

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Magar offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Present subsections (4) through (13) of section
 8 409.962, Florida Statutes, are redesignated as subsections (5)
 9 through (14), respectively, present subsection (14) of that
 10 section is redesignated as subsection (18), and new subsection
 11 (4) and subsections (15), (16), and (17) are added to that
 12 section to read:

13 409.962 Definitions.—As used in this part, except as
 14 otherwise specifically provided, the term:

15 (4) "Authorized representative" means an individual who
 16 has the legal authority to make decisions on behalf of a
 17 Medicaid recipient or potential Medicaid recipient in matters

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18 related to the managed care plan or the screening or eligibility
19 process.

20 (15) "Rescreening" means the use of a screening tool to
21 conduct annual screenings or screenings due to a significant
22 change which determine an individual's placement and
23 continuation on the wait list.

24 (16) "Screening" means the use of an information-
25 collection tool to determine a priority score for placement on
26 the wait list.

27 (17) "Significant change" means change in an individual's
28 health status after an accident or illness; an actual or
29 anticipated change in the individual's living situation; a
30 change in the caregiver relationship; loss of or damage to the
31 individual's home or deterioration of his or her home
32 environment; or loss of the individual's spouse or caregiver.

33 Section 2. Section 409.979, Florida Statutes, is amended
34 to read:

35 409.979 Eligibility.—

36 (1) PREREQUISITE CRITERIA FOR ELIGIBILITY.—Medicaid
37 recipients who meet all of the following criteria are eligible
38 to receive long-term care services and must receive long-term
39 care services by participating in the long-term care managed
40 care program. The recipient must be:

41 (a) Sixty-five years of age or older, or age 18 or older
42 and eligible for Medicaid by reason of a disability.

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43 (b) Determined by the Comprehensive Assessment Review and
44 Evaluation for Long-Term Care Services (CARES) preadmission
45 screening Program ~~Program~~ to require nursing facility care as
46 defined in s. 409.985(3).

47 (2) ENROLLMENT OFFERS. ~~Medicaid recipients who, on the~~
48 ~~date long-term care managed care plans become available in their~~
49 ~~region, reside in a nursing home facility or are enrolled in one~~
50 ~~of the following long-term care Medicaid waiver programs are~~
51 ~~eligible to participate in the long-term care managed care~~
52 ~~program for up to 12 months without being reevaluated for their~~
53 ~~need for nursing facility care as defined in s. 409.985(3):~~

54 ~~(a) The Assisted Living for the Frail Elderly Waiver.~~

55 ~~(b) The Aged and Disabled Adult Waiver.~~

56 ~~(c) The Consumer-Directed Care Plus Program as described~~
57 ~~in s. 409.221.~~

58 ~~(d) The Program of All-inclusive Care for the Elderly.~~

59 ~~(e) The Channeling Services Waiver for Frail Elders.~~

60 ~~(3)~~ Subject to the availability of funds, the ~~The~~
61 Department of Elderly Affairs shall make offers for enrollment
62 to eligible individuals based on a wait-list prioritization ~~and~~
63 ~~subject to availability of funds.~~ Before making enrollment
64 offers, the agency and the Department of Elderly Affairs
65 ~~department~~ shall determine that sufficient funds exist to
66 support additional enrollment into plans.

67 (3) WAIT LIST, RELEASE, AND OFFER PROCESS. ~~The Department~~
68 of Elderly Affairs shall maintain a statewide wait list for

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69 enrollment for home and community-based services through the
70 long-term care managed care program.

71 (a) The Department of Elderly Affairs shall prioritize
72 individuals for potential enrollment for home and community-
73 based services through the long-term care managed care program
74 using a frailty-based screening tool that results in a priority
75 score. The priority score is used to set an order for releasing
76 individuals from the wait list for potential enrollment in the
77 long-term care managed care program. If capacity is limited for
78 individuals with identical priority scores, the individual with
79 the oldest date of placement on the waitlist shall receive
80 priority for release.

81 1. Pursuant to s. 430.2053, Aging Resource Center
82 personnel certified by the Department of Elderly Affairs shall
83 perform the screening for each individual requesting enrollment
84 for home and community-based services through the long-term care
85 managed care program. The Department of Elderly Affairs shall
86 request that the individual or the individual's authorized
87 representative provide alternate contact names and contact
88 information.

89 2. The individual requesting the long-term care services,
90 or the individual's authorized representative, must participate
91 in an initial screening or rescreening for placement on the wait
92 list. The screening or rescreening must be completed in its
93 entirety before placement on the wait list.

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94 3. Pursuant to s. 430.2053, Aging Resource Center
95 personnel shall administer rescreening annually or upon
96 notification of a significant change in an individual's
97 circumstances.

98 4. The Department of Elderly Affairs shall adopt by rule a
99 screening tool that generates the priority score, and shall make
100 publicly available on its website the specific methodology used
101 to calculate an individual's priority score.

102 (b) Upon completion of the screening or rescreening
103 process, the Department of Elderly Affairs shall notify the
104 individual or the individual's authorized representative that
105 the individual has been placed on the wait list.

106 (c) If the Department of Elderly Affairs is unable to
107 contact the individual or the individual's authorized
108 representative to schedule an initial screening or rescreening,
109 and documents the actions taken to make such contact, it shall
110 send a letter to the last documented address of the individual
111 or the individual's authorized representative. The letter must
112 advise the individual or his or her authorized representative
113 that he or she must contact the Department of Elderly Affairs
114 within 30 calendar days after the date of the notice to schedule
115 a screening or rescreening and must notify the individual that
116 failure to complete the screening or rescreening will result in
117 his or her termination from the screening process and the wait
118 list.

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119 (d) After notification by the agency of available
120 capacity, the CARES program shall conduct a prerelease
121 assessment. The Department of Elderly Affairs shall release
122 individuals from the wait list based on the priority scoring
123 process and prerelease assessment results. Upon release,
124 individuals who meet all eligibility criteria may enroll in the
125 long-term care managed care program.

126 (e) The Department of Elderly Affairs may terminate an
127 individual's inclusion on the wait list if the individual:

128 1. Does not have a current priority score due to the
129 individual's action or inaction;

130 2. Requests to be removed from the wait list;

131 3. Does not keep an appointment to complete the
132 rescreening without scheduling another appointment and has not
133 responded to three documented attempts by the Department of
134 Elderly Affairs to contact the individual;

135 4. Receives an offer to begin the eligibility
136 determination process for the long-term care managed care
137 program; or

138 5. Begins receiving services through the long-term care
139 managed care program.

140
141 An individual whose inclusion on the wait list is terminated
142 must initiate a new request for placement on the wait list, and
143 any previous priority considerations must be disregarded.

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144 (f) Notwithstanding this subsection, the following
145 individuals are afforded priority enrollment for home and
146 community-based services through the long-term care managed care
147 program and do not have to complete the screening or wait-list
148 process if all other long-term care managed care program
149 eligibility requirements are met:

150 1. Individuals who are 18, 19, or 20 years of age who have
151 chronic debilitating diseases or conditions of one or more
152 physiological or organ systems which generally make the
153 individual dependent upon 24-hour-per-day medical, nursing, or
154 health supervision or intervention.

155 2. Nursing facility residents requesting to transition
156 into the community who have resided in a Florida-licensed
157 skilled nursing facility for at least 60 consecutive days.

158 3. Individuals referred by the Department of Children and
159 Families Adult Protective Services as high risk and placed in an
160 assisted living facility temporarily funded by the Department of
161 Children and Families.

162 (g) The Department of Elderly Affairs and the agency may
163 adopt rules to implement this subsection.

164 Section 3. This act shall take effect on July 1, 2016.

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

168 Remove everything before the enacting clause and insert:

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1335 (2016)

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169 An act relating to long-term care managed care prioritization;
170 amending s. 409.962, F.S.; defining terms; amending s. 409.979,
171 F.S.; requiring the Department Elderly Affairs to maintain a
172 statewide wait list for enrollment for home and community-based
173 services through the Medicaid long-term care managed care
174 program; requiring the department to prioritize individuals for
175 potential enrollment using a frailty-based screening tool that
176 provides a priority score; providing for determinations
177 regarding offers of enrollment; requiring screening and certain
178 rescreening by Aging Resource Center personnel of individuals
179 requesting long-term care services from the program; requiring
180 the department to adopt by rule a screening tool; requiring the
181 department to make a specified methodology available on its
182 website; requiring the department to notify applicants if they
183 are placed on the wait list; requiring the department to
184 document its action steps to contact an individual to schedule a
185 screening or rescreening; requiring the department to send a
186 letter to an individual who it is unable to contact to schedule
187 an initial screening or rescreening; requiring the department to
188 conduct prerelease assessments upon notification by the agency
189 of available capacity; authorizing certain individuals to enroll
190 in the long-term care managed care program; authorizing the
191 department to terminate an individual from the wait list under
192 certain circumstances; providing for priority enrollment for
193 home and community-based services for certain individuals;

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Bill No. HB 1335 (2016)

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194 authorizing the department and the Agency for Health Care
195 Administration to adopt rules; providing an effective date.