



204196

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/27/2017	.	
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The Committee on Health Policy (Young) recommended the following:

1           **Senate Amendment to Amendment (716712) (with title**  
2 **amendment)**

3  
4           Delete lines 5 - 99  
5 and insert:

6           Section 1. Section 409.964, Florida Statutes, is amended to  
7 read:

8           409.964 Managed care program; state plan; waivers.—The  
9 Medicaid program is established as a statewide, integrated  
10 managed care program for all covered services, including long-



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11 term care services as specified under this part. The agency  
12 shall apply for and implement state plan amendments or waivers  
13 of applicable federal laws and regulations necessary to  
14 implement the program. Before seeking a waiver, the agency shall  
15 provide public notice and the opportunity for public comment and  
16 include public feedback in the waiver application. The agency  
17 shall hold one public meeting in each of the regions described  
18 in s. 409.966(2), and the time period for public comment for  
19 each region shall end no sooner than 30 days after the  
20 completion of the public meeting in that region. ~~The agency~~  
21 ~~shall submit any state plan amendments, new waiver requests, or~~  
22 ~~requests for extensions or expansions for existing waivers,~~  
23 ~~needed to implement the managed care program by August 1, 2011.~~

24 Section 2. Effective October 1, 2018, section 409.965,  
25 Florida Statutes, is amended to read

26 409.965 Mandatory enrollment.—All Medicaid recipients shall  
27 receive covered services through the statewide managed care  
28 program, except as provided by this part pursuant to an approved  
29 federal waiver.

30 (1) The following Medicaid recipients are exempt from  
31 participation in the statewide managed care program:

32 (a) ~~(1)~~ Women who are eligible only for family planning  
33 services.

34 (b) ~~(2)~~ Women who are eligible only for breast and cervical  
35 cancer services.

36 (c) ~~(3)~~ Persons who are eligible for emergency Medicaid for  
37 aliens.

38 (2) (a) Persons who are assigned into level of care 1 under  
39 s. 409.983(4) and have resided in a nursing facility for 365



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40 consecutive days shall undergo a consultation and determination  
41 pursuant to subsection (3)(c) to determine whether they should  
42 be exempt from participation in the long-term care managed care  
43 program. For a person who becomes exempt under this paragraph  
44 while enrolled in the long-term care managed care program, the  
45 exemption shall take effect on the first day of the first month  
46 after the person meets the criteria for the exemption. This  
47 paragraph does not affect a person's eligibility for the  
48 Medicaid managed medical assistance program.

49 (b) Persons receiving hospice care while residing in a  
50 nursing facility are exempt from participation in the long-term  
51 care managed care program. For a person who becomes exempt under  
52 this paragraph while enrolled in the long-term care managed care  
53 program, the exemption takes effect on the first day of the  
54 first month after the person meets the criteria for the  
55 exemption. This paragraph does not affect a person's eligibility  
56 for the Medicaid managed medical assistance program.

57 (3) Notwithstanding subsection (2):

58 (a) A Medicaid recipient who is otherwise eligible for the  
59 long-term care managed care program, who is 18 years of age or  
60 older, and who is eligible for Medicaid by reason of a  
61 disability is not exempt from the long-term care managed care  
62 program under subsection (2).

63 (b) A person who is afforded priority enrollment for home  
64 and community-based services under s. 409.979(3)(f) is not  
65 exempt from the long-term care managed care program under  
66 subsection (2).

67 (c) A nursing facility resident is not exempt from the  
68 long-term care managed care program under paragraph (2)(a) if



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69 the resident has been identified as a candidate for home and  
70 community-based services by the nursing facility administrator  
71 and any long-term care plan case manager assigned to the  
72 resident pursuant to the consultation and determination set  
73 forth in this section. Such identification must be made in  
74 consultation with the following persons:

75 1. The resident or the resident's legal representative or  
76 designee;

77 2. The resident's personal physician or, if the resident  
78 does not have a personal physician, the facility's medical  
79 director; and

80 3. A registered nurse who has participated in developing,  
81 maintaining, or reviewing the individual's resident care plan as  
82 defined in s. 400.021.

83 (d) Before determining that a person is exempt from the  
84 long-term care managed care program under paragraph (2) (a), the  
85 agency shall confirm whether the person has been identified as a  
86 candidate for home and community-based services under paragraph  
87 (c). If a nursing facility resident who has been determined  
88 exempt is later identified as a candidate for home and  
89 community-based services, the nursing facility administrator  
90 shall promptly notify the agency.

91 (4) A nursing facility resident's eligibility for home and  
92 community-based services shall be re-determined every 90 days  
93 after the determination made pursuant to subsection (3) (c) until  
94 the nursing facility care resident has been in nursing care for  
95 720 consecutive days. At 720 days of nursing facility care,  
96 there is a rebuttable presumption that the resident is no longer  
97 eligible for home and community-based services. This presumption



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98 may be rebutted by compelling evidence presented in an  
99 evaluation as set forth in paragraph (c) of this section. The  
100 agency must approve the final determination of eligibility.

101  
102 ===== T I T L E A M E N D M E N T =====

103 And the title is amended as follows:

104 Delete lines 180 - 201

105 and insert:

106 An act relating to Medicaid managed care; amending s.  
107 409.964, F.S.; providing that covered services for  
108 long-term care under the Medicaid managed care program  
109 are those specified in part IV of ch. 409, F.S.;

110 deleting an obsolete provision; amending s. 409.965,  
111 F.S.; providing that certain residents of nursing  
112 facilities are exempt from participation in the long-  
113 term care managed care program; providing that  
114 eligibility for the Medicaid managed medical  
115 assistance program is not affected by such provisions;  
116 providing conditions under which the exemption does  
117 not apply; requiring re-determinations at specified  
118 intervals; creating a rebuttable presumption for  
119 nursing facility care; amending s. 409.967, F.S.;

120 requiring