

1                                   A bill to be entitled  
 2           An act relating to the care of children in nursing  
 3           home facilities; creating s. 400.231, F.S.; providing  
 4           that certain facilities that operate a designated  
 5           children's area are eligible for Children's Special  
 6           Care Center license; providing requirements for  
 7           licensure of such facilities; providing requirements  
 8           relating to a child's individualized care plan;  
 9           providing exemptions; providing standards for  
 10          operation of a center; providing criteria for  
 11          admittance into a center; providing a definition;  
 12          requiring a child to have an individualized plan of  
 13          care based on an assessment by an interdisciplinary  
 14          care plan team; amending s. 409.906, F.S.; providing  
 15          an effective date.

16  
 17 Be It Enacted by the Legislature of the State of Florida:

18  
 19           Section 1. Section 400.231, Florida Statutes, is created  
 20 to read:

21           400.231 Children's Special Care Center licensing.—There is  
 22 created a specialty license for long-term care facilities  
 23 licensed under this part that maintain a separate, distinct  
 24 center within a nursing home facility entitled "Children's  
 25 Special Care Center" (CSCC) for the care of children from birth  
 26 to age 21. The license shall be displayed next to the facility  
 27 license issued under s. 400.23. A facility applying for the  
 28 license must meet the requirements of this part and the

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29 standards and criteria of this section. A facility may be  
30 exempted from these standards for specific persons between 18  
31 and 21 years of age if the person's physician agrees that  
32 minimum standards of care based on age are not necessary.  
33 Notwithstanding the provisions of part II of chapter 400, the  
34 following standards apply only to those facilities licensed  
35 under this part that also obtain a Children's Special Care  
36 Center license.

37 (1) A facility that operates a children's area that is  
38 recognized by the agency by July 1, 2013, is eligible for a CSCC  
39 license. In addition to the requirements of part II of chapter  
40 408 and the requirements of this part, an application for a CSCC  
41 license shall be under oath and must contain the following  
42 information:

43 (a) The location of the center and that the location of  
44 the center complies with local zoning codes.

45 (b) The total number of beds in the center.

46 (c) Documentation that the center employs a sufficient  
47 number of qualified staff, by training or experience, to  
48 properly care for the type and number of children who will  
49 reside in the center.

50  
51 The Agency for Health Care Administration may develop a  
52 specialized survey process to implement the licensure of a  
53 center established under this subsection.

54 (2) (a) When a child is admitted to the facility, the  
55 assessment provided in subsection (3) and the plan of care  
56 provided in subsection (4) shall include plans to discharge the

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57 child to a less restrictive setting. The center shall identify  
58 outside referrals appropriate for discharge planning purposes.

59 (b) If the child is under age 3, the discharge process  
60 must also include a request to the appropriate entity for an  
61 individualized family support plan under the Individuals with  
62 Disabilities Education Act.

63 (c) When a center anticipates discharging a child as  
64 determined through the interdisciplinary care plan team process,  
65 the child must have a discharge summary and a postdischarge plan  
66 of care.

67 (d) The center shall provide a parent, legal guardian, or  
68 other caretaker with information regarding the center's care of  
69 the child, how to provide an intervention, if needed, and how to  
70 interpret responses to care in order to facilitate a transition  
71 from the center to the home or other placement. At the time of  
72 discharge, a detailed plan of care shall accompany the child and  
73 shall include the services and support needed to meet the  
74 child's medical needs so that the child may safely remain in the  
75 home.

76 (3) A child admitted to the center must be in need of  
77 skilled care or medically fragile care as determined by the  
78 Children's Multidisciplinary Assessment Team. As used in this  
79 section, the term, "Children's Multidisciplinary Assessment  
80 Team" means a special team that reviews the case of a child with  
81 complex medical issues that may require long-term care.

82 (4) (a) A child shall have an individualized plan of care  
83 based on the assessment provided in subsection (3) that is  
84 developed, implemented, maintained, and evaluated by the

85 Children's Multidisciplinary Assessment Team in conjunction with  
 86 the child's parent, guardian, family members, and the agency's  
 87 nurse care coordinator.

88 (b) The interdisciplinary care plan team shall have  
 89 expertise in medical care, child development, education, and  
 90 mental health therapy, including early childhood therapy. If a  
 91 child receives services from a community agency or organization,  
 92 a representative of the agency or organization shall be invited  
 93 to attend care plan meetings.

94 (c) The plan of care shall include:

95 1. Physician's orders, diagnosis, medical history,  
 96 physical examination, and habilitative or restorative needs.

97 2. A preliminary nursing evaluation with physician orders  
 98 for immediate care, completed upon admission.

99 3. A care plan that addresses the findings of a  
 100 comprehensive, accurate, reproducible, and standardized  
 101 assessment as described in subsection (3) of the child's  
 102 functional capability. The care plan shall be reviewed quarterly  
 103 or when there is a significant change in the child's physical or  
 104 mental condition.

105 (d) A parent, guardian, or family member shall receive a  
 106 status of the cognitive, developmental, social, educational,  
 107 emotional, behavioral, functioning, and therapeutic and physical  
 108 health needs on a quarterly basis.

109 (e) For each child who has reached age 3 but is not yet  
 110 age 22, the center must notify the county school board that  
 111 there is a school-age child residing in the center. The center  
 112 shall:

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113 1. Notify the parents if the school board fails to develop  
114 an education program.

115 2. Work with the parents on an ongoing basis to determine  
116 if further action can be taken to meet the educational needs of  
117 the child.

118 3. Notify the agency if the child does not have an  
119 individualized education plan.

120  
121 The failure or inability on the part of the city, county, state,  
122 or federal school system to provide an educational program  
123 according to the child's ability to participate does not  
124 obligate the center to supply or furnish an educational program  
125 or bring suit against any city, county, state, or federal  
126 organization for its failure or inability to provide an  
127 educational program. Nothing contained in this subsection is  
128 intended to prohibit, restrict, or prevent the parent or legal  
129 guardian of the child from providing a private educational  
130 program that meets applicable state laws.

131 (f) Pediatric equipment and supplies shall be available as  
132 determined by the care plan.

133 (5) (a) The center shall have a contract with a physician  
134 who has a board certification or subcertification in pediatrics  
135 by a specialty board recognized by the American Board of Medical  
136 Specialties, the American Association of Physician Specialists,  
137 or an Osteopathic physician who holds a certificate in  
138 Pediatrics by the American Osteopathic Association. This  
139 physician shall serve as a consultant and liaison between the  
140 center and the medical community for quality and appropriateness

141 of services provided to children.

142 (b) The center must assure that pediatric physicians are  
 143 available for routine and emergency consultation to meet the  
 144 child's needs.

145 (c) Each child shall be under the care of a pediatric  
 146 physician, licensed under Chapter 458 or 459, F.S., who shall  
 147 maintain responsibility for the overall medical management and  
 148 therapeutic plan of care and will be available for face-to-face  
 149 consultation and collaboration with the facility's medical  
 150 director and the director of nursing.

151 (d) The physician or his or her designee shall:

152 1. Evaluate and document the status of the child's  
 153 condition.

154 2. Review and update the plan of care.

155 3. Prepare orders as needed.

156 4. Countersign verbal orders.

157 (6)(a) The following minimum staffing requirements shall  
 158 apply for persons under 21 years of age who reside in a  
 159 Children's Special Care Center. These standards apply in lieu of  
 160 the requirements contained in section 400.23(3) for nursing home  
 161 facilities licensed under part II of chapter 400.

162 1. For persons under 21 years of age who require skilled  
 163 care:

164 a. A minimum combined average of 3.9 hours of direct care  
 165 per resident per day must be provided by licensed nurses,  
 166 respiratory therapists, respiratory care practitioners, and  
 167 certified nursing assistants.

168 b. A minimum licensed nursing staffing of 1.0 hour of

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169 direct care per resident per day must be provided.

170 c. No more than 1.5 hours of certified nursing assistant  
171 care per resident per day may be counted in determining the  
172 minimum direct care hours required.

173 d. One registered nurse must be on duty on the site 24  
174 hours per day on the unit where children reside.

175 2. For persons under 21 years of age who are medically  
176 fragile:

177 a. A minimum combined average of 5.0 hours of direct care  
178 per resident per day must be provided by licensed nurses,  
179 respiratory therapists, respiratory care practitioners, and  
180 certified nursing assistants.

181 b. A minimum licensed nursing staffing of 1.7 hours of  
182 direct care per resident per day must be provided.

183 c. No more than 1.5 hours of certified nursing assistant  
184 care per resident per day may be counted in determining the  
185 minimum direct care hours required.

186 d. One registered nurse must be on duty on the site 24  
187 hours per day on the unit where children reside.

188 (b) At least one licensed health care staff person with  
189 current Life Support certification for children shall be on the  
190 unit at all times where children are residing.

191 (c) An early childhood specialist shall be on staff or  
192 under contract to work w3ith children as determined necessary by  
193 the plan of care.

194 (7) The center shall maintain an Emergency Medication Kit  
195 of pediatric medications as determined in consultation with the  
196 facility Medical Director, Director of Nursing, contracted

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197 pediatric physician, and a pharmacist with pediatric expertise.

198 (8) (a) The center shall be in compliance with the Florida  
199 Building Code as required by the agency.

200 (b) All furniture and adaptive equipment must be  
201 physically appropriate to the developmental and medical needs of  
202 the children. Other equipment and supplies shall be made  
203 available to meet the needs of the children as prescribed or  
204 recommended in the care plan.

205 (c) Indoor and outdoor activity areas shall be provided to  
206 encourage exploration and maximize the child's capabilities,  
207 accommodate mobile and non-mobile children, and support a range  
208 of activities for children of all ages.

209 (9) (a) The center shall develop, implement and maintain an  
210 annual written staff education plan for all employees who work  
211 with children that includes pre-service and in-service programs.  
212 Such programs shall include child development, with an  
213 understanding of social, emotional and developmental needs of  
214 children, and understanding the needs of support for the child's  
215 parents.

216 (b) All employees shall receive education on the  
217 prevention and control of infection and on accident prevention  
218 and safety awareness.

219 (10) A qualified dietitian with knowledge, expertise and  
220 experience in the nutritional management of medically involved  
221 children shall evaluate the needs and special diet of each  
222 child.

223 (11) A pharmacist familiar with pediatric medications and  
224 dosages and knowledgeable of pediatric pharmaceutical procedures



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225 | shall be available to the center.

226 |       (12) The center shall maintain or contract as needed for  
227 | pediatric dental services.

228 |       Section 2. Subsection (8) of section 409.906, Florida  
229 | Statutes, is amended, and subsection (28) is added that section,  
230 | to to read:

231 |       409.906 Optional Medicaid services.—Subject to specific  
232 | appropriations, the agency may make payments for services which  
233 | are optional to the state under Title XIX of the Social Security  
234 | Act and are furnished by Medicaid providers to recipients who  
235 | are determined to be eligible on the dates on which the services  
236 | were provided. Any optional service that is provided shall be  
237 | provided only when medically necessary and in accordance with  
238 | state and federal law. Optional services rendered by providers  
239 | in mobile units to Medicaid recipients may be restricted or  
240 | prohibited by the agency. Nothing in this section shall be  
241 | construed to prevent or limit the agency from adjusting fees,  
242 | reimbursement rates, lengths of stay, number of visits, or  
243 | number of services, or making any other adjustments necessary to  
244 | comply with the availability of moneys and any limitations or  
245 | directions provided for in the General Appropriations Act or  
246 | chapter 216. If necessary to safeguard the state's systems of  
247 | providing services to elderly and disabled persons and subject  
248 | to the notice and review provisions of s. 216.177, the Governor  
249 | may direct the Agency for Health Care Administration to amend  
250 | the Medicaid state plan to delete the optional Medicaid service  
251 | known as "Intermediate Care Facilities for the Developmentally  
252 | Disabled." Optional services may include:

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253 (8) COMMUNITY MENTAL HEALTH SERVICES.—

254 (a) The agency may pay for rehabilitative services  
255 provided to a recipient by a mental health or substance abuse  
256 provider under contract with the agency or the Department of  
257 Children and Family Services to provide such services. Those  
258 services which are psychiatric in nature shall be rendered or  
259 recommended by a psychiatrist, and those services which are  
260 medical in nature shall be rendered or recommended by a  
261 physician or psychiatrist. The agency must develop a provider  
262 enrollment process for community mental health providers which  
263 bases provider enrollment on an assessment of service need. The  
264 provider enrollment process shall be designed to control costs,  
265 prevent fraud and abuse, consider provider expertise and  
266 capacity, and assess provider success in managing utilization of  
267 care and measuring treatment outcomes. Providers will be  
268 selected through a competitive procurement or selective  
269 contracting process. In addition to other community mental  
270 health providers, the agency shall consider for enrollment  
271 mental health programs licensed under chapter 395 and group  
272 practices licensed under chapter 458, chapter 459, chapter 490,  
273 or chapter 491. The agency is also authorized to continue  
274 operation of its behavioral health utilization management  
275 program and may develop new services if these actions are  
276 necessary to ensure savings from the implementation of the  
277 utilization management system. The agency shall coordinate the  
278 implementation of this enrollment process with the Department of  
279 Children and Family Services and the Department of Juvenile  
280 Justice. The agency is authorized to utilize diagnostic criteria

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281 in setting reimbursement rates, to preauthorize certain high-  
282 cost or highly utilized services, to limit or eliminate coverage  
283 for certain services, or to make any other adjustments necessary  
284 to comply with any limitations or directions provided for in the  
285 General Appropriations Act.

286 (b) The agency is authorized to implement reimbursement  
287 and use management reforms in order to comply with any  
288 limitations or directions in the General Appropriations Act,  
289 which may include, but are not limited to: prior authorization  
290 of treatment and service plans; prior authorization of services;  
291 enhanced use review programs for highly used services; and  
292 limits on services for those determined to be abusing their  
293 benefit coverages.

294 (28) HOME AND COMMUNITY-BASED SERVICES FOR CHILDREN AND  
295 ADULTS WHO ARE MEDICALLY FRAGILE.—The agency is authorized to  
296 seek federal approval for and to implement through a Medicaid  
297 waiver, waiver amendment, or a state plan amendment the  
298 provision of in-home or medical group home services and supports  
299 to provide the child and family with an alternative to skilled  
300 nursing facility admission. For children receiving these  
301 services, the services and supports will continue after the age  
302 of 21. Individuals eligible for these services and supports are:

303 (a) Children less than age 21 who meet the medically  
304 fragile level of care.

305 (b) Adults age 21 and over who received these services and  
306 supports as a child and their medically fragile condition  
307 continues.

308 Section 3. The implementation of this act is contingent

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309 | upon funding in the General Appropriations Act.

310 |       Section 4. This act shall take effect July 1, 2013.