

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Schwartz offered the following:

2
3 **Amendment (with title amendment)**

4 Between lines 1696 and 1697, insert:

5 Section 34. Short title.—Sections 35 and 36 of this act
6 may be cited as the "Independence at Home Act of 2010."

7 Section 35. Legislative findings.—The Legislature finds
8 that:

9 (1) Unless changes are made to the way health care is
10 delivered, growing demand for resources caused by rising health
11 care costs and to a lesser extent the nation's expanding elderly
12 and chronically ill population will confront Floridians with
13 increasingly difficult choices between health care and other
14 priorities. However, opportunities exist to constrain health
15 care costs without adverse health care consequences.

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16 (2) Medicaid beneficiaries with multiple chronic
17 conditions account for a disproportionate share of Medicaid
18 spending compared to their representation in the overall
19 Medicaid population, and evidence suggests that such patients
20 often receive poorly coordinated care, including conflicting
21 information from health providers and different diagnoses of the
22 same symptoms.

23 (3) People with chronic conditions account for 76 percent
24 of all hospital admissions, 88 percent of all prescriptions
25 filled, and 72 percent of physician visits.

26 (4) Studies show that hospital utilization and emergency
27 room visits for patients with multiple chronic conditions can be
28 reduced and significant savings can be achieved through the use
29 of interdisciplinary teams of health care professionals caring
30 for patients in their places of residence.

31 (5) The Independence at Home Act creates a chronic care
32 coordination pilot project to bring primary care medical
33 services to the highest cost Medicaid beneficiaries with
34 multiple chronic conditions in their home or place of residence
35 so that they may be as independent as possible for as long as
36 possible in a comfortable setting.

37 (6) The Independence at Home Act generates savings by
38 providing better, more coordinated care across all treatment
39 settings to the highest cost Medicaid beneficiaries with
40 multiple chronic conditions, reducing duplicative and
41 unnecessary services, and avoiding unnecessary hospitalizations,
42 nursing home admissions, and emergency room visits.

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43 (7) The Independence at Home Act holds providers
44 accountable for improving beneficiary outcomes, ensuring patient
45 and caregiver satisfaction, and achieving cost savings to
46 Medicaid on an annual basis.

47 (8) The Independence at Home Act creates incentives for
48 practitioners and providers to develop methods and technologies
49 for providing better and lower cost health care to the highest
50 cost Medicaid beneficiaries with the greatest incentives
51 provided in the case of highest cost beneficiaries.

52 (9) The Independence at Home Act contains the central
53 elements of proven home-based primary care delivery models that
54 have been utilized for years by the United States Department of
55 Veterans Affairs and their "house calls" programs across the
56 country to deliver coordinated care for chronic conditions in
57 the comfort of a patient's home or place of residence.

58 Section 36. Independence at Home Chronic Care Coordination
59 Pilot Project.-

60 (1) The Agency for Health Care Administration shall
61 provide for the phased in development, implementation, and
62 evaluation of Independence at Home programs described in this
63 section to meet the following objectives:

64 (a) To improve patient outcomes, compared to comparable
65 beneficiaries who do not participate in such a program, through
66 reduced hospitalizations, nursing home admissions, or emergency
67 room visits, increased symptom self-management, and similar
68 results.

69 (b) To improve satisfaction of patients and caregivers, as
70 demonstrated through a quantitative pretest and posttest survey

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71 developed by the agency that measures patient and caregiver
72 satisfaction of care coordination, educational information,
73 timeliness of response, and similar care features.

74 (c) To achieve a minimum of 5 percent in cost savings in
75 the care of beneficiaries under this section who suffer from
76 multiple high-cost chronic diseases.

77 (2) INITIAL IMPLEMENTATION; PHASE I.-

78 (a) IN GENERAL.-In carrying out this section and to the
79 extent possible, the Agency for health Care Administration
80 shall enter into agreements with at least two unaffiliated
81 Independence-at-Home organizations in each of the counties in
82 the state to provide chronic care coordination services for a
83 period of 3 years or until those agreements are terminated by
84 the agency. Agreements under this paragraph shall continue in
85 effect until the agency makes a determination pursuant to
86 subsection (3) or until those agreements are supplanted by new
87 agreements entered into under that section. The phase of
88 implementation under this paragraph shall be known as the
89 initial implementation phase or phase I.

90 (b) PREFERENCE.-In selecting Independence at Home
91 organizations under this paragraph, the agency shall give a
92 preference, to the extent practicable, to organizations that:

93 1. Have documented experience in furnishing the types of
94 services covered under this section to eligible beneficiaries in
95 their home or place of residence using qualified teams of health
96 care professionals who are under the direction of a qualified
97 Independence at Home physician or, in a case when such direction
98 is provided by an Independence at Home physician to a physician

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99 assistant who has at least 1 year of experience providing
100 medical and related services for chronically ill individuals in
101 their homes, or other similar qualification as determined by the
102 agency to be appropriate for the Independence at Home program,
103 by the physician assistant acting under the supervision of an
104 Independence at Home physician and as permitted under state law,
105 or by an Independence at Home nurse practitioner;

106 2. Have the capacity to provide services covered by this
107 section to at least 150 eligible beneficiaries; and

108 3. Use electronic medical records, health information
109 technology, and individualized plans of care.

110 (3) EXPANDED IMPLEMENTATION PHASE; PHASE II.-

111 (a) IN GENERAL.-For periods beginning after the end of the
112 3-year initial implementation period under subsection (2), and
113 subject to paragraph (b), the Agency For Health Care
114 Administration shall renew agreements described in subsection
115 (2) with an Independence at Home organization that has met all
116 the objectives specified in subsection (1) and enter into
117 agreements described in subsection (2) with any other
118 organization that is located in the state that was not an
119 Independence at Home organization during the initial
120 implementation period and that meets the qualifications of an
121 Independence at Home organization under this section. The agency
122 may terminate and not renew such an agreement with an
123 organization that has not met such objectives during the initial
124 implementation period. The phase of implementation under this
125 paragraph shall be known as the expanded implementation phase or
126 phase II.

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127 (b) CONTINGENCY.—The expanded implementation under
128 paragraph (a) may not occur if the agency finds, not later than
129 60 days after the date of issuance of the independent evaluation
130 under subsection (5) that continuation of the Independence at
131 Home project is not in the best interest of beneficiaries under
132 this section.

133 (4) ELIGIBILITY.—An organization is not prohibited from
134 participating under this section during expanded implementation
135 phase under subsection (3) and, to the extent practicable,
136 during initial implementation phase under subsection (2) because
137 of its small size as long as it meets the eligibility
138 requirements of this section.

139 (5) INDEPENDENT EVALUATIONS.—

140 (a) IN GENERAL.—The agency shall contract for an
141 independent evaluation of the initial implementation phase under
142 subsection (2) with an interim report to the Legislature to be
143 provided on such evaluation as soon as practicable after the
144 first year of such phase and a final report to be provided to
145 the Legislature as soon as practicable following the conclusion
146 of the initial implementation phase, but not later than 6 months
147 following the end of such phase. Such an evaluation shall be
148 conducted by individuals with knowledge of chronic care
149 coordination programs for the targeted patient population and
150 demonstrated experience in the evaluation of such programs.

151 (b) INFORMATION TO BE INCLUDED.—Each report shall include
152 an assessment of the following factors and shall identify the
153 characteristics of individual Independence at Home programs that
154 are the most effective in producing improvements in:

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155 1. Beneficiary, caregiver, and provider satisfaction;

156 2. Health outcomes appropriate for patients with multiple
157 chronic diseases; and

158 3. Cost savings to the program under this title, such as
159 in reducing:

160 a. Hospital and skilled nursing facility admission rates
161 and lengths of stay;

162 b. Hospital readmission rates; and

163 c. Emergency department visits.

164 (c) BREAKDOWN BY CONDITION.—Each such report shall include
165 data on performance of Independence-at-Home organizations in
166 responding to the needs of eligible beneficiaries with specific
167 chronic conditions and combinations of conditions, as well as
168 the overall eligible beneficiary population.

169 (6) AGREEMENTS.—

170 (a) IN GENERAL.—The agency shall enter into agreements,
171 beginning not later than one year after the date of the
172 enactment of this section, with Independence at Home
173 organizations that meet the participation requirements of this
174 section, including minimum performance standards developed under
175 subsection (e) (3), in order to provide access by eligible
176 beneficiaries to Independence at Home programs under this
177 section.

178 (b) AUTHORITY.—If the agency deems it necessary to serve
179 the best interest of the beneficiaries under this title the
180 agency may:

181 1. Require screening of all potential Independence at Home
182 organizations, including owners, (such as through

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183 fingerprinting, licensure checks, site-visits, and other
184 database checks) before entering into an agreement;

185 2. Require a provisional period during which a new
186 Independence at Home organization would be subject to enhanced
187 oversight (such as prepayment review, unannounced site visits,
188 and payment caps); and

189 3. Require applicants to disclose previous affiliation
190 with entities that have uncollected Medicaid debt, and authorize
191 the denial of enrollment if the agency determines that these
192 affiliations pose undue risk to the program.

193 (7) REGULATIONS.—At least three months before entering
194 into the first agreement under this section, the agency shall
195 publish in the Florida Code the specifications for implementing
196 this section. Such specifications shall describe the
197 implementation process from initial to final implementation
198 phases, including how the agency will identify and notify
199 potential enrollees and how and when beneficiaries may enroll
200 and disenroll from Independence at Home programs and change the
201 programs in which they are enrolled.

202 (8) PERIODIC PROGRESS REPORTS.—Semi-annually during the
203 first year in which this section is implemented and annually
204 thereafter during the period of implementation of this section,
205 the agency shall submit to the appropriate Committees of the
206 House and Senate a report that describes the progress of
207 implementation of this section and explaining any variation from
208 the Independence at Home program as described in this section.

209 (9) ANNUAL BEST PRACTICES CONFERENCE.—During the initial
210 implementation phase and to the extent practicable at intervals

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211 thereafter, the agency shall provide for an annual Independence
212 at Home teleconference for Independence at Home organizations to
213 share best practices and review treatment interventions and
214 protocols that were successful in meeting all 3 objectives
215 specified in paragraph (1).

216 (b) Definitions.—For purposes of this section:

217 (1) ACTIVITIES OF DAILY LIVING.—The term `activities of
218 daily living' means bathing, dressing, grooming, transferring,
219 feeding, or toileting.

220 (2) CAREGIVER.—The term "caregiver" means, with respect to
221 an individual with a qualifying functional impairment, a family
222 member, friend, or neighbor who provides assistance to the
223 individual.

224 (3) ELIGIBLE BENEFICIARY.—

225 (a) IN GENERAL.—The term `eligible beneficiary' means,
226 with respect to an Independence at Home program, an individual
227 who:

228 1. Is entitled to benefits under Florida's Medicaid
229 program;

230 2. Has a qualifying functional impairment and has been
231 diagnosed with two or more of the chronic conditions described
232 in subparagraph (C); and

233 3. Within the 12 months prior to the individual first
234 enrolling with an Independence at Home program under this
235 section, has received benefits under part A for the following
236 services:

237 (I) Non-elective inpatient hospital services.

238 (II) Services in the emergency department of a hospital.

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239 (III) Any one of the following:

240 (aa) Skilled nursing or sub-acute rehabilitation services
241 in a Medicaid-certified nursing facility.

242 (bb) Comprehensive acute rehabilitation facility or
243 Comprehensive outpatient rehabilitation facility services.

244 (cc) Skilled nursing or rehabilitation services through a
245 Medicaid-certified home health agency.

246 (b) DISQUALIFICATIONS.—Such term does not include an
247 individual:

248 1. Who resides in a setting that presents a danger to the
249 safety of in-home health care providers and primary caregivers;
250 or

251 2. Whose enrollment in an Independence at Home program the
252 agency determines would be inappropriate.

253 (C) CHRONIC CONDITIONS DESCRIBED.—The chronic conditions
254 described in this subparagraph are the following:

255 1. Congestive heart failure.

256 2. Diabetes.

257 3. Chronic obstructive pulmonary disease.

258 4. Ischemic heart disease.

259 5. Peripheral arterial disease.

260 6. Stroke.

261 7. Alzheimer's Disease and other dementias designated by
262 the agency.

263 8. Pressure ulcers.

264 9. Hypertension.

265 10. Myasthenia Graves

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266 11. Neurodegenerative diseases designated by the agency
267 which result in high costs under this title, including
268 amyotrophic lateral sclerosis (ALS), multiple sclerosis, and
269 Parkinson's disease.

270 12. Any other chronic condition that the agency identifies
271 as likely to result in high costs to the program under this
272 title when such condition is present in combination with one or
273 more of the chronic conditions specified in the preceding
274 clauses.

275 (4) INDEPENDENCE AT HOME ASSESSMENT.—The term
276 "Independence-at-Home assessment" means a determination of
277 eligibility of an individual for an Independence at Home program
278 as an eligible beneficiary as defined in paragraph (3), a
279 comprehensive medical history, physical examination, and
280 assessment of the beneficiary's clinical and functional status
281 that:

282 (a) Is conducted in person by an individual—

283 1. Who—

284 a. is an Independence at Home physician or an Independence
285 at Home nurse practitioner; or

286 b. A physician assistant, nurse practitioner, or clinical
287 nurse specialist who is employed by an Independence at Home
288 organization and is supervised by an Independence at Home
289 physician or Independence at Home nurse practitioner; and

290 (ii) Does not have an ownership interest in the
291 Independence at Home organization unless the agency determines
292 that it is impracticable to preclude such individual's
293 involvement; and

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294 (b) Includes an assessment of—

295 1. Activities of daily living and other co-morbidities;

296 2. Medications and medication adherence;

297 3. Affect, cognition, executive function, and presence of
298 mental disorders;

299 4. Functional status, including mobility, balance, gait,
300 risk of falling, and sensory function;

301 5. social functioning and social integration;

302 6. Environmental needs and a safety assessment;

303 7. The ability of the beneficiary's primary caregiver to
304 assist with the beneficiary's care as well as the caregiver's
305 own physical and emotional capacity, education, and training;

306 8. Whether, in the professional judgment of the individual
307 conducting the assessment, the beneficiary is likely to benefit
308 from an Independence at Home program;

309 9. Whether the conditions in the beneficiary's home or
310 place of residence would permit the safe provision of services
311 in the home or residence, respectively, under an Independence at
312 Home program;

313 10. Whether the beneficiary has a designated primary care
314 physician whom the beneficiary has seen in an office-based
315 setting within the previous 12 months; and

316 11. Other factors determined appropriate by the agency.

317 (5) INDEPENDENCE AT HOME CARE TEAM.—The term
318 "Independence-at-Home care team".—

319 (a) Means, with respect to a participant, a team of
320 qualified individuals that provides services to the participant
321 as part of an Independence at Home program; and

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322 (b) Includes an Independence at Home physician and/or an
323 Independence at Home nurse practitioner and an Independence at
324 Home coordinator (who may also be an Independence at Home
325 physician or an Independence at Home nurse practitioner).

326 (6) INDEPENDENCE AT HOME COORDINATOR.—The term
327 "Independence-at-Home coordinator" means, with respect to a
328 participant, an individual who—

329 (a) Is employed by an Independence at Home organization
330 and is responsible for coordinating all of the services of the
331 participant's Independence at Home plan;

332 (b) Is a licensed health professional, such as a
333 physician, registered nurse, nurse practitioner, clinical nurse
334 specialist, physician assistant, or other health care
335 professional as the agency determines appropriate, who has at
336 least one year of experience providing and coordinating medical
337 and related services for individuals in their homes; and

338 (c) Serves as the primary point of contact responsible for
339 communications with the participant and for facilitating
340 communications with other health care providers under the plan.

341 (7) INDEPENDENCE AT HOME ORGANIZATION.—The term
342 "Independence-at-Home organization" means a provider of
343 services, a physician or physician group practice which receives
344 payment for services furnished under this title (other than only
345 under this section) and which—

346 (a) Has entered into an agreement under subsection (a) (2)
347 to provide an Independence at Home program under this section;

348 (b)1. Provides all of the services of the Independence at
349 Home plan in a participant's home or place of residence, or

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350 2. If the organization is not able to provide all such
351 services in such home or residence, has adequate mechanisms for
352 ensuring the provision of such services by one or more qualified
353 entities;

354 (c) Has Independence at Home physicians, clinical nurse
355 specialists, nurse practitioners, or physician assistants
356 available to respond to patient emergencies 24 hours a day,
357 seven days a week;

358 (d) Accepts all eligible beneficiaries from the
359 organization's service area, as determined under the agreement
360 with the agency under this section, except to the extent that
361 qualified staff are not available; and

362 (e) Meets other requirements for such an organization
363 under this section.

364 (8) INDEPENDENCE AT HOME PHYSICIAN.—The term
365 "Independence-at-Home physician" means a physician who:

366 (a) Is employed by or affiliated with an Independence at
367 Home organization, as required under paragraph (7) (C), or has
368 another contractual relationship with the Independence at Home
369 organization that requires the physician to make in-home visits
370 and to be responsible for the plans of care for the physician's
371 patients;

372 (b) Is certified—

373 1. By the American Board of Family Physicians, the
374 American Board of Internal Medicine, the American Osteopathic
375 Board of Family Physicians, the American Osteopathic Board of
376 Internal Medicine, the American Board of Emergency Medicine, or
377 the American Board of Physical Medicine and Rehabilitation; or

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378 2. By a Board recognized by the American Board of Medical
379 Specialties and determined by the agency to be appropriate for
380 the Independence at Home program;

381 (c) Has-

382 1. A certification in geriatric medicine as provided by
383 American Board of Medical Specialties; or

384 2. Passed the clinical competency examination of the
385 American Academy of Home Care Physicians and has substantial
386 experience in the delivery of medical care in the home,
387 including at least two years of experience in the management of
388 Medicare or Medicaid patients and one year of experience in
389 home-based medical care including at least 200 house calls; and

390 (d) Has furnished services during the previous 12 months
391 for which payment is made under this title.

392 (9) INDEPENDENCE AT HOME NURSE PRACTITIONER.—The term
393 "Independence-at-Home nurse practitioner" means a nurse
394 practitioner who:

395 (a) Is employed by or affiliated with an Independence at
396 Home organization, as required under paragraph (7) (C), or has
397 another contractual relationship with the Independence at Home
398 organization that requires the nurse practitioner to make in-
399 home visits and to be responsible for the plans of care for the
400 nurse practitioner's patients;

401 (b) Practices in accordance with State law regarding scope
402 of practice for nurse practitioners;

403 (c) Is certified-

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404 1. As a Gerontologic Nurse Practitioner by the American
405 Academy of Nurse Practitioners Certification Program or the
406 American Nurses Credentialing Center; or

407 2. As a family nurse practitioner or adult nurse
408 practitioner by the American Academy of Nurse Practitioners
409 Certification Board or the American Nurses Credentialing Center
410 and holds a certificate of Added Qualification in gerontology,
411 elder care or care of the older adult provided by the American
412 Academy of Nurse Practitioners, the American Nurses
413 Credentialing Center or a national nurse practitioner
414 certification board deemed by the agency to be appropriate for
415 an Independence at Home program; and

416 (d) has furnished services during the previous 12 months
417 for which payment is made under this title.

418 (10) INDEPENDENCE-AT-HOME PLAN-The term "Independence at
419 Home plan" means a plan established under subsection (d)(2) for
420 a specific participant in an Independence at Home program.

421 (11) INDEPENDENCE-AT-HOME PROGRAM-The term "Independence-
422 at-Home program" means a program described in subsection (d)
423 that is operated by an Independence at Home organization.

424 (12) PARTICIPANT.-The term "participant" means an eligible
425 beneficiary who has voluntarily enrolled in an Independence at
426 Home program.

427 (13) QUALIFIED ENTITY.-The term "qualified entity" means a
428 person or organization that is licensed or otherwise legally
429 permitted to provide the specific service (or services) provided
430 under an Independence at Home plan that the entity has agreed to
431 provide.

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432 (14) QUALIFYING FUNCTIONAL IMPAIRMENT.—The term
433 "qualifying functional impairment" means an inability to
434 perform, without the assistance of another person, three (3) or
435 more activities of daily living.

436 (15) QUALIFIED INDIVIDUAL.—The term "qualified individual"
437 means an individual that is licensed or otherwise legally
438 permitted to provide the specific service (or services) under an
439 Independence at Home plan that the individual has agreed to
440 provide.

441 (c) Identification and Enrollment of Prospective Program
442 Participants.—

443 (1) NOTICE TO ELIGIBLE INDEPENDENCE AT HOME BENEFICIARIES—
444 the agency shall develop a model notice to be made available to
445 Medicaid beneficiaries (and to their caregivers) who are
446 potentially eligible for an Independence at Home program by
447 participating providers and by Independence at Home programs.
448 Such notice shall include the following information:

449 (a) A description of the potential advantages to the
450 beneficiary participating in an Independence at Home program.

451 (b) A description of the eligibility requirements to
452 participate.

453 (c) Notice that participation is voluntary.

454 (d) A statement that all other Medicaid benefits remain
455 available to beneficiaries who enroll in an Independence at Home
456 program.

457 (e) Notice that those who enroll in an Independence at
458 Home program will be responsible for copayments for house calls
459 made by Independence at Home physicians, physician assistants,

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460 or by Independence at Home nurse practitioners, except that such
461 copayments may be reduced or eliminated at the discretion of the
462 Independence at Home physician, physician assistant, or
463 Independence at Home nurse practitioner involved in accordance
464 with paragraph (f).

465 (f) A description of the services that could be provided.

466 (g) A description of the method for participating, or
467 withdrawing from participation, in an Independence at Home
468 program or becoming no longer eligible to so participate.

469 (2) VOLUNTARY PARTICIPATION AND CHOICE- An eligible
470 beneficiary may participate in an Independence at Home program
471 through enrollment in such program on a voluntary basis and may
472 terminate such participation at any time. Such a beneficiary may
473 also receive Independence at Home services from the Independence
474 at Home organization of the beneficiary's choice but may not
475 receive Independence at Home services from more than one
476 Independence at Home organization at a time.

477 (d) Independence at Home Program Requirements-

478 (1) IN GENERAL- Each Independence at Home program shall,
479 for each participant enrolled in the program-

480 (a) Designate-

481 1. An Independence at Home physician or an Independence at
482 Home nurse practitioner; and

483 2. An Independence at Home coordinator;

484 (b) Have a process to ensure that the participant received
485 an Independence at Home assessment before enrollment in the
486 program;

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487 (c) With the participation of the participant (or the
488 participant's representative or caregiver), an Independence at
489 Home physician, a physician assistant under the supervision of
490 an Independence at Home physician and as permitted under State
491 law, or an Independence at Home nurse practitioner, and the
492 Independence at Home coordinator, develop an Independence at
493 Home plan for the participant in accordance with paragraph (2);

494 (d) Ensure that the participant receives an Independence
495 at Home assessment at least every 6 months after the original
496 assessment to ensure that the Independence at Home plan for the
497 participant remains current and appropriate;

498 (e) Implement all of the services under the participant's
499 Independence at Home plan and in instances in which the
500 Independence at Home organization does not provide specific
501 services within the Independence at Home plan, ensure that
502 qualified entities successfully provide those specific services;
503 and

504 (f) Provide for an electronic medical record and
505 electronic health information technology to coordinate the
506 participant's care and to exchange information with the Medicaid
507 program and electronic monitoring and communication technologies
508 and mobile diagnostic and therapeutic technologies as
509 appropriate and accepted by the participant.

510 (2) INDEPENDENCE AT HOME PLAN.—

511 (a) IN GENERAL.—An Independence at Home plan for a
512 participant shall be developed with the participant, an
513 Independence at Home physician, a physician assistant under the
514 supervision of an Independence at Home physician and as

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515 permitted under State law, an Independence at Home nurse
516 practitioner, or an Independence at Home coordinator, and, if
517 appropriate, one or more of the participant's caregivers and
518 shall:

519 1. Document the chronic conditions, co-morbidities, and
520 other health needs identified in the participant's Independence
521 at Home assessment;

522 2. Determine which services under an Independence at Home
523 plan described in subparagraph (C) are appropriate for the
524 participant; and

525 3. Identify the qualified entity responsible for providing
526 each service under such plan.

527 (b) COMMUNICATION OF INDIVIDUALIZED INDEPENDENCE AT HOME
528 PLAN TO THE INDEPENDENCE AT HOME COORDINATOR.—If the individual
529 responsible for conducting the participant's Independence at
530 Home assessment and developing the Independence at Home plan is
531 not the participant's Independence at Home coordinator, the
532 Independence at Home physician or Independence at Home nurse
533 practitioner is responsible for ensuring that the participant's
534 Independence at Home coordinator has such plan and is familiar
535 with the requirements of the plan and has the appropriate
536 contact information for all of the members of the Independence
537 at Home care team.

538 (c) SERVICES PROVIDED UNDER AN INDEPENDENCE AT HOME PLAN.—
539 An Independence-at-Home organization shall coordinate and make
540 available through referral to a qualified entity the services
541 described in the following clauses (i) through (iii) to the
542 extent they are needed and covered by under this title and shall

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543 provide the care coordination services described in the
544 following clause (iv) to the extent they are appropriate and
545 accepted by a participant:

546 1. Primary care services, such as physician visits,
547 diagnosis, treatment, and preventive services.

548 2. Home health services, such as skilled nursing care and
549 physical and occupational therapy.

550 3. Phlebotomy and ancillary laboratory and imaging
551 services, including point of care laboratory and imaging
552 diagnostics.

553 4. Care coordination services, consisting of-

554 (I) Monitoring and management of medications by a
555 pharmacist who is certified in geriatric pharmacy by the
556 Commission for Certification in Geriatric Pharmacy or possesses
557 other comparable certification demonstrating knowledge and
558 expertise in geriatric or chronic disease pharmacotherapy , as
559 well as assistance to participants and their caregivers with
560 respect to selection of a prescription drug plan that best meets
561 the needs of the participant's chronic conditions.

562 (II) Coordination of all medical treatment furnished to
563 the participant, regardless of whether such treatment is covered
564 and available to the participant under this title.

565 (III) Self-care education and preventive care consistent
566 with the participant's condition.

567 (IV) Education for primary caregivers and family members.

568 (V) Caregiver counseling services and information about,
569 and referral to, other caregiver support and health care
570 services in the community.

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571 (VI) Referral to social services, such as personal care,
572 meals, volunteers, and individual and family therapy.

573 (VII) Information about, and access to, hospice care.

574 (VIII) Pain and palliative care and end-of-life care,
575 including information about developing advanced directives and
576 physicians orders for life sustaining treatment.

577 (3) PRIMARY TREATMENT ROLE WITHIN AN INDEPENDENCE AT HOME
578 CARE TEAM- An Independence at Home physician, a physician
579 assistant under the supervision of an Independence at Home
580 physician and as permitted under State law, or an Independence
581 at Home nurse practitioner may assume the primary treatment role
582 as permitted under State law.

583 (4) ADDITIONAL RESPONSIBILITIES-

584 (a) OUTCOMES REPORT- Each Independence at Home
585 organization offering an Independence at Home program shall
586 monitor and report to the agency, in a manner specified by AHCA,
587 on:

588 1. Patient outcomes;

589 2. Beneficiary, caregiver, and provider satisfaction with
590 respect to coordination of the participant's care; and

591 3. The achievement of mandatory minimum savings described
592 in subsection (e) (6).

593 (b) ADDITIONAL REQUIREMENTS- Each such organization and
594 program shall provide AHCA with listings of individuals employed
595 by the organization, including contract employees, and
596 individuals with an ownership interest in the organization and
597 comply with such additional requirements as AHCA may specify.

598 (e) Terms and Conditions.-

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599 (1) IN GENERAL- An agreement under this section with an
600 Independence at Home organization shall contain such terms and
601 conditions as AHCA may specify consistent with this section.

602 (2) CLINICAL, QUALITY IMPROVEMENT, AND FINANCIAL
603 REQUIREMENTS-The agency may not enter into an agreement with
604 such an organization under this section for the operation of an
605 Independence at Home program unless-

606 (a) The program and organization meet the requirements of
607 subsection (d), minimum quality and performance standards
608 developed under paragraph (3), and such clinical, quality
609 improvement, financial, program integrity, and other
610 requirements as the agency deems to be appropriate for
611 participants to be served; and

612 (b) The organization demonstrates to the satisfaction of
613 the agency that the organization is able to assume financial
614 risk for performance under the agreement with respect to
615 payments made to the organization under such agreement through
616 available reserves, reinsurance, or withholding of funding
617 provided under this title, or such other means as AHCA
618 determines appropriate.

619 (3) MINIMUM QUALITY AND PERFORMANCE STANDARDS-

620 (a) IN GENERAL-The agency shall develop mandatory minimum
621 quality and performance standards for Independence at Home
622 organizations and programs which shall be no more stringent than
623 those established by the Federal Center for Medicare/Medicaid
624 Services (CMS).

625 (b) STANDARDS TO BE INCLUDED- Such standards shall include
626 measures of:

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- 627 1. Improvement in participant outcomes;
628 2. Improvement in satisfaction of the beneficiary,
629 caregiver, and provider involved; and
630 3. Cost savings consistent with paragraph (6).

631 (c) MINIMUM PARTICIPATION STANDARD.—Such standards shall
632 include a requirement that, for any year after the first year
633 and except as the agency may provide for a program serving a
634 rural area, an Independence at Home program had an average
635 number of participants during the previous year of at least 150
636 participants.

637 (4) TERM OF AGREEMENT AND MODIFICATION— The agreement
638 under this subsection shall be, subject to paragraphs (3)(C) and
639 (5), for a period of three years, and the terms and conditions
640 may be modified during the contract period by the agency as
641 necessary to serve the best interest of the beneficiaries under
642 this title or the best interest of Federal health care programs
643 or upon the request of the Independence at Home organization.

644 (5) TERMINATION AND NON-RENEWAL OF AGREEMENT.—

645 (a) IN GENERAL.—If AHCA determines that an Independence at
646 Home organization has failed to meet the minimum performance
647 standards under paragraph (3) or other requirements under this
648 section, or if AHCA deems it necessary to serve the best
649 interest of the beneficiaries under this title or the best
650 interest of Federal health care programs, AHCA may terminate the
651 agreement of the organization at the end of the contract year.

652 (b) REQUIRED TERMINATION WHERE RISK TO HEALTH OR SAFETY OF
653 A PARTICIPANT.—The agency shall terminate an agreement with an
654 Independence at Home organization at any time the agency

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655 determines that the care being provided by such organization
656 poses a threat to the health and safety of a participant.

657 (c) TERMINATION BY INDEPENDENCE AT HOME ORGANIZATIONS.-
658 Notwithstanding any other provision of this subsection, an
659 Independence at Home organization may terminate an agreement
660 with the agency under this section to provide an Independence at
661 Home program at the end of a contract year if the organization
662 provides to the agency and to the beneficiaries participating in
663 the program notification of such termination more than 90 days
664 before the end of such year. Paragraphs (6), (8), and (9) (B)
665 shall apply to the organization until the date of termination.

666 (d) NOTICE OF INVOLUNTARY TERMINATION.-The agency shall
667 notify the participants in an Independence at Home program as
668 soon as practicable if a determination is made to terminate an
669 agreement with the Independence at Home organization
670 involuntarily as provided in paragraphs (a) and (b). Such notice
671 shall inform the beneficiary of any other Independence at Home
672 organizations that might be available to the beneficiary.

673 (6) MANDATORY MINIMUM SAVINGS-

674 (a) REQUIRED-

675 1. IN GENERAL.-Under an agreement under this subsection,
676 each Independence at Home organization shall ensure that during
677 any year of the agreement for its Independence at Home program,
678 there is an aggregate savings in the cost to the program under
679 this title for participating beneficiaries, as calculated under
680 subparagraph (B), that is not less than 5 percent of the product
681 described in clause (ii) for such participating beneficiaries
682 and year.

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683 2. PRODUCT DESCRIBED.—The product described in this clause
684 for participating beneficiaries in an Independence at Home
685 program for a year is the product of—

686 (I) The estimated average monthly costs that would have
687 been incurred under Florida Medicaid , other than those in the
688 Medicaid Reform Pilot Counties if those beneficiaries had not
689 participated in the Independence at Home program; and

690 (II) The number of participant-months for that year.

691 (b) COMPUTATION OF AGGREGATE SAVINGS—

692 1. MODEL FOR CALCULATING SAVINGS.—The agency shall
693 contract with a nongovernmental organization or academic
694 institution to independently develop an analytical model for
695 determining whether an Independence at Home program achieves at
696 least savings required under paragraph (a) relative to costs
697 that would have been incurred by Medicaid in the absence of
698 Independence at Home programs. The analytical model developed by
699 the independent research organization for making these
700 determinations shall utilize state-of-the-art econometric
701 techniques, such as Heckman's selection correction
702 methodologies, to account for sample selection bias, omitted
703 variable bias, or problems with endogeneity.

704 2. APPLICATION OF THE MODEL.—Using the model developed
705 under clause (i), the agency shall compare the actual costs to
706 Medicaid of beneficiaries participating in an Independence at
707 Home program to the predicted costs to Medicaid of such
708 beneficiaries to determine whether an Independence at Home
709 program achieves the savings required under subparagraph (A).

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710 3. REVISIONS OF THE MODE.-The agency shall require that
711 the model developed under clause (i) for determining savings
712 shall be designed according to instructions that will control,
713 or adjust for, inflation as well as risk factors including, age,
714 race, gender, disability status, socioeconomic status, region of
715 country (such as State, county, metropolitan statistical area,
716 or zip code), and such other factors as the agency determines to
717 be appropriate, including adjustment for prior health care
718 utilization. the agency may add to, modify, or substitute for
719 such adjustment factors if such changes will improve the
720 sensitivity or specificity of the calculation of costs savings.

721 4. PARTICIPANT-MONTH.-In making the calculation described
722 in subparagraph (a), each month or part of a month in a program
723 year that a beneficiary participates in an Independence at Home
724 program shall be counted as a "participant-month".

725 (c) NOTICE OF SAVINGS CALCULATION- No later than 30 days
726 before the beginning of the first year of the pilot project
727 under this section and 120 days before the beginning of any
728 Independence at Home program year after the first such year, the
729 agency shall publish in the Florida Administrative Weekly
730 description of the model developed under subparagraph (B)(i) and
731 information for calculating savings required under subparagraph
732 (A), including any revisions, sufficient to permit Independence
733 at Home organizations to determine the savings they will be
734 required to achieve during the program year to meet the savings
735 requirement under subparagraph (A). In order to facilitate this
736 notice, the agency may designate a single annual date for the
737 beginning of all Independence at Home program years that shall

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738 not be later than one year from the date of enactment of this
739 section.

740 (7) MANNER OF PAYMENT.—Subject to paragraph (8), payments
741 shall be made by the agency to an Independence at Home
742 organization at a rate negotiated between the agency and the
743 organization under the agreement for:

744 (a) Independence at Home assessments; and

745 (b) On a per-participant, per-month basis for the items
746 and services required to be provided or made available under
747 subsection (2).

748 (8) ENSURING MANDATORY MINIMUM SAVINGS—The agency shall
749 require any Independence at Home organization that fails in any
750 year to achieve the mandatory minimum savings described in
751 subsection (6) to provide those savings by refunding payments
752 made to the organization under paragraph (7) during such year.

753 (9) BUDGET NEUTRAL PAYMENT CONDITION—

754 (a) IN GENERAL— Under this section, the agency shall
755 ensure that the cumulative, aggregate sum of Medicaid program
756 benefit expenditures for participants in Independence at Home
757 programs and funds paid to Independence at Home organizations
758 under this section, shall not exceed the Medicaid program
759 benefit expenditures under such parts that the agency estimates
760 would have been made for such participants in the absence of
761 such programs.

762 (b) TREATMENT OF SAVINGS—

763 1. INITIAL IMPLEMENTATION PHASE.—If an Independence at
764 Home organization achieves aggregate savings in a year in the
765 initial implementation phase in excess of the mandatory minimum

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766 savings described in paragraph (6) (A) (ii), 80 percent of such
767 aggregate savings shall be paid to the organization and the
768 remainder shall be retained by the programs under this title
769 during the initial implementation phase.

770 2. EXPANDED IMPLEMENTATION PHASE- If an Independence at
771 Home organization achieves aggregate savings in a year in the
772 expanded implementation phase in excess of 5 percent of the
773 product described in paragraph (6) (A) (ii)-

774 (I) Insofar as such savings do not exceed 25 percent of
775 such product, 80 percent of such aggregate savings shall be paid
776 to the organization and the remainder shall be retained by the
777 programs under this title; and

778 (II) Insofar as such savings exceed 25 percent of such
779 product, in the agency's discretion, 50 percent of such excess
780 aggregate savings shall be paid to the organization and the
781 remainder shall be retained by the programs under this title.

782 (f) Waiver of Coinsurance for House Calls.-A physician,
783 physician assistant, or nurse practitioner furnishing services
784 related to the Independence at Home program in the home or
785 residence of a participant in an Independence at Home program
786 may waive collection of any coinsurance that might otherwise be
787 payable under section 1833(a) with respect to such services but
788 only if the conditions described in section 1128A(i) (6) (A) are
789 met.

790 (g) Report.-Not later than 3 months after the date of
791 receipt of the independent evaluation provided under subsection
792 (5) and each year thereafter during which this section is being

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793 implemented, the agency shall submit to the Committees of
794 jurisdiction in Congress a report that shall include:

795 (1) Whether the Independence at Home programs under this
796 section are meeting the minimum quality and performance
797 standards in (e) (3);

798 (2) A comparative evaluation of Independence at Home
799 organizations in order to identify which programs, and
800 characteristics of those programs, were the most effective in
801 producing the best participant outcomes, patient and caregiver
802 satisfaction, and cost savings; and

803 (3) An evaluation of whether the participant eligibility
804 criteria identified beneficiaries who were in the top ten
805 percent of the highest cost Medicaid beneficiaries.

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

810

Remove line 159 and insert:

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recipients; providing a short title; creating the "Independence

812

at Home Act"; providing legislative findings; providing for an

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Independence at Home Chronic Care pilot project; providing for

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implementation and independent evaluation of the pilot project;

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requiring a report to the United States Congress; providing an

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effective date.

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