44 | hours per day. Additional hours may be authorized for persons

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45 | who have intensive medical or adaptive needs and if such hours
46 | are essential for avoiding institutionalization, or for persons
47 | who possess behavioral problems that are exceptional in
48 | intensity, duration, or frequency and present a substantial risk
49 | of harming themselves or others. This restriction shall be in
50 | effect until the four-tiered waiver system is fully implemented.

51 | 5. Chore Services, nonresidential support services, and
52 | homemaker services shall be eliminated. The agency shall expand
53 | the definition of in-home support services to enable the
54 | provider of the service to include activities previously
55 | provided in these eliminated services.

56 | 6. Massage therapy and psychological assessment services
57 | shall be eliminated.

58 | 7. The agency shall conduct supplemental cost plan reviews
59 | to verify the medical necessity of authorized services for plans
60 | that have increased by more than 8 percent during either of the
61 | 2 preceding fiscal years.

62 | 8. The agency shall implement a consolidated residential
63 | habilitation rate structure to increase savings to the state
64 | through a more cost-effective payment method and establish
65 | uniform rates for intensive behavioral residential habilitation
66 | services.

67 | 9. Pending federal approval, the agency is authorized to
68 | extend current support plans for clients receiving services
69 | under Medicaid waivers for 1 year beginning July 1, 2007, or
70 | from the date approved, whichever is later. Clients who have a
71 | substantial change in circumstances which threatens their health

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72 and safety may be reassessed during this year in order to
73 determine the necessity for a change in their support plan.

74 Section 2. The following proviso associated with Specific
75 Appropriation 270 in chapter 2007-72, Laws of Florida, is
76 amended to read:

77
78 Personal Care Assistance services shall be limited to no more
79 than 180 hours per calendar month and shall not include rate
80 modifiers. Additional hours may be authorized for persons who
81 have intensive physical, medical, or adaptive needs if such
82 hours are essential for avoiding institutionalization ~~only if a~~
83 ~~substantial change in circumstances occurs for the individual.~~

84 Section 3. Paragraph (k) of subsection (2) of section
85 409.9122, Florida Statutes, is amended to read:

86 409.9122 Mandatory Medicaid managed care enrollment;
87 programs and procedures.--

88 (2)

89 (k) When a Medicaid recipient does not choose a managed
90 care plan or MediPass provider, the agency shall assign the
91 Medicaid recipient to a managed care plan, except in those
92 counties in which there are fewer than two managed care plans
93 accepting Medicaid enrollees, in which case assignment shall be
94 to a managed care plan or a MediPass provider. Medicaid
95 recipients in counties with fewer than two managed care plans
96 accepting Medicaid enrollees who are subject to mandatory
97 assignment but who fail to make a choice shall be assigned to
98 managed care plans until an enrollment of 35 percent in MediPass
99 and 65 percent in managed care plans, of all those eligible to
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100 choose managed care, is achieved. Once that enrollment is
101 achieved, the assignments shall be divided in order to maintain
102 an enrollment in MediPass and managed care plans which is in a
103 35 percent and 65 percent proportion, respectively. ~~In service~~
104 ~~areas 1 and 6 of the Agency for Health Care Administration where~~
105 ~~the agency is contracting for the provision of comprehensive~~
106 ~~behavioral health services through a capitated prepaid~~
107 ~~arrangement, recipients who fail to make a choice shall be~~
108 ~~assigned equally to MediPass or a managed care plan. For~~
109 purposes of this paragraph, when referring to assignment, the
110 term "managed care plans" includes exclusive provider
111 organizations, provider service networks, Children's Medical
112 Services Network, minority physician networks, and pediatric
113 emergency department diversion programs authorized by this
114 chapter or the General Appropriations Act. When making
115 assignments, the agency shall take into account the following
116 criteria:

117 1. A managed care plan has sufficient network capacity to
118 meet the need of members.

119 2. The managed care plan or MediPass has previously
120 enrolled the recipient as a member, or one of the managed care
121 plan's primary care providers or MediPass providers has
122 previously provided health care to the recipient.

123 3. The agency has knowledge that the member has previously
124 expressed a preference for a particular managed care plan or
125 MediPass provider as indicated by Medicaid fee-for-service
126 claims data, but has failed to make a choice.

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127 4. The managed care plan's or MediPass primary care
128 providers are geographically accessible to the recipient's
129 residence.

130 5. The agency has authority to make mandatory assignments
131 based on quality of service and performance of managed care
132 plans.

133 Section 4. This act shall take effect March 1, 2008.

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

136 Remove the entire title and insert:

137 A bill to be entitled

138 An act relating to Medicaid; amending s. 393.0661, F.S.;
139 providing for additional hours to be authorized under the
140 personal care assistance services provided pursuant to a
141 federal waiver program and administered by the Agency for
142 Persons with Disabilities; amending a specified portion of
143 proviso in Specific Appropriation 270 in chapter 2007-72,
144 Laws of Florida; amending s. 409.9122, F.S.; revising the
145 method for assigning Medicaid recipients to managed care
146 plans in service areas 1 and 6; providing an effective
147 date.