

**State Budget Conference Chairs
Senate Budget Committee/
House Appropriations Committee**

BUMP ISSUES

**Senate Budget Subcommittee on General Government
Appropriations/House Government Operations**

Senate Offer 1 – Conforming Bills

**May 5, 2011
412 Knott Building**

**Conference Committee on General Government & Government Operations
Conforming Bills Comparison - Final
Budget Conference for FY 2011-2012**

HOUSE		SENATE	SENATE OFFER #1	
1	HB 5603 - Department of Management Services	SB 2126 - Department of Management Services		1
2		Section 11. Requires the department to annually report its service costs, competitive rate comparisons, and recommendations for improving the efficiency and effectiveness of the SUNCOM Network services. Requires the department to coordinate with the Agency for Enterprise Information Technology to study the technical and economic feasibility of using existing resources, such as Florida Lambda Rail, the unused DOT fiber-optics capacity, and the Tallahassee Fiber Loop. The feasibility analysis is due by March 1, 2012. Reinforces the need for centralized cost-effective decision making regarding the purchase, lease, acquisition, and use of telecommunications equipment, software, and services to leverage the purchase power of the state to reduce costs.	HOUSE	2
3		Section 12. Requires the Department of Transportation to report the inventory, capacity, and utilization of the fiber infrastructure used for the Intelligent Transportation System by November 1, 2011. Also requires the Department of Transportation to establish procedures consistent with federal requirements that would allow SUNCOM network to potentially utilize the infrastructure.	HOUSE	3
4		Section 13. Requires the department to develop a competitive solicitation for end-to-end network services (currently the SUNCOM network), with the primary objective being the reduction of telecommunications services costs. Provides a timeline for the solicitation with the ultimate transition to the selected network service by June 30, 2014.	HOUSE	4
5		Section 19. Authorizes a \$200 filing fee to appeal a no-cause determination by the Florida Commission on Human Relations to the Division on Administrative Hearings and applies language to relieve indigent individuals from payment of the filing fee under the current process for other court fees.	HOUSE	5

**Conference Committee on General Government & Government Operations
Conforming Bills Comparison - Final
Budget Conference for FY 2011-2012**

HOUSE		SENATE	SENATE OFFER #1	
6	HB 5605 - Department of Financial Services	SB 2132 - Department of Financial Services		6
7		Section 8. Limits the reimbursement amount for repackaged or relabeled prescriptions medications for workers' compensation claimants, regardless of the dispensing location or provider plus a \$4.18 dispensing fee or the contracted rate negotiated by the Department of Management Services.	SENATE MODIFIED	7
8	No House Companion	SB 2124 - Department of Revenue		8
9		Section 2. Reduces the tax rate from 4% to 1% on coin operated amusement machines located in pari-mutuel facilities.	HOUSE; Contigent upon Senate modified language to be placed in HB 7203	9
10		Section 4. The bill takes effect July 1, 2011.		10
11	No House Companion	SB 1292 - Chief Financial Officer		11
12		Section 1. Provides that it is the intent of the Legislature that uniform reporting requirements be developed specifically to promote accountability and transparency. The bill also provides definitions to include entities that have not historically been considered state agencies or local governments in other statutes and directs the Chief Financial Officer to conduct workshops with affected governmental entities to gather reporting requirements and to issue proposed charts of accounts by July 1, 2013.	SENATE MODIFIED	12
13		Section 2. Provides that information issued on chart of accounts is not considered a Rule.	SENATE MODIFIED	13
14		Section 3. Provides that it is a finding of the Legislature that the act fulfills an important state interest.	SENATE MODIFIED	14
15		Section 4. Provides that the bill will take effect on July 1, 2011.	SENATE MODIFIED	15

**Conference Committee on General Government & Government Operations
Conforming Bills Comparison - Final
Budget Conference for FY 2011-2012**

HOUSE		SENATE	SENATE OFFER #1		
16	No House Companion	SB 1738 - State Financial Information		16	
17		Section 1. Requires the Auditor General to transmit to the Legislature and to the Legislative Auditing Committee annually a list of all school districts that have failed to comply with the transparency requirements as identified in specified school board audits and audit reports.	SENATE MODIFIED	See attached summary - Agency for Enterprise Business Systems	17
18		Section 2. Amends the short title in s. 215.90, F.S., to correct a cross reference.	SENATE MODIFIED		18
19		Section 3. Transfers all of the authority for the decisions on the development of succeeding business information systems from the existing multi-agency Florida Financial Information System (FFMIS) participants to the Agency for Business Enterprise Services.	SENATE MODIFIED		19
20		Section 4. Provides new definitions of terms that will govern the operation of the successor systems.	SENATE MODIFIED		20
21		Section 5. Creates the Agency for Enterprise Business Services (AEBS) within the Department of Financial Services, which will be headed by the Governor and Cabinet in their capacity as the Financial Information Board. Requires the appointment of an executive who shall serve as the Enterprise Financial Business Operations Officer. This section also outlines duties and responsibilities of the new agency.	SENATE MODIFIED		21
22		Section 6. Creates the Enterprise Business Services Council which serves as an advisory body which will function as successor to the existing Florida Financial Management Information System, (FFMIS) Coordinating Council.	SENATE MODIFIED		22
23		Section 7. Creates s. 215.924, F.S., which requires the Agency for Business Enterprise Services to develop and annually update a multi-year Enterprise Financial Business Strategic Plan to be submitted to the Governor and to the Legislature. This section also outlines the contents of the proposed plan.	SENATE MODIFIED		23
24		Section 8. Revises provisions relating to the Florida Financial Management Information System and renaming the Florida Accounting Information Resource Subsystem the Financial Management Subsystem. The System for Unified Taxation, (SUNTAX) now administered by the Department of Revenue will be incorporated into the new FFMIS	SENATE MODIFIED		24
25		Section 9. Specifies the duties of each state agency responsible for a FFMIS subsystem.	SENATE MODIFIED		25

**Conference Committee on General Government & Government Operations
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HOUSE		SENATE	SENATE OFFER #1	
26		Section 10. Provides that the Governor and Cabinet in their capacity as the Administration Commission and the Florida Financial Management Information board will serve as the approval body for the FFMIS strategic and operational plans, including the approval of project milestones and the resolution of agency disputes.	SENATE MODIFIED	26
27		Section 11. Repeals provisions which assign duties to the existing FFMIS Coordinating Council.	SENATE MODIFIED	27
28		Section 12. Provides state agency requirements relating to FFMIS and the use of functional information and enterprise agency business subsystems.	SENATE MODIFIED	28
29		Section 13. Amends the "Transparency Florida Act" in s. 215.985, F.S., to make changes to require the Legislative Auditing Committee to develop a format for collecting and displaying information from school districts, charter schools, and charter technical career centers.	SENATE MODIFIED	29
30		Section 14. Makes changes in statutes related to the duties of the Chief Financial Officer; quarterly reporting.	SENATE MODIFIED	30
31		Section 15. Makes changes in statutes related to the duties of the Chief Financial Officer; filing of financial information.	SENATE MODIFIED	31
32		Section 16. Makes changes in statutes related to the duties of the Chief Financial Officer; planning and budgeting statutes.	SENATE MODIFIED	32
33		Section 17. Makes changes in statutes related to the duties of the Chief Financial Officer as it relates the planning and budgeting statutes.	SENATE MODIFIED	33
34		Section 18. Recognizes that funding was provided in ch. 2008-152, Laws of Florida , in three specific line item appropriations for the initial stages of FFMIS development.	SENATE MODIFIED	34
35		Section 19. Provides that the bill will take effect upon becoming a law.	SENATE MODIFIED	35
36	No House Companion	SB 2096 - State Financial Information		36
37		Section 1. Requires the Auditor General to report to the President, Speaker of the House and to the Legislative Auditing Committee annually a list of all school districts and water management districts that have failed to comply with the Transparency Florida Act requirements.	SENATE MODIFIED	37
			See attached summary - State Financial Information	

**Conference Committee on General Government & Government Operations
 Conforming Bills Comparison - Final
 Budget Conference for FY 2011-2012**

HOUSE		SENATE	SENATE OFFER #1	
38		<p>Section 2. Clarifies definitions; requires the Chief Financial Officer to develop and maintain the transparency website; provides for the transition of the website to the Department of Financial Services; requires the Chief Financial Officer to recommend a format for specified entities for use in collecting and displaying financial information; revises provisions exempting certain municipalities and special districts from the Transparency Florida Act; requires the reporting, collection, maintenance and display of financial data for water management districts and requires the fiscal year of each water management district to be July 1 to June 30. The bill also requires that certified public accountants conducting audits of units of local government to report compliance with the Transparency Florida Act. The bill authorizes the Department of Financial Services to adopt guidelines for administering the act and to provide access to a state contract management system on the Transparency Florida website.</p>	SENATE MODIFIED	38
39		<p>Section 3. Provides that the bill will take effect upon becoming a law</p>	SENATE MODIFIED	39

SB 1292 – Chart of Accounts

Define chart of accounts, state agency, local government, educational entities and entities of higher education.

Reporting Structure

- Beginning October 1, 2011, the CFO will begin conducting workshops with state agencies, local governments, educational entities and entities of higher education to gather information for the development of a uniform chart of accounts.
- The CFO will provide to the state agencies, local governments, educational entities and entities of higher education a draft chart of accounts by July 1, 2013.
- The CFO shall accept comments and input from state agencies, local governments, educational entities and entities of higher education regarding the draft chart of accounts through November 1, 2013.
- By January 15, 2014, the CFO will present a report to the Governor, President of the Senate and the Speaker of the House of Representatives recommending a uniform chart of accounts which requires specific enterprise-wide information related to revenues and expenditures of state agencies, local governments, educational entities and entities of higher education. The report will include the estimated cost of adopting and implementing a uniform enterprise-wide chart of accounts.

SB 1738 – Agency for Enterprise Business Services

- Create the Agency for Enterprise Business Services which is administratively housed in the Department of Management Services with the Governor and Cabinet as the agency head.
- Establish the executive director position
 - Appointed by Governor and at least three affirmative votes of the Governor and Cabinet with the Governor and CFO on the prevailing side
 - Appointment confirmed by the Senate.
 - Governor may appoint interim executive director until executive director is confirmed by Cabinet.
- Assist duties to the new agency to include:
 - Developing the Enterprise Financial Business Services Strategic Plan
 - Provides assistance to the Chief Financial Officer in the recommendation of the uniform chart of accounts.
 - Serve as a clearinghouse for enterprise information relating to the planning, development, implementation, and evaluation of improvements to enterprise financial business services.
- Based on this initial set of duties, make recommendations to the Legislature for additional substantive changes required to implement the Enterprise Financial Business Services Strategic Plan to include the associated governance structure.
- Remove transparency language and incorporate into SB 2096.

SB 2096 – Transparency / State Financial Information

- Requires charter schools and charter technical career centers to post their financial information on the Transparency Florida website.
- Requires Auditor General to annually submit to the Legislature a list of any school districts, charter schools, charter technical career centers, colleges, state universities, and water management districts that have failed to comply with the transparency requirements.
- Changes the exemption criteria for municipalities or special districts from a population threshold (fewer than 10,000) to a revenue threshold (less than \$10 million in total annual revenues).
- Requires water management districts to post their financial statements on their websites by 9/1/11
- Requires Chief Financial Officer to make publicly available a state contract management system that includes information and documentation relating to contracts procured by state governmental entities.
 - Includes information on contracts for commodities and services.
 - Requires agency procurement staff to update information within 30 days of a major change to a contract or the execution of a new contract. Major change is a contract renewal, extension, termination or amendment.



**State Budget Conference Chairs
Senate Budget Committee /
House Appropriations Committee**

BUMP ISSUES

**Senate Budget Subcommittee on General
Government Appropriations
House Agriculture & Natural Resources
Subcommittee**

SB 2122 - Senate Offer 1

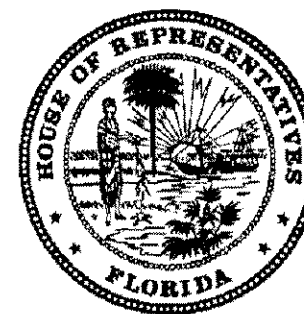
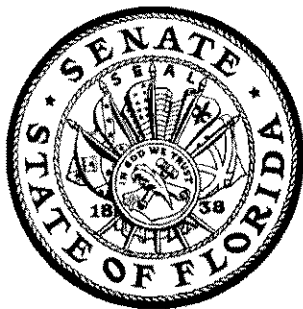
**May 5, 2011
412 Knott Building**

Senate General Government/House Agriculture & Natural Resources
 Conference - Conforming Bills

DESCRIPTION	DESCRIPTION	Senate Offer #1	
No House Companion	SB 2122		
	Section 9. Amends s. 601.15, F.S., requiring review and approval by the Legislative Budget Commission of any proposal by the Florida Citrus Commission to increase the box tax rate.	HOUSE	1
	Amends s. 601.04, F.S., to reduce the number of citrus districts and reassign counties to those districts. Provides for the Citrus Commission to appoint and the Senate to confirm the Executive Director of the Department of Citrus. Requires a 5 day, 40 hour work week for employees of the department.	SENATE MODIFIED (see attached)	2

SB 2122 – Senate Modified Offer #1

- Reduces the membership of the Citrus Commission from 12 members to 9 members.
- Provides that three members of the Commission shall be appointed from each of three specified Citrus Districts.
- Provides that the Executive Director of the Citrus Commission shall serve a 4-year term, except for the initial term of the Executive Director and that the initial term of the Executive Director shall end on June 30, 2011.
- Requires that employees of the Department of Citrus shall work a 5-day 40-hour work week, except when on leave.
- Imposes limits on the tax per box of grapefruit, oranges and tangerines. The tax of grapefruit, tangerines and fresh oranges is capped at the rate in effect on May 1, 2011; the tax rate on oranges in processed form shall be 25 cents per box.



**State Budget Conference Chairs
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House Appropriations Committee**

BUMP ISSUES

**Senate Budget Subcommittee on Health and Human Services
Appropriations
House Health Care Appropriations Subcommittee**

**Senate Offer #1
CS/SB 2144 and HB 5311
Medicaid Services**

**May 5, 2011
412 Knott Building**

**HEALTH CARE APPROPRIATIONS SUBCOMMITTEE/SENATE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
 APPROPRIATIONS
 Senate Bump Offer #1 – FY 2011-2012
 Agency for Health Care Administration**

HB 5311	COMMENTS	CS/SB 2144
Section 1. (s. 409.904, F.S.) Repeals the sunset of the Medically Needy for adults and the Medicaid Aged and Disabled waiver, which is set to sunset on June 30, 2011.	House	Section 1. (s. 409.904, F.S.) Eliminates the Medicaid Aged and Disabled waiver eligibility category effective June 30, 2011 and provides for a phase out of this category through March 31, 2012. Limits benefits for non-pregnant adults in the Medically Needy program to physician services only, effective April 1, 2012.
	Senate	Section 2. (s. 409.905, F.S.) Eliminates the requirement for the implementation of a hospitalist program.
Section 2. (s. 409.906, F.S.) Eliminates optional Medicaid coverage of chiropractic and hearing services for adult recipients.	Senate	
Section 3. (s. 409.908, F.S.) Modifies the formula used for calculating reimbursements to providers of prescribed drugs by adjusting the WAC-based component to WAC plus 3.75 percent.	Senate	Section 3. (s. 409.908, F.S.) Modifies the formula used for calculating reimbursements to providers of prescribed drugs by adjusting the WAC-based component to WAC plus 1.5 percent.
Repeals the sunset date for the freeze on Medicaid institutional unit cost and deletes obsolete workgroups and reporting requirements.	House	Extends the sunset date for the freeze on Medicaid institutional unit cost through June 30, 2012 and deletes obsolete workgroups and reporting requirements.
Section 4. (s. 409.9082, F.S.) Provides for the allowed aggregated amount of assessments for all nursing home facilities to increase to conform to federal regulations.	Senate with Modification	Section 4. (s. 409.9082, F.S.) Provides for the allowed aggregated amount of assessments for all nursing home facilities to increase to conform to federal regulations. <u>Amends 409.9082, F.S.</u> (3)(d) Effective July 1, 2011 2009, the agency may exempt from the quality assessment or apply a lower quality assessment rate to a qualified public, nonstate-owned or operated nursing home facility whose total annual indigent census days are greater than <u>20</u> 25 percent of the facility's total annual census days

<p>Section 5. (s. 409.9083, F.S.) Repeals the sunset of the quality assessment on privately operated intermediate care facilities for the developmentally disabled.</p>	<p>House</p>	
<p>Section 6. (s. 409.911, F.S.) Revises the method for calculating disproportionate share payments to hospitals for FY 2011-2012 by changing the years of averaged audited data from 2003, 2004, and 2005 to 2004, 2005, and 2006.</p>	<p>Senate</p>	<p>Section 5. (s. 409.911, F.S.) Identical.</p>
<p>Section 7. (s. 409.9112, F.S.) Continues the prohibition against distributing funds under the Disproportionate Share Program for regional perinatal intensive care centers for FY 2011-2012.</p>	<p>Senate with Modification</p>	<p>Section 6. (s. 409.9112, F.S.) Identical.</p> <p><u>Amends s. 409.911</u></p> <p>(2)</p> <p>(a) The average of the 2003, 2004, <u>2005</u>, and <u>2006</u> audited disproportionate share data to determine each hospital's Medicaid days and charity care for the <u>2011-2012</u> state fiscal year.</p> <p>(4)</p> <p>(d) <u>For the 2011-2012 state fiscal year any non-state government owned or operated hospital eligible for payments under this section, on July 1, 2011 shall remain eligible for payments under this section for the entire 2011-2012 state fiscal year.</u></p>
<p>Section 8. (s. 409.9113, F.S.) Continues the requirement that funds for statutorily defined teaching hospitals in Fiscal Year 2011-2012 be distributed in the same proportion as funds were distributed under the Disproportionate Share Program for teaching hospitals in Fiscal Year 2003-2004, or as otherwise provided in the General Appropriations Act.</p>	<p>House with Modification</p>	<p>Section 7. (s. 409.9113, F.S.) Identical.</p> <p><u>Amends 409.9113, F.S.</u></p> <p>Disproportionate share program for teaching hospitals.—In addition to the payments made under ss. <u>409.911</u> and <u>409.9112</u>, the agency shall make disproportionate share payments to statutorily defined teaching hospitals for their increased costs associated with medical education programs and for tertiary health care services provided to the indigent. This system of payments must conform to federal requirements and distribute funds in each fiscal year for which an appropriation is made by making quarterly Medicaid payments. Notwithstanding s. <u>409.915</u>, counties are exempt from contributing toward the cost of this special reimbursement for hospitals serving a disproportionate share of low-income patients. For the <u>2011-2012</u> state fiscal year, the agency shall distribute the moneys provided in the General Appropriations Act to statutorily defined teaching hospitals and family practice teaching hospitals under the teaching hospital disproportionate share program. The funds provided for statutorily defined teaching hospitals shall be <u>distributed in the same proportion as the state fiscal year 2003-2004</u></p>

		teaching hospital disproportionate share funds were distributed or as otherwise as provided in the General Appropriations Act. The funds provided for family practice teaching hospitals shall be distributed equally among family practice teaching hospitals
Section 9. (s. 409.9117, F.S.) Continues the prohibition against distributing funds under the Primary Care Disproportionate Share program through FY 2011-2012.	Senate	Section 8. (s. 409.9117, F.S.) Identical.
Section 10. (s. 409.912, F.S.) Eliminates the requirement to implement a wireless handheld program and provides general authority to allowing electronic access to certain pharmacology drug information. Modifies the formula used for calculating reimbursements to providers of prescribed drugs by adjusting the WAC-based component to WAC plus 3.75 percent. Authorizes the implementation of a home delivery of pharmacy products program and eliminates the requirement for the expansion of the mail-order-pharmacy diabetes-supply program. Eliminate specific components of the prescription drug management system.	House Senate House House	Section 9. (s. 409.912, F.S.) Eliminates the requirement to implement a wireless handheld program and provides general authority to allowing electronic access to certain pharmacology drug information. Modifies the formula used for calculating reimbursements to providers of prescribed drugs by adjusting the WAC-based component to WAC plus 1.5 percent.
Section 11. Authorizes an additional PACE site in Palm Beach County and approves up to 150 initial slots, subject to a specific appropriation.	House	
	House	Section 10. (s. 409.9122, F.S.) Revises a reference to Medically Needy program to current designation.
	House	Section 11. (s. 409.915, F.S.) Revises a reference to Medically Needy program to current designation.
	House	Section 12. (s. 409.9301, F.S.) Revises a reference to Medically Needy program to current designation.
Section 12. Provides an effective date of July 1, 2011.	House	Section 13. Provides an effective date of June 30, 2011.

Amended or New Provisions

HB 5311	Comments	CS/SB 2144
	Senate	<p><u>Amends s. 400.23 (3)(a)1 b, F.S.</u></p> <p>(3)(a)1. The agency shall adopt rules providing minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility:</p> <p>a. A minimum weekly average of certified nursing assistant and licensed nursing staffing combined of 3-9 <u>3.6</u> hours of direct care per resident per day. As used in this sub-subparagraph, a week is defined as Sunday through Saturday.</p> <p>b. A minimum certified nursing assistant staffing of 2-7 <u>2.5</u> hours of direct care per resident per day. A facility may not staff below one certified nursing assistant per 20 residents.</p>
	Senate	<p><u>Amends s. 409.908 (2)(b) 2, F.S.</u></p> <p>(2)(b) Subject to any limitations or directions provided for in the General Appropriations Act, the agency shall establish and implement a Florida Title XIX Long-Term Care Reimbursement Plan (Medicaid) for nursing home care in order to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.</p> <p>1. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate cost-based ceilings shall be calculated for each patient care subcomponent. The direct care subcomponent of the per diem rate shall be limited by the cost-based class ceiling, and the indirect care subcomponent may be limited by the lower of the cost-based class ceiling, the target rate class ceiling, or the individual provider target.</p> <p>2. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, and certified nursing assistants who deliver care directly to residents in the nursing home facility. This excludes nursing administration, minimum data set, and care plan coordinators, staff development, and staffing</p>

HB 5311	Comments	CS/SB 2144
		<p>coordinator <u>and the administrative portion of the minimum data set and care plan coordinators.</u></p> <p>3. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem rate. There shall be no costs directly or indirectly allocated to the direct care subcomponent from a home office or management company.</p> <p>4. On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility.</p> <p>5. In order to offset the cost of general and professional liability insurance, the agency shall amend the plan to allow for interim rate adjustments to reflect increases in the cost of general or professional liability insurance for nursing homes. This provision shall be implemented to the extent existing appropriations are available.</p> <p>It is the intent of the Legislature that the reimbursement plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any maximum rate of payment, whether overall or component, on the available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the results of scientifically valid analysis and conclusions derived from objective statistical data pertinent to the particular maximum rate of payment.</p>
	Senate	<p><u>Paragraphs (a), (b), and (c) of subsection (4) are amended and subsections (5) and (6) are added to section s. 408.815, F.S.</u></p> <p>(1) In addition to the grounds provided in authorizing statutes, grounds that may be used by the agency for denying and revoking a license or change of ownership application include any of the following actions by a controlling interest:</p> <p>(a) False representation of a material fact in the license</p>

HB 5311	Comments	CS/SB 2144
		<p>application or omission of any material fact from the application.</p> <p>(b) An intentional or negligent act materially affecting the health or safety of a client of the provider.</p> <p>(c) A violation of this part, authorizing statutes, or applicable rules.</p> <p>(d) A demonstrated pattern of deficient performance.</p> <p>(e) The applicant, licensee, or controlling interest has been or is currently excluded, suspended, or terminated from participation in the state Medicaid program, the Medicaid program of any other state, or the Medicare program.</p> <p>(2) If a licensee lawfully continues to operate while a denial or revocation is pending in litigation, the licensee must continue to meet all other requirements of this part, authorizing statutes, and applicable rules and must file subsequent renewal applications for licensure and pay all licensure fees. The provisions of ss. 120.60(1) and 408.806(3)(c) shall not apply to renewal applications filed during the time period in which the litigation of the denial or revocation is pending until that litigation is final.</p> <p>(3) An action under s. 408.814 or denial of the license of the transferor may be grounds for denial of a change of ownership application of the transferee.</p> <p>(4) <u>Unless an applicant is determined by the agency to satisfy the provisions of ss. (5) for the action in question, the agency shall deny any application for a license or license renewal based upon any of the following actions of an applicant, a controlling interest of the applicant or any entity in which a controlling interest of the applicant was an owner or officer at the time of the actions set forth below:</u> In addition to the grounds provided in authorizing statutes, the agency shall deny an application for a license or license renewal if the applicant or a person having a controlling interest in an applicant has been:</p> <p>(a) <u>Conviction or Convicted of, or enters a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, Medicaid fraud, Medicare fraud or insurance fraud, unless the sentence and any subsequent period of</u></p>

HB 5311	Comments	CS/SB 2144
		<p>probation for such convictions or plea ended more than 15 years prior to the date of the application; <u>or</u></p> <p>(b) <u>Termination Terminated for cause from the Medicare Florida Medicaid program or from any state Medicaid program, pursuant to s. 409.913, unless the applicant has been in good standing with a state the Florida Medicaid program or the Medicare program for the most recent 5 years and the termination occurred at least 20 years prior to the date of the application.; or</u></p> <p>(c) <u>Terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from the federal Medicare program or from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination occurred at least 20 years prior to the date of the application.</u></p> <p>(5) <u>For any application subject to denial under subsection (4), the agency may consider mitigating circumstances as applicable, including but not limited to:</u></p> <p>(a) <u>Completion or lawful release from confinement, supervision, or sanction, including any terms of probation, and full restitution;</u></p> <p>(b) <u>Execution of a compliance plan with the agency;</u></p> <p>(c) <u>Compliance with any integrity agreement or compliance plan with any other government agency;</u></p> <p>(d) <u>Determination by any state Medicaid program or the Medicare program that the controlling interest or entity in which the controlling interest was an owner or officer is currently allowed to participate in the state Medicaid program or the Medicare program, either directly as a provider or indirectly as an owner or officer of a provider entity;</u></p> <p>(e) <u>Continuation of licensure by the controlling interest or entity in which the controlling interest was an owner or officer, either directly as a licensee or indirectly as an owner or officer of a licensed entity in the state where the action occurred;</u></p> <p>(f) <u>Overall impact upon the public health, safety or welfare; or</u></p>

HB 5311	Comments	CS/SB 2144
		<p><u>(g) Determination that license denial is not commensurate with the prior action taken by the Medicare or state Medicaid program.</u></p> <p><u>Upon consideration of the above circumstances, the agency shall grant the license, with or without conditions, grant a provisional license for a period of no more than the licensure cycle, with or without conditions, or deny the license.</u></p> <p><u>Under consideration of the above circumstances, the agency shall grant the license, with or without condition, grant a provisional license for a period of no more than the licensure cycle, with or without conditions, or deny the license.</u></p>
	Senate	<p><u>Amends s. 409.912</u></p> <p>8. All Medicaid-eligible children, except children in area 1 and children in Highlands County, Hardee County, Polk County, or Manatee County of area 6, that are open for child welfare services in the HomeSafeNet system, shall receive their behavioral health care services through a specialty prepaid plan operated by community-based lead agencies through a single agency or formal agreements among several agencies. <u>The agency shall work with the specialty plan to develop clinically effective, evidence-based alternatives as a downward substitution for the statewide inpatient psychiatric program and similar residential care and institutional services.</u> The specialty prepaid plan must result in savings to the state comparable to savings achieved in other Medicaid managed care and prepaid programs. Such plan must provide mechanisms to maximize state and local revenues. The specialty prepaid plan shall be developed by the agency and the Department of Children and Family Services. The agency may seek federal waivers to implement this initiative. Medicaid-eligible children whose cases are open for child welfare services in the HomeSafeNet system and who reside in AHCA area 10 are exempt from the specialty prepaid plan upon the development of a service delivery mechanism for children who reside in area 10 as specified in s. 409.91211(3)(dd).</p>
	Senate	<p><u>Creates an undesignated section of Statute</u></p> <p>Section 13.</p> <p><u>(1) The Legislature finds that hundreds of millions of dollars</u></p>

HB 5311	Comments	CS/SB 2144
		<p><u>appropriated annually in support of the state's Medicaid program and other critical health programs come directly from revenues resulting from the settlement in State of Florida v. American Tobacco Co., No. 95-146AH (Fla. 15th Cir. Ct.), that maintaining those revenues is critical to the health of this state's citizens, that section 569.23(3), Florida Statutes, protects the continues receipt of those revenues, that the sunset of section 569.23(3), Florida Statutes, will undermine the financial support for the state's Medicaid and other critical health programs, and that the sunset should therefore be repealed.</u></p> <p><u>(2) Paragraph (f) of subsection (3) of section 569.23, Florida Statutes, is repealed.</u></p>
	Senate	<p><u>Creates s. 409.9122 (15)</u></p> <p><u>(15) The agency shall contract with a single provider service network to function as a managing entity for the MediPass program in all counties with fewer than two prepaid plans. The contractor shall be responsible for implementing preauthorization procedures, case management programs, and utilization management initiatives in order to improve care coordination and patient outcomes while reducing costs. The contractor may earn an administrative fee, if the fee is less than any savings determined by the reconciliation process pursuant to s. 409.912(4)(d)1.</u></p>
	Senate	<p><u>Creates s. 409.9122 (2)(l)</u></p> <p><u>(l) If the Medicaid recipient is diagnosed with HIV/AIDS and resides in Broward, Miami-Dade, or Palm Beach counties, the agency shall assign the Medicaid recipient to a managed care plan that is a health maintenance organization authorized under Chapter 641, under contract with the agency on July 1, 2011, and offers a deliver system through a university-based teaching and research-oriented organization that specializes in providing health care services and treatment for individuals diagnosed with HIV/AIDS.</u></p>

HB 5311	Comments	CS/SB 2144
	Senate	<u>Incorporate the substance of CS/HB 467, 1st Engrossed, relating to entities contracting with the Medicaid Program.</u>

CS/HB 467, Engrossed 1

2011

1 A bill to be entitled

2 An act relating to entities contracting with the Medicaid
3 Program; amending s. 636.0145, F.S.; exempting certain
4 entities providing services solely to Medicaid recipients
5 under a Medicaid contract from being subject to the
6 premium tax imposed on premiums, contributions, and
7 assessments received by prepaid limited health service
8 organizations; providing for prospective operation;
9 specifying that the act does not provide a basis for
10 relief from or assessment of taxes not paid, or for
11 determining any denial of or right to a refund of taxes
12 paid, prior to the effective date of the act; providing an
13 effective date.
14

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

16
17 Section 1. Section 636.0145, Florida Statutes, is amended
18 to read:

19 636.0145 Certain entities contracting with Medicaid.—
20 Notwithstanding the requirements of s. 409.912(4)(b), an entity
21 that is providing comprehensive inpatient and outpatient mental
22 health care services to certain Medicaid recipients in
23 Hillsborough, Highlands, Hardee, Manatee, and Polk Counties
24 through a capitated, prepaid arrangement pursuant to the federal
25 waiver provided for in s. 409.905(5) must become licensed under
26 chapter 636 by December 31, 1998. Any entity licensed under this
27 chapter which provides services solely to Medicaid recipients
28 under a contract with Medicaid is ~~shall be~~ exempt from ss.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

hb0467-02-e1

CS/HB 467, Engrossed 1

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29 636.017, 636.018, 636.022, 636.028, ~~and~~ 636.034, and 636.066(1).

30 Section 2. The provisions of this act shall operate
 31 prospectively. The prospective operation of this act does not
 32 provide a basis for relief from or assessment of taxes not paid,
 33 or for determining any denial of or right to a refund of taxes
 34 paid, prior to the effective date of the act.

35 Section 3. This act shall take effect July 1, 2011.