The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Appropriations

BILL:	SPB 2518
INTRODUCER:	For consideration by the Appropriations Committee
SUBJECT:	Health and Human Services
DATE:	January 30, 2024 REVISED:

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
Barr	Sadberry		**Pre-meeting**

I. Summary:

SPB 2518 conforms statutes to the funding decisions related to Health and Human Services in the Senate proposed General Appropriations Act for Fiscal Year 2024-2025. The bill:

- Expands independent living services programs in the Department of Children and Families (DCF) for young adults aging out of foster care by decreasing the eligibility age for "extended" adoption assistance and permanent guardianship benefits, and Post-Secondary Education and Support (PESS) to support their transition to adulthood. Also allows young adults aging out of foster care to receive Aftercare Services, if eligible for the "extended" adoption assistance and permanent guardianship benefits, but are not participating in either program.
- Provides the Department of Health (DOH) with the authority to deposit certain healthcare practitioner loan repayment program funds into the Grants and Donations Trust Fund.
- Increases one-time adoption benefit payments provided by the DCF for eligible adoptive employees, veterans, and servicemembers to those received by law enforcement officers, for adopting a child from the Child Welfare System. The one-time payments will increase from $10,000 to $25,000 for adopting a child meeting the criteria of "difficult to place" and from $5,000 to $10,000 for a child who does not meet the criteria.
- Authorizes an Area Agency on Aging to carry forward documented unexpended state funds from one fiscal year to the next, however, the cumulative amount carried forward may not exceed 10 percent of the area agency's planning and service area allocation for the community care for the elderly program.
- Provides specific rule-making authority to the Agency for Health Care Administration (AHCA) for the administration of the Program of All-inclusive Care for the Elderly (PACE).
- Clarifies and codifies the programs under the Children's Medical Services program within the DOH.
- Transfers the Medicaid and Children's Health Insurance Program (CHIP) provider and operational contracting duties and responsibilities from the DOH to the AHCA.
- Requires the DOH to competitively procure one or more specialty plan contracts for services to children with special health care needs enrolled in Medicaid and CHIP with services beginning no later than January 1, 2025. The DOH will retain responsibility for clinical

eligibility determinations and must provide ongoing consultation to the AHCA for services to children and youth with special healthcare needs.

Except as otherwise expressly provided in the bill, the bill takes effect July 1, 2024.

II. Present Situation:

Adoption from the Child Welfare System

Independent Living Services

The Department of Children and Families (DCF) strives to achieve permanency for all children in care before their 18th birthday.[1] However, a child will age out of care upon reaching 18 years of age if a permanent placement is not found.[2] From October 1, 2022, to September 30, 2023, there were 801 young adults who aged out of Florida's foster care system.[3]

Florida provides independent living services to young adults to help them transition out of foster care and to prepare them to become self-sufficient adults. Florida's independent living services include extended foster care (EFC), which applies to young adults who were in licensed foster care upon turning 18 years of age.[4] Florida also offers two other independent living programs: Postsecondary Education Services and Support (PESS) and Aftercare services (Aftercare). The following tables provide information on the eligibility requirements to participate in Florida's independent living programs and the services provided by each.

Program	Eligibility	Services
Extended Foster Care (EFC)[5]	Young adults who turned 18 in foster care and are: • Completing high school or its equivalent; ***or*** • Enrolled in college or vocational schooling; ***or*** • Working at least 80 hours per month. To stay in EFC, the young adult must: • Meet with a case manager every month. • Continue to participate in a required activity. • Attend court reviews every six months.	Young adults may choose to remain in licensed foster care and receive foster care services until the age of 21 (22 with a disability).
Postsecondary Education Services and	1. Young adults who turned 18 in foster care and spent at least 6 months in licensed out-of-home care before turning 18.	$1,720 per month for: • Housing • Utilities • Living expenses

[1] Section 39.01, F.S. Section 39.621, F.S., lists the permanency goals in order of preference as 1. Reunification; 2. Adoption, if a petition for termination of parental rights has been or will be filed; 3. Permanent guardianship; 4. Permanent placement with a fit and willing relative; or 5. Placement in another planned permanent living arrangement.
[2] Fla. Admin. Code R. 65C-30.022.
[3] Florida Department of Children and Families (DCF), *Office of Child and Family Well-Being Dashboard*, available at: https://www.myflfamilies.com/ocfw-dashboard (last visited Jan. 12, 2024).
[4] Chapter 2013-178, Laws of Fla.
[5] Section 39.6251, F.S.

Program	Eligibility	Services
Support (PESS)[6]	2. Young adults who are at least 18 and were adopted from foster care **after age 16** or were placed with a court-approved guardian after spending at least 6 months in licensed foster care within the 12 months immediately preceding such adoption or placement; ***and*** • Have earned a high school diploma or equivalent; ***and*** • Are attending a college or vocational school that is Florida Bright Futures eligible.	Available until the age 23.
Aftercare Services[7]	Young adults who turned 18 while in licensed foster care, but are not yet 23, and • Are not in EFC; ***or*** • Are not in PESS.	Mentoring; Tutoring; Substance abuse treatment; Counseling; Job and career skills training; and Temporary financial assistance for necessities

Adoption Benefits Program

In 2015, the Legislature established the adoption benefit program in the DCF to provide a one-time benefit to qualifying employees who adopt a child from the foster care system.[8]

The following table includes information on the expansion of persons eligible for the adoption benefit program over time:

[6] Section 409.1451(2), F.S.
[7] Section 409.1451(3), F.S.
[8] Chapter 2015-130, Laws of Fla.

Year	Employees Eligible for the Adoption Benefit under s. 409.1664, F.S.
2015	Full-time or part-time employee of a state agency who is paid from regular salary appropriations rather than a temporary employee. The term includes instructional personnel who are employed by the Florida School for the Deaf and Blind.[9]
2017	Full-time or part-time employees of charter schools or the Florida Virtual School to the list of eligible employees.[10]
2020	• Full-time or part-time employee from a state agency, charter school, or Florida Virtual School that is **not** an independent contractor. • Other personal services employees who have been continuously employed full-time or part-time by a state agency for at least 1 year. • Veterans and servicemembers that are domiciled in the state.[11]
2022	Law enforcement officers.[12]

Qualifying adoptive employees, veterans, or servicemembers who adopt a child from the child welfare system, who is "difficult to place,"[13] are eligible to receive a one-time monetary benefit of $10,000 per child, while law enforcement offices are eligible for $25,000 per child.[14] If the child being adopted is "difficult to place," qualifying adoptive employees, veterans, and servicemembers are eligible to receive $5,000 per child, while a law enforcement officer is eligible to receive $10,000 per child.[15]

The following table identifies the number of adoption subsidies requested from the DCF:[16]

Fiscal Year	DCF Adoptions	Adoption Subsidies Requested	% with Subsidies
2019-20	4,548	275	6%
2020-21	3,904	263	7%
2021-22	3,888	323	8%
2022-23	3,602	412	11%

[9] Chapter 2015-130, Laws of Fla.
[10] Chapter 2017-140, Laws of Fla.
[11] Chapter 2020-22, Laws of Fla.
[12] Chapter 2022-23, Laws of Fla.
[13] Section 409.166(2), F.S., defines the term "difficult to place" as a child whose (1) permanent custody has been awarded to the DCF or to a licensed child-placing agency; (2) has established significant emotional ties with his or her foster parents or is not likely to be adopted because he or she meet a specific category (eight years of age; developmentally disabled; physically or emotionally handicapped; a member of a racial group that is disproportionately represented among children available for adoption or a member of sibling group of any age provided two or more members of a sibling group remain together for purposes of adoption); and (3) for whom a reasonable but unsuccessful effort has been made to place the child without providing a benefit.
[14] Section 409.1664, F.S.
[15] *Id*.
[16] DCF, *SB 1486 Agency Bill Analysis* (January 2024), p. 15, (on file with the Senate Committee on Children, Families, and Elder Affairs).

The Florida Reimbursement Assistance for Medical Education Program (FRAME) and the Dental Student Loan Repayment Program (DSLR)

Sections 1009.65 and 381.4019, F.S., establish student loan repayment programs for various healthcare practitioners and dentists, respectively.

FRAME

The FRAME program[17] offers student loan reimbursement to various healthcare practitioners to offset their educational expenses[18] to entice them to practice in underserved locations[19] where there are shortages of such practitioners. The Department of Health (DOH) is authorized to reimburse as follows:

- Up to $20,000 per year for medical and osteopathic doctors with primary care specialties;[20]
- Up to $15,000 per year for autonomous advanced practice registered nurses (APRN) with primary care specialties;
- Up to $10,000 per year for APRNs and physician assistants (PA); and
- Up to $4,000 per year for licensed practical nurses (LPN) and registered nurses (RN).

DSLR

Section 381.4019, F.S., establishes the Dental Student Loan Repayment Program (DSLR Program). The program requires the DOH to award up to $50,000 to a dentist who, as required by DOH rule, demonstrates active employment in a public health program[21] that serves Medicaid recipients and other low-income patients and is located in a dental health professional shortage area or medically underserved area. Current law caps the number of dentists allowed to receive awards at 10 per state fiscal year.

Loan Reimbursement Payments

Loan reimbursement payments are disbursed directly by the DOH to lenders for qualified loans.[22] Under the program, a lender may be any entity involved in making, holding, consolidating, originating, servicing, or guaranteeing any loan to students to finance higher education expenses. This includes lenders who provide private educational loans as well as lenders who provide loans that are made, insured, or guaranteed by the U.S. Department of

[17] Section 1009.65, F.S., titles the program the "Medical Education Reimbursement and Loan Repayment Program" however, the Department of Health (DOH) and other stake holders refer to the program as the FRAME program. To reduce confusion, this analysis will refer to the program as the FRAME program.
[18] Current law specifies that educational expenses that qualify for reimbursement include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the DOH. *See* section 1009.65, F.S.
[19] Fla. Admin. Code R. 64W-4.001 defines an "underserved location" as a public health program; a correctional facility; a Health Professional Shortage Area (HPSA) as designated by Federal Health Resources and Services Administration (HRSA) in a primary care discipline; a rural area as identified by the Federal Office of Rural Health Policy; a rural hospital as defined in s. 395.602(2)(b), F.S.; a state hospital; or other state institutions that employ medical personnel.
[20] Primary care specialties are defined as obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the DOH.
[21] The section defines "public health program" as a county health department, the Children's Medical Services program, a federally funded community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program designated by the department.
[22] Fla. Admin. Code R. 64W-4.005.

Education. Additionally, a qualified loan is any federal and/or private student loan with a US-based lender that has a verified balance remaining which loan proceeds were used to pay educational expenses.[23]

Whether a loan is a federal or private student loan, a company that owns a student loan may sell or transfer that loan, or a pool of loans, to another lender or servicer. Typically, lenders will sell a pool of loans packaged together, known as a security, to free up capital to make additional loans.

The FRAME program completed the first year of operation and successfully distributed loan reimbursement payments to 1,097 healthcare professionals during the 2022–2023 fiscal year. Loan reimbursement payments were mailed to 37 different lending institutions. Sixteen loan reimbursement payments, totaling $160,581, were returned to the DOH due to the loan having been sold.

Returned loan payments received during the same fiscal year as the original payment may be reissued by the DOH to the appropriate lender. However, returned loan payments received in a subsequent fiscal year may not be reissued by the DOH and instead must be deposited into the General Revenue Fund.[24]

Community Care for the Elderly

The Community Care for the Elderly (CCE) program provides community-based services in a continuum of care to help elders with functional impairments to live in the least restrictive and most cost-effective environment suitable to their needs.[25]

The CCE program provides a wide range of services to clients, depending on their needs. These services include, but are not limited to, adult day care, chore assistance, counseling, home-delivered meals, home nursing, legal assistance, material aid, medical therapeutic services, personal care, respite, transportation, and other community-based services.[26]

The Department of Elder Affairs (DOEA) administers the program through contracts with Area Agencies on Aging (AAAs), which subcontract with CCE Lead Agencies. Service delivery is provided by 49 Lead Agencies around the state. The CCE program is not a component of Medicaid but rather is funded by a combination of state general revenue and client contributions. Clients are assessed a co-payment based on a sliding scale developed by the DOEA. Co-payments are not assessed on clients whose income is at, or below, the federal poverty level as established by the U.S. Department of Health and Human Services.[27]

[23] Fla. Admin. Code R. 64W-4.001.
[24] Current year refunds may only be processed for refunds received and deposited during the same fiscal year that the warrant was issued for the disbursement. *See,* Department of Financial Services, Reference Guide to State Expenditures, page 58 (2022).
[25] Section 430.202, F.S.
[26] Department of Elderly Affairs, *2023 Summary of Programs and Services- Page 39, available at* https://elderaffairs.org/publications-reports/summary-of-programs-and-services/ (last visited Jan. 25, 2024).
[27] *Id.*

To be eligible for the CCE program, an individual must be 60 years of age or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments. Primary consideration for services is given to elders referred to the Department of Children Family's Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm. Individuals not referred by APS may still receive services, but according to a prioritization which is based upon the potential recipient's frailty level and likelihood of institutional placement. The DOEA is also required to consider an applicant's income when prioritizing services. Those less able to pay for services must receive higher priority than those with a greater ability to pay for services.[28]

Program of All-Inclusive Care for the Elderly (PACE)

The Program of All-Inclusive Care for the Elderly (PACE) is a capitated benefit model authorized by the federal Balanced Budget Act of 1997 (BBA)[29] that features a comprehensive service delivery system and integrated federal Medicare and state Medicaid financing mechanism. The model was developed to address the needs of long-term care clients, providers, and payers.

The PACE operates as a three-way agreement between the federal government, the state administering agency, and a PACE organization. In Florida, the PACE is a Florida Medicaid Long-Term Care managed care plan option providing comprehensive long-term and acute care services which support Medicaid and Medicare enrollees who would otherwise qualify for Medicaid nursing facility services.[30]

The PACE provides a range of integrated preventative, acute care, and long-term care services to manage the often complex medical, functional, and social needs of the frail elderly. PACE was created as a way to provide clients, family, caregivers and professional health care providers the flexibility to meet a person's health care needs while continuing to live safely in the community.[31] The purpose of a PACE program is to provide comprehensive health care services that are designed to:

- Enhance the quality of life and autonomy for frail, older adults;
- Maximize dignity of and respect for older adults;
- Enable frail, older adults to live in their homes and in the community as long as medically and socially feasible; and
- Preserve and support the older adult's family unit.[32]

[28] Section 430.205(5)(b), F.S.
[29] Specifically, services under the PACE are authorized under Section 1905(a)(26) of the Social Security Act.
[30] Department of Elder Affairs and Agency for Health Care Administration, *Program of All-Inclusive Care for the Elderly and Statewide Medicaid Managed Care Long-term Care Program Comparison Report* (January 14, 2014), *available at* https://ahca.myflorida.com/Medicaid/recent_presentations/PACE_Evaluation_2014.pdf (last visited January 24, 2024).
[31] Department of Health and Human Services, Centers for Medicare and Medicaid Services, CMS Manual System: Pub. 100-11 *Programs of All-Inclusive Care for the Elderly (PACE) Manual* (Rev.2, issued 6-9-2011), https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pace111c01.pdf (last accessed January 42, 2024).
[32] *Supra* note 30.

The federal government established the PACE organization requirements and application process; however, the state is responsible for oversight of the application process, which includes reviewing the initial application and providing an on-site readiness review before a PACE organization can be authorized to serve participants. An approved PACE organization must sign a contract with the federal Centers for Medicare and Medicaid Services (CMS) and the state Medicaid agency.

In 2021, the Legislature codified the PACE program in statute and designated the Agency for Health Care Administration (AHCA) as the state agency responsible for overseeing both the application process and the monitoring of Florida's PACE program and organizations.[33]

The current PACE approval process requires any entity interested in becoming a PACE organization to submit a comprehensive PACE application to the AHCA, which sets forth details about the adult day care center, staffing, provider network, financial solvency and pro forma financial projections, and policies and procedures, among other elements. Providers operating in the same geographic region must establish that there is adequate demand for services so that each provider will be viable. The application requires that documentation be submitted demonstrating that neither provider is competing for the same potential enrollees.

The AHCA reviews an organization's application and, when the entity has satisfied all requirements, conducts an on-site survey of the entity's readiness to serve PACE enrollees. Once all requirements are met, including full licensure of the center, staffing for key positions, and signed provider network contracts, the AHCA certifies to federal CMS that the PACE site is ready. At that time, CMS reviews the application and readiness certification and, if all requirements are satisfied, executes a three-way agreement with the PACE provider and the AHCA. The PACE provider may then begin enrolling members, subject to an appropriation to fund the slots.[34]

Ten PACE organizations are currently operating under the program, and an additional 13 organizations have submitted applications that are pending state and federal CMS approval.[35]

Current PACE Programs

PACE Organization	Service Area (County)	Nov. 1, 2023 Enrollment
Hope PACE	Charlotte	68
Empath	Hillsborough	0
Florida PACE	Miami-Dade	856
Florida PACE	Broward	166
Hope PACE	Lee	331

[33] Chapter 2021-149, Laws of Fla.
[34] The Florida Senate, *SB 1242 Bill Analysis* (Apr. 20, 2021)(on file with the Senate Appropriations Committee on Health and Human Services).
[35] The Agency for Health Care Administration, *PACE Monthly Report November 2023, available at* https://ahca.myflorida.com/content/download/23798/file/PACE Monthly Report November 2023.pdf (last visited January 24, 2024).

Hope PACE	Charlotte	68
Hope PACE	Collier	67
MorseLife PACE	Palm Beach	807
Mt. Sinai	Miami-Dade	11
PACE Partners of Northeast Florida	Duval and Clay	109
Suncoast	Pinellas	318
Total Enrollment		**2,801**

The AHCA does not currently have specific rule-making authority related to the administration of the PACE program.

Florida Medicaid

The Agency for Health Care Administration (AHCA) is the chief health policy and planning entity for the state and is primarily responsible for the state's Medicaid program; the licensure and regulation of the state's 48,500 health care facilities; and the sharing of health care data through the Florida Center for Health Information and Policy Analysis.[36]

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and people with disabilities with the costs of nursing facility care and other medical and long-term care expenses.[37] With federal approval, Florida has used a comprehensive managed care delivery program model for primary and acute care services since 2014, with the Statewide Medicaid Managed Care (SMMC), Managed Medical Assistance (MMA) program, and SMMC Long-Term Care (LTC) programs.[38]

Children's Medical Services Program

The DOH is tasked with protecting and promoting the health of residents and visitors in the state and has been responsible for the administration of the Children's Medical Services (CMS) programs and the CMS Network since the program's inception in 1978.

The Children's Medical Services (CMS) program is a compilation of programs that serve children and youth with special health care needs. Administered by the CMS Program within the DOH, each program is responsible to either provide a managed system of care; preventive, evaluative, or early intervention services; or statewide children's services.[39]

The following components are currently named in statute as part of the CMS program:
Children's Medical Services Managed Care Plan;
Early Steps;
Newborn Screening; and

[36] Agency for Health Care Administration, *About*, available at https://ahca.myflorida.com/about (last visited Jan. 16, 2024).
[37] Agency for Health Care Administration, *Medicaid*, available at https://ahca.myflorida.com/medicaid (last visited Jan. 16, 2024).
[38] Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care (last visited Jan. 16, 2024).
[39] Department of Health, 2023 Agency Legislative Bill Analysis, *House Bill 1503* (Feb. 24, 2023) (on file with the Senate Committee on Health Policy).

Regional Perinatal Intensive Care Centers.

Additional functions and programs of the DOH CMS Program which are not currently named or outlined in statute include:

- Child Abuse Death Review;
- Child Protection Team and Special Technologies;
- Children's Multidisciplinary Assessment Team;
- Medical Foster Care;
- Newborn and Infant Hearing Screening Program;
- Poison Information Center Network;
- Safety Net;
- Sexual Abuse Treatment Program;
- Specialty Contracts, including Statewide and Regional Networks for Access and Quality;
- State Systems Development Initiative;
- Title V for children and youth with special health care needs;
- Research and evaluation projects to improve the delivery of services to children and youth with special health care needs; and
- Conducting clinical screening to determine the medical eligibility of children and youth with special health care needs for programs such as Medicaid, the Children's Health Insurance Program (CHIP), and Safety Net.40

Children's Medical Services Network

The Children's Medical Services (CMS) Network provides children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care and provides essential preventative, evaluative, and early intervention services for children at risk for or having special health care needs. Originally, the CMS Network was a fee-for-service program serving children with special health care needs who were enrolled in either Medicaid or CHIP. In August 2014, the CMS Network was transitioned to a managed care model under the purview of the AHCA and became known as the Children's Medical Services Managed Care Plan (CMS MCP). Current law has not been updated to reflect the name change.[41]

The AHCA contracts with the DOH, who is responsible for administering the CMS MCP. The DOH conducts the clinical eligibility determination for CMS clients, subcontracts with private vendors for the plan's operation, including case management, and provides vendor oversight in the areas of clinical operations, compliance, performance management, family level grievance remedies, and provider technical assistance. The DOH sends all contractors' and vendors' invoices to the AHCA for payment, often causing delays.[42]

The CMS MCP must meet requirements of health plans for participation in the managed medical assistance program established in s. 409.974, F.S., except for the requirement to be competitively procured by the AHCA.

[40] Department of Health, 2023 Agency Legislative Bill Analysis, *House Bill 1503* (Feb. 24, 2023) (on file with the Senate Committee on Health Policy).
[41] *Id*.
[42] Id.

In January 2024, the CMS MCP provided services to 91,277 members enrolled in Medicaid[43] and 9,210 members enrolled in CHIP.[44]

CMS Network Advisory Council and Technical Panels

Sections 391.221 and 391.223, F.S., establish the Statewide CMS Network Advisory Council and technical advisory panels, respectively. These bodies serve to advise the State Surgeon General on the operations of the CMS Network as a fee-for-service program. The CMS MCP conformity with the requirements in ch. 409, F.S., renders the role and responsibilities of these councils and panels obsolete. In accordance with s. 20.43(6), F.S., the State Surgeon General retains the authority to implement ad hoc advisory committees, as needed, without the need for this provision specifically for the CMS MCP.

III. Effect of Proposed Changes:

Section 1 amends s. 39.6225 F.S., to increase the number of young adults eligible to receive Guardianship Assistance Program payments by allowing a youth who was at least 14 years of age when he or she was adopted or placed in permanent guardianship (formerly age 16) to be eligible for Postsecondary Education Services and Support (PESS) between the ages of 18-22, provided other eligibility requirements are met.

Section 2 amends s. 381.4019, F.S., to authorize the Department of Health (DOH) to deposit any payments made under the Dental Student Loan Repayment Program, and subsequently returned by a lender, into the Grants and Donations Trust Fund and used for the same purpose. The DOH may submit a budget amendment, pursuant to the requirements of chapter 216, F.S., to make payments under this section.

Section 3 amends s. 381.402, F.S.,[45] to authorize the DOH to deposit any payments made under the Florida Reimbursement Assistance for Medical Education Program, and subsequently returned by a lender, into the Grants and Donations Trust Fund and used for the same purpose. The DOH may submit a budget amendment, pursuant to the requirements of chapter 216, F.S., to make payments under this section.

Section 4 amends 409.166, F.S., to increase the number of young adults eligible to receive adoption assistance by allowing a youth who was at least 14 years of age (formerly age 16) when adopted or placed in permanent guardianship to be eligible for adoption assistance between the ages of 18-22, provided other eligibility requirements are met.

Section 5 amends s. 409.1664, F.S. to increase the amount of the adoption benefit lump sum monetary payment for qualifying adoptive employees, veterans, and servicemembers for

[43] Department of Health. 2024, *Title XIX Enrollment by CMS Region (1/16/24)*, available at https://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/about/_documents/cms_enroll_XIX_map_1-24.pdf (last visited Jan. 24, 2024)
[44] Department of Health, *Title XXI Enrollment by CMS Region (1/16/24)*, available at https://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/about/_documents/cms_enroll_XXI_map_1-24.pdf (last visited Jan. 24, 2024)
[45] The bill amends s. 3814019, F.S., as it is transferred, renumbered, and amended by SB 7016, 2024 Regular Session.

adopting a child within the child welfare system from $10,000 to $25,000 for a child meeting the criteria of "difficult to place" and from $5,000 to $10,000 for a child who does not meet the criteria.

Section 6 amends s. 409.1451, F.S. to increase the number of young adults eligible to receive PESS by allowing a youth who was at least 14 years of age (formerly age 16) when adopted or placed in permanent guardianship to be eligible for PESS between the ages of 18 and 22, provided other eligibility requirements are met.

The section also amends s. 409.1451, F.S. to allow for young adults between the ages of 18 and 20, who were adopted or placed in permanent guardianship between the ages of 14 and 17, who are eligible but not currently participating in the Guardianship Assistance Program extension or extended adoption assistance, to receive Aftercare Services.

Section 7 amends s. 430.204, F.S., to authorize the Area Agencies on Aging to carryforward documented unexpended state funds from one fiscal year to the next. However, the cumulative amount carried forward may not exceed 10 percent of the area agency's planning and service area allocation for the community care for the elderly program. Any unexpended state funds above the percentage must be returned to the department. The bill provides the following requirements:

- The funds carried forward may not be used in any way that would create increased recurring future obligations and such funds may not be used for any type of program or service that is not currently authorized by existing contracts;
- Expenditures of funds carried forward must be separately reported to the department;
- Any unexpended funds that remain at the end of the contract period shall be returned to the department; and
- Funds carried forward may be retained through any contract renewals and any new procurements as long as the same area agency on aging is retained by the Department of Elder Affairs.

Section 8 amends s. 430.84, F.S., to provide specific rule-making authority to the Agency for Health Care Administration (AHCA) for the purpose of administering the Program of All-Inclusive Care of the Elderly (PACE).

Section 9 amends s. 391.016, F.S., to update the DOH Children's Medical Services (CMS) programs terminology to include "children and youth" and to delete the obsolete requirement that the DOH CMS Program coordinate and maintain a consistent medical home for participating children.

Section 10 amends s. 391.021, F.S., to rename "Children's Medical Services Network," to "Children's Medical Services Managed Care Plan" and to update terminology to include "children and youth" in place of "children."

Section 11 amends s. 391.025, F.S., to clarify the scope of the DOH CMS Program to include the following additional programs:

- The Children's Medical Services Managed Care Plan through June 30, 2024;
- The Children's Multidisciplinary Assessment Team;

- The Medical Foster Care Program;
- The Title V program for children and youth with special health care needs;
- The Safety Net Program;
- The Networks for Access and Quality;
- Child Protection Teams and Sexual Abuse Treatment Programs established under s. 39.303, F.S.; and
- The State Child Abuse Death Review Committee and local child abuse death review committees established in s. 383.402, F.S.

The bill also updates the statutory reference for the newborn screening program to include s. 383.145.

Section 12 amends s. 391.026, F.S., relating to powers and duties of the DOH to end the department's responsibility for oversight of the CMS Managed Care Plan June 30, 2024, and remove the related obsolete responsibilities, including:

- Establish reimbursement mechanisms for the network/plan;
- Establish standards and credentialing for providers in the network/plan;
- Serve as a provider and principal case manager for children with special health care needs under Medicaid and the Children's Health Insurance Program (CHIP);
- Establish a grievance resolution process;
- Maintain program integrity; and
- Receive and manage health care premiums, capitation payments, and other funds for the network/plan;

Additionally, the bill authorizes the DOH to administer the Medical Foster Care program, including:

- Recruitment, training, assessment, and monitoring for the program;
- Monitoring access and facilitating admissions of eligible children and youth to the program and designated Medical Foster Care homes; and
- Coordination with the Department of Children and Families and the Agency for Health Care Administration, or their designees.

Section 13 repeals s. 391.028, F.S., removing prescriptive requirements for management and administration of the CMS program.

Section 14 amends 391.029, F.S., outlining individuals who are eligible to receive CMS program services, to:

- Clarify a high-risk pregnant female enrolled in Medicaid is eligible when receiving services through a Regional Perinatal Intensive Care Centers (RIPCC);
- Update terminology to include "children and youth" in place of "children;" and
- Update terminology for CMS Managed Care Plan.

Section 15 amends s. 391.0315, F.S., to retitle the section from "Benefits" to "Safety net programs", to remove the requirement to provide benefits comparable to Medicaid managed care plans, and to authorize the DOH to provide additional specialized services through the CMS program.

Sections 16 repeals s. 391.035, F.S., effective January 1, 2025, to remove the requirement for the DOH CMS program to establish provider qualifications for the CMS network/plan.

Section 17 repeals s. 391.037, F.S., effective January 1, 2025, to remove provisions that specific licensed physicians who are providing private-sector services to clients of the DOH are not in violation of s. 112.313(7), F.S., regarding conflicting employment, if certain conditions are met.

Section 18 repeals s. 391.045, F.S., effective January 1, 2025, to remove the obsolete requirements relating to the DOH reimbursement of health care providers through the CMS network/plan.

Section 19 repeals s. 391.047, F.S., effective January 1, 2025, to remove obsolete requirements for the DOH to comply with s. 402.24, F.S., regarding third-party liabilities.

Section 20 repeals s. 391.055, F.S., effective January 1, 2025, to remove the service delivery requirements for the CMS network/plan.

Section 21 repeals s. 391.071, F.S., effective January 1, 2025, to remove the quality of care requirements for health care providers that participate in the CMS program.

Section 22 amends s. 391.097, F.S., effective January 1, 2025, which authorizes the DOH to initiate, fund, and conduct research to improve the delivery of CMS program services to remove inclusion of the CMS network/plan.

Section 23 repeals ss. 391.221 and 391.223, F.S., eliminating the CMS Statewide Network Advisory Council and Technical advisory panels.

Section 24 requires the transfer of all duties, authority, functions, obligations, and resources for operations of the CMS Managed Care Plan be transferred from the DOH to the AHCA, effective July 1, 2024. The DOH will retain responsibility for conducting clinical eligibility screening for children with special health care needs. The bill also directs the DOH CMS Program to assist the AHCA in developing requirements for the new specialty plan procurement and contracts.

Section 25 amends s. 409.974, F.S., relating to eligible Medicaid plans, to reflect the transition from the Children's Medical Services Network at the DOH to the CMS Managed Care Plan at the AHCA. The DOH must competitively procure one or more vendors to provide services for children with special healthcare needs who are enrolled in Medicaid and for children with special healthcare needs who are enrolled in CHIP with services to begin by January 1, 2025. The DOH CMS Program must:

- Transfer all operations of the managed care contracts to the ACHA beginning July 1, 2024;
- Assist the AHCA in developing specifications for the procurement contracts;
- Conduct clinical eligibility screening for children with special health care needs who are eligible for or are enrolled in Medicaid or Children's Health Insurance Plan (CHIP); and
- Provide ongoing consultation to the AHCA in the care of children with special health care needs.

The bill also removes language that exempted the Children's Medical Services Health Plan from procurement requirements for managed care plans in ch. 409, F.S.

Section 26 amends s. 409.166, F.S., to allow the adoptive parents of a child covered under CMS programs to also receive adoption assistance. The bill also amends s. 409.166, F.S., to replace the specific reference to the Children's Medical Services Network services with a broader reference to plans that serve children and youth with special healthcare needs under KidCare and Medicaid (parts II and III of ch. 409, F.S.).

Section 27 amends s. 409.811, F.S., to rename "Children's Medical Services Network," to "Children's Medical Services Managed Care Plan."

Sections 28 through 34 amend ss. 409.813, 409.8134, 409.814, 409.815, 409.8177, 409.818, and 409.912, F.S., respectively, to make technical changes to replace obsolete references to "Children's Medical Services Network" with a broader term referencing plans that serve children and youth with special needs under KidCare and Medicaid (parts II and III of ch. 409, F.S.).

Section 35 amends s. 409.9126, F.S., deleting the requirement that Medicaid-eligible children diagnosed with HIV/AIDS must be served through the Children's Medical Services Network.

Sections 36 through 38 amend ss. 409.9131, 409.920, and 409.962, F.S., respectively, relating to Medicaid overpayments, Medicaid fraud, and Medicaid eligible plans, and deletes references to Children's Medical Services Network.

Section 39 provides that except as otherwise expressly provided in the bill the bill takes effect July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Area Agency on Aging

The bill assists the Department of Elder Affairs and the Area Agency on Aging in avoiding year-end surpluses and deficit challenges, by allowing unexpended state funds for the AAAs to be carryforward from one fiscal year to the next. These projections are difficult due to multiple, uncontrollable factors including care plan fluctuations due to changing client care needs, acute care episodes, client attrition, and the financial impact of Adult Protective Service referrals from the Department of Children and Families (DCF).

Department of Children and Families:

Independent Living Services Expansion

Extended Guardianship Assistance Program (EGAP) and extended Adoptions Subsidies (EMAS)

By lowering the age from 16 to 14 for a child who is adopted or placed in permanent guardianship, the DCF projects 1,332 more young adults will become eligible for this benefit when the child is between ages 18 to 22. The DCF applied a 30 percent participation rate EGAP and EMAS which results in a projected increase of 400 young adults. The average monthly financial assistance for these programs is $670. Projected annual cost: $3,216,000.

Extended Postsecondary Services and Support (PESS)

By lowering the age from 16 to 14 for a child, who is adopted or placed in permanent guardianship, the DCF projects 351 more young adults will become eligible for PESS when the child is between ages 18 and 22. The DCF applied a 20 percent participation rate to the new eligible population which results in an increase of 71 young adults in PESS. The financial assistance payment for PESS is $1,720 per month. Projected annual cost: $1,465,440.

Aftercare Services

The DCF projects that 1,835 young adults will be eligible for Aftercare Services. The department applied a 15 percent participation rate which results in a projected

participation of 275 young adults. The average monthly financial assistance provided for Aftercare Services is $1,039. Projected annual cost: $3,428,700

Services Expanded	Funding Increase
Extended Adoption and Guardianship Assistance Payments	$3,216,000
Postsecondary Education Services and Support (PESS)	$1,465,440
Aftercare Services	$3,428,700
Total	**$8,110,140**

SPB 2500 authorizes $8,110,140 in recurring funds from the General Revenue Fund to the DCF to support the expansion of independent living services.[46]

Expansion of the Adoption Benefits Program

According to the DCF Fiscal Year 2024-2025 Agency Legislative Budget Request, the department estimates a recurring fiscal impact to increase the lump sum adoption benefit program monetary awards. The DCF requests that program awards be increased from $10,000 to $25,000 for adoptions of a child in the child welfare system, or from $5,000 to $10,000 for children who do not meet certain criteria.[47] The number of adoptions projected for Fiscal Year 2024-2025 is 425 for a total annual cost is $10,625,000. Considering DCF's current base budget of $8,377,470, total additional funding needed is approximately $2,250,000.

SPB 2500 authorizes $2,250,000 in recurring funds from the General Revenue Fund to the DCF to support the increase in the amount of adoption benefit program monetary awards.[48]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.6225, 49.166, 381.4019, 381.402, 391.016, 391.021, 391.025, 391.026, 391.029, 391.0315, 391.097, 409.1451, 409.166, 409.1664, 409.811, 409.813, 409.8134, 409.814, 409.815, 409.8177, 409.818, 409.912, 409.9126, 409.9131, 409.920, 409.962, 409.974, 430.204, and 430.84.

[46] SPB 2500, Specific Appropriations 330, 331, and 332.
[47] The Department of Children and Families Agency Legislative Budget Request for Fiscal Year 2024-2025.
[48] SPB 2500, Specific Appropriation 326.

This bill repeals the following sections of the Florida Statutes: 391.028, 391.035, 391.037, 391.045, 391.047, 391.055, 391.071, 391.221, and 391.223.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.