The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
Senator Negron, Chair
Senator Rich, Vice Chair

MEETING DATE: Wednesday, January 26, 2011
TIME: 1:45 —3:45 p.m.
PLACE: *Toni Jennings Committee Room,* 110 Senate Office Building

MEMBERS: Senator Negron, Chair; Senator Rich, Vice Chair; Senators Gaetz, Garcia, Oelrich, Richter, and Sobel

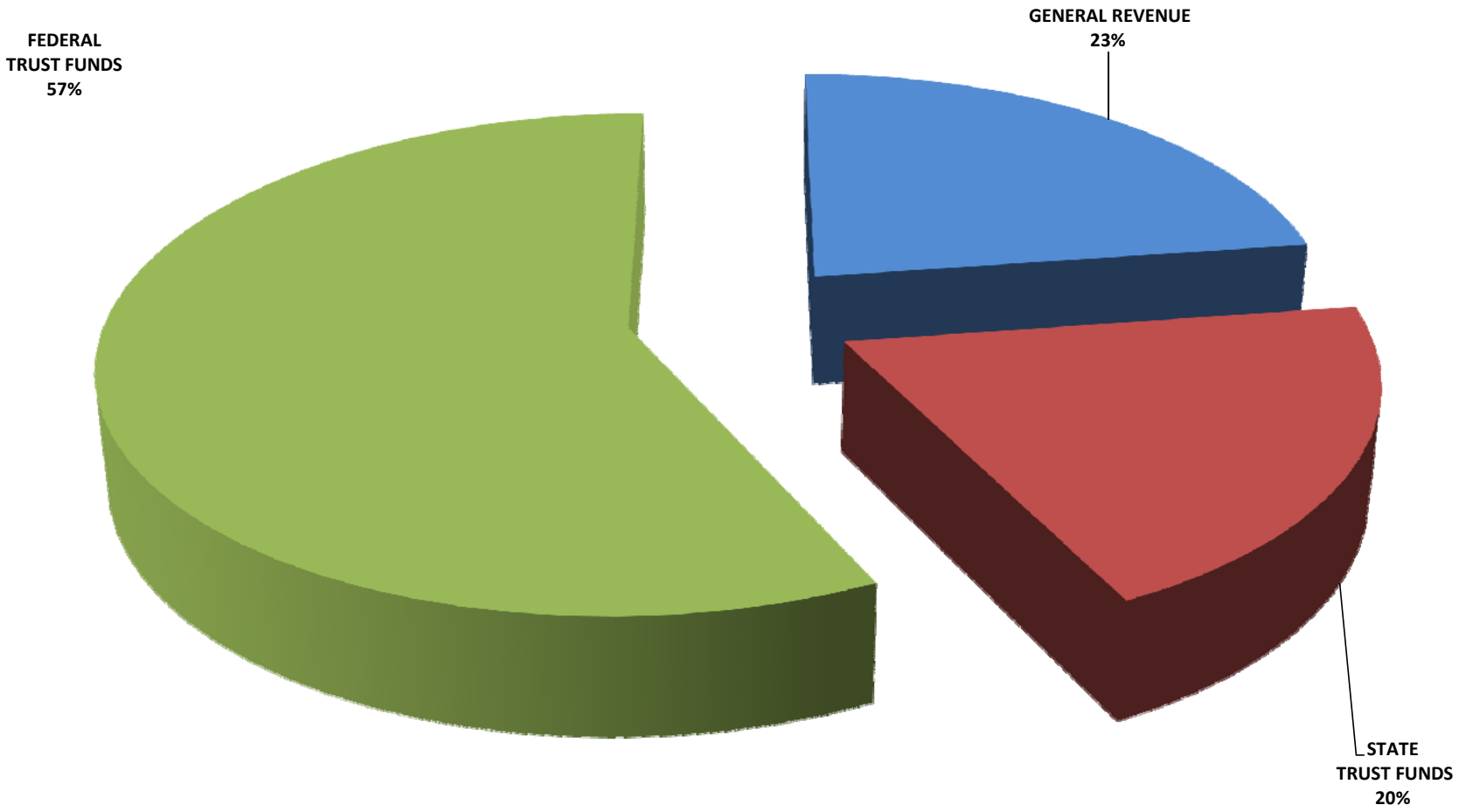
TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Budget Workshop	
2		Discussion and Public Testimony on Adult and Children's Mental Health and Substance Abuse Services	
3		Discussion and Public Testimony on Florida KidCare	
4		Presentation on Medicaid Mail Order Pharmacy	
5		Follow up on Medicaid Funding for Inmates	
6		Public Testimony on Efficiency Measures for the Health and Human Services Budget (presentations will be limited to 3 minutes each)	

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
FISCAL YEAR 2011-2012
BASE BUDGET*

PROGRAM	BUDGET ENTITY	FTE	GENERAL REVENUE	STATE TRUST FUNDS	FEDERAL TRUST FUNDS	ALL FUNDS
AGENCY FOR HEALTH CARE ADMINISTRATION						
ADMINISTRATION AND SUPPORT	PGM: ADMIN AND SUPPORT	297.00	3,642,248	17,018,967	22,977,691	43,638,906
HEALTH CARE SERVICES	CHILDREN SPECIAL HLTH CARE		64,969,307	99,063,346	333,618,098	497,650,751
HEALTH CARE SERVICES	EXECUTIVE DIR/SUPPORT SVCS	748.50	53,811,583	24,241,207	139,735,582	217,788,372
HEALTH CARE SERVICES	MEDICAID SERV/INDIVIDUALS		2,897,294,365	2,678,834,576	8,303,571,338	13,879,700,279
HEALTH CARE SERVICES	MEDICAID LONG TERM CARE		543,810,018	1,213,367,142	2,881,772,479	4,638,949,639
HEALTH CARE REGULATION	HEALTH CARE REGULATION	617.00	135,778	29,481,954	19,675,429	49,293,161
TOTAL: AGENCY FOR HEALTH CARE ADMINISTRATION		**1,662.50**	**3,563,663,299**	**4,062,007,192**	**11,701,350,617**	**19,327,021,108**
AGENCY FOR PERSONS WITH DISABILITIES						
SERVICES TO PERSONS WITH DISABILITIES	HOME & COMMUNITY SERVICES	322.50	328,452,846		516,209,540	844,662,386
SERVICES TO PERSONS WITH DISABILITIES	PROGRAM MGT & COMPLIANCE	333.00	20,106,712		16,639,919	36,746,631
SERVICES TO PERSONS WITH DISABILITIES	DEV DISAB PUBLIC FACIL	2,422.50	65,341,740	2,524,262	58,748,534	126,614,536
TOTAL: AGENCY FOR PERSONS WITH DISABILITIES		**3,078.00**	**413,901,298**	**2,524,262**	**591,597,993**	**1,008,023,553**
DEPARTMENT OF CHILDREN AND FAMILY SERVICES						
EXECUTIVE LEADERSHIP	EXECUTIVE DIR/SUPPORT SVCS	857.00	63,332,544	4,925,060	39,352,750	107,610,354
SUPPORT SERVICES	INFORMATION TECHNOLOGY	162.00			35,834,156	35,834,156
SUPPORT SERVICES	NSRC	90.00		13,041,311	15,640,677	28,681,988
FAMILY SAFETY PROGRAM	FAMILY SAFETY/PRESERVATION	3,314.25	400,188,347	150,170,875	574,045,854	1,124,405,076
MENTAL HEALTH PROGRAM	MENTAL HEALTH SERVICES	3,998.00	565,344,712	8,856,235	141,388,110	715,589,057
SUBSTANCE ABUSE PROGRAM	SUBSTANCE ABUSE SERVICES	78.00	69,207,200	4,905,111	115,519,625	189,631,936
ECONOMIC SELF SUFFICIENCY PROGRAM	ECONOMIC SELF SUFFICIENCY	4,687.50	299,329,687	6,878,077	262,271,632	568,479,396
TOTAL: DEPARTMENT OF CHILDREN AND FAMILY SERVICES		**13,186.75**	**1,397,402,490**	**188,776,669**	**1,184,052,804**	**2,770,231,963**
DEPARTMENT OF ELDER AFFAIRS						
SERVICES TO ELDERS PROGRAM	COMPREHENSIVE ELIGIB SVCS	275.00	4,452,713		13,320,364	17,773,077
SERVICES TO ELDERS PROGRAM	HOME & COMMUNITY SERVICES	67.50	253,916,744	128,277	428,353,864	682,398,885
SERVICES TO ELDERS PROGRAM	EXECUTIVE DIR/SUPPORT SVCS	76.00	2,437,294		6,530,489	8,967,783
SERVICES TO ELDERS PROGRAM	CONSUMER ADVOCATE SERVICES	35.50	3,595,965	411,641	2,639,270	6,646,876
TOTAL: DEPARTMENT OF ELDER AFFAIRS		**454.00**	**264,402,716**	**539,918**	**450,843,987**	**715,786,621**
DEPARTMENT OF HEALTH						
EXECUTIVE DIRECTION & SUPPORT	ADMINISTRATIVE SUPPORT	300.50	5,787,871	1,316,307	20,077,508	27,181,686
EXECUTIVE DIRECTION & SUPPORT	INFORMATION TECHNOLOGY	99.00	7,503,881	4,138,289	10,506,168	22,148,338
COMMUNITY PUBLIC HEALTH	FAMILY HLTH OUTPATNT/NUTRN	216.00	78,885,145	23,016,438	537,019,199	638,920,782
COMMUNITY PUBLIC HEALTH	INFECTIOUS DISEASE CNTRL	411.50	52,493,219	3,291,198	72,410,615	128,195,032
COMMUNITY PUBLIC HEALTH	ENVIRONMENTAL HEALTH SVCS	217.50	4,728,551	17,852,878	3,690,891	26,272,320
COMMUNITY PUBLIC HEALTH	CTY HLTH LOC HLTH NEED	12,759.00	154,520,269	740,616,859	162,509,503	1,057,646,631
COMMUNITY PUBLIC HEALTH	SW PUBLIC HLTH SUPPORT SVC	634.00	33,390,177	47,050,825	172,018,474	252,459,476
CHILDREN'S MEDICAL SERVICES	CHILD SPECL HLTH CARE	747.50	67,757,224	74,067,855	178,302,292	320,127,371
HEALTH CARE PRACTITIONER & ACCESS	MEDICAL QUALITY ASSURANCE	640.50		63,006,205	231,799	63,238,004
HEALTH CARE PRACTITIONER & ACCESS	COMMUNITY HEALTH RES	115.00	11,142,239	79,610,473	13,573,511	104,326,223
DISABILITY DETERMINATIONS	DISABILITY BENEFITS DETERM	1,227.00	1,044,506		151,430,168	152,474,674
TOTAL: DEPARTMENT OF HEALTH		**17,367.50**	**417,253,082**	**1,053,967,327**	**1,321,770,128**	**2,792,990,537**
DEPARTMENT OF VETERANS' AFFAIRS						
SERVICES TO VETERANS' PROGRAM	VETERANS' HOMES	978.00	5,971,525	45,704,943	21,683,975	73,360,443
SERVICES TO VETERANS' PROGRAM	EXECUTIVE DIR/SUPPORT SVCS	27.00	3,298,518	100,458		3,398,976
SERVICES TO VETERANS' PROGRAM	VETERANS' BENEFITS/ASSIST	118.00	4,018,500		656,739	4,675,239
TOTAL: DEPARTMENT OF VETERANS' AFFAIRS		**1,123.00**	**13,288,543**	**45,805,401**	**22,340,714**	**81,434,658**
TOTAL: HEALTH AND HUMAN SERVICES APPROPRIATIONS		**36,871.75**	**6,069,911,428**	**5,353,620,769**	**15,271,956,243**	**26,695,488,440**

*Budget reflects recurring appropriations adjusted for vetoes, failed contengencies, supplemental appropriations, and administered funds distributions. The Base Budget does include fixed capital outlay and nonrecurring appropriations

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
FISCAL YEAR 2011-2012
BASE BUDGET*



BASE BUDGET BY FUND TYPE

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FISCAL YEAR 2011-2012
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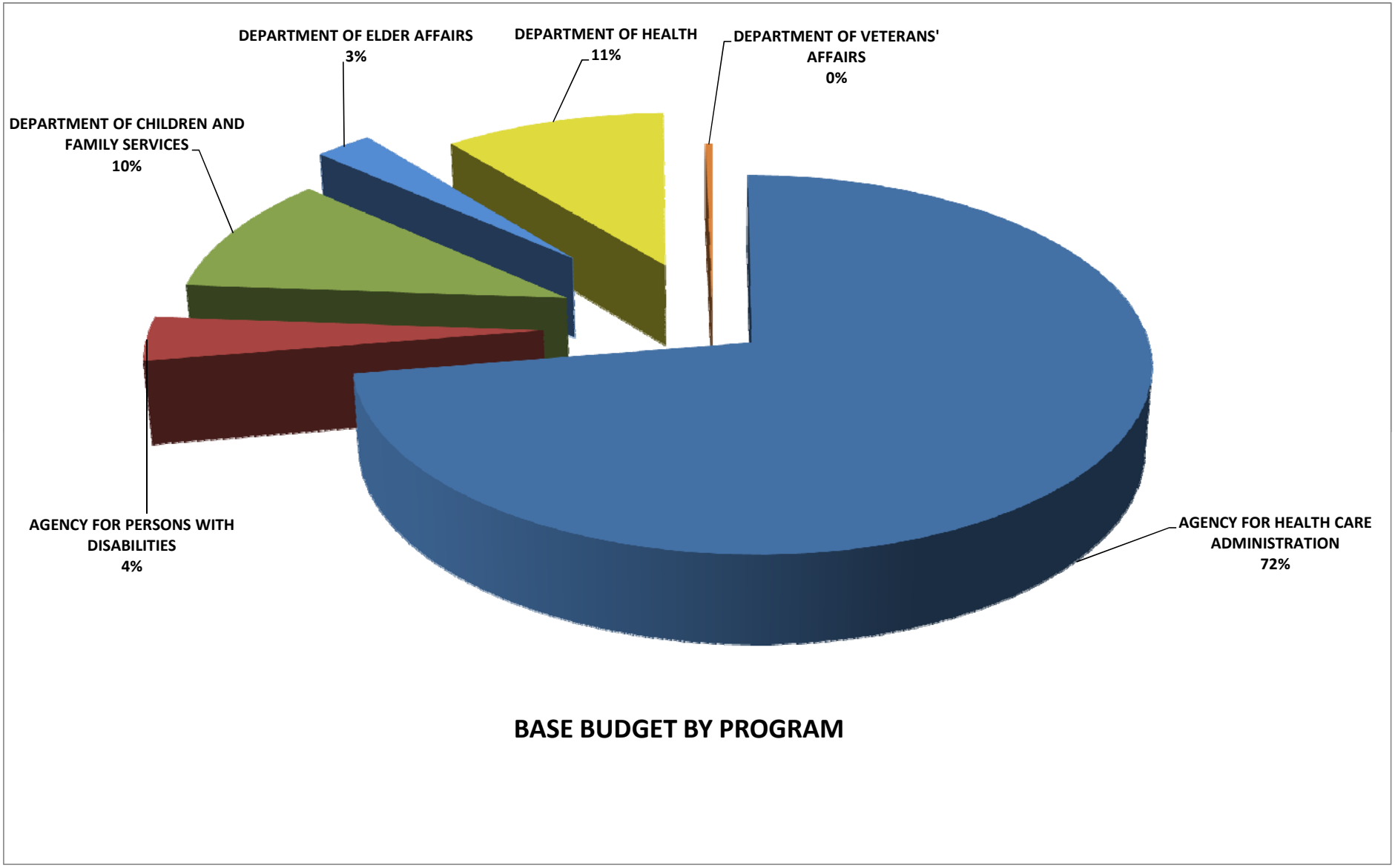

BASE BUDGET BY PROGRAM

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AGENCY FOR HEALTH CARE ADMINISTRATION
FISCAL YEAR 2011-2012
BASE BUDGET

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ADMINISTRATION AND SUPPORT	ADMINISTRATION AND SUPPORT	297.00	3,642,248	17,018,967	22,977,691	43,638,906
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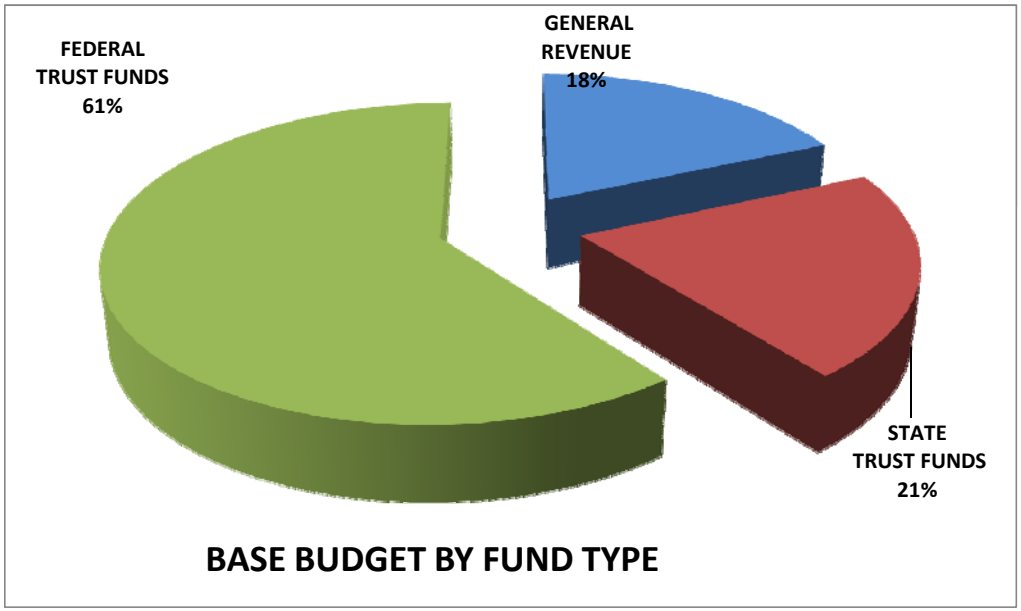

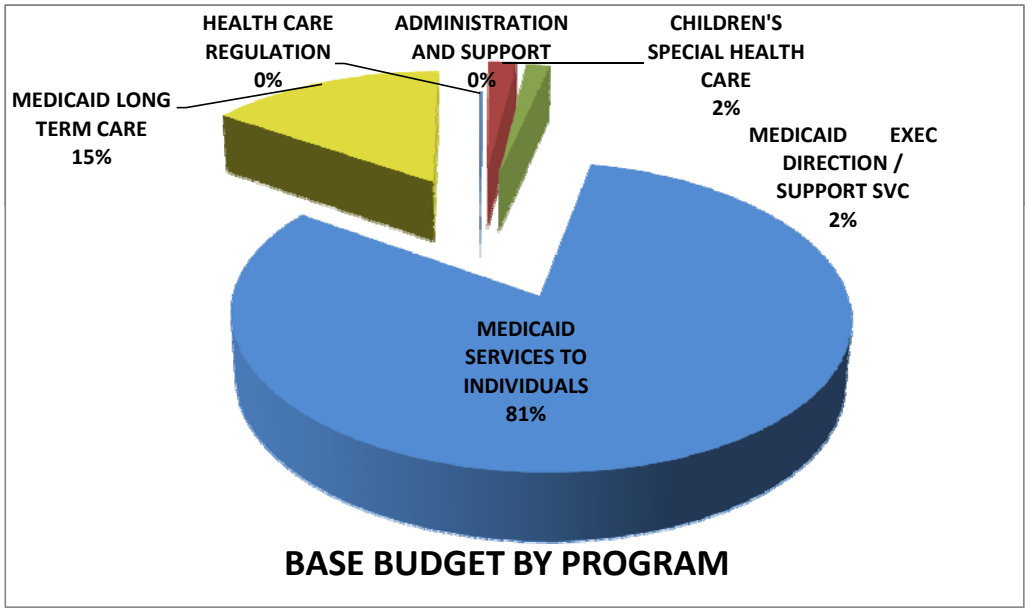

AGENCY FOR PERSONS WITH DISABILITIES
FISCAL YEAR 2011-2012
BASE BUDGET

Program	Budget Entity Title	FTE	GENERAL REVENUE	STATE TRUST FUNDS	FEDERAL TRUST FUNDS	ALL FUNDS
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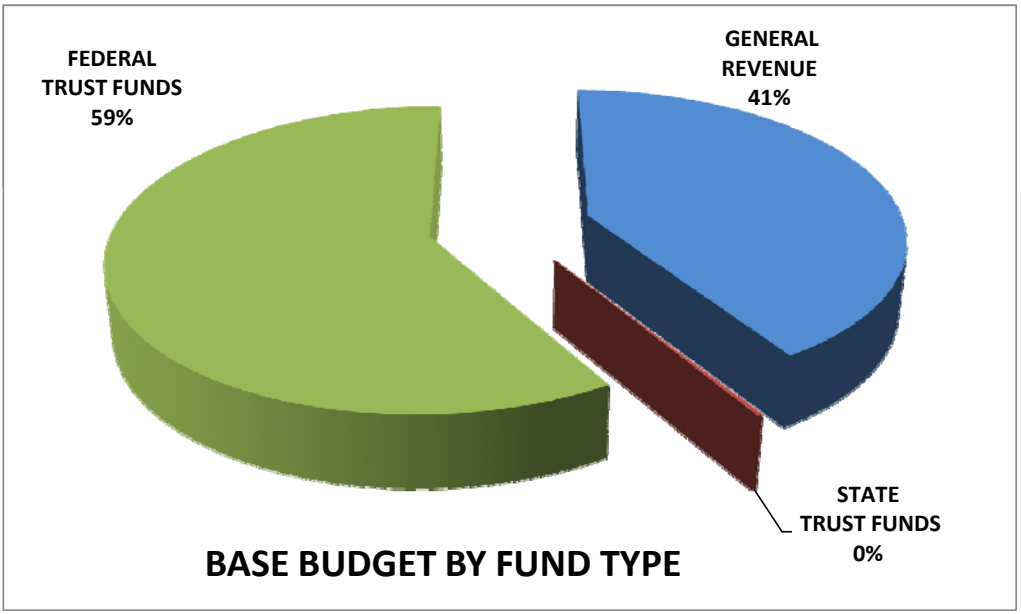

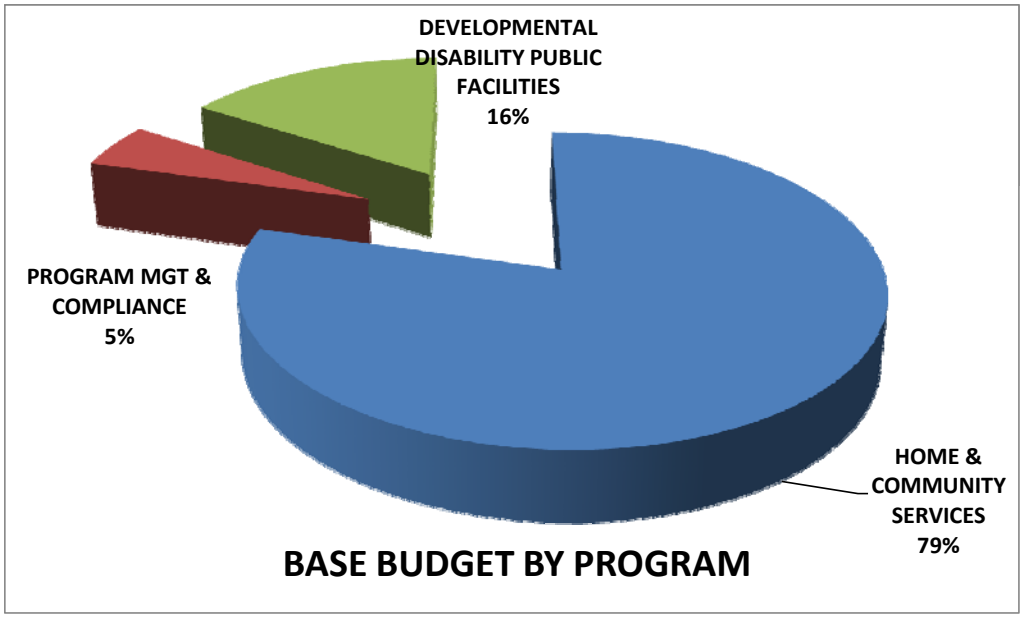

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
FISCAL YEAR 2011-2012
BASE BUDGET

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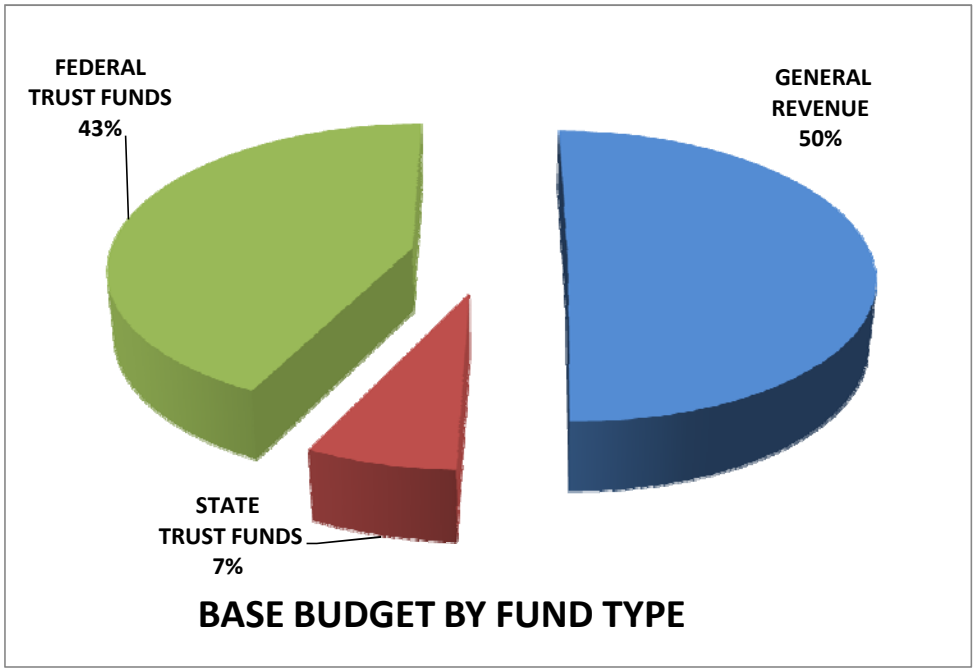
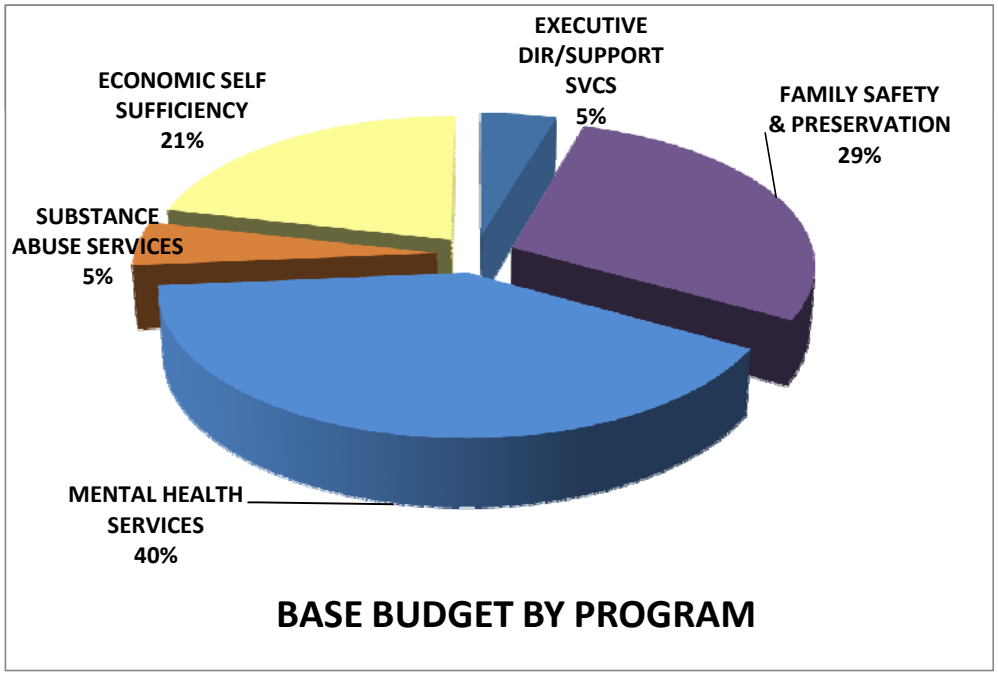


BASE BUDGET BY FUND TYPE



BASE BUDGET BY PROGRAM

DEPARTMENT OF ELDER AFFAIRS
FISCAL YEAR 2011-2012
BASE BUDGET

Program	Budget Entity Title	FTE	GENERAL REVENUE	STATE TRUST FUNDS	FEDERAL TRUST FUNDS	ALL FUNDS
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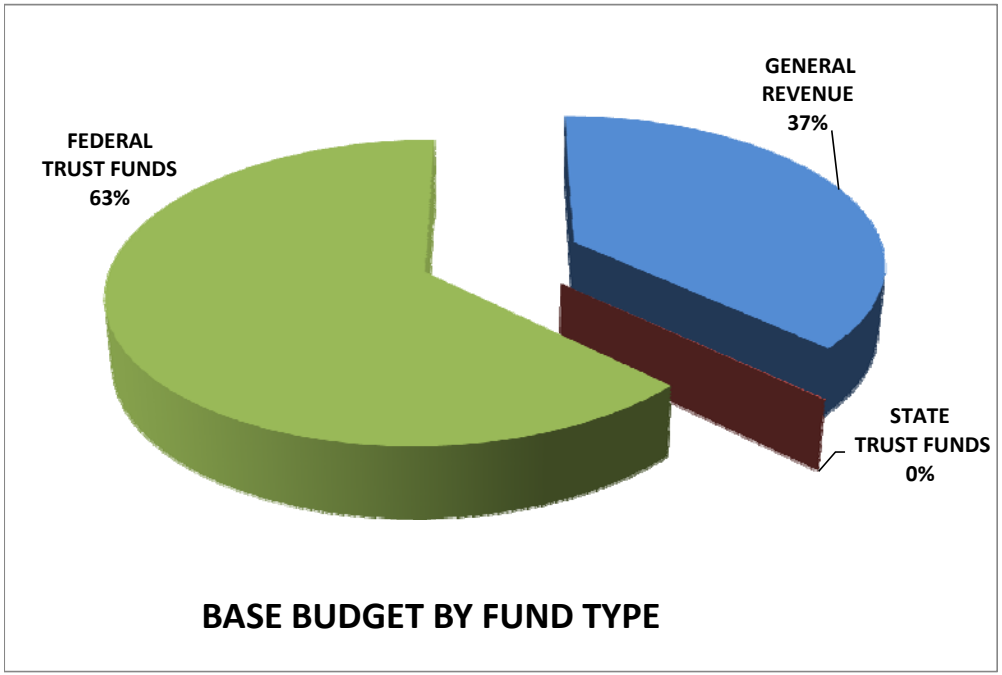

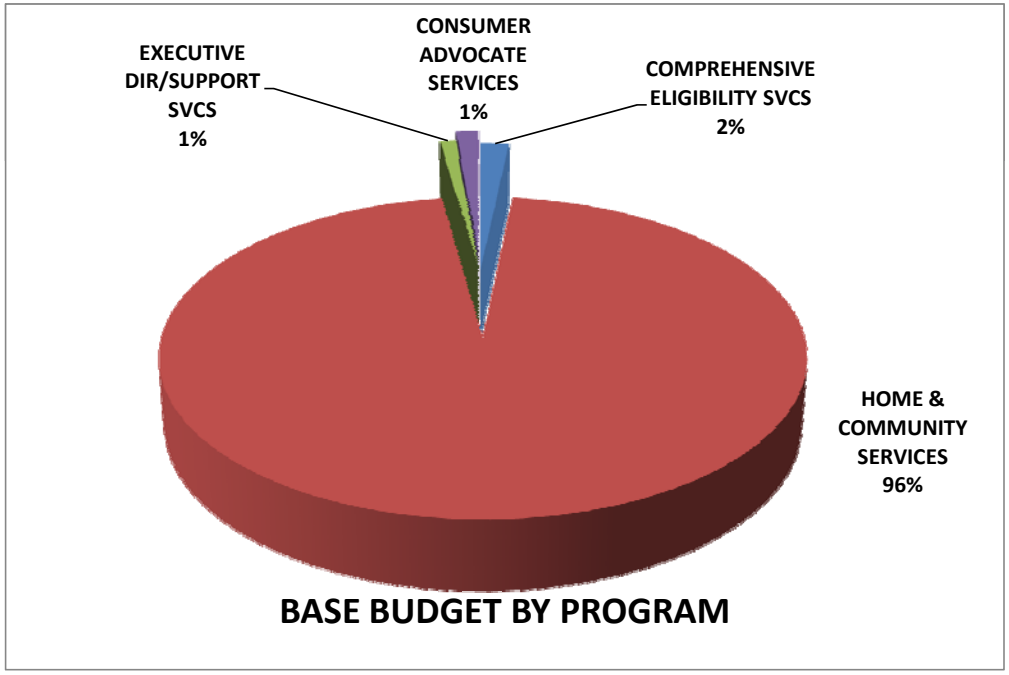

DEPARTMENT OF HEALTH
FISCAL YEAR 2011-2012
BASE BUDGET

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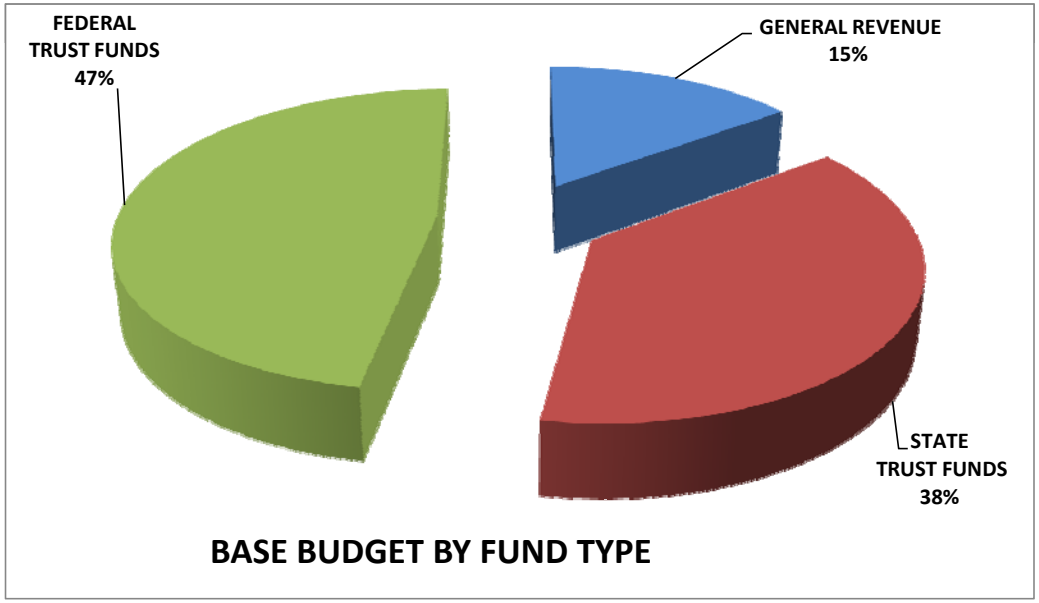
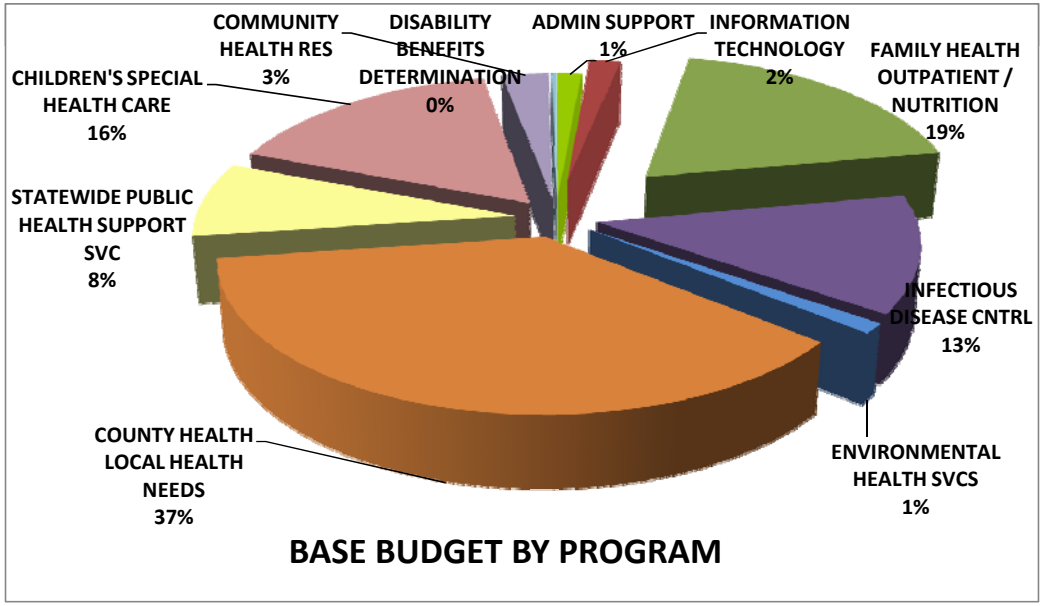
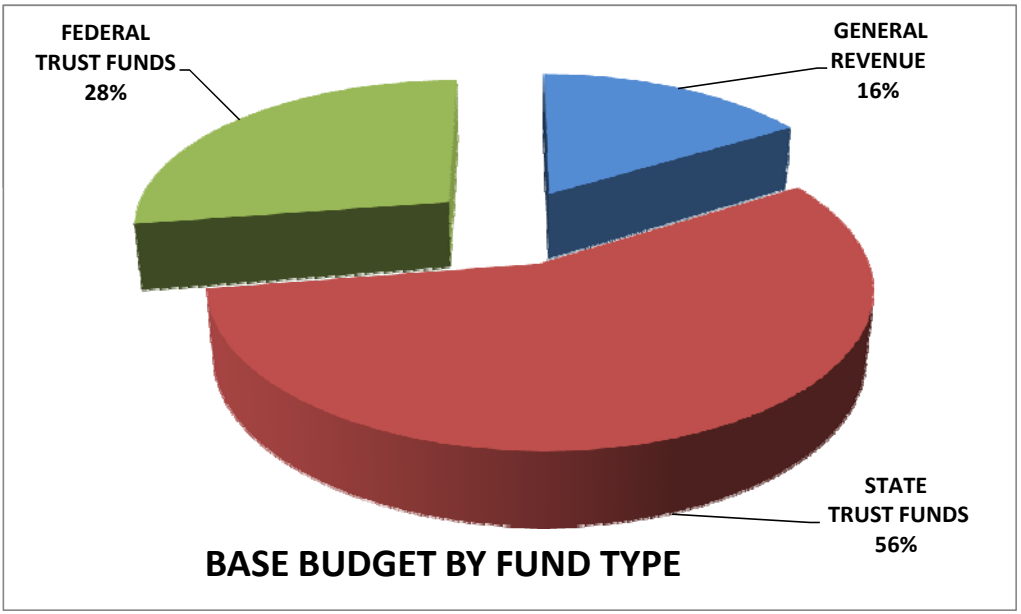
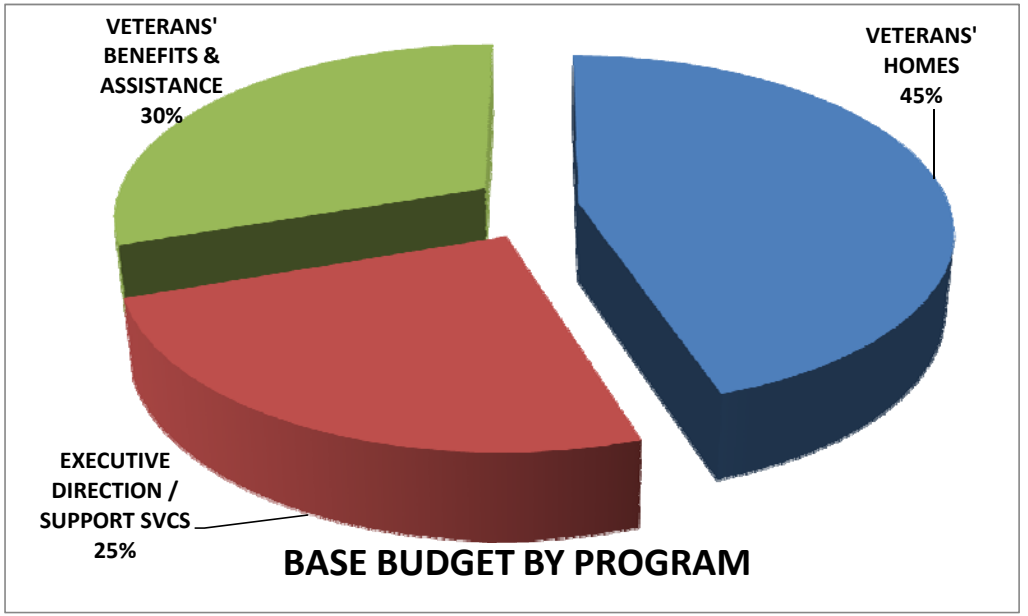




DEPARTMENT OF VETRANS' AFFAIRS
FISCAL YEAR 2011-2012
BASE BUDGET

Program	Budget Entity Title	FTE	GENERAL REVENUE	STATE TRUST FUNDS	FEDERAL TRUST FUNDS	ALL FUNDS
SERVICES TO VETERANS' PROGRAM	VETERANS' HOMES	978.00	5,971,525	45,704,943	21,683,975	73,360,443
SERVICES TO VETERANS' PROGRAM	EXECUTIVE DIRECTION / SUPPORT SVCS	27.00	3,298,518	100,458		3,398,976
SERVICES TO VETERANS' PROGRAM	VETERANS' BENEFITS/ASSISTANCE	118.00	4,018,500		656,739	4,675,239
TOTAL: DEPARTMENT OF VETERANS' AFFAIRS		**1,123.00**	**13,288,543**	**45,805,401**	**22,340,714**	**81,434,658**





BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
FISCAL YEAR 2011-2012
AGENCY PROGRAM AND SERVICE DESCRIPTIONS

AGENCY FOR HEALTH CARE ADMINISTRATION

A Program: Administration and Support

1. Budget Entity/Service: Executive Leadership/Support Services

Provides leadership and administrative support for the agency's major health-related programs by delivering budget, financial, human resources, and logistical support services; collects, analyzes, reports, and distributes health care information.

B Program: Health Care Services

1. Budget Entity/Service: Children's Special Health Care

Contracts with the Florida Healthy Kids Corporation to process Kid Care applications; determine eligibility for the Title XXI program; refer children to Medicaid or Children's Medical Services (CMS); enroll children in Title XXI programs; collect premiums; and administer the Healthy Kids program including selecting networks for care, establishing rates; program outreach, collecting required local contributions, and purchasing insurance coverage for school age children and their siblings; purchasing choice counseling and health care coverage or services for children enrolled in the MediKids program through the Medicaid Managed Care program, as well as special needs children enrolled under Title XXI CMS.

2. Budget Entity/Service: Executive Direction/Support Services

Provides executive direction and support for the Medicaid program by delivering financial, budget, policy and logistical support; purchasing health care services and ensuring that purchased care is appropriate and medically necessary; eliminating waste, fraud and abuse; and improving quality of care provided to beneficiaries.

3. Budget Entity/Service: Medicaid Services to Individuals

Recruit and enroll sufficient providers to meet the medical needs of eligible beneficiaries. Develop programs to improve client outcomes and set standards for service. Purchase medically needed services for beneficiaries under the Medicaid program in which enrolled. Monitor quality of care provided and compliance with standards. Institute steps to improve quality, efficiency, cost, and access to care. Recruit health maintenance organizations (HMO) to participate in Medicaid, set standards, and contract with HMOs electing to participate in Medicaid. Annually set rates for pre-paid plans and ensure compliance with standards. Promote quality improvement by plans. Resolve beneficiary and provider complaints.

4. Budget Entity/Service: Medicaid Long Term Care

Recruit and enroll long term care providers, set standards, and establish reimbursement levels. Purchase long term care services for persons who meet institutional level of need requirements and are either eligible for regular Medicaid or are financially eligible only if receiving long term care services; purchase eligible services for the developmentally disabled as determined needed by the Agency for Persons with Disabilities. Resolves beneficiary and provider complaints.

C Program: Health Care Regulation

1. Budget Entity/Service: Health Care Regulation

Provides health facility licensure and survey, as well as practitioner compliance enforcement services in the establishment, construction, maintenance, and operation of health care facilities and service providers by providing for licensure and monitoring of the same through the development and enforcement of minimum standards.

AGENCY FOR PERSPONS WITH DISABILITIES

A Program : Services to Persons with Disabilities

The program provides a comprehensive range of services for individuals three years of age and older with a diagnosis of autism, cerebral palsy, mental retardation, spina bifida or Prader-Willi syndrome to assist them in living, learning and working in their communities.

1. Budget Entity/Service: Home and Community Services

Provides services to people with developmental disabilities based on their individual support plans. These services may include residential services (e.g., group homes and supported living) day activities, supported employment, personal care, health services, therapies, respite care, therapeutic equipment, transportation, behavior management and other services to address needs of the individual.

2. Budget Entity/Service: Program Management and Compliance

The functions performed in this service involve those central office staff that provide overall direction and administrative support to the area office personnel located in the other subentities within the Services to Persons with Disabilities program.

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
FISCAL YEAR 2011-2012
AGENCY PROGRAM AND SERVICE DESCRIPTIONS

AGENCY FOR PERSPONS WITH DISABILITIES - Continued

3 Budget Entity/Service: Developmental Disabilities Public Facilities

The agency has two regional public centers: Marianna (Sunland), Gainesville (Tacachale). The agency also serves individuals accused of crimes who are found to be incompetent to proceed to trial through its Mentally Retarded Defendant Program (Chattahoochee-Florida State Hospital). With the exception of the Mentally Retarded Defendant Program, these facilities are licensed according to state law and certified in accordance with federal regulations as providers of Medicaid services.

DEPARTMENT OF CHILDREN AND FAMILIES

A Program: Executive Leadership

This program provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.

1. Budget Entity/Service: Executive Direction

Executive Leadership encompassing the offices of Communications, Legislative Affairs, Legal Services, Appeal Hearings, the Inspector General, the Assistant Secretary for Administration and District Administration, the service provides direction and leadership for department employees. *The Assistant Secretary for Administration* provides support for program operations and encompasses functions related to administrative guidance and oversight, supports regions and headquarters staff in the areas of fiscal, budget, contract management, monitoring, and administration, and fiscal assets, and ensures statewide compliance and adherence to state and federal regulations. The demand for this type of service is directly related to the size and complexity of the department's programs. *District Administration* provides administrative support for region and circuit operations and provides executive leadership at the region and circuit level by implementing administrative, management and operational policies, generating information systems reports, and providing the communication linkages to local staff and the community.

B Program: Support Services

The service provides administrative guidance and support to region and central office staff in the area of information technology support and data processing services.

1. Budget Entity/Service: Information Technology

The Office of Information Technology Services (OITS) provides technology services to internal and external customers by developing and maintaining operational and programmatic applications including applications such as the Florida On-Line Recipient Integrated Data Access (FLORIDA) System, State Automated Child Welfare Information System (Florida Safe Families Network), Enterprise Client Index. In addition, OITS provides a variety of additional technology services including web Services, email administration, network administration, as well as supporting the Department's technology operations.

2. Budget Entity/Service: Northwood Shared Resource Center

The Northwood Shared Resource Center (NSRC) currently provides mainframe and midrange hardware operating systems and database services for the Department of Children and Family Services, Agency for Persons with Disabilities, the Department of Revenue, and Department of Health. NSRC also leases raised floor space to the Department of Education and the Department of State. The NSRC maintains a 7 days a week and 24 hours a day operation offering hardware support, redundant power, back-up generators, and offsite disaster recovery.

C Program: Family Safety

Working with local communities, services are provided to children in families known to be at risk of abuse or neglect or who have been abused or neglected by their families; child victims of abuse or neglect; adults with disabilities and frail elderly at risk or victims of abuse, neglect or exploitation; adults with disabilities who need assistance to remain in the community; and victims of domestic violence. The Child Care office is responsible for protecting the health and welfare of children through a regulatory framework that promotes the growth and stability of the child care industry.

1. Budget Entity/Service: Family Safety & Preservation

Child Care Regulation and Information includes the licensure and registration of licensed child care facilities and homes, and training for child care provider staff mandated by the Legislature. Minimum standards are established to protect the health, safety, and well-being of the children of the state and to promote their intellectual and emotional development while in care. The Child Care Information System captures demographic data on all licensed and registered homes and facilities in the state, provides public information to assist parents in making informed choices about quality child care and tracks statutorily required training for child care provider staff statewide.

DEPARTMENT OF CHILDREN AND FAMILIES - Continued

Adult Protection—Upon receipt of a report of abuse, neglect, or exploitation of a vulnerable adult, an on-site investigation is initiated to determine if there is an indication of abuse, neglect, or exploitation; the individual(s) apparently responsible for the abuse, neglect, or exploitation; the immediate and long-term risks to the vulnerable adult; and the protective, treatment, and ameliorative services necessary to safeguard and ensure the vulnerable adult's well-being. Protective investigations also include the immediate provision, or arrangement for the provision of, protective services for vulnerable adults that consent to the services, or court ordered services for those lacking the ability to consent to services. The Domestic Violence Office serves as a clearinghouse for information relating to domestic violence and provides supervision, direction, coordination, and administration of statewide activities related to the prevention of domestic violence.

Child Protection and Permanency includes investigation of reports of child abuse and neglect, assessment of child safety, in-home and out-of-home protective services to child victims of abuse/neglect, children's legal services, adoption placements and services, and post adoption services and supports. Services include community facilitation and development, home visiting programs, nurturing-parenting education, early intervention support services, respite services, counseling support services, preservation support services, follow-up care, intensive in-home intervention services, family team conferencing, and peer support groups. Services may be provided directly by the department or by contract or grant through other entities such as community based care lead agencies, sheriffs' offices, the Florida Attorney General, or state attorney offices.

The Florida Abuse Hotline receives, assesses and refers reports of alleged abuse, neglect and abandonment of children, and abuse, neglect and exploitation of vulnerable adults for investigation.

Executive Leadership & Support Services region, circuit, and headquarters staff provide direction and support to state and contracted direct services staff by developing rules and procedures, establishing of performance standards and objectives, developing allocation methodologies and providing direction on programmatic funding topics, conducting research and data analysis, procuring and managing contracts, and providing technical assistance and monitoring to ensure programs are implemented according to state and federal laws, rules, procedures, and best practices.

D Program: Mental Health

Chapters 394 and 916, F.S., provide direction for the delivery of mental health services for adults and children. These services include both acute and long-term mental health services, as well as oversight of state mental health treatment facilities and the Sexually Violent Predator Program. There are seven mental health treatment facilities—three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities serve individuals committed pursuant to the civil statute, chapter 394, F.S., three serve individuals committed pursuant to the forensic statute, chapter 916, F.S. as either incompetent to proceed or not guilty by reason of insanity, and one serves both civil and forensic individuals. All of the facilities serve people with severe and persistent mental illness who need more intensive services than can be provided in the community. These facilities work in partnership with local communities to provide mental health services and supports for adults with severe and persistent mental illness within a highly structured, in-patient residential setting.

1. Budget Entity/Service: Mental Health Services

The Violent Sexual Predator Program administers the post-incarceration civil commitment of sexually violent predators. The program provides for the review, screening, and evaluation of referrals, recommends commitment or release, and provides secure confinement, care and treatment for persons detained/committed under the Jimmy Ryce Act.

Adult Community Mental Health Services are provided primarily for adults with serious mental illnesses—adults with serious and acute episodes of mental illness, adults with mental health problems, adults with forensic involvement, or adults with severe and persistent mental illnesses. Services provided include emergency stabilization, residential services, case management, outpatient services, community support services, and assertive community treatment teams.

Children's Mental Health Services are provided to children 0-17 years of age who have an emotional disturbance, who have a serious emotional disturbance or who are experiencing an acute mental or emotional crisis. The services that are provided include but are not limited to case management, prevention services, home-based and school-based services, specialized services for infants, family therapy and support, respite, outpatient treatment, day treatment, crisis stabilization, therapeutic foster care, residential treatment, transitional and community supports.

Executive leadership & Support Services staff in headquarters and regions are responsible for developing and managing service provision, contracts, licensure and budgetary issues relative to all state mental health programs.

Adult Mental Health Treatment Facilities—Persons committed based upon criteria in chapter 394 or 916, F.S., and have been determined to present substantial risk in the community due to dangerousness to self or others are provided inpatient services at state treatment facilities. Many have persistent mental illnesses which have typically not responded successfully to community-based treatment. Services include psychiatric assessment and treatment with psychotropic medication, health care services, individual and group therapy, individualized service planning, competency training and assessment, vocational and educational services, addiction services, rehabilitation therapy and enrichment activities.

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
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DEPARTMENT OF CHILDREN AND FAMILIES - Continued

E Program: Substance Abuse

Chapters 394 and 397, Florida Statutes, govern the provision of substance abuse services, and provide direction for a continuum of community-based prevention, intervention, treatment services, and detoxification. The Substance Abuse Program Office is also responsible for oversight of the licensure and regulation process of the substance abuse provider system. Staff at the local level is responsible for licensing public and private substance abuse providers.

1. Budget Entity/Service: Substance Abuse Services

Executive Leadership & Support Services staff in headquarters and regions responsible for managing service provision, developing and managing contracts, conducting licensing, and developing budgeting issues relative to the substance abuse programs. Contract funds at headquarters are used for statewide research and training initiatives.

Child Substance Abuse Prevention, Evaluation and Treatment Services are an array of assessment, detoxification, prevention, treatment and aftercare services that provided to children 17 years of age and younger who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

Adult Substance Abuse Prevention, Evaluation and Treatment Services are an array of assessment, detoxification, prevention, treatment and aftercare services are provided to adults 18 years of age and older who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

F Program: Economic Self-Sufficiency

Working with local communities, to provide services to promote strong and economically self sufficient families. Provides needed assistance to local agencies and individuals to assist persons who have become homeless or at risk of becoming homeless. Provides federally funded benefits to newly arrived eligible refugees. Provided special assistance to persons who qualify for the Workforce Innovation Act of 2000 and provides Adult Congregate Living Facility Care Supplement and Foster Care Supplement and the Personal Care Allowance.

1. Budget Entity/Service: Economic Self Sufficiency Services

Comprehensive Eligibility Services provide for the timely processing of applications for public assistance, including cash, food stamps, Medicaid and disabled adult payments. Benefit recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost to client and agency error, including fraud. Additionally, the department maintains a front-end fraud prevention program to prevent cash assistance and food stamp fraud.

Executive Leadership & Support Services is the managerial oversight and assistance provided by the Economic Self-Sufficiency Program Office. It includes broad-based administrative services which involve the many initiatives that must be coordinated at the state level.

Services to the Most Vulnerable—Optional State Supplementation is a general revenue public assistance program that provides payments to supplement the income of indigent elderly and disabled individuals who can no longer live by themselves and who live in no institutional settings, such as assisted living facilities, adult family care homes or mental health residential treatment facilities. The Homelessness Program provides needed assistance to local agencies and individuals to serve both those homeless and those at risk of homelessness to restore them to suitable living conditions and self-sufficiency. The department provides cash and medical assistance, employment and social services to eligible refugee clients. The department provides for the effective resettlement of refugees by assisting them to achieve economic self-sufficiency as quickly as possible.

DEPARTMENT OF HEALTH

A Program : Executive Direction And Support

The Executive Direction and Support Program provides oversight, direction, and coordination for the Administrative Support and Information Technology services.

1. Budget Entity/Service: Administrative Support

Three areas of service are provided:

Office of the Florida Surgeon General and Deputy Secretary provides supervision, direction, and coordination of the executive staff within the Office of the State Surgeon General, including the Deputy Secretary of Administration, Deputy Secretary of Health, and the Deputy Secretary for Children's Medical Services.

Division of Administration provides leadership and policy development for the Department of Health programs and operations. Administrative support services such as finance and accounting, budget, personnel, public information, general counsel, general services, inspector general, equal opportunity and minority affairs and legislative affairs are provided.

Correctional Medical Authority provides independent oversight of the Department of Corrections' delivery of health care services to inmates.

DEPARTMENT OF HEALTH - Continued

2. Budget Entity/Service: Information Technology:

The basic mission of Information Technology (IT) Services is to provide oversight and direction for information technology issues. Activities include the design, development, implementation, maintenance and support of the Department of Health's computer information systems and IT infrastructure, including a Wide Area Network, Local Area Networks, Metropolitan Area Network, phone systems, personal computers, IT policies and procedures, and technology standards. Systems include those supporting 67 County Health Departments and 22 Children's Medical Services Networks.

B Program : Community Public Health

The Community Public Health Program provides support for the Family Health Outpatient and Nutrition services, Infectious Disease Control services, Environmental Health services, County Health Departments-Local Health Needs and Statewide Public Health Support services.

1. Budget Entity/Service: Family Health Outpatient And Nutrition Services

Family Health Services staff provide statewide programmatic oversight of nutrition services to at-risk women and children, the child nutrition program, dental health prevention and treatment, chronic disease screening and risk reduction activities. Specific services provided by the county health departments include maternal and child health care, the Healthy Start program, the Family Planning program, the abstinence education program and school health services program.

2. Budget Entity/Service: Infectious Disease Control

The Infectious Disease Control staff provides oversight and administration of programs that are designed to detect, control, prevent and treat infectious diseases. Specific services provided in the county health departments include immunizations, infectious disease counseling and testing, infectious disease reporting and surveillance, epidemiological investigation, partner elicitation and notification, health education and medical treatment including drug therapy for HIV/AIDS and tuberculosis to cure or mitigate illness. The department also provides housing assistance for persons with AIDS and assists in paying insurance premiums for HIV infected persons.

3. Budget Entity/Service: Environmental Health Services

The Environmental Health Services staff provides oversight and administration of programs that protect the public from diseases of environmental origin such as salmonella, giardia, hepatitis A, rabies, encephalitis and protect the public from exposure to hazardous substances such as lead, heavy metals and pesticides. County health department staff monitors small and individual onsite sewage disposal systems, group care facilities such as day care centers and nursing homes and drinking water systems to ensure proper sanitation, as well as drinking water wells around contaminated dry-cleaning facilities; inspect x-ray machines, phosphate mines, shipments of radioactive waste and other radiation emitting sources to protect the public from unnecessary exposure to radiation; and provide environmental epidemiological activities provide an early warning system to detect health threats of environmental origin, investigate disease clusters and investigate toxicological issues of public concern.

4. Budget Entity/Service: County Health Departments/Local Health Needs

The Department of Health's county health departments (CHDs) are the implementation arm of Florida's public health system. The department operates CHDs in all 67 counties. In addition, the CHDs are major safety net providers with more than 200 clinic sites offering varying levels of personal health care services. The CHD service delivery system has the responsibility to provide direct client services relating to basic family health outpatient and nutrition services, infectious disease prevention and control and environmental health services. CHDs also play a pivotal role in detecting and responding to bioterrorist attacks, recording vital events and improving the health outcomes of racial and ethnic populations.

5. Budget Entity/Service: Statewide Public Health Support Services

Statewide Health provides specialized ancillary and support services and enhances the state's bioterrorism preparedness and response capabilities. Bioterrorism efforts include improved disease surveillance, investigation, planning and coordination among state, federal and local responders; expanded first responder/medical provider training, and stockpiling and distributing vaccines and pharmaceuticals. The *state laboratory* provides screening and testing services to identify sexually transmitted diseases, tuberculosis, HIV/AIDS, rabies, parasitology, hereditary diseases in newborn infants, contaminants in water, food and the workplace, and certifying environmental and water testing labs. *The Pharmacy* dispenses HIV/AIDS drugs, insulin, vaccines, antibiotics, contraceptives and other medications to county health departments and other providers and purchases drugs, vaccines and biologicals for multiple agencies under a statewide contract. *Vital Statistics* provides registration of vital records such as birth, death, marriage and divorce documents. *Emergency Medical Services* supports trauma systems and provides grants to improve and expand these systems.

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DEPARTMENT OF HEALTH - Continued

C **Program : Children's Medical Services**

Children's Medical Services (CMS) is a statewide, integrated system of care for children 0 to 21 years of age whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children.

1. Budget Entity/Service: Children's Special Health Care

As Florida's Title V Program under the Maternal and Child Health State Plan, CMS provides a comprehensive continuum of medical and supporting services to eligible children who are medically involved, complex or fragile, or who are delayed in their development. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic care and long-term care.

D **Program : Health Care Practitioner And Access**

The Health Care Practitioner and Access Program provides oversight, direction, and coordination for the Medical Quality Assurance and Community Health Resources services.

1. Budget Entity/Service: Medical Quality Assurance

The Medical Quality Assurance regulates health care practitioners through licensing and enforcement of policies established by the boards and councils that oversee each profession. Other activities include evaluating and approving training programs and continuing education providers, overseeing issues related to practitioner profiling, verifying practitioner credentials, assisting in the identification of unlicensed activity, and disseminating information to the public.

2. Budget Entity/Service: Community Health Resources

The Community Health Resources staff recruits and places health care practitioners in underserved areas, supports the delivery of continuing education services including services to practitioners in underserved areas. They also support the volunteer health care provider program, provide tobacco prevention and education services and assist individuals who have suffered brain and spinal cord injuries return to their communities. They provide assistance to the rural health network and eleven local health councils who develop strategies to meet the needs of special populations and advocate on the behalf of the underserved.

E **Program : Disability Determination**

This program provides oversight, direction, and coordination for the Disability Benefits Determination services.

1. Budget Entity/Service: Disability Benefits Determination

The Division of Disability Determinations provides timely and accurate disability decisions on claims filed by Florida citizens applying for disability benefits under the Social Security Administration (SSA) and the state's Medically Needy Program.

DEPARTMENT OF ELDER AFFAIRS

A **Program : Services to Elders**

1. Budget Entity/Service: Comprehensive Eligibility Services

This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid reimbursed nursing home care services are medically appropriate.

2. Budget Entity/Service: Home and Community Services

Home and Community Based Services allows elders to age in place with dignity and security and prevents or delays pre-mature nursing home placement thus providing a more cost effective option other than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.

3. Budget Entity/Service: Executive Direction & Support Services

This service provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.

4. Budget Entity/Service: Consumer Advocate Services

This service focuses on providing protection and oversight for the most vulnerable elders - those who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
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DEPARTMENT OF VERERANS AFFAIRS

A Program : Services to Veterans'

1. Budget Entity/Service: Veterans' Homes

Veterans' Homes provides continuing, comprehensive, high quality health care services on a cost-effective basis to eligible Florida veterans who are in need of rehabilitative assistance, other therapeutic measures, and/or long-term nursing home care to include Alzheimer's disease and other senile dementia patients.

2. Budget Entity/Service: Executive Direction & Support Services

Executive Direction and Support Services provides oversight and direction for Agency operations, actions, and final determinations; directs supervision and strategic focus; planning and budgeting; oversight of fiscal, purchasing and personnel actions; liaison for public information; compliance with state and federal programs; legal guidance; advise on legal aspects of legislation; liaison to the Florida Cabinet; development of federal and state legislative policy for the Agency; data collection and research. Executive Direction and Support Services consists of the Executive Director, Director of Administration and Public Information, General Counsel, Director of Legislative Affairs, and subordinate activities.

3. Budget Entity/Service: Veterans' Benefits and Assistance

Veterans' Benefits and Assistance provides counseling services and assists Florida veterans, their dependents and survivors, including all inpatients and outpatients in each Florida U.S. Department of Veterans' Affairs Medical Center (VAMC) and Outpatient Clinic, in the processing, development, and prosecution of claims and appeals for state and federal veteran entitlements, as well as applications to correct and upgrade military discharges.

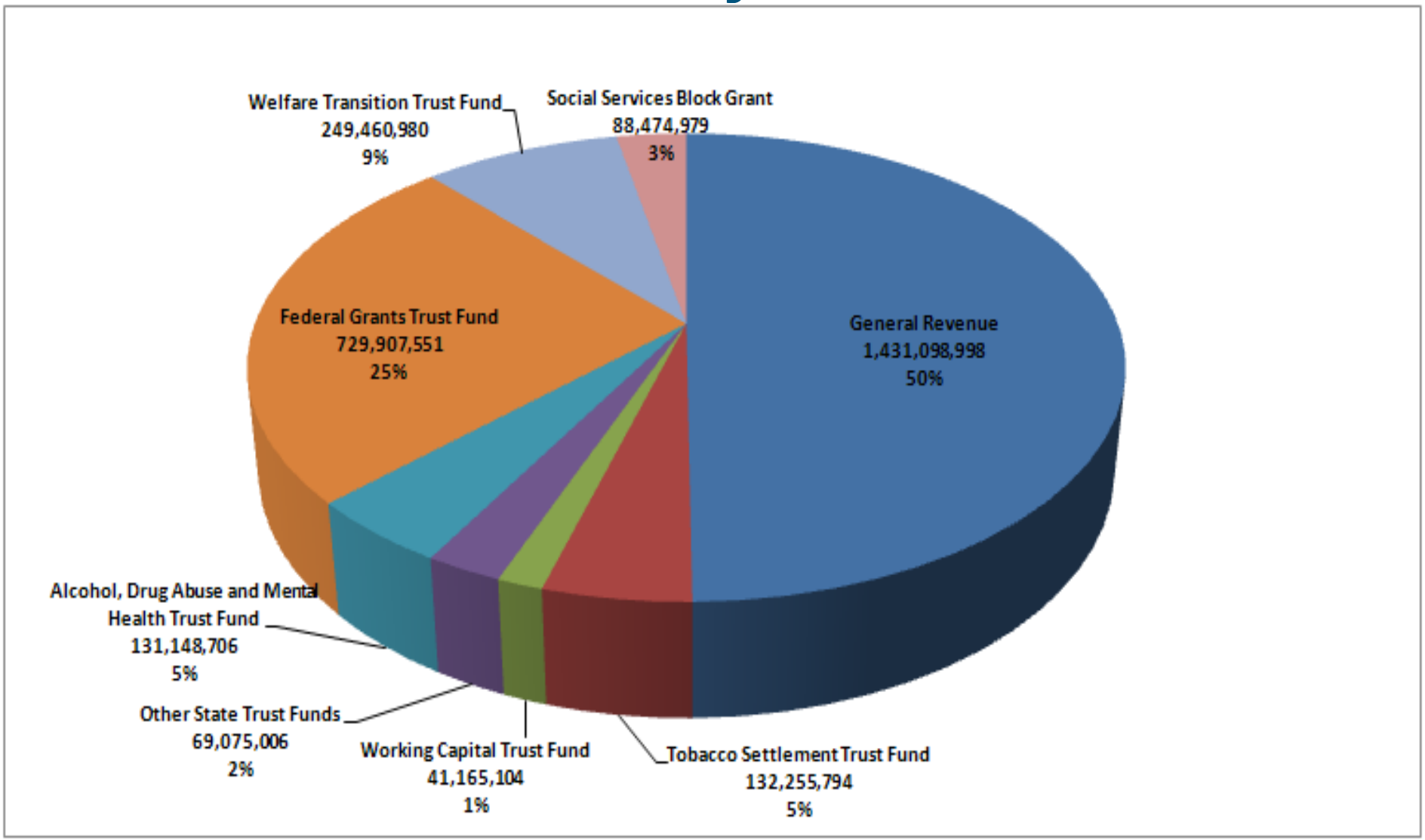
Department of Children and Families

Schedule VIII B Legislative Budget Request – As submitted in October 2010

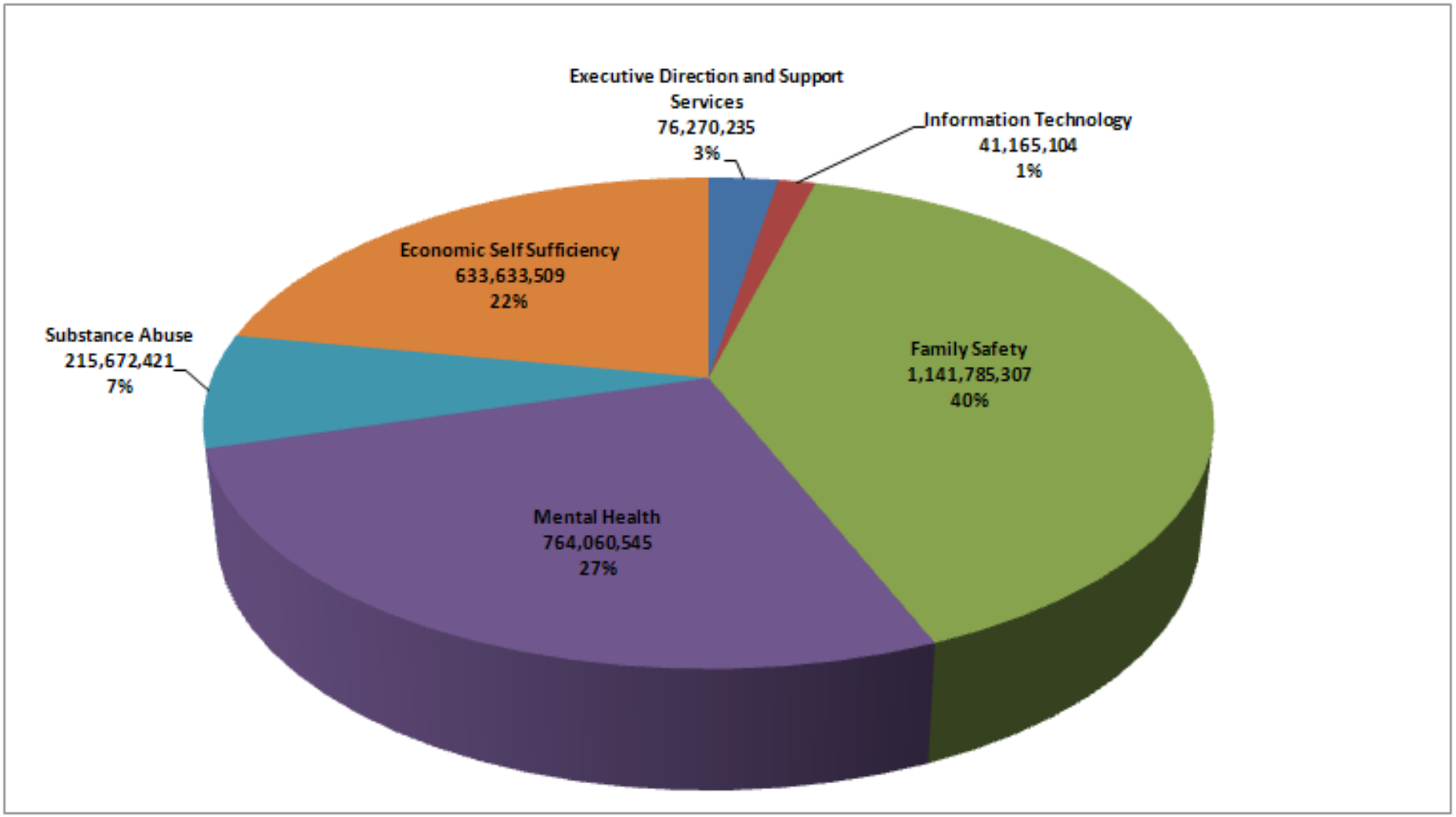
Presentation January 26, 2011

Nevin Smith, PhD
Budget Director

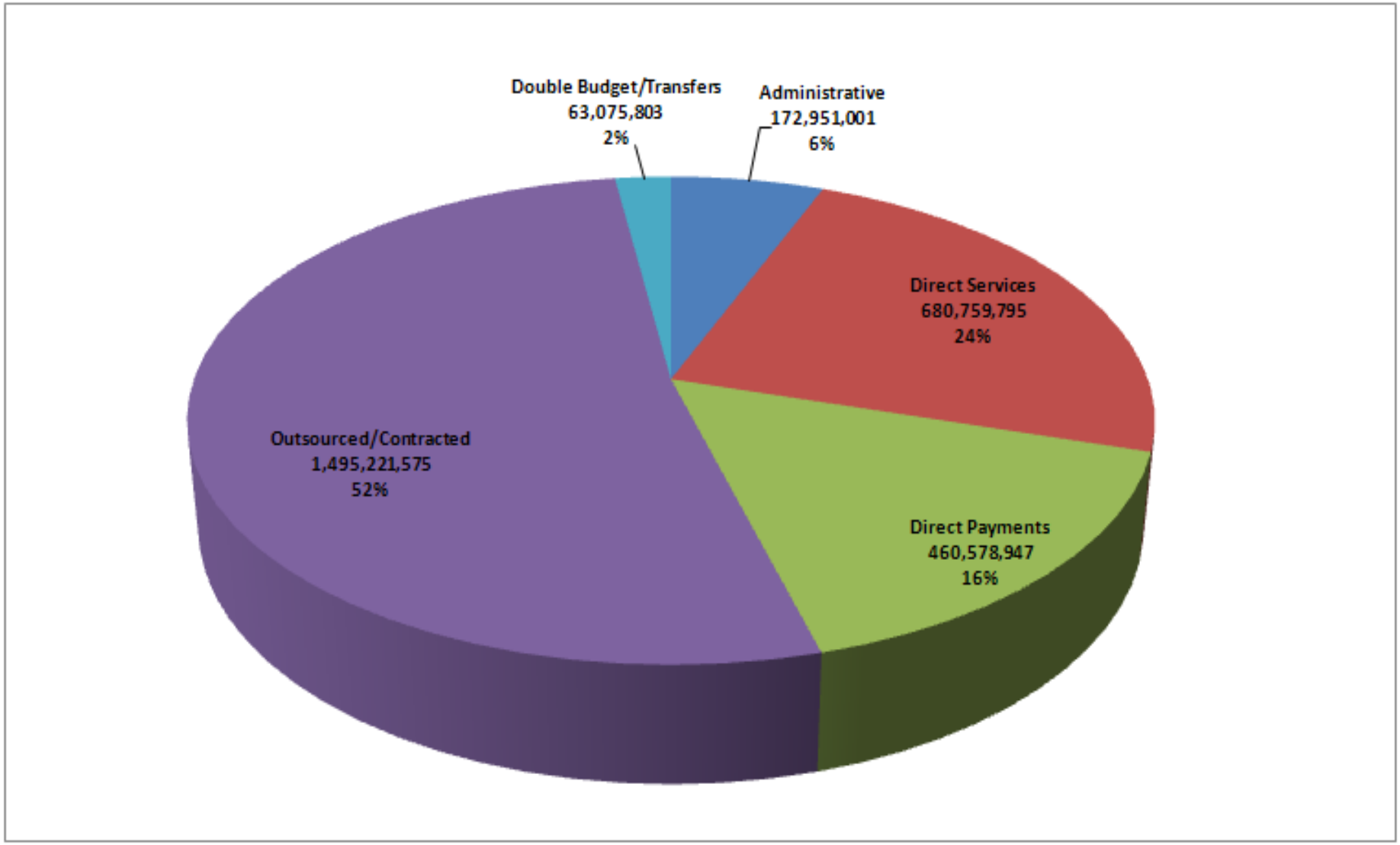
Fiscal Year 2010-2011 Appropriation by Fund



Fiscal Year 2010-2011 Appropriation by Budget Entity



Fiscal Year 2010-2011 Appropriation by Payment Type



THE 15% Reduction TARGET

Total Reduction

$283.6 M

- ✓ $230.7 M = General Revenue
- ✓ $ 5.6 M = State Trust Fund
- ✓ $ 34.0 M = Temporary Assistance to Needy Families
- ✓ $ 13.3 M = Social Services Block Grant

IMPACT MINIMIZATION APPROACH

- PROTECT SERVICES TO CHILDREN
- PROTECT THE TITLE IVE WAIVER
- AVOID FEDERAL MAINTENANCE OF EFFORT PENALTIES
- MAXIMIZE FEDERAL RESOUCE USE
- REDUCE ADMINISTRATION FIRST

Administrative and Program Management Reductions

- Headquarters
- District Administration
- Family Safety
- Mental Health Services
- Substance Abuse

178 FTE $15,800,000

Prior Year Reduction History

- Fiscal Year 2004-2005 = $10.9 Million / 278 FTE
- Fiscal Year 2005-2006 and 2006-2007 No Change
- Fiscal Year 2007-2008 = $11.1 Million / 26 FTE
- Fiscal Year 2008-2009 = $23.7 Million / 221.5 FTE
- Fiscal Year 2009-2010 = $5.0 Million / 54.5 FTE

TOTAL REDUCTIONS FOR THE SIX YEAR PERIOD
$50.7 Million / 580 FTE

Regulation Reduction, Surplus, Limited Effect and Homeless

- Child Care Regulation and Oversight $2.9M 20FTE
- Sexual Violent Predator Program Surplus $2M
- Children's Substance Abuse Billboard Program $.8M
- Homeless Coalition Support $.4M
- Homeless Challenge Grants $2M

$8,100,000 20 FTE

Adult Substance Abuse Contract Reductions

- Reduces the funding for services to adults not served by Medicaid.
- Strategic reductions in 113 provider programs.
- Eliminates services for 4,154 adults with substance abuse disorder.

$20,000,000

Forensic Institution Reductions

- Eliminates the funding for 82 forensic beds out of a total of 1,192.
- Can be accommodated if the current forensic census remains stable.

149 FTE $10,000,000

Civil Institution
Efficiency and Capacity Reductions

- Eliminates the funding for 300 Civil beds out of a total of 1,135.

- Requires community based care to continue for those currently waiting.

215 FTE $35,500,000

Adult Community Mental Health Reductions

- Reduces the funding for services to adults not served by Medicaid.
- Reduction strategically applied to 144 provider programs.
- Eliminates capacity to serve 179,000 adults.

$ 146,000,000

Billing Patterns for Individuals Eligible and Ineligible for Medicaid

Medicaid Eligible Individuals Receiving Mental Health Services

Eligibility:

- **Adult or child receiving Supplemental Security Income**
- **For children and youth:**
  - **Infants up to age 1, family income under 185% of FPL**
  - **Children ages 1 to 5, family income under 133% of FPL**
  - **Children ages 6 to 18, family income under 100% of FPL**
- **For young adults ages 19 and 20, family income under 22% of FPL**
- **For pregnant women, family income under 185% of FPL**
- **If parent of dependent child, income under 22% of FPL**

Medicaid State Plan Compensable Mental Health Services*

Service Description:

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, intensive case management, psychiatric hospitalization and case management for persons with mental health disorders. For children: behavioral health overlay services, therapeutic group care and residential treatment centers for children and adolescents. For children in child welfare: therapeutic foster care.

Number of Individuals Served: 107,387**

Estimated Billing to Medicaid: $96,361,544.40

Mental Health Services Not on Medicaid State Plan

Service Description:

Aftercare, crisis stabilization units, crisis response teams, day care, drop-in centers, Florida Assertive Community Treatment (FACT), incidental expenses, information and referral, outreach, peer recovery services, prevention, prevention/intervention day services, residential treatment, respite, self-directed care, sheltered employment, supported employment, and supportive living.

Number of Individuals Served: 56,591**

Estimated Cost: $92,430,176

**Policy/contract requires providers to bill Medicaid first.*
***Note: Some individuals may be reflected in both counts.*

Individuals Ineligible for Medicaid Receiving Services for Mental Health Disorders

Eligibility:

- **Adult or child not receiving Supplemental Security Income**
- **For children and youth:**
  - **Infants up to age 1, family income over 185% of FPL**
  - **Children ages 1 to 5, family income over 133% of FPL**
  - **Children ages 6 to 18, family income over 100% of FPL**
- **For young adults ages 19 and 20, family income over 22% of FPL**
- **Adults without dependent children**
- **If parent of dependent child, income over 22% of FPL**

Mental Health Services Equivalent to Medicaid State Plan Compensable Services

Service Description:

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, intensive case management, case management for persons with mental health disorders. For children: therapeutic group care and residential treatment centers for children and adolescents.

Number of Individuals Served: 161,046**

Estimated Cost: $130,083,308

Mental Health Services not on Medicaid State Plan

Service Description:

Aftercare, crisis stabilization units, crisis response teams, day care, drop-in centers, Florida Assertive Community Treatment (FACT), incidental expenses, information and referral, outreach, peer recovery services, prevention, prevention/intervention day services, residential treatment, respite, self-directed care, sheltered employment, supported employment, and supportive living.

Number of Individuals Served: 122,489**

Estimated Cost: $165,121,425

**Policy/contract requires providers to bill Medicaid first.*
***Note: Some individuals may be reflected in both counts.*

Billing Patterns for Individuals Eligible and Ineligible for Medicaid

Medicaid Eligible Individuals Receiving Services for Substance Use Disorders

Eligibility:

- **Adult or child receiving Supplemental Security Income (for substance abuse must have a serious co-morbid condition)**
- **For children and youth:**
  - **Children ages 6 to 18, family income under 100% of FPL**
- **For young adults ages 19 and 20, family income under 22% of FPL**
- **For pregnant women, family income under 185% of FPL**
- **If parent of dependent child, income under 22% of FPL**

Medicaid State Plan Compensable Substance Abuse Services*

Service Description:
Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, hospitalization and hospital based detox.

Number of Individuals Served	**14,426****
Estimated Medicaid billings*	**$8,947,027**

Substance Abuse Services Not on Medicaid State Plan

Service Description:
Case management, aftercare, out-patient detox, crisis response teams, day care, drop-in centers, incidental expenses, information and referral, outreach, prevention, prevention/intervention, day services, residential treatment, respite, sheltered employment, supported employment, and supportive living.

Number of Individuals Served	**18,487****
Estimated cost	**$21,876,649**

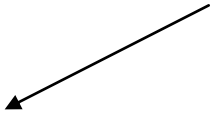
**Policy/contract requires providers to bill Medicaid first.*

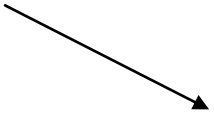
*** Note: Some individuals may be reflected in both counts.*

Individuals Ineligible for Medicaid Receiving Services for Substance Use Disorders

Eligibility:

- **Adult or child not receiving Supplemental Security Income ((for substance abuse must have a serious co-morbid condition)**
- **For children and youth:**
  - **Children ages 6 to 18, family income over 100% of FPL**
- **For young adults ages 19 and 20, family income over 22% of FPL**
- **Adults without dependent children**
- **If parent of dependent child, income over 22% of FPL**





Substance Abuse Services Equivalent to Medicaid State Plan Compensable Services

Service Description:

Assessments, medication management, behavioral health screenings, individual and group therapy, day treatment, psychosocial rehabilitation, in-home therapeutic services, hospitalization and hospital based detox.

Number of Individuals Served	**68,195 ***
Estimated Cost	**$42,853,854**

Substance Abuse Services not on Medicaid State Plan

Service Description:

Case management, aftercare, out-patient detox, crisis response teams, day care, drop-in centers, incidental expenses, information and referral, outreach, prevention, prevention/intervention day services, residential treatment, respite, sheltered employment, supported employment, and supportive living.

Number of Individuals Served	**112,597***
Estimated Cost	**$139,560,822**

**Note: Some individuals may be reflected in both counts.*

Overview: Behavioral Health Services Under Florida Medicaid

OVERVIEW

This memo is a brief description of behavioral health services that are available to Florida Medicaid recipients for the treatment of mental health and substance abuse disorders. In general, treatment includes an array of community behavioral health services such as psychiatry and behavioral health therapy, mental health targeted case management, and some acute hospital inpatient psychiatric and substance abuse services.

Additional behavioral health services are tailored specifically for Medicaid recipients under the age of 21. These services include: community behavioral health assessments; therapeutic behavioral on-site services; behavioral health overlay services for children in the child welfare and juvenile justice systems; specialized therapeutic foster care services; therapeutic group care services; and, Statewide Inpatient Psychiatric Program services. For more detailed descriptions of services, Medicaid behavioral health policy may be found in: the *Medicaid Community Behavioral Health Services Coverage and Limitations Handbook*, the *Hospital Services Coverage and Limitations Handbook*, and the *Mental Health Targeted Case Management Handbook.*

Most Medicaid recipients are required to obtain their mental health services through a managed care plan. Recipients who are not required to enroll in a managed care plan may obtain these services through the Medicaid providers of their choice on a "fee-for-service" basis. Medicaid reimburses providers for substance abuse treatment through Medicaid fee-for-service only.

Federal regulations prohibit Medicaid from reimbursing mental health and substance abuse treatment providers for most residential treatment services for adults between the ages of 21 and 65. This regulation is commonly known as the IMD (Institution for Mental Disease) Exclusion Rule. The Department of Children and Families, as the state mental health and substance abuse authority, has the responsibility for funding many of these residential services.

COMMUNITY BEHAVIORAL HEALTH SERVICES

Description

Community behavioral health services include mental health and substance abuse services and are provided for the maximum reduction of the recipient's mental health or substance abuse disability and restoration to the best possible functional level.

Community behavioral health services include assessments, treatment planning, medical and psychiatric services, individual, group and family therapies, community support and rehabilitative services, therapeutic behavioral on-site services for children and adolescents, as well as therapeutic foster care and group care services.

Limitations

Services are limited to those that are medically necessary and are authorized by a licensed practitioner of the healing arts, psychiatrist, or other physician and included in the recipient's treatment plan. Services must reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

Eligibility

Medicaid reimburses for medically necessary community behavioral health services for all eligible Medicaid recipients who meet the service criteria.

Overview: Behavioral Health Services Under Florida Medicaid

MENTAL HEALTH TARGETED CASE MANAGEMENT SERVICES

Description
The purpose of mental health targeted case management is to assist recipients in gaining access to needed medical, social, educational, and other services.

Limitations
Medicaid will reimburse:

- Up to 344 units of mental health targeted case management per month, per recipient.
- Up to 48 units of intensive team services per recipient, per day, per case management team.

Eligibility
Mental health targeted case management is limited to adults who have a severe and persistent mental illness and children and adolescents who have a serious emotional disturbance and are in need of service coordination among multiple providers.

Reimbursement
Mental health targeted case management services are reimbursed in time increments. Fifteen minutes equals one unit of service.

FLORIDA INPATIENT PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES

Description
Medicaid payment for psychiatric services is limited to general acute care hospitals. Medicaid does not reimburse for inpatient services provided in a freestanding psychiatric hospital. Inpatient psychiatric services must be medically necessary. Inpatient alcohol or drug detoxification services are considered medical versus psychiatric services.

Medicaid pays a per diem (daily rate) for acute inpatient hospital care and treatment. The per diem covers all services and items furnished during a 24-hour period. Recipients under 21 do not have a limit on inpatient days. Recipients 21 and over have a maximum of 45 days per fiscal year. Inpatient days due to an emergency admission may be eligible for payment beyond the 45-day cap limit.

Inpatient psychiatric services must be rendered personally by a psychiatrist, or an advanced registered nurse practitioner who has a specialty in mental health.

Limitations
Inpatient admissions for these services are authorized by the peer review organization (PRO) contracted for medical inpatient services.

Overview: Behavioral Health Services Under Florida Medicaid

STATEWIDE INPATIENT PSYCHIATRIC PROGRAM (SIPP)

Description

The Statewide Inpatient Psychiatric Program (SIPP) serves Medicaid recipients 17 years of age or younger who require placement in a psychiatric residential setting due to serious mental illness or emotional disturbance. There are 15 SIPP providers throughout the state that were contracted through a statutory exemption. The Agency operates this program under a 1915(b) waiver. This service is available statewide for up to 414 children and adolescents.

SIPP providers are required to deliver active mental health treatment to children and their families, extensive aftercare planning and coordination, follow-up, and outcome measurement.

Eligibility

Medicaid recipients who are potentially eligible for care in a SIPP:

- Live in Florida.
- Are 17 years of age or younger.
- Meet specific SIPP medical necessity clinical criteria.
- Are under one of the following Medicaid eligibility categories: Temporary Assistance for Needy Families (TANF), TANF-related, Supplemental Security Income (SSI), and SSI-related.

Children must be referred through the Department of Children and Families' Circuit Mental Health Offices (or designee), and the Agency's behavioral health care utilization contractor manager must authorize the admission and continued stays.

Reimbursement

SIPP providers are paid a contracted per-diem rate of $406.

PREPAID MENTAL HEALTH PLAN (PMHP)

Description

Prepaid Mental Health Plans (PMHPs) are comprehensive managed mental health care services plans that are available to a defined population of enrolled Medicaid recipients. The agency contracts with 5 PMHPs in 11 districts throughout the state, and plans are reimbursed on a prepaid, capitated basis.

The Child Welfare PMHP is a specialized PMHP to address the needs of Medicaid-eligible children who are receiving specific services from the Department of Children and Families (DCF). This PMHP offers additional mental health services to address the needs of these children. The agency contracts with a statewide vendor to provide these services.

Services

Each PMHP must provide the following services:

- Community mental health services
- Mental health-related inpatient, outpatient, and emergency hospital services
- Psychiatric and mental health-related physician services
- Mental health targeted case management services (children and adults)
- Mental health intensive case management services (adults –18 years of age or older)
- Comprehensive behavioral health assessment (Child Welfare PMHP only)

- Specialized therapeutic foster care (Child Welfare PMHP only)
- Therapeutic group care (Child Welfare PMHP only)

Statute requires that for these plans, eighty percent of their annual capitation for behavioral health services must be spent for the provision of behavioral health services. If the plan expends less than 80 percent of this capitation for the provision of behavioral health care services, the difference shall be returned to the Agency. This is commonly referred to as the "80/20" rule.

Eligibility
The recipient must be assigned to MediPass, a minority physician network, exclusive provider organization, or a provider service network for their physical health care services[1]. Recipients in Medicaid Reform areas are excluded from the regular PMHP.

Child Welfare PMHP Eligibility
The child must be on the DCF Florida Safe Families Network eligibility file. Although the Child Welfare PMHP is a statewide plan, children living in Escambia, Santa Rosa, Okaloosa, Walton, Polk, Manatee, Hardee, Highlands, and Broward counties are excluded.

HEALTH MAINTENANCE ORGANIZATION (HMO) AND PROVIDER SERVICE NETWORK

Description
The Florida Medicaid Program supports the development of managed health care systems by entering into contracts with health maintenance organizations (HMOs) and Provider Service Networks (PSNs) to provide prepaid Medicaid services to a defined population of enrolled Medicaid recipients. About 1,300,457 Medicaid recipients are enrolled in HMOs and PSNs throughout the state.

In counties participating in the Medicaid Reform Pilot, both HMOs and PSNs have provided behavioral health services to their enrollees since the beginning of the Pilot (2006).

HMOs in non-reform counties all must provide behavioral health services to their enrollees, and, in 2010, statutory authority was given for PSNs in non-reform counties to provide behavioral health services.

Health plans (with the exception of fee-for-service PSNs operating in Reform counties) are reimbursed on a prepaid capitated basis for the provision of behavioral health services. Statute requires that for plans in non-reform counties, 80 percent of their annual capitation for behavioral health services must be spent for the provision of behavioral health services. If the plan expends less than 80 percent of this capitation for the provision of behavioral health care services, the difference shall be returned to the Agency. This is commonly referred to as the "80/20" rule.

Services
Each HMO must provide community behavioral health services and mental health targeted case management services.

[1] In 2010, statutory authority was given for PSNs in non-reform counties to provide behavioral health services.

Overview: Behavioral Health Services Under Florida Medicaid

MEDICAID EXPENDITURES FOR BEHAVIORAL HEALTH SERVICES FOR SFY 2008-09

Medicaid Fee-For-Service

Under Medicaid fee-for-service, 125,277 Medicaid recipients received behavioral health services totaling $ 226,367,840. Services for community substance abuse treatment totaled $13,594,692.

PrePaid Mental Health Plans (PMHP)

Medicaid paid the PMHPs $ 186,780,243 in capitation payments for these enrollees.

Child Welfare PrePaid Mental Health Plans (CW-PMHP)

Medicaid paid the CW-PMHP $ 49,223,376 in capitation payments for these enrollees.

UNDERSTANDING THE IMD EXCLUSION RULE

Definition of IMDs

At 42 CFR 435.1009 Institutions for Mental Diseases (IMDs) are defined as "a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." An institution is considered an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases.

Guidelines for Determining Whether an Institution is an IMD

The following CMS guidelines are used to evaluate whether the overall character of a facility is that of an IMD. If a facility meets any of these criteria, a thorough IMD assessment must be made by the State Medicaid Agency. State Medicaid agencies are the entities responsible for designating IMD status.

Criteria for a facility to be designated as an IMD include the following:

- Specializes in the treatment of persons with mental illness
- Census of at least 50 percent of the residents results from mental diseases
- The facility is a licensed as a psychiatric facility
- The facility is accredited as a psychiatric facility
- Operates under the jurisdiction of a State mental health authority (that are providing services to mentally ill persons)

IMDs are defined to be institutions with more than 16 beds; therefore, the IMD exclusion applies only to institutions with at least 17 beds.

IMD Exclusion Rule

Federal Financial Participation is not available for any medical assistance under Title XIX for services provided to any individual who is age 19- 65 and who is a patient in an IMD. This payment exclusion was designed to assure that states, rather than the Federal government, continue to have principal responsibility for funding inpatient psychiatric services. Under this broad exclusion, no federal financial participation (FFP) is available for the cost of services provided either inside or outside the IMD while the individual is a patient in the facility.

Exception to IMD Exclusion Rule

States may provide optional coverage for individuals under age 21 in psychiatric facilities that have been accredited by organizations recognized by the State, such as the Joint Commission (42 CFR 440.160). Individuals under age 21 may receive Medicaid State Plan services as inpatients in a psychiatric hospital or in a psychiatric residential treatment facility (PRTF) even if these facilities meet

the definition of an IMD. Psychiatric hospitals and PRTFs are the only IMDs in which children may be patients and whose care may be paid for by title XIX.

Chemical Dependency Treatment Facilities

Substance use disorders are classified as mental disorders. According to the Centers for Medicare and Medicaid Services, there is a continuum of care for chemical dependency. At one end of the spectrum of care, treatment follows a psychiatric model and is performed by medically trained and licensed personnel. If services are psychological in nature, the services are considered medical treatment of a mental disease. Substance use disorder patients admitted for such treatment are counted as mentally ill under the 50 percent guideline. Facilities with more than 16 beds that are providing this type of treatment to the majority of their patients are IMDs and therefore prohibited from receiving FFP.

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Assessment Services		
Psychiatric Evaluation A psychiatric evaluation is a comprehensive evaluation that investigates the recipient's clinical status including the presenting problem; The purpose of a psychiatric evaluation is to establish a therapeutic doctor patient relationship, gather accurate data in order to formulate a diagnosis, and initiate an effective treatment plan.	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year (July 1 through June 30)	$210.00 per evaluation by M.D. $150.00 per evaluation by non-M.D.
Brief Behavioral Health Status Examination A brief behavioral health status examination is a brief clinical, psychiatric, diagnostic, or evaluative interview to assess behavioral stability or treatment status.	Medicaid reimburses for brief behavioral health status examinations a maximum of 10 quarter-hour units annually (2.5 hours), per recipient, per state fiscal year (July 1 through June 30).	$14.66 per quarter hour
Psychiatric Review of Records Psychiatric review of records includes the review of recipient records, psychiatric reports, psychometric or projective tests, clinical and psychological evaluation data for diagnostic use in evaluating and planning for recipient care.	Medicaid reimburses a maximum of two psychiatric reviews of records, per recipient, per state fiscal year (July 1 through June 30).	$26.00 per review
In-Depth Assessment An in-depth assessment is a diagnostic tool for gathering information to establish or support a diagnosis, to provide the basis for the development of or modification to the treatment plan and development of discharge criteria.	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year (July 1 through June 30). An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation.	$125.00 per assessment (new patient) $100.00 per assessment (established patient)
Bio-psychosocial Evaluation A bio-psychosocial evaluation describes the biological, psychological and social factors that may have contributed to the recipient's need for services.	Medicaid reimburses one bio-psychosocial evaluation, per recipient, per state fiscal year (July 1 through June 30). A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.	$48.00 per assessment
Psychological Testing Psychological testing is the assessment, evaluation, and diagnosis of the recipient's mental status or psychological condition through use of standardized testing methodologies.	Medicaid reimburses a maximum of 40 quarter-hour units (10 hours) of psychological testing, per recipient, per state fiscal year (July 1 through June 30)	$15.00 per quarter hour
Limited Functional Assessment This assessment is restricted to administration of the Multnomah Community Ability Scale (MCAS), Functional Assessment Rating Scale (FARS), and the Children's Functional Assessment Rating Scale (C-FARS) or any other functional assessment required by the Department of Children and Families (DCF).	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year (July 1 through June 30).	$15.00 per assessment

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Medical and Psychiatric Services		
Medication Management Medication management is the review of relevant laboratory test results, prior pharmacy interventions (i.e., medication dosages, blood levels if available, and treatment duration), and current medication usage. Medication management includes the discussion of indications and contraindications for treatment, risks, and management strategies with the recipient or other responsible persons.	Medicaid reimburses medication management as medically necessary.	$60.00 per event
Brief Individual Medical Psychotherapy Brief individual medical psychotherapy is treatment activity designed to reduce maladaptive behaviors related to the recipient's behavioral health disorder, to maximize behavioral self-control, or to restore normalized functioning and more appropriate interpersonal and social relationships. Brief medical psychotherapy includes insight oriented, cognitive behavioral, or supportive therapy.	Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year (July 1 through June 30).	$15.00 per quarter hour
Group Medical Therapy Group medical therapy is a treatment activity designed to reduce maladaptive behaviors; maximize behavioral self-control; or to restore normalized functioning, reality orientation and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships. This service includes continuing medical diagnostic evaluation and drug management, when indicated, and may include insight oriented, cognitive behavioral, or supportive therapy.	Medicaid reimburses a maximum of 18 quarter-hour units (4.5 hours) of group medical therapy, per recipient, per state fiscal year (July 1 through June 30). Group medical therapy is not reimbursable on the same day for the same recipient as medical and psychiatric services, behavioral health day services or therapeutic behavioral on-site services.	$8.65 per quarter hour
Behavioral Health Screening Services A behavioral health screening service must include a face-to-face assessment of physical status, a brief history, and decision-making of low complexity. Results of the examination must be included in the recipient's medical record. The assessment must include, at a minimum: • Vital signs; • Medication concerns to include side effects; • Brief mental status assessment; and • Plan for follow-up, if indicated.	Medicaid reimburses two behavioral health screening services, per recipient, per state fiscal year (July 1 through June 30).	$43.62 per event

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Behavioral Health Services Behavioral health services are outpatient services provided to persons with a behavioral health illness. This procedure code covers the following services: • Specimen collection, taking of vital signs, administering injections; or • A verbal interaction (15-minute minimum) between the practitioner and recipient. This service must be directly related to the recipient's behavioral health disorder or to monitoring side effects associated with medication	A behavioral health service is not reimbursable on the same day for the same recipient as behavioral health screening services.	$15.00 per event-verbal interaction $10.00 per event – specimen collection
Methadone or Buprenorphine Administration This service reimburses the administration of methadone or buprenorphine for opioid addiction treatment by a program licensed by the state and certified by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) in accordance with state and federal regulations.	Medicaid reimburses methadone or buprenorphine administration fifty-two times, per recipient, per state fiscal year (July 1 through June 30). The service is billed one time per seven days. This service is not reimbursable using any other procedure code.	$67.48 weekly rate
Behavioral Health Therapy Services		
Individual and Family Therapy Individual and family therapy services include the provision of insight oriented, cognitive behavioral, or supportive therapy to an individual or family. Individual and family therapy may involve the recipient, the recipient's family (without the recipient present), or a combination of therapy with the recipient and the recipient's family.	Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year (July 1 through June 30). There is a maximum daily limit of 4 quarter-hour units (1 hour).	$18.33 per quarter hour
Group Therapy Group therapy services include the provision of cognitive behavioral, supportive therapy or counseling to individuals or families and consultation with family or other responsible persons for sharing of clinical information. Also included is education, counseling or advising family or other responsible persons on how to assist the client. The group size limit is up to 10 recipients with a mental health diagnosis and up to 15 for participants with a substance abuse diagnosis.	Medicaid reimburses a maximum of 156 quarter-hour units (39 hours) of group therapy services, per recipient, per state fiscal year (July 1 through June 30.	$6.67 per quarter hour

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Behavioral Health Day Services These services are designed to enable individuals to function successfully in the community in the least restrictive environment and to restore or enhance ability for personal, social and pre-vocational life management services. This context is larger than that for group counseling, serving more recipients all at one time with greater variety and clinical objectives.	Medicaid reimburses a maximum of 190-hour units (47.5 hours; 11.9 half-days) per recipient, per state fiscal year (July 1 through June 30). Medicaid will not reimburse for behavioral health day services where total group size for group therapy exceeds 10 participants who are receiving treatment for a mental health disorder. For group therapy where recipients are receiving treatment for a substance abuse disorder, the total group membership may not exceed 15 participants. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.	$12.50 per hour
Community Support and Rehabilitative Services		
Psychosocial Rehabilitation Services Psychosocial rehabilitation services combine daily medication use, independent living and social skills training, support to clients and their families, housing, pre-vocational and transitional employment rehabilitation training, social support and network enhancement, structured activities to diminish tendencies towards isolation and withdrawal and teaching of the recipient and family about symptom management, medication and treatment options.	Medicaid reimburses a maximum of 1920 units (480 hours; 20 days) of psychosocial rehabilitation services, per recipient, per state fiscal year (July 1 through June 30). These units count against clubhouse service units.	$9.00 per quarter hour
Clubhouse Services A clubhouse is a place where people who have a mental illness come to rebuild their lives. Clubhouse services are structured, community-based group services provided in a group rehabilitation service setting. These services include a range of social, educational, pre-vocational and transitional employment rehabilitation training in a group rehabilitation service setting utilizing behavioral, cognitive or supportive interventions to improve a recipient's potential for establishing and maintaining social relationships and obtaining occupational or educational achievements.	Medicaid reimburses clubhouse services for a maximum of 1920 quarter-hour units (480 hours; 20 days) annually, per recipient, per state fiscal year (July 1 through June 30). These units count against Psychosocial Rehabilitation units of service.	$5.00 per quarter hour

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Therapeutic Behavioral On-Site Services – Therapy Therapeutic behavioral on-site services are designed to assist children who have complex needs and their families in an effort to prevent the need for a more intensive, restrictive behavioral health placement. The process must be driven by assessment of the individual needs and strengths of each child and family, and be developed and directed by a treatment team. If the assessment indicates a need for intensive, clinical therapeutic behavioral on-site services, and the family agrees to these services, the following services are reimbursable under Medicaid: • Therapeutic behavioral on-site – therapy services • Therapeutic behavioral on-site – behavior management services • Therapeutic behavioral on-site – therapeutic support services	Medicaid reimburses therapeutic behavioral on-site therapy services a maximum combined limit of a total of 36, 15-minute units per month(9 hours) by a master's level or certified behavioral analyst. A minimum of 8 units per month (2 hours) must be provided by a master's level practitioner. Medicaid reimburses therapeutic behavioral on-site behavior management and therapeutic behavioral on-site therapy services for a maximum combined total of 36, 15-minute units per month by a master's level practitioner, certified behavioral analyst, or certified associate behavioral analyst. A minimum of 8 units per month must be provided by a master's level practitioner. Medicaid reimburses therapeutic behavioral on-site therapeutic support services a maximum of 128 quarter-hour units per month (32 hours), per recipient	Therapy - $16.00 per quarter hour Behavior Mgmt - $10.00 per quarter hour Support Services - $4.00 per quarter hour
Comprehensive Behavioral Health Assessment The comprehensive behavioral health assessment is an in-depth and detailed assessment of the child's emotional, social, behavioral and developmental functioning within the family home, school, and community. A comprehensive behavioral health assessment must include direct observation of the child in the home, school and community, as well as in the clinical setting.	The comprehensive behavioral health assessment may be reimbursed only once per state fiscal year (July 1 through June 30) per recipient. Reimbursement is limited to a total of 20 hours per recipient per fiscal year.	$48.50 per hour

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Specialized Therapeutic Foster Care Specialized therapeutic foster care services are intensive treatment services provided to children with emotional disturbances that reside in a state licensed foster home. Specialized therapeutic foster care services are appropriate for long-term treatment and short-term crisis intervention. Specialized therapeutic foster care services incorporate clinical treatment services, which are behavioral, psychological, and psychosocial in orientation. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist.	**Who May Receive Services** In order to receive specialized therapeutic foster care services, a child must be authorized by a multidisciplinary team as meeting the following criteria: • Be experiencing serious emotional disturbance; • Be a victim of abuse or neglect; and • Have been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to require out-of-home care. OR the child must: • Have committed acts of juvenile delinquency; • Be suffering from serious emotional disturbance; and • Have been adjudicated delinquent and committed to the Department of Juvenile Justice, and the court must have ordered a low-risk residential community commitment setting for the child.	Level 1 - $87.30 per day Level 2 - $135.80 per day Crisis Intervention - $135.80 per day
Behavioral Health Overlay Services in Juvenile Justice Settings Behavioral health overlay services for youth in juvenile justice settings are a set of services and natural supports for children with serious emotional disturbance who are placed in the care of Medicaid enrolled, certified residential program under contract with the Department of Juvenile Justice. Included are mental health, substance abuse and social services, based on an individual recipient plan designed to achieve specific outcomes. ***Behavioral Health Overlay Services in Child Welfare Settings*** Behavioral health overlay services in child welfare settings are mental health, substance abuse, and supportive services designed to meet the behavioral health treatment needs of recipients who are placed in the care of Medicaid enrolled, certified residential group care agencies under contract with the Department of Children and Families, Child Welfare and Community Based Care organization.	Daily bundled rate reimbursement	$35.00 per day $32.75 per day

Medicaid Mental Health Services for Children and Adults	Reimbursement/Service Limitations	Maximum Fee
Therapeutic Group Care Services Therapeutic group care services are community-based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 children and adolescents. Treatment includes provision of psychiatric, psychological, behavioral and psychosocial services to Medicaid eligible children who meet the specified clinical criteria described in this section. Therapeutic group care is intended to provide a high degree of structure, support, supervision, and clinical intervention in a home-like setting.	**Who Must Authorize Therapeutic Group Care Services** A multidisciplinary team with a representative from the district Substance Abuse and Mental Health program office, Child Welfare and Community-Based Care (CBC) program office and area Medicaid office must authorize therapeutic group care services for each child or adolescent receiving this service. In districts with a CBC project, the Department of Children and Families district administrator may appoint a representative of the CBC to sit on this committee. If the team determines that the child requires therapeutic group care services, the team must complete an Authorization for Therapeutic Group Care form. The form must be forwarded to the provider agency to become part of the child's medical record. For children in care and custody, a qualified evaluation that finds the child suitable for this level of care must be provided to the multidisciplinary team, before the team signs the Medicaid authorization for services.	$180.00 per day
Statewide Inpatient Psychiatric Program The Statewide Inpatient Psychiatric Program (SIPP) serves Medicaid recipients 17 years of age or younger who require placement in a psychiatric residential setting due to serious mental illness or emotional disturbance.	**Who Must Authorize SIPP Services** Children must be referred through the Department of Children and Families' District Mental Health Offices (or designee), and the Agency's behavioral health care utilization contractor manager must authorize the admission and continued stays	$406.00 per day

Substance Abuse Treatment Under Florida Medicaid *

Medicaid Inpatient Substance Abuse Treatment	Medicaid Fee-for-Service Community Behavioral Health Services	Medicaid Managed Care Plan Substance Abuse Coverage **	Residential Substance Abuse Treatment
Alcohol or Drug Detoxification Services Inpatient alcohol or drug detoxification services are considered medical versus psychiatric services. Inpatient admissions for such services are authorized by the peer review organization (PRO) contracted for medical inpatient services **Medicaid Reimbursement** Medicaid pays a per diem (daily rate) for inpatient hospital care and treatment. The per diem covers all services and items furnished during a 24-hour period. **Covered Inpatient Days** Recipients under 21 do not have a limit on inpatient days. In the state fiscal year, which is July 1—June 30, recipients under 21 have a maximum of 365 days of inpatient services, and 366 days in a leap year. Recipients 21 and over have a maximum of 45 days per fiscal year. Inpatient days due to an emergency admission may be eligible for payment beyond the 45-day cap limit.	Substance abuse treatment services are reimbursed under Medicaid fee-for-service. Medicaid community-based substance abuse treatment services are identified in the *Community Behavioral Health Services Coverage and Limitations Handbook.* Generally, all of the services in this handbook are available for all Medicaid recipients receiving substance abuse treatment from a Medicaid-enrolled community behavioral health services provider. Medicaid community-based substance abuse treatment includes: • Assessment Services • Medical and Psychiatric Services • Behavioral Health Therapy Services • Community Support and Rehabilitative Services Medicaid places no dollar amount cap on the services.	Medicaid managed care plan contracts do not require coverage for substance abuse treatment services, just the coordination of those services. When a recipient calls their managed care plans, they will receive appropriate referrals to Medicaid-enrolled substance abuse treatment providers. Medicaid managed care plans are at risk for medically complex detoxification services. Health Plans provide up to twenty-eight (28) inpatient hospital days in an inpatient hospital substance abuse treatment program for pregnant substance abusers.	Federal regulations prohibit Medicaid from reimbursing providers for residential substance abuse treatment. The Department of Children and Families (DCF) offers detoxification, residential treatment, and recovery support services for adolescents and adults affected by substance misuse, abuse or dependence. Treatment and support include supportive housing with a clinical overlay. DCF places no dollar amount cap on the services.

* A Medicaid-enrolled treating practitioner must determine that services are medically necessary before they can be appropriately delivered.

** Medicaid managed care coverage varies slightly by contract. Plans may offer additional optional services, but the minimum level of coverage is determined by the applicable Medicaid coverage and limitations handbook.

Senate Health and Human Services Appropriation Committee
January 26, 2011

CHIPRA Performance Bonus Overview

States must meet 5 out of 8 streamlining requirements and reach enrollment targets in both the Medicaid and CHIP programs for the entire year to qualify for performance bonus payments. Currently, Florida meets two requirements. The table below describes the requirements and Florida's status.

Performance Bonus Requirements	Status of Florida KidCare		Meet Requirement
	Medicaid	CHIP	
1. 12 months continuous eligibility	Medicaid gives 12 months of continuous eligibility for children 1 through 4, but 6 months for children 5 through 18.	CHIP provides 12 months of continuous eligibility.	No
2. No asset test	Medicaid does not require an asset test.	CHIP does not require an asset test.	Yes
3. No face-to-face interview	Medicaid does not require a face-to-face interview.	CHIP does not require a face-to-face interview.	Yes
4. Joint application and verification process	This requires the same forms and letters and process to be used for both the Medicaid and CHIP programs. Medicaid and CHIP have a joint application (Florida KidCare application) but use difference forms and processes. This would entail a lot of programming for both programs and changing processes.		No
5. Administrative or ex parte renewals	This requires the use of other databases to obtain information, to either complete the redetermination or send the family a pre-printed form with this information already filled out. The family then only responds if any changes.		No
	DCF is working towards this kind of passive renewal. This would have to be approved by AHCA, as there may be a fiscal impact if more people retain eligibility.	CHIP implemented a data exchange with the Agency for Workforce Innovation and the Dept. of Revenue which gives information to pre-populate the renewal form. Family needs to complete renewal form and send back.	
6. Presumptive eligibility	Medicaid provides presumptive eligibility to very limited program groups such as newborns and pregnant women.	CHIP does not provide presumptive eligibility.	No
7. Express Lane eligibility (ELE)	Medicaid does not have any ELE processes.	CHIP submitted a SPA last year which included ELE for the enrollment process between Medicaid and CHIP. The process was developed before CMS published the ELE requirements. We had discussions with CMS trying to retro fit our process to meet the requirements of ELE. It would have required reprogramming and changing processes, and because we were not close to being eligible for bonus payments, we withdrew that part of the SPA. We have maintained our expedited enrollment process between Medicaid and CHIP.	No
8. Offer premium assistance option	Premium assistance means offering subsidized qualified group health and employer-sponsored coverage using Medicaid or CHIP funds.		No
	Medicaid only offers this option in the Medicaid reform counties.	CHIP does not offer premium assistance	

Senate Health and Human Services Appropriation Committee
January 26, 2011

Florida KidCare Projections for SFY 2010/2011 - SSEC November 19, 2010

Based on the enrollment and expenditure projections from the last Social Services Estimating Conference, it was projected that there would be a $5,066,140 surplus in General Revenue funds.

Florida KidCare Program:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$66,031,403	$60,965,263	**$5,066,140**
Tobacco Settlement Trust Fund (State)	$87,596,411	$87,596,411	$0
Grants and Donations Trust Fund (State)	$11,466,935	$12,615,714	($1,148,779)
Medical Care Trust Fund (Federal)	$335,953,621	$326,535,201	$9,418,420
Total	$501,048,370	$487,712,588	$13,335,782

MediKids:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$5,716,456	$6,049,246	($332,790)
Tobacco Settlement Trust Fund (State)	$7,155,438	$7,155,438	$0
Grants and Donations Trust Fund (State)	$8,567,099	$9,885,869	($1,318,770)
Medical Care Trust Fund (Federal)	$28,177,270	$29,045,567	($868,297)
Total	$49,616,263	$52,136,120	($2,519,857)

Florida Healthy Kids:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$16,477,652	$15,208,004	$1,269,648
Tobacco Settlement Trust Fund (State)	$60,171,104	$60,171,104	$0
Grants and Donations Trust Fund (State)	$0	$0	$0
Medical Care Trust Fund (Federal)	$168,583,531	$165,606,484	$2,977,047
Total	$245,232,287	$240,985,592	$4,246,695

Florida Healthy Kids- Dental:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$9,250,207	$9,250,150	$57
Tobacco Settlement Trust Fund (State)	$0	$0	$0
Grants and Donations Trust Fund (State)	$0	$0	$0
Medical Care Trust Fund (Federal)	$20,341,164	$20,339,311	$1,853
Total	$29,591,371	$29,589,461	$1,910

Children's Medical Services:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$26,863,073	$23,210,438	$3,652,635
Tobacco Settlement Trust Fund (State)	$15,619,174	$15,619,174	$0
Grants and Donations Trust Fund (State)	$2,549,519	$2,355,919	$193,600
Medical Care Trust Fund (Federal)	$92,339,228	$85,377,603	$6,961,625
Total	$137,370,994	$126,563,134	$10,807,860

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Behavioral Health:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$3,704,831	$3,474,518	$230,314
Tobacco Settlement Trust Fund (State)	$0	$0	$0
Grants and Donations Trust Fund (State)	$0	$0	$0
Medical Care Trust Fund (Federal)	$8,052,806	$7,640,483	$412,324
Total	$11,757,637	$11,115,000	$642,637

Contracted Services:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$1,376,783	$1,167,434	$209,349
Tobacco Settlement Trust Fund (State)	$704,548	$704,548	$0
Grants and Donations Trust Fund (State)	$350,317	$373,926	($23,609)
Medical Care Trust Fund (Federal)	$3,971,421	$4,115,965	($144,544)
Total	$6,403,069	$6,361,873	$41,196

G/A FHK Contracted Services:	FY 2010-11 Appropriations	Projected Expenditures	Surplus/(Deficit)
General Revenue	$2,642,401	$2,605,472	$36,929
Tobacco Settlement Trust Fund (State)	$3,946,147	$3,946,147	$0
Grants and Donations Trust Fund (State)	$0	$0	$0
Medical Care Trust Fund (Federal)	$14,488,201	$14,409,789	$78,412
Total	$21,076,749	$20,961,408	$115,341

State of Florida
Estimated SCHIP Allotment Balances

EXPIRATION	Federal Fiscal Year		Federal Allotments	Federal Expenditures	Ending Balance
	FFY 2006 (10-1-05 - 9-30-06)				
9/30/2006	2004 Federal Grant Award - Carry Forward		$154,284,918	$154,284,918	$0
9/30/2007	2005 Federal Grant Award - Carry Forward		$249,246,758	$59,835,593	$189,411,165
9/30/2008	2006 Federal Grant Award		$249,329,871	$0	$249,329,871
		TOTAL	$652,861,547	$214,120,511	$438,741,036
	FFY 2007 (10-1-06 - 9-30-07)				
9/30/2007	2005 Federal Grant Award - Carry Forward		$189,411,165	$189,411,165	$0
	De-obligation of FFY 2005 Allotment		($20,000,000)	($20,000,000)	$0
9/30/2008	2006 Federal Grant Award - Carry Forward		$249,329,871	$92,293,004	$157,036,867
9/30/2009	2007 Federal Grant Award		$296,066,768	$0	$296,066,768
		TOTAL	$714,807,804	$261,704,169	$453,103,635
	FFY 2008 (10-1-07 - 9-30-08)				
9/30/2008	2006 Federal Grant Award - Carry Forward		$157,036,867	$157,036,867	$0
9/30/2009	2007 Federal Grant Award - Carry Forward		$296,066,768	$115,268,523	$180,798,245
9/30/2010	2008 Federal Grant Award		$301,724,376	$0	$301,724,376
		TOTAL	$754,828,011	$272,305,390	$482,522,621
	FFY 2009 (10-1-08 - 9-30-09)				
9/30/2009	2007 Federal Grant Award - Carry Forward		$180,798,245	$180,798,245	$0
9/30/2010	2008 Federal Grant Award - Carry Forward		$301,724,376	$105,609,248	$196,115,128
9/30/2011	2009 Federal Grant Award		$356,095,478	$0	$356,095,478
		TOTAL	$838,618,099	$286,407,493	$552,210,606
	FFY 2010 (10-1-09 - 9-30-10)				
9/30/2010	2008 Federal Grant Award - Carry Forward		$196,115,128	$196,115,128	$0
9/30/2010	2009 Federal Grant Award - Carry Forward		$356,095,478	$112,402,466	$243,693,012
9/30/2011	2010 Federal Grant Award		$356,095,478	$0	$356,095,478
		TOTAL	$908,306,084	$308,517,594	$356,095,478
	FFY 2011 (10-1-10 - 9-30-11)				
9/30/2011	2010 Federal Grant Award - Carry Forward		$356,095,478	$356,095,478	$0
9/30/2012	2011 Federal Grant Award		$356,095,478	$24,836,905	$331,258,574
		TOTAL	$712,190,956	$380,932,383	$331,258,574
	FFY 2012 (10-1-11 - 9-30-12)				
9/30/2012	2011 Federal Grant Award - Carry Forward		$331,258,574	$331,258,574	$0
9/30/2013	2012 Federal Grant Award		$356,095,478	$58,766,346	$297,329,132
		TOTAL	$687,354,052	$390,024,920	$297,329,131
	FFY 2013 (10-1-12 - 9-30-13)				
9/30/2013	2012 Federal Grant Award - Carry Forward		$297,329,132	$297,329,132	$0
9/30/2014	2013 Federal Grant Award		$356,095,478	$135,347,781	$220,747,697
		TOTAL	$653,424,610	$432,676,913	$220,747,697
	FFY 2014 (10-1-13 - 9-30-14)				
9/30/2014	2013 Federal Grant Award - Carry Forward		$220,747,697	$220,747,697	$0
9/30/2015	2014 Federal Grant Award		$356,095,478	$251,815,960	$104,279,518
		TOTAL	$576,843,175	$472,563,657	$104,279,518
	FFY 2015 (10-1-14 - 9-30-15) (9 months only.)				
9/30/2015	2014 Federal Grant Award - Carry Forward		$104,279,518	$104,279,518	($0)
9/30/2016	2015 Federal Grant Award		$356,095,478	$271,860,295	$84,235,183
		TOTAL	$460,374,996	$376,139,813	$84,235,183

Mail Order Pharmacy – Florida Medicaid

Prior Legislative Direction

Section 409.912(39)(a)8 directed the Agency with regards to home delivery (or mail order) of pharmacy products.

> The Agency for Health Care Administration shall expand home delivery of pharmacy products. To assist Medicaid patients in securing their prescriptions and reduce program costs, the agency shall expand its current mail-order-pharmacy diabetes-supply program to include all generic and brand-name drugs used by Medicaid patients with diabetes. Medicaid recipients in the current program may obtain nondiabetes drugs on a voluntary basis. This initiative is limited to the geographic area covered by the current contract. The agency may seek and implement any federal waivers necessary to implement this subparagraph.

Procurement

As a result of the statutory language above, a vendor was selected and the contract was signed in October 2003. However, the vendor cancelled the contract in September 2004. The delivery program lasted less than 1 year as a result of the vendor losing money on the service.

Current Legislative Direction

Section 3, line item 205 of the 2010 Specific Appropriations provides the following:

> The Agency shall issue an invitation to negotiate with a pharmacy or pharmacies to provide mail order delivery services at no cost to the patients who elect to receive their drugs in this manner for patients with chronic disease states including but not limited to congestive heart failure, diabetes, HIV/AIDS, patient suffering from end stage renal disease or cancer in order to assist Medicaid patients in securing prescriptions and to reduce program costs. The Agency shall select patients appropriate for this mail order project and shall limit the number of participants to 20,000 patients statewide.

Procurement

In response to the proviso above, the Agency issued AHCA ITN 003-1011 on November 16, 2010. The solicitation was issued to select a vendor to design, develop, implement, operate and maintain a Pharmacy Mail Order Program at no cost to the Agency.

On November 29, 2010, a Formal Written Protest, Unadopted Rule Challenge and Petition for Formal Administrative Hearing was filed with regards to AHCA ITN 003-10/11. The Protest was filed by the Florida Pharmacy Association, Inc and the Prescription Place of Defuniak Springs, Inc.

There are several methods to protest a public procurement. Typical challenges include protesting the intended award to a specific vendor at the conclusion of an evaluation of all offers. This ITN protest is unique in that the protest comes prior to the Agency's intended award of contract. This is called a specifications challenge. It is generally used to challenge not the outcome, but rather the underlying ITN document itself. The Petition can come in many forms. Vendors often challenge certain terms within the procurement document, such as too vague or overbroad language.

Any results of a specification challenge do not conclude with the award of contract. Assuming a specification challenge is resolved and the Agency can proceed, another challenge can result

after the Agency issues an intended award. The challenge would come in the form of another bid protest, but the specifications will not the subject, rather the issue will be whether or not the Agency acted outside the parameters of the procurement laws in its award.

The current challenge before the Division of Administrative Hearings disputed the following issues (as set forth in the Petitioner's filing):

1. Whether the Agency has lawful authority to select a single mail order pharmacy vendor to provide the contract services

2. Whether the Agency's selection of more than 50 percent of the State's chronically ill Medicaid patients for inclusion in the mail order pharmacy program violates state and/or federal law

3. Whether the Agency has lawful authority to seek a federal CMS waiver without express statutory authority

4. Whether the Agency can continue procurement of the Contract Services without receiving a CMS waiver

5. Whether the Agency's "Creation" of a mail order pharmacy program without substantive statutory authority is an unadopted rule in violation of Section 120.54(1)(A), Florida Statutes, and

6. Whether the terms and conditions of the ITN violate the "Freedom of choice" requirement set forth in federal law

As of this writing the Petition is before the Division of Administrative Hearings. A trial date is set for February 14, 2011. The parties are preparing for the hearing.

The protest puts the procurement process on hold until the protest is resolved by final order of the Agency. It generally takes 4 to 6 months for final resolution from date the protest is filed.

In addition, the petitioner has filed a constitutional challenge (in circuit court) to the authority to issue an Invitation to Negotiate pursuant to House Bill 5001 (2010 General Appropriations Act) at Line Item 205 (the proviso referenced above) as a violation of Article III, Section 12 of the Florida Constitution. The challenge has a direct impact on the bid protest and rule challenge, and therefore we will abate (for issues of res judicata) the administrative action. The Agency will ask for an expedited ruling from the circuit. The 4 to 6 month timeline referenced above would likely not apply unless an expedited ruling is granted.

The challenge before the circuit court charges (as set forth in the Plaintiff's filing) that the proviso language is facially unconstitutional in that:

1. The proviso language does not provide a cost savings to the state and does not result in any expenditures of state funds;

2. The proviso changes or amends subject matter other than appropriations in violation of the Florida constitution and therefore violates the single subject provision in Article III, Section 12 of the Florida Constitution.

Mail Order Pharmacy – Florida Medicaid

Issues for consideration:

Any mail order pharmacy program implemented under this proviso would be voluntary for qualifying Medicaid recipients. A recipient would have to choose to participate.

Medicaid enrolled pharmacies located in Florida may provide home delivery (via mail order or other method) for recipients who desire this service regardless of whether the Agency contracts as a result of this proviso. Certain Medicaid participating pharmacies are currently providing mail order and other forms of delivery at no cost to the state and no cost to Medicaid recipients. Community pharmacies may also fill a 90-day supply of certain maintenance medications (these are all generic and inexpensive drugs) for Medicaid recipients.

Federal regulations do not allow Medicaid to pay for the delivery costs of prescribed drugs, and therefore reimbursement for home delivered/ mail order pharmaceuticals would be at the standard retail pharmacy rate as described in 59G-4.251, F.A.C.

With a voluntary mail order program, recipients will be able to get urgent care medications wherever they want to – as well as the maintenance medications.

Medicaid Payments for Incarcerated Medicaid Eligible Inmates: An Update

Executive Summary - Scope of Review

As requested by the Senate Budget Subcommittee on Health and Human Services Appropriations, the Agency for Health Care Administration (Agency) is providing an overview regarding implementing activities in 409.9025, F.S. This review will be limited to the opportunities, challenges and potential savings associated with implementing a policy for Medicaid payment for inpatient services for eligible incarcerated recipients under the control of the Department of Corrections, the Department of Juvenile Justice and the Department of Children and Families, due to the time constraints available.

In order to complete the preliminary analysis, the Agency relies on information from the departments involved and has made assumptions regarding certain impacts due to a limitation in available data. The analysis also considers administrative issues and changes that may be required by each department when known. However, this document is not a comprehensive assessment of all changes that need to be implemented by the different departments involved and as such recommend that each department should provide an assessment of potential administrative and statutory changes.

It should be noted that this analysis does not provide a detailed assessment of implementing the provisions for inmates in city or county jails due a lack of data at the time this analysis was completed. In addition, there is currently no mechanism for the respective city or county to provide the needed state funding to draw down federal matching funds. Until this is resolved, it is anticipated that implementing this policy for local and county facilities would likely result in an increase in needed general revenue.

Approach and Findings

To complete this analysis, the Agency undertook the following activities:

- Held a conference call and face-to-face meeting with Department of Corrections and Department of Children and Families
- Researched applicable Medicaid eligibility coverage categories
- Obtained available data from departments involved
- Identified potentially eligible populations
- Assessed potential savings
- Identified potential issues and next steps

Medicaid Payments for Incarcerated Medicaid Eligible Inmates: An Update

Summary of Findings

The agencies have identified several possible incarcerated populations which have a higher likelihood of meeting eligibility requirements and qualifying for Medicaid reimbursement. These populations included (1) inmates who were eligible for Medicaid as a result of eligibility for SSI or SSDI; (2) pregnant women and (3) inmates under the age of 19. Based on aggregated data provided by DOC, DJJ, and DCF, estimated savings ranges are provided below, based on the ability to obtain federal funds for services under the Medicaid program

- Department of Corrections: Potential Savings Range from $453,619 - $907,238
- Department of Juvenile Justice: Potential Savings Range from $92,650 - $85,300
- Department of Children and Families (State Mental Health Treatment Facility Residents): Potential Savings Range from $351,846 - $703,696

It should be noted that savings are provided as a range as detailed claims data regarding current expenditures was not readily available. It is recommended that DOC further assess expenditures once further data regarding utilization and expenditures becomes available.

Estimated cost savings are based on the assumption that Medicaid reimbursement for inpatient services would be approximately 75% of current reimbursement for these services by DOC, DJJ and DCF. The savings figures above do not include savings based on the potential difference in rates. Additional savings based on rate differential could fall in the range indicated below.

- Department of Corrections: Potential Savings $172, 726 - $345,452
- Department of Juvenile Justice: Potential Savings: $110,417 -$55,209
- Department of Children and Families (State Mental Health Treatment Facility Residents):Potential Savings: $209,658 - $419,315

Medicaid Payments for Incarcerated Medicaid Eligible Inmates: An Update

Department of Corrections: Potential Savings Range from $453,619 - $907,238			
	Prior SSI Eligibles	Pregnant Women	Youth Under 19 Yrs
Current DOC Expenditures	$1,727,258 (CY 2010)	Data not Available	Data Not Available
Projected Medicaid Expenditures (100% Eligibility)	$1,381,806	$240,000	Data Not Available
Projected Federal Share (Savings) (100% Eligibility)	*$772,982*	*$134,256*	*Data Not Available*
Projected Medicaid Expenditures (75% Eligibility)	$1,036,354	$180,000	Data Not Available
Projected Federal Share (Savings) (75% Eligibility)	*$579,736*	*$100,692*	*Data Not Available*
Projected Medicaid Expenditures (50% Eligibility)	$690,903	$120,000	Data Not Available
Projected Federal Share (Savings) (50% Eligibility)	*$386,491*	*$67,128*	*Data Not Available*
Note: For the purposes of the analysis of costs related to pregnant women, we assumed a per diem rate of $1200.00 along with a 2 day length of stay per delivery. Since the Medicaid per diem for the contracted hospital various from $841 to $1768, we felt $1200 for this preliminary estimate was appropriate.			
Note: For the purposes of this analysis, it was presumed that Medicaid reimbursement for Inpatient Hospital services would be no more than 75% of current DOC reimbursement for these services.			

Department of Juvenile Justice: Potential Savings Range from $85,300 - $92,650	
	Youth Under 19 Yrs
Current DJJ Expenditures	$441,666 (SFY 2009-2010)
Projected Medicaid Expenditures (100% Eligibility)	$331,249
Projected Federal Share (Savings) (100% Eligibility)	*$185,300*
Projected Medicaid Expenditures (75% Eligibility)	$248,436
Projected Federal Share (Savings) (75% Eligibility)	*$138,975*
Projected Medicaid Expenditures (50% Eligibility)	$165,624
Projected Federal Share (Savings) (50% Eligibility)	*$92,650*
Note: For the purposes of this analysis, it was presumed that Medicaid reimbursement for Inpatient Hospital services would be no more than 75% of current DJJ reimbursement for these services.	

Department of Children and Families (State Mental Health Treatment Facility Residents): Potential Savings Range from $351,846 - $703,696	
	Youth Under 19 Yrs
Current DCF Expenditures	$1,677,258 (FY 2009-2010)
Projected Medicaid Expenditures (100% Eligibility)	$1,257,943
Projected Federal Share (Savings) (100% Eligibility)	*$703,693*
Projected Medicaid Expenditures (75% Eligibility)	$943,457
Projected Federal Share (Savings) (75% Eligibility)	*$526,826*
Projected Medicaid Expenditures (50% Eligibility)	$628,971
Projected Federal Share (Savings) (50% Eligibility)	*$351,846*
Note: For the purposes of this analysis, it was presumed that Medicaid reimbursement for Inpatient Hospital services would be no more than 75% of current DCF reimbursement for these services.	

Florida Statutory and Federal Regulatory Issues

Chapter 2008-217, Laws of Florida (SB 1456) directed the state to implement a "suspension" eligibility span for recipients upon incarceration so that, rather than terminate the individual's Medicaid eligibility, that eligibility would be suspended for the length of incarceration in order to expedite redetermination of eligibility once the recipient was released from incarceration.

SB 1456 also amended statute by creating s. 409.9025, F.S. The new statute indicated that Florida Medicaid is not precluded from providing medical assistance for inpatient hospital services furnished to an inmate at a hospital outside of the premises of the inmate's facility to the extent that federal financial participation is available. Currently, these medical services are funded through general revenue funds appropriated to the Department's of Corrections and Juvenile Justice, and/or local government funding for city or county jails.

Current Situation:

Historically, in Florida, when an individual who receives Medicaid through the Department of Children and Families (DCF) is incarcerated, and notification of incarcerated Medicaid recipients is timely, benefits are terminated at the end of a month when such notification is made. When released, the individual must reapply for Medicaid.

Currently, the Florida Medicaid program makes no payments for medical services provided to incarcerated recipients. The Department of Corrections, the Department of Juvenile Justice and the Department of Children and families are responsible the provision of health care services (including acute inpatient care) to incarcerated populations under their purview (the corrections population, the juvenile justice population and residents in the state mental health treatment facilities, respectively) Health services to these populations are funded through each departments' budget and matching federal funding is not available.

In general, Medicaid payments for medical services for individuals that are incarcerated are not eligible for federal funding with the exception of institutional services. However, Federal law permits the state Medicaid program to cover inpatient hospital services and associated professional claims for eligible incarcerated individuals. At the state's option, state may pay for institutional services rendered to inmates who are admitted to a medical institution not under the control of the corrections system. Such institutions include a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facilities for the developmentally disabled.

To ensure the availability of federal financial participation, the Agency submitted a request to federal Centers for Medicare and Medicaid Services (CMS) for verification of the availability of federal funds. The Agency also sought guidance as to whether federal approval was required to implement this option.

Correspondence received from federal CMS (attached) noted that federal funding is available and that a State Plan Amendment is not required. However, CMS also noted that eligibility must be determined for each inmate in accordance with Florida eligibility standards, particularly since incarceration could trigger a change in eligibility status since the individual is no longer part of a household. If the individual is no longer the caretaker of a child for whom they were previously responsible, they likely would not meet the most basic of eligibility criteria unless pregnant or disabled.

Based on this information, the Agency and DCF have identified several possible incarcerated populations which have a higher likelihood of meeting eligibility requirements and qualifying for Medicaid

reimbursement. These populations included (1) inmates who were eligible for Medicaid as a result of eligibility for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI); (2) pregnant women and (3) inmates under the age of 19.

Eligibility

As noted, CMS guidance indicates that coverage for institutional services may be provided for inmates who meet eligibility standards. As a result the first step of the analysis is to identify those groups that would likely meet Medicaid eligibility criteria. Below is an overview of the groups.

SSI/ Disabled Inmates:

The Social Security Administration determines eligibility for two major programs that provide benefits based on eligibility. The two programs are Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

Individuals eligible to receive SSI benefits are adults and children who are disabled or blind, have limited income or resources, meet the living arrangement requirements, or are otherwise eligible.

Individuals eligible for SSDI must be disabled, have worked a sufficient amount of time and have earned a sufficient amount of credits based on taxable work to be "insured" for Social Security purposes.

Individuals receiving SSI benefits are automatically eligible for Medicaid, in Florida. Individuals receiving SSDI benefits are able to qualify for Medicaid, although they must meet the Medicaid income and asset requirements.

The Department of Corrections currently receives a payment from the federal government for every SSI recipient reported to be incarcerated in Florida and tracks these reports and payments. Once reported, SSI eligibility is terminated for the period of incarceration. However, incarcerated individuals who were previously determined disabled under the SSI or SSDI program could be determined as disabled by the Department of Children and Families and could therefore be determined Medicaid eligible.

Pregnant Women:

The State of Florida has several programs designed to provide Medicaid coverage for pregnant women. Women who are found eligible for Medicaid remain eligible throughout the pregnancy and for the two months after the pregnancy ends, as long as the mother remains a resident of Florida.

Simplified Eligibility for Pregnant Women (SEPW): This is a simplified "full coverage" for pregnant women only.

A pregnant woman with or without children may be eligible for Medicaid if she:

- Has a family gross income under 185% of the Federal Poverty Level (FPL),
- Provides proof of pregnancy with a due date from a doctor, nurse, or midwife, and
- Provides verification of citizenship, identity (if a U.S. citizen), and other verifications such as income, if requested.

Assets are not counted for this coverage. Once eligible and approved, the Medicaid coverage will continue until two months after the pregnancy ends, no matter what changes occur. The only exception is change of residency out of Florida.

Children under the age of 19

Children under the age of 19 are eligibility for Medicaid in Florida. Children between the age of 1 to 5 are eligible if their household income is below 133% of the FPL. Children between the ages of 6 to19 are eligible for Medicaid if their household income falls below 100% of the FPL.

Further information regarding potential Medicaid eligibility for incarcerated recipients can be found in Table 1.

Florida Department of Children and Families: Challenges and Potentials of Determining Eligibility for Medicaid Recipients

Overview

The Department of Children and Families (DCF) determines Medicaid eligibility for individuals not in receipt of SSI cash payments.

Beyond the program's income and asset tests, individuals must meet one of the following criteria to be covered by Florida Medicaid. They must be a

- Child (under 21)
- parent or caretaker relative of a child under 18,
- pregnant woman
- elderly (65 and over) or
- disabled (using the Social Security Administration's (SSA) definition of disability).

Individuals enrolled in the Medicaid program at the time of their incarceration may have their Medicaid eligibility suspended. This policy is intended to make it easier for DCF to reinstate an individual's Medicaid coverage upon their release. This policy does not provide new coverage to incarcerated individuals not enrolled in Medicaid at the time of their incarceration.

Because the Centers for Medicare and Medicaid Services requires that Medicaid eligibility and payment for services must be based on a prisoner's current circumstances rather than those that existed at the time of their incarceration, should the state exercise the option to cover inpatient medical expenses for Medicaid eligible prisoners there are several issues that must be addressed.

For those in a Medicaid suspended status, DCF must be provided sufficient information to establish Medicaid eligibility on all factors for the month(s) of the inpatient medical services. A likely scenario is an individual that was Medicaid eligible as a parent or caretaker of a child under 18 at the time of their incarceration. As the individual is likely no longer be acting as a caretaker while in prison, DCF would need information to establish current eligibility based on another factor such as disability.

For new applicants,

- DCF must be provided an application for Medicaid (paper or electronic) signed by the applicant (or someone designated by the applicant and authorized to act on their behalf).
    - The application must contain sufficient information about the individual's income, assets and technical factors (age, disability, citizenship/alien status etc) to establish eligibility.
    - Most Medicaid applications do not require an interview, but should DCF need to conduct an interview, we would need a mechanism for holding one with either the applicant, (or someone designated by the applicant and authorized to act on their behalf).

- DCF should be able to obtain most of the verifications needed to establish Medicaid eligibility on the applicant's behalf. Should DCF not have access to required documentation, DCF will need to be able to notify applicant or (someone designated by the applicant and authorized to act on their behalf) as to what is needed and due date.
- With the exception of children, pregnant women, or those 65 and older it is likely an inmate's Medicaid eligibility will hinge on whether they meet the disability criteria used by SSA to establish eligibility for the Supplemental Security Income (SSI) and Social Security Disability (SSDI) programs. If the inmate was in receipt of SSI or SSDI at the time of their incarceration, it is likely DCF will be able to use the previous evaluation when determining Medicaid eligibility. If not, DCF and the Department of Health's Disability Determination unit will need adequate access to the prisoner and their past/current medical records to complete a disability review.
- DCF is required to notify the applicant/recipient and (persons designated by the applicant and authorized to act on their behalf) of the outcome of their application and any adverse actions taken on their case. DCF would need current contact information to send the notices.
- DCF is required to provide an opportunity for an applicant/recipient to appeal decisions made on their case. In the event such a hearing is requested the facility will need to make the applicant (or someone designated by the applicant and authorized to act on their behalf) available.

At the moment DCF is not aware of any substantive programming changes needed to support this policy. Additional review as the impact on systems and workload impact are needed.

Next Steps:

Medicaid must be the payor of last resort. Prior to implementing this policy change, a thorough review is needed of DOC, DJJ, DCF and Medicaid statutes to ensure that there is no other statute that identifies another entity as primary payor. If there is such a conflict, the language must clearly provide that Medicaid is primary in instance of hospitalization.

Prior to implementing this policy change, parties need to thoroughly considered unintended consequences of adopted a policy for Medicaid payment for inpatient services for eligible incarcerated recipients. For example, Florida may not be able to limit the policy to DOC, DJJ, and DCF facilities.

Florida Medicaid

Overview

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists aged and disabled people with the costs of nursing facility care and other medical expenses. Eligibility for Medicaid is usually based on the family's or individual's income and assets.

In Florida the Agency for Health Care Administration (Agency) is responsible for Medicaid. The Agency is the equivalent of the corporate head office. The Department of Children and Families acts as our agent by enrolling people in Medicaid. The Florida Medicaid program contracts with other state agencies and private organizations to provide the broad range of services that Medicaid offers its participants.

Demographics

Medicaid serves approximately 2.97 million people in Florida, with over half of those being children and adolescents 20 years of age or younger. Medicaid pays for approximately half of all births in Florida. Estimated expenditures for Fiscal Year 2010-11 (July 2010 through June 2011) are approximately $20.2 billion.

Current Coverage Policy

Historically, in Florida, when an individual who receives Medicaid through the Department of Children and Families is incarcerated, and notification of incarcerated Medicaid recipients is timely, benefits are terminated at the end of a month when such notification is made. When released, the individual must reapply for Medicaid.

Currently, the Florida Medicaid program makes no payments for medical services provided to incarcerated recipients. In general Medicaid payments for medical services for individuals that are incarcerated are not eligible for federal funding with the exception of institutional services. At the state's option, state may pay for institutional services rendered to inmates who are admitted to a medical institution not under the control of the corrections system. Such institutions include a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility.

The Agency worked with the Department of Children and Families (DCF) to develop a mechanism by which DCF can communicate an "incarceration span" to the Agency which will allow the state to hold the individual as eligible, or "open" during the time of their incarceration. Statute and subsequent policy regarding a "suspension" or "incarceration span" is designed to ensure a smoother transition back into the community upon release, and to allow the released individual immediate (or close to) access to medication they may need to maintain their physical or psychological health. In effect, DCF would treat the release as a change on an active case and create or recreate eligibility based on the individual's circumstances upon release. If the individual in not eligible upon release no coverage is created. This "suspension" or "incarceration span" will also serve to facilitate determination of eligibility while the recipient remains incarcerated, should such a determination be needed for reimbursement of inpatient hospital expenses.

Current Expenditures

It is estimated that the Florida Medicaid program will spend $3,890,574,137 on hospital inpatient services for state fiscal year 2010-2011. 55.94% of those funds will be federal funds.

Florida Department of Corrections

Overview

The Florida Department of Corrections is mandated to provide appropriate health care to its inmate population. Inmates present with a wide variety of health care needs ranging from a minor cold to chronic diseases such as diabetes or cancer. Medical doctors, nurses, psychiatrists, dentists and pharmacists provide services to the inmate population.

The Florida Department of Corrections, Office of Health Services (OHS) coordinates the planning, implementation and provision of health care services at more than 60 major institutions statewide. OHS is headed by the Deputy Secretary of Health Services, and includes staff to oversee each major health services discipline/area (clinical, nursing, pharmacy, mental health, dental, program administration, medical economics and decision support, quality management, recruitment and inmate grievances).

In each of the Department's four regions, OHS has a team of 8-10 employees under the direction of a Regional Medical Executive Director. The regional staff ensures the cost effective delivery of health services, provides training and technical assistance to institutional health services staff, and oversees quality management functions.

DOC employs a managed care model to coordinate the provision of care and keep health care costs under control. All inmates are screened at a reception center after intake from the county jail. After this process is completed, inmates are assigned to a "permanent" institution based on their medical and mental health needs and security requirements (inmates are often moved numerous times during incarceration).

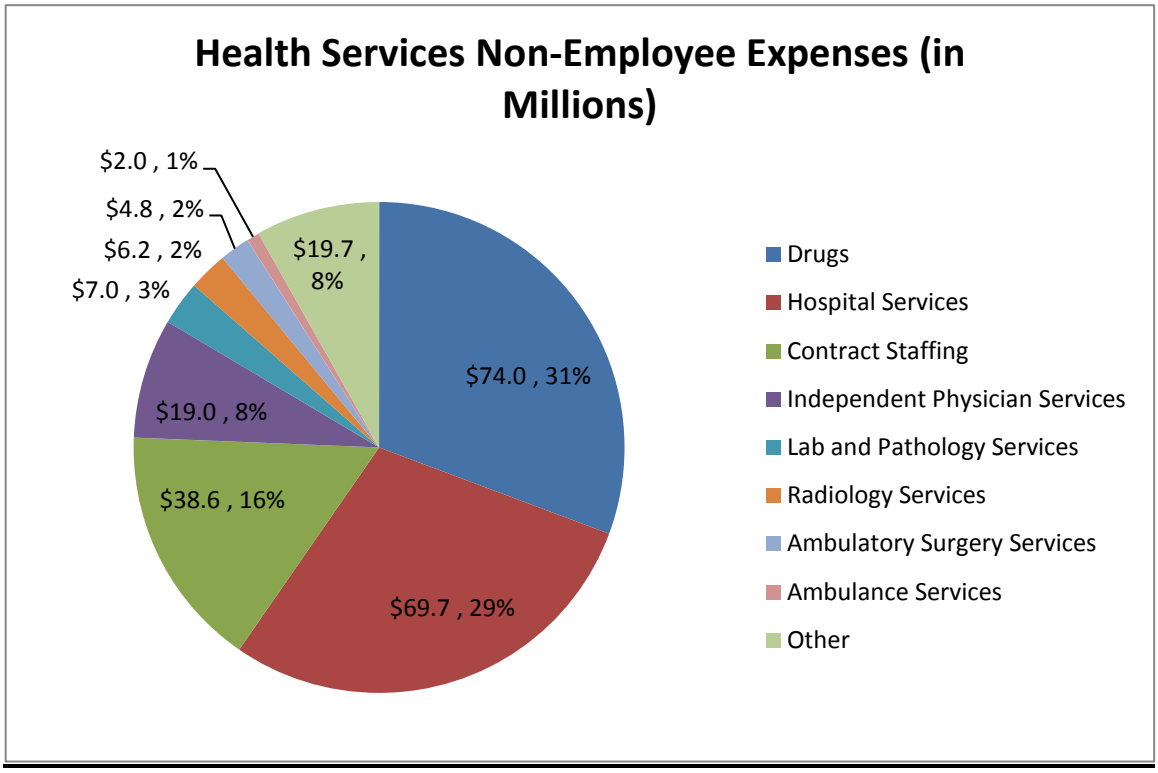
Within each major correctional institution, OHS provides primary care using a core staff of clinicians (physicians, ARNPs, etc.) nurses, mental health and dental professionals and administrators. Services include: sick call, periodic screenings, chronic illness clinics, and infirmary care. The health services team provides medical care in the dorms for inmates who are in confinement. Each health services unit also has a basic emergency room.

OHS maintains three regional pharmacies and a pharmacy at the prison hospital at Reception and Medical Center in Lake Butler. Most medications are purchased through the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP). The regional pharmacies fill orders from the institutions, and nurses distribute the drugs from a secure medication room at each institution. Repackaging is handled through an interagency agreement with the Department of Health.

The Department contracts with more than 250 vendors to provide health care goods and services. This includes hospitals and specialty physicians and ancillary services such as radiology, labs, pathology, dialysis, physical and respiratory therapy, as well as temporary staffing agencies and locum tenens. OHS contracts with specialists to provide secondary care at outpatient clinics at Reception Centers whenever possible (which saves transport and security costs). In addition to the prison hospital at Reception and Medical Center,

Budget:

The Office of Health Services has an operating budget of $411,434,716 for FY10/11. Approximately 41% of the budget is for salaries and benefits of health services personnel. The remaining 59% is broken out as follows:



Demographics

For state Fiscal Year 2008-2009 total admissions for DOC facilities were 100,619. Of those admissions; 74.5% were male and 25.5% were female. 32.8 % of admissions are for inmates under the age of 24.

On average, 55 new inmates are incarcerated ach month who were eligible for SSI at the time of their incarceration. (660 annually).

On average, the department covers inpatient costs for labor and delivery services for approximately 100 pregnant inmates each year.

Data regarding youth under 19 years of age was not available for completion of this analysis.

Current Coverage Policy

The Department has secure hospital units at Memorial Hospital in Jacksonville and Kendall Hospital in Miami. Section 945.6041, FS, specific to payment for inmate health services, and provides authority for DOC to pay up to 110 percent of Medicare rate to non-DOC treating facilities.

Per contract, the Department of Corrections reimburses Memorial Hospital Jacksonville at 23% of the Contractor's billed charges at the time of services and reimburses Kendall Regional Hospital at 102% of Medicare Rate.

Current Expenditures

According to data provided by the Department, total expenditures for inpatient hospital services for all inmates to date (12/23/2010) are $28,318,781.

Potential Savings

Current expenditures relating to two of the identified groups (pregnant women, and children under the age of 19) are not available.

Data provided by the DOC indicated that, for calendar year 2010, expenditures inpatient hospital services for inmates who were SSI eligible upon incarceration were $1,727,258.

Specific information regarding average per diem cost associated with DOC's contracts with Kendall Regional Medical Center and Memorial Hospital Jacksonville were not available at the time of this analysis. However, for the purposes of this analysis, it is assumed that Medicaid reimbursement is no more than 75% of current reimbursement made by DOC for inpatient services. (Medicaid per diem rate for the contracted hospitals is $841.95 for Memorial Hospital Jacksonville and $1768.07 for Kendall Regional Medical Center.)

Corresponding inpatient hospital expenditures for this population, if made by the Medicaid program, would be reimbursed with federal and state funds (55.94% would be federal, with 44.06% state funds).

If Medicaid eligibility was confirmed for all the identified prior SSI eligibles, AND all services provided met Medicaid hospital inpatient coverage requirements, $772,982 would be reimbursed by the federal government. However, we have no information at this time which verifies eligibility for any distinct portion of this population, and therefore assume a range of potential savings estimates eligibility is determined for between 50% and 100% of this population.

Detail regarding the deliveries paid for by the Department of Corrections is not available, but it is assumed that Medicaid reimbursement per delivery would be approximately $1200.00 (between the actually reimbursement for Kendall and Memorial Hospitals), and that the average length of stay for delivery is two days, the total cost for Medicaid coverage of those deliveries would be approximately $240,000 per year.

If Medicaid eligibility was confirmed for all the pregnant women, AND all services provided met Medicaid hospital inpatient coverage requirements, $67,128 of the $120,000 would be reimbursed by the federal government. However, we have no information at this time which verifies eligibility for any distinct portion of this population, and therefore assume a range of potential savings estimates eligibility can be determined for between 50% and 100% of this population.

Not data specific to hospital inpatient payments for inmates under the age of 19 is available at this time.

Medicaid Payments for Incarcerated Medicaid Eligible Inmates: An Update

Potential Savings:

Department of Corrections: Potential Savings Range from $453,619 - $907,238			
	Prior SSI Eligibles	Pregnant Women	Youth Under 19 Yrs
Current DOC Expenditures	$1,727,258 (CY 2010)	Expenditures data not available/ Approximately 100 Deliveries per year	Data Not Available
Projected Medicaid Expenditures (100% Eligibility)	$1,381,806	$240,000	Data Not Available
Projected Federal Share (Savings) (100% Eligibility	*$772,982*	*$134,256*	*Data Not Available*
Projected Medicaid Expenditures (75% Eligibility)	$1,036,354	$180,000	Data Not Available
Projected Federal Share (Savings) (75% Eligibility	*$579,736*	*$100,692*	*Data Not Available*
Projected Medicaid Expenditures (50% Eligibility)	$690,903	$120,000	Data Not Available
Projected Federal Share (Savings) (50% Eligibility)	*$386,491*	*$67,128*	*Data Not Available*
Note: For the purposes of the analysis of costs related to pregnant women, we assumed a per diem rate of $1200.00 along with a 2 day length of stay per delivery. Since the Medicaid per diem for the contracted hospital various from $841 to $1768, we felt $1200 for this preliminary estimate was appropriate.			
Note: For the purposes of this analysis, it was presumed that Medicaid reimbursement for Inpatient Hospital services would be no more than 75% of current DOC reimbursement for these services.			

Florida Department of Juvenile Justice

Overview

Residential commitment is out of home placement ordered by the court. There are two categories of commitment, secure and non-secure. Currently youth in the non-secure programs have Medicaid. Detention is primarily a short-term pre-adjudication secure facility. The average length of stay is 3-5 days.

Budget

The Department of Juvenile Justice does not receive designated appropriations to pay for inpatient medical costs. This money typically comes from contracted services dollars.

Demographics:

For state fiscal year 2009-2010, DJJ Detention services had a total budget of $133.4 million, and had a total of 42,069 admissions. (Note, these are admission to DJJ facilities, NOT hospital inpatient admissions)

Detention is the custody status for youth who are held pursuant to a court order, or following arrest for a violation of the law. In Florida, a youth may be detained only when specific statutory criteria, outlined in section 985.215, Florida Statutes, are met. Criteria for detention include current offenses, prior history, legal status, and any aggravating or mitigating factors.

In FY2009-10, DJJ operated 25 juvenile detention centers in 24 counties with a total of 2,007 beds. The Department employs 1,791 Juvenile Justice Detention Officers. In addition to meeting the basic needs of the youth in custody, each detention center delivers programming that affords youth the opportunity to begin to develop beneficial social life skills. Local citizens, members of the faith-based community, and stakeholders volunteer to support the delivery of the programming. Local school districts provide educational services to approximately 1,247 students in juvenile detention center educational programs daily.

The Department's Office of Health Services facilitates the provision of quality and timely medical, mental health, substance abuse, and developmental disability services in each detention center. The vast majority of health care services provided in DJJ facilities and programs are procured through contracted providers. Many of the youth who enter the Department have pre-existent chronic medical conditions such as diabetes, hypertension, hemophilia, sickle cell disease, renal failure, etc., and serious dental disease, as well. Some have not accessed medical care prior to entering the Department's facilities and new diseases are discovered while they are in custody. Other youth have new injuries, illnesses, and emergencies that arise. Nonetheless, the Department is responsible for ensuring that these youth receive the same degree of care that they would, had they been out in the community.

Youth under age 18 arrested by law enforcement are evaluated immediately by the Florida Department of Juvenile Justice to determine if they should be detained under lock and key to protect the public. Detention screening is performed at Juvenile Assessment Centers or by juvenile probation staff using a standardized Detention Risk Assessment Instrument.

Juvenile detention in Florida is a short-term temporary program. Juvenile offenders who require long-term sanctions and rehabilitation are placed into non-residential or residential correctional programs.

Two types of detention are available: Secure Detention and Home Detention

Youths placed in Secure Detention have been assessed as risks to public safety and must remain in a physically secure detention center while awaiting court proceedings. They appear before the court within 24 hours of placement, at which time the juvenile judge decides whether there is a need for continued detention. Generally there is a 21-day limit to Secure Detention, but those charged with serious offenses can be held up to 30 days. Serious juvenile offenders also can be held in secure detention while awaiting placement in a residential corrections facility.

Youths on home detention status are released to their parent(s) /guardian(s). Both youth and parents sign a Home Detention agreement. This agreement stipulates the conditions of home detention which the youth is to follow, i.e., mandatory school attendance and curfew.

The Department operates 25 juvenile detention centers in 24 counties with a total of 2,007 beds. The detention centers provide custody, supervision, education and mental health/substance abuse services to juveniles statewide. Juvenile Detention Officers receive specialized training and certification.

Youths arrested for minor crimes that are not considered a risk to public safety may be released into the custody of their parents or guardian.

Secure Residential Commitment

For state fiscal year 2009-2010, DJJ Secure Residential Commitment services had a budget of $105,110,934 million / 2261youth served

Delinquent youth in Florida can be ordered by the court to serve time in a juvenile residential or detention facility depending on the severity of their crime and their behavior. In residential programs they receive educational and vocational services and complete an individually designed treatment plan, based on their rehabilitative needs. The Department either contracts for or directly operates more than 27 secure residential programs with a total of approximately 1155 beds. The Department provides mental health, substance abuse, and sex offender treatment to committed youth who have been identified as in need of these specialized services.

Residential programs offer educational services through local school districts. In addition, all residential programs/facilities provide quality and timely medical, mental health, substance abuse and developmental disability services.

The mission of Residential Services is to provide a safe treatment environment for youth who have been committed to the Department. Each program delivers delinquency intervention services designed to increase youths' likelihood of becoming productive members of their communities upon release. Residential programs target youths' academic, medical, and individualized treatment needs, and encourage family involvement in this process.

Medicaid Payments for Incarcerated Medicaid Eligible Inmates: An Update

Demographics:

Commitment/ Gender	
Male	Female
2,040	221

Detention/ Gender	
Male	Female
19,630	5,378

Commitment/ Age	
Age 8-11	1
Age 12-14	204
Age 15017	1,767
Age 18+	289
Total	2261

Detention/ Age	
Age 8-11	210
Age 12-14	4,667
Age 15-17	18,273
Age 18+	1,858
Total	25,008

Current Expenditures

FY2009-10. This data does not include any associated costs, only the actual inpatient hospital stay. This data represents only acute inpatient hospital services provided outside of a DJJ facility, as provided by DJJ.

Commitment	FY 09/10	Detention	FY 09/10
DJJ	$ 176,417.78		$47,907
Provider	$ 217,341.77		
Totals	$ 393,759.55		

Potential Eligibles

Since the DJJ population is all under the age of 19, it can be assumed that a majority would be eligible for Medicaid coverage of hospital inpatient services under the proposed policy (if all other criteria, such as citizenship, were met).

Potential Savings

If Medicaid eligibility was confirmed for all DJJ detention and commitment inpatient hospital recipients AND all services provided met Medicaid hospital inpatient coverage requirements, $185,300 of the total costs would be reimbursed by the federal government. However, we have no information at this time which verifies eligibility for any distinct portion of this population, and therefore, we should assume a range of potential savings estimating eligibility can be determined for between 50% and 100% of this population.

Department of Juvenile Justice: Potential Savings Range from $85,300 - $92,650	
	Youth Under 19 Yrs
Current DJJ Expenditures	$441,666 (SFY 2009-2010)
Projected Medicaid Expenditures (100% Eligibility)	$331,249
Projected Federal Share (Savings) (100% Eligibility)	*$185,300*
Projected Medicaid Expenditures (75% Eligibility)	$248,436
Projected Federal Share (Savings) (75% Eligibility)	*$138,975*
Projected Medicaid Expenditures (50% Eligibility)	$165,624
Projected Federal Share (Savings) (50% Eligibility)	*$92,650*
Note: For the purposes of this analysis, it was presumed that Medicaid reimbursement for Inpatient Hospital services would be no more than 75% of current DJJ reimbursement for these services.	

Florida Department of Children and Families: Florida State Mental Hospitals

Overview:

Florida state mental health treatment facilities serve people with severe and persistent mental illness who have been committed to a state mental health treatment facility pursuant to Chapter 394, Florida Statutes, or Chapter 916, Florida Statutes.

Criteria for placement under Chapter 394 (Baker Act) includes (1) that due to a major mental illness, the person is either a danger to themselves or others or likely to suffer from neglect or refuse to care for themselves and (2) less restrictive placement in the community is not available and (3) must be 18 years of age or older.

Criteria for placement under Chapter 916 (forensic) includes (1) persons charged with a felony an either Incompetent to Proceed or Not Guilty by Reason of Insanity (2) persons who are mentally ill and because of the mental illness are incapable of surviving alone or with the willing help of others; likely to suffer from neglect, or refuse to care for themselves and likely to inflict serious bodily harm to self and others (3) less restrictive alternative are judged inappropriate and (4) must be 18 years of age or older or a juvenile adjudicated as an adult.

Demographics

According to data contained in a presentation posted by DCF dated August 5, 2010 and titled "Overview of Mental Health Treatment Facilities", total capacity in these facilities is 3,418 (2,238 civil and 1,180 forensic.)

Current Expenditures

The following data is for the number of residents in the state mental health treatment facilities who received acute inpatient medical care (in a hospital outside of the state mental health treatment facility) during fiscal year 2009-2010. This includes both civil and forensic state-operated and contracted facilities. They are Florida State Hospital, Northeast Florida State Hospital, North Florida Evaluation and Treatment Center, Treasure Coast Forensic Treatment Center, South Florida State Hospital, and South Florida Evaluation and Treatment Center. Please note that the information provided includes people who may be eligible for Medicaid and others who may not be eligible. The expenditures do not include costs covered by Medicaid.

Total Number of Residents Receiving Acute Inpatient Medical Care: 239
Total Expenditures for this Care: $1,677,258

Potential Eligibles

It is likely that a majority of residents identified above and residing in the state mental health treatment facilities could be determined eligible for Medicaid coverage of hospital inpatient services under the proposed policy (if all other criteria, such as citizenship, were met) based on disability.

Potential Savings

If Medicaid eligibility was confirmed for all indentified state mental health treatment facility residents AND all services provided met Medicaid hospital inpatient coverage requirements, between $703,693 of the total costs would be reimbursed by the federal government. However, we have no information at this time which verifies eligibility for any distinct portion of this population, and therefore, we should assume a range of potential savings estimating eligibility is determined for between 50% and 100% of this population.

Department of Children and Families (State Mental Health Treatment Facility Residents): Potential Savings Range from $351,846 - 703,696

	Youth Under 19 Yrs
Current DCF Expenditures	$1,677,258 (FY 2009-2010)
Projected Medicaid Expenditures (100% Eligibility)	$1,257,943
Projected Federal Share (Savings) (100% Eligibility)	*$703,693*
Projected Medicaid Expenditures (75% Eligibility)	$943,457
Projected Federal Share (Savings) (75% Eligibility)	*$526,826*
Projected Medicaid Expenditures (50% Eligibility)	$628,971
Projected Federal Share (Savings) (50% Eligibility)	*$351,846*

Note: For the purposes of this analysis, it was presumed that Medicaid reimbursement for Inpatient Hospital services would be no more than 75% of current DCF reimbursement for these services.

Medicaid Payments for Incarcerated Medicaid Eligible Inmates: An Update

Table 1:

In order to be eligible for Medicaid, an adult must be either:
Aged,
Disabled,
Parent or caretaker relative of a minor child (under age 18), or
Pregnant.
Note: Medicare eligibles are not addressed in this overview.

Medicaid eligibility groups for Adults:

Eligibility Category*	**Individuals covered**	**Services received for individuals covered prior to incarceration**	**What could happen at incarceration**	**What could occur if individual not Medicaid elig when incarcerated**
SSI (Supplemental Security Income)	Aged and/or Disabled Recipients receiving SSI payments from Social Security Administration are automatically provided FL Medicaid.	Full Medicaid services	Upon incarceration, individual would lose SSI coverage and therefore automatically lose Medicaid coverage; Medicaid eligibility obtained through SSI coverage cannot be retained/suspended during incarceration per CMS. In order to have any Medicaid eligibility, DCF would be required to review the individual's case to determine if any other Medicaid coverage was available for the individual. If the individual did not have Medicare, he/she could potentially be eligible under the New Meds A/D waiver. If the individual did have Medicare, then he/she could potentially become QMB eligible and enrolled in the Medically	No SSI coverage would be available to an incarcerated individual.

			Needy program with $0 share of cost.	
New Meds A/D Waiver	Aged and/or Disabled recipients without Medicare coverage (or with Medicare coverage in a nursing home) whose income is below 88% FPL and assets are below $5000 for an individual.	Full Medicaid Services	Continue MMS eligibility if person is MM S at point of incarceration?	DCF would need to receive an application and do an eligibility determination for the individual
Pregnant Women	Pregnant women with incomes less than 185% FPL	Full Medicaid Services	Eligibility could remain open for the normal time limit for the woman when incarcerated since the woman's eligibility criteria would not change (i.e., remain pregnant)..	DCF would need to receive an application and do an eligibility determination for the individual

Eligibility Category*	**Individuals covered**	**Services received for individuals covered prior to incarceration**	**What could happen at incarceration**	**What could occur if individual not Medicaid elig when incarcerated**
Low Income Families – Adult	Parents or caretaker relatives of minor children (up to age 18) with incomes less than approx 22% of FPL and assets below certain amount depending upon family size.	Full Medicaid	Once incarcerated, the individual could no longer be considered the caregiver of a minor child since they would no longer be in the household and would lose eligibility.	This category would not be available to incarcerated adults since they would not be in the household or caretaker of minor children.

*Institutional Care Program (nursing home level of care), Home and Community Based Waivers program, and Breast and Cervical Cancer treatment categories not addressed in this table.

Medicaid eligibility groups for children:

Eligibility Category**	**Individuals covered**	**Services received for individuals covered prior to incarceration**	**What could happen at incarceration**	**What could occur if individual not Medicaid elig when incarcerated**
Low Income Families – Children (MMC)	Children age 1-5, 133% FPL Age 6-19, 100% FPL (no asset test)	Full benefits	Coverage could remain open (suspended) during incarceration.	DCF would need to receive an application and do an eligibility determination for the individual DCF currently does not consider inmates of institutions to be "temporarily absent" from the home; this means the income of the parent(s) would not be counted in determining the child's eligibility.

**Eligibility categories for children age 5 and under not addressed in this table.