

1 A bill to be entitled

2 An act relating to the Program of All-Inclusive Care
3 for the Elderly; creating s. 430.84, F.S.; providing
4 definitions; authorizing the Agency for Health Care
5 Administration, in consultation with the Department of
6 Elderly Affairs, to approve entities applying to
7 deliver PACE services in the state; providing
8 specified application requirements for such
9 prospective PACE organizations; requiring existing
10 PACE organizations to meet specified requirements
11 under certain circumstances; requiring prospective
12 PACE organizations to submit a complete application to
13 the agency and the Centers for Medicare and Medicaid
14 Services within a specified period; providing
15 requirements for PACE program funding and participant
16 enrollment; requiring that PACE organizations meet
17 certain federal quality and performance standards;
18 requiring that the agency oversee and monitor the PACE
19 program and organizations; amending s. 409.981, F.S.;
20 revising provisions relating to eligible long-term
21 care plans to conform to changes made by the act;
22 providing eligibility requirements for prospective
23 PACE participants; providing an effective date.

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25 Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 430.84, Florida Statutes, is created to read:

430.84 Program of All-Inclusive Care for the Elderly.—

(1) DEFINITIONS.—As used in this section, the term:

(a) "Agency" means the Agency for Health Care Administration.

(b) "Applicant" means an entity that has filed an application with the agency for consideration as a Program of All-Inclusive Care for the Elderly (PACE) organization.

(c) "CMS" means the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services.

(d) "Department" means the Department of Elderly Affairs.

(e) "PACE organization" means an entity under contract with the agency to deliver PACE services.

(f) "Participant" means an individual receiving services from a PACE organization who has been determined by the department to need the level of care required under the state Medicaid plan for coverage of nursing facility services.

(2) PROGRAM CREATION.—The agency, in consultation with the department, may approve entities that have submitted applications required by the CMS to the agency for review and consideration which contain the data and information required in subsection (3) to provide benefits pursuant to the PACE program

51 as established in 42 U.S.C. s. 1395eee and in accordance with
52 the requirements set forth in this section.

53 (3) PACE ORGANIZATION SELECTION.—The agency, in
54 consultation with the department, shall, on a continuous basis,
55 review and consider applications required by the CMS for PACE
56 that have been submitted to the agency by entities seeking
57 initial, state approval to become PACE organizations. Notice of
58 such applications shall be published in the Florida
59 Administrative Register.

60 (a) A prospective PACE organization shall submit
61 application documents to the agency before requesting program
62 funding. Application documents submitted to and reviewed by the
63 agency, in consultation with the department, must include all of
64 the following:

65 1. Evidence that the applicant has the ability to meet all
66 of the applicable federal regulations and requirements,
67 established by the CMS, for participation as a PACE organization
68 by the proposed implementation date.

69 2. Market studies, including an estimate of the number of
70 potential participants and the geographic service area in which
71 the applicant proposes to serve.

72 3. A business plan of operation, including pro forma
73 financial statements and projections, based on the proposed
74 implementation date.

75 (b) Each applicant must propose to serve a unique and

76 defined geographic service area without duplication of services
77 or target populations. No more than one PACE organization may be
78 authorized to provide services within any unique and defined
79 geographic service area.

80 (c) An existing PACE organization seeking authority to
81 serve an additional geographic service area not previously
82 authorized by the agency or Legislature, shall meet the
83 requirements set forth in paragraphs (a) and (b).

84 (d) Any prospective PACE organization that is granted
85 initial, state approval by the agency, in consultation with the
86 department, shall submit its complete federal PACE application,
87 in accordance with the application process and guidelines
88 established by the CMS, to the agency and the CMS within 12
89 months after the date of initial, state approval, or such
90 approval is void.

91 (4) FUNDING AND ENROLLMENT.—

92 (a) PACE organizations shall enroll participants at such
93 levels as funded by the General Appropriations Act which shall
94 reflect a reasonable growth of capacity sufficient to meet the
95 needs of the community and shall be consistent with the pro
96 forma or other projections submitted pursuant to paragraph
97 (3) (a), or projections of PACE census and demand growth that are
98 periodically submitted by PACE organizations. The agency, in
99 consultation with the department and the Social Services
100 Estimating Conference, shall submit a report to the Legislature

101 requesting the amount of funding necessary for prospective PACE
102 participants to have access to PACE services as a program
103 service option in all authorized geographic service areas.

104 (b) Funds may be used within any PACE organization's
105 authorized geographic service area regardless of county lines.

106 (c) The department shall notify individuals who are
107 determined to need the level of care required under the state
108 Medicaid plan for coverage of nursing facility services that the
109 PACE program is a service plan option and that enrollment in the
110 PACE program is voluntary.

111 (d) The agency shall notify individuals who are determined
112 eligible for managed long-term care that the PACE program is
113 available as a choice of a managed care plan pursuant to s.
114 409.969 in statewide Medicaid managed care regions wherein a
115 PACE organization operates.

116 (5) ACCOUNTABILITY.—All PACE organizations must meet
117 specific quality and performance standards established by the
118 CMS for the PACE program. The agency shall oversee and monitor
119 the PACE program and organizations based upon data and reports
120 periodically submitted by PACE organizations to the agency and
121 the CMS. A PACE organization is exempt from the requirements of
122 chapter 641.

123 Section 2. Subsection (4) of section 409.981, Florida
124 Statutes, is amended to read:

125 409.981 Eligible long-term care plans.—

126 (4) PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.—

127 (a) Participation by the Program of All-inclusive Care for
128 the Elderly (PACE) shall be pursuant to a contract with the
129 agency and not subject to the procurement requirements or
130 regional plan number limits of this section. PACE organizations
131 shall ~~plans may continue to~~ provide services to participants
132 ~~individuals~~ at such levels and ~~enrollment caps~~ as authorized by
133 the General Appropriations Act as provided in s. 430.84.

134 (b) A prospective participant who applies for the PACE
135 program and has been determined by the Comprehensive Assessment
136 and Review for Long-Term Care Services (CARES) program to be
137 medically eligible, but has not been determined financially
138 eligible for Medicaid by the Department of Children and
139 Families, or has been determined financially eligible for
140 Medicaid by the Department of Children and Families, but has not
141 been determined medically eligible by the CARES program, may be
142 enrolled in the PACE program if contractors elect to provide
143 services to PACE program applicants pending final determination
144 of eligibility. The CARES program shall determine each
145 applicant's medical eligibility within 21 days after receiving
146 the complete application packet. The Department of Children and
147 Families shall determine each applicant's financial eligibility
148 according to federal and state requirements. If the applicant is
149 determined eligible, the Agency for Health Care Administration
150 shall pay the contractor that provided the services the

151 applicable Medicaid rate retroactive to the first day of the
152 month following the CARES program eligibility determination. If
153 the applicant is not eligible for the PACE program with Medicaid
154 as the payor, the contractor may continue to provide services as
155 a private-pay PACE participant or terminate services and seek
156 reimbursement from the applicant.

157 Section 3. This act shall take effect July 1, 2019.