

By Senator Pizzo

38-01734-21

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1 A bill to be entitled
2 An act relating to Medicaid coverage for adult dental
3 services; amending s. 409.905, F.S.; requiring the
4 reimbursement of certain adult dental services by the
5 Agency for Health Care Administration under the
6 Medicaid program; prohibiting reimbursement for such
7 services if provided in a mobile dental unit;
8 providing exceptions; amending s. 409.906, F.S.;
9 conforming provisions to changes made by the act;
10 amending s. 409.973, F.S.; requiring that the minimum
11 benefits provided under the Medicaid prepaid dental
12 health program cover certain adult dental services;
13 amending ss. 393.0661, 409.815, 409.908, and 409.968,
14 F.S.; conforming cross-references; providing an
15 effective date.

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

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19 Section 1. Subsection (13) is added to section 409.905,
20 Florida Statutes, to read:

21 409.905 Mandatory Medicaid services.—The agency may make
22 payments for the following services, which are required of the
23 state by Title XIX of the Social Security Act, furnished by
24 Medicaid providers to recipients who are determined to be
25 eligible on the dates on which the services were provided. Any
26 service under this section shall be provided only when medically
27 necessary and in accordance with state and federal law.
28 Mandatory services rendered by providers in mobile units to
29 Medicaid recipients may be restricted by the agency. Nothing in

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30 this section shall be construed to prevent or limit the agency
31 from adjusting fees, reimbursement rates, lengths of stay,
32 number of visits, number of services, or any other adjustments
33 necessary to comply with the availability of moneys and any
34 limitations or directions provided for in the General
35 Appropriations Act or chapter 216.

36 (13) ADULT DENTAL SERVICES.-

37 (a) The agency shall pay for dental services provided to a
38 recipient who is 21 years of age or older which are necessary to
39 prevent disease and promote oral health, restore the health and
40 function of structures of the oral cavity, and treat emergency
41 conditions, including routine diagnostic and preventive care,
42 such as dental cleanings, exams, and X rays; basic dental
43 services, such as fillings and extractions; major dental
44 services, such as root canals, crowns, and dentures or other
45 dental prostheses; emergency dental care; and any other
46 necessary services related to dental and oral health.

47 (b) However, Medicaid will not provide reimbursement for
48 adult dental services provided in a mobile dental unit, except
49 for a mobile dental unit:

50 1. Owned by, operated by, or having a contractual agreement
51 with the Department of Health and complying with Medicaid's
52 county health department clinic services program specifications
53 as a county health department clinic services provider.

54 2. Owned by, operated by, or having a contractual
55 arrangement with a federally qualified health center and
56 complying with Medicaid's federally qualified health center
57 specifications as a federally qualified health center provider.

58 3. Rendering dental services to Medicaid recipients, 21

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59 years of age or older, at nursing facilities.

60 4. Owned by, operated by, or having a contractual agreement
61 with a state-approved dental educational institution.

62 Section 2. Subsection (1) of section 409.906, Florida
63 Statutes, is amended to read:

64 409.906 Optional Medicaid services.—Subject to specific
65 appropriations, the agency may make payments for services which
66 are optional to the state under Title XIX of the Social Security
67 Act and are furnished by Medicaid providers to recipients who
68 are determined to be eligible on the dates on which the services
69 were provided. Any optional service that is provided shall be
70 provided only when medically necessary and in accordance with
71 state and federal law. Optional services rendered by providers
72 in mobile units to Medicaid recipients may be restricted or
73 prohibited by the agency. Nothing in this section shall be
74 construed to prevent or limit the agency from adjusting fees,
75 reimbursement rates, lengths of stay, number of visits, or
76 number of services, or making any other adjustments necessary to
77 comply with the availability of moneys and any limitations or
78 directions provided for in the General Appropriations Act or
79 chapter 216. If necessary to safeguard the state's systems of
80 providing services to elderly and disabled persons and subject
81 to the notice and review provisions of s. 216.177, the Governor
82 may direct the Agency for Health Care Administration to amend
83 the Medicaid state plan to delete the optional Medicaid service
84 known as "Intermediate Care Facilities for the Developmentally
85 Disabled." Optional services may include:

86 ~~(1) ADULT DENTAL SERVICES.—~~

87 ~~(a) The agency may pay for medically necessary, emergency~~

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88 ~~dental procedures to alleviate pain or infection. Emergency~~
89 ~~dental care shall be limited to emergency oral examinations,~~
90 ~~necessary radiographs, extractions, and incision and drainage of~~
91 ~~abscess, for a recipient who is 21 years of age or older.~~

92 ~~(b) The agency may pay for full or partial dentures, the~~
93 ~~procedures required to seat full or partial dentures, and the~~
94 ~~repair and reline of full or partial dentures, provided by or~~
95 ~~under the direction of a licensed dentist, for a recipient who~~
96 ~~is 21 years of age or older.~~

97 ~~(c) However, Medicaid will not provide reimbursement for~~
98 ~~dental services provided in a mobile dental unit, except for a~~
99 ~~mobile dental unit:~~

100 ~~1. Owned by, operated by, or having a contractual agreement~~
101 ~~with the Department of Health and complying with Medicaid's~~
102 ~~county health department clinic services program specifications~~
103 ~~as a county health department clinic services provider.~~

104 ~~2. Owned by, operated by, or having a contractual~~
105 ~~arrangement with a federally qualified health center and~~
106 ~~complying with Medicaid's federally qualified health center~~
107 ~~specifications as a federally qualified health center provider.~~

108 ~~3. Rendering dental services to Medicaid recipients, 21~~
109 ~~years of age and older, at nursing facilities.~~

110 ~~4. Owned by, operated by, or having a contractual agreement~~
111 ~~with a state-approved dental educational institution.~~

112 Section 3. Paragraph (c) is added to subsection (5) of
113 section 409.973, Florida Statutes, to read:

114 409.973 Benefits.—

115 (5) PROVISION OF DENTAL SERVICES.—

116 (c) The minimum benefits provided under the Medicaid

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117 prepaid dental health program for a recipient who is 21 years of
118 age or older must cover services necessary to prevent disease
119 and promote oral health, restore the health and function of
120 structures of the oral cavity, and treat emergency conditions,
121 including routine diagnostic and preventive care, such as dental
122 cleanings, exams, and X rays; basic dental services, such as
123 fillings and extractions; major dental services, such as root
124 canals, crowns, and dentures or other dental prostheses;
125 emergency dental care; and any other necessary services related
126 to dental and oral health.

127 Section 4. Subsection (7) of section 393.0661, Florida
128 Statutes, is amended to read:

129 393.0661 Home and community-based services delivery system;
130 comprehensive redesign.—The Legislature finds that the home and
131 community-based services delivery system for persons with
132 developmental disabilities and the availability of appropriated
133 funds are two of the critical elements in making services
134 available. Therefore, it is the intent of the Legislature that
135 the Agency for Persons with Disabilities shall develop and
136 implement a comprehensive redesign of the system.

137 (7) The agency shall collect premiums or cost sharing
138 pursuant to s. 409.906(12)(c) ~~s. 409.906(13)(c)~~.

139 Section 5. Paragraph (q) of subsection (2) of section
140 409.815, Florida Statutes, is amended to read:

141 409.815 Health benefits coverage; limitations.—

142 (2) BENCHMARK BENEFITS.—In order for health benefits
143 coverage to qualify for premium assistance payments for an
144 eligible child under ss. 409.810-409.821, the health benefits
145 coverage, except for coverage under Medicaid and Medikids, must

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146 include the following minimum benefits, as medically necessary.

147 (q) *Dental services.*—Dental services shall be covered as
148 required under federal law and may also include those dental
149 benefits provided to children by the Florida Medicaid program
150 under s. 409.906(5) ~~s. 409.906(6)~~.

151 Section 6. Subsection (20) of section 409.908, Florida
152 Statutes, is amended to read:

153 409.908 Reimbursement of Medicaid providers.—Subject to
154 specific appropriations, the agency shall reimburse Medicaid
155 providers, in accordance with state and federal law, according
156 to methodologies set forth in the rules of the agency and in
157 policy manuals and handbooks incorporated by reference therein.
158 These methodologies may include fee schedules, reimbursement
159 methods based on cost reporting, negotiated fees, competitive
160 bidding pursuant to s. 287.057, and other mechanisms the agency
161 considers efficient and effective for purchasing services or
162 goods on behalf of recipients. If a provider is reimbursed based
163 on cost reporting and submits a cost report late and that cost
164 report would have been used to set a lower reimbursement rate
165 for a rate semester, then the provider's rate for that semester
166 shall be retroactively calculated using the new cost report, and
167 full payment at the recalculated rate shall be effected
168 retroactively. Medicare-granted extensions for filing cost
169 reports, if applicable, shall also apply to Medicaid cost
170 reports. Payment for Medicaid compensable services made on
171 behalf of Medicaid eligible persons is subject to the
172 availability of moneys and any limitations or directions
173 provided for in the General Appropriations Act or chapter 216.
174 Further, nothing in this section shall be construed to prevent

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175 or limit the agency from adjusting fees, reimbursement rates,
176 lengths of stay, number of visits, or number of services, or
177 making any other adjustments necessary to comply with the
178 availability of moneys and any limitations or directions
179 provided for in the General Appropriations Act, provided the
180 adjustment is consistent with legislative intent.

181 (20) A renal dialysis facility that provides dialysis
182 services under 409.906(8) ~~s. 409.906(9)~~ must be reimbursed the
183 lesser of the amount billed by the provider, the provider's
184 usual and customary charge, or the maximum allowable fee
185 established by the agency, whichever amount is less.

186 Section 7. Paragraph (a) of subsection (4) of section
187 409.968, Florida Statutes, is amended to read:

188 409.968 Managed care plan payments.—

189 (4) (a) Subject to a specific appropriation and federal
190 approval under s. 409.906(12)(d) ~~s. 409.906(13)(d)~~, the agency
191 shall establish a payment methodology to fund managed care plans
192 for flexible services for persons with severe mental illness and
193 substance use disorders, including, but not limited to,
194 temporary housing assistance. A managed care plan eligible for
195 these payments must do all of the following:

196 1. Participate as a specialty plan for severe mental
197 illness or substance use disorders or participate in counties
198 designated by the General Appropriations Act;

199 2. Include providers of behavioral health services pursuant
200 to chapters 394 and 397 in the managed care plan's provider
201 network; and

202 3. Document a capability to provide housing assistance
203 through agreements with housing providers, relationships with

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204 local housing coalitions, and other appropriate arrangements.

205 Section 8. This act shall take effect July 1, 2021.