<table>
<thead>
<tr>
<th>TAB</th>
<th>BILL NO. and INTRODUCER</th>
<th>BILL DESCRIPTION and SENATE COMMITTEE ACTIONS</th>
<th>COMMITTEE ACTION</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Status Report on Children's Medical Services and the Early Steps Program</td>
<td></td>
<td>Presented</td>
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<tr>
<td>2</td>
<td>Update on Low-Income Pool</td>
<td></td>
<td>Presented</td>
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</table>

Other Related Meeting Documents
Children’s Medical Services

Florida Senate
Appropriations Subcommittee on Health and Human Services
October 7, 2015
Protect, promote and improve the health of all people in Florida, especially children with special health care needs and their families.
EARLY STEPS

(IDEA, PART C)
Early Steps: Overview

- Age Eligibility – Birth to age 36 months
- Financial Eligibility – No limits
- Clinical Eligibility – Developmental delay or a condition likely to result in developmental delay
- Purpose – Early Steps provides services to families to enhance their child’s development
Children Referred to Early Steps

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>FY 2012-13</td>
<td>42,000</td>
</tr>
<tr>
<td>FY 2013-14</td>
<td>44,000</td>
</tr>
<tr>
<td>FY 2014-15</td>
<td>48,000</td>
</tr>
</tbody>
</table>
Children with an IFSP

- FY 2012-13: 24,000
- FY 2013-14: 25,500
- FY 2014-15: 27,000
Early Steps: FY 15/16 Appropriation

FY 2015-2016 – Total Budget $67,831,374

- Federal Grant Award: $22,599,955
- General Revenue: $45,231,419
Early Steps: FY 15/16 Budget

- Local Early Steps Contracts (LES) $ 59,398,967
- DOH Personnel $ 479,372
- Medicaid State Match $ 4,923,916
- Data Management $ 858,565
- Expenses $ 80,554
- DOE Position $ 90,000
- Non-recurring $ 2,000,000

Total $ 67,831,374
Early Steps: 7 Month Progress

- Discontinued use of Third Party Administrator (TPA)
- Executed contracts with LES providers
- Budget controls and enhanced contract management in place
- Collaboration with LES providers
Early Steps: Future Priorities

- Competitively procure LES provider agreements
- Data system enhancements to measure outcomes
- FICCIT Leadership
- Continuing collaboration with LES providers to improve care
CMS Managed Care Plan

(TITLES XIX AND XXI)
CMS Plan: Overview

- Age Eligibility
  - Medicaid – birth up to age 21
  - KidCare – birth through age 18

- Financial Eligibility
  - Medicaid – under age 1, 200% FPL; 1 through 18, 133% FPL; 19 through 20, 19% FPL
  - KidCare -- 133 to 200% of FPL

- Clinical Eligibility
  - Have chronic and serious physical, developmental, behavioral, or emotional conditions
  - Require health care and related services of a type or amount beyond that which is generally required by children
CMS Plan: Medicaid Enrollment

Member Count

MMA Plan

Direct Services Network

Member Count

- Sep-13: 54,155
- Oct-13: 57,864
- Nov-13: 54,882
- Dec-13: 61,677
- Jan-14: 63,000
- Feb-14: 64,089
- Mar-14: 60,010
- Apr-14: 55,506
- May-14: 20,000
- Jun-14: 30,000
- Jul-14: 40,000
- Aug-14: 50,000
- Sep-14: 60,000
- Oct-14: 70,000
- Nov-14: 80,000
- Dec-14: 54,155
- Jan-15: 57,864
- Feb-15: 54,882
- Mar-15: 61,677
- Apr-15: 63,000
- May-15: 64,089
- Jun-15: 60,010
- Jul-15: 55,506
- Aug-15: 20,000
- Sep-15: 30,000
FY 2015-2016 - Total Budget $825,485,098

- Family Premiums: $1,522,218
- Federal Funding: $524,684,091
- State Funds: $299,278,789
CMS Plan: 7 Month Progress

- Accreditation
- Independent analysis of administrative Per Member Per Month (PMPM)
- Independent analysis of TPA PMPM
- Technical Advisory Panel
- Primary Care Agreements
- Administrative Efficiencies
- Clinical eligibility determinations
• New screening tool deployed May 4, 2015
• Rule challenge filed June 25, 2015
• Final Order issued September 22, 2015
  ○ Clinical eligibility by Department ceased
  ○ Clinical eligibility required for enrollment
• Current status
  ○ 100% of Medicaid enrollees processed
  ○ 52% of KidCare enrollees processed
CMS Plan: Future Priorities

- Rulemaking for clinical eligibility
- Continued administrative efficiencies
- Transparency with budget
- Continued review of legacy systems and practices
June 23, 2015

Justin Senior
State of Florida, Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 8
Tallahassee, FL 32308

Dear Mr. Senior:

I am writing to memorialize our discussions to date on Florida’s request to extend the authorities for the Low Income Pool (LIP) component of the state’s Managed Medical Assistance section 1115 demonstration (11-W-00206/4). As a result of these discussions, we have agreed in principle to an approach to the duration (two years) and size of the LIP as well as the methods for distributing LIP funding that are consistent with the principles articulated in our April 14, 2015, and May 21, 2015, letters. These principles specifically establish that 1) uncompensated care pool funding should not pay for costs that would be covered in a Medicaid expansion, 2) Medicaid payments should support services provided to Medicaid beneficiaries and low-income uninsured individuals, and 3) provider payment should promote provider participation and access, and should support plans in managing and coordinating care.

Specifically, CMS and Florida have agreed in principle on the terms below:

- The LIP will be authorized for Demonstration Year 10 (DY 10, July 1, 2015, through June 30, 2016), subject to a total spending limit of $1 billion for the combined federal and state shares of expenditures. This funding will be distributed as described in the Florida House Health Care Appropriations and Florida Senate Health and Human Services Appropriations conference document (dated Monday, June 16, 2015). This funding level and distribution methodology are consistent with our May 21, 2015, letter, which said we were preliminarily prepared to authorize a $1 billion (federal and state) LIP for Demonstration Year 10 and that the state could, as a transitional measure, use distribution methodologies similar to current methodologies to support our shared goal of maintaining stability of providers during this transition. The distribution methodology for Year 10 is largely similar to the method formally proposed by the state on May 26, 2015 but with a total pool size of $1 billion.

- The LIP will also be authorized in DY 11 (July 1, 2016 through June 30, 2017), the final year of the current demonstration. Total LIP funding in DY 11 shall be subject to a total

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1 Available at http://flsenate.gov/PublishedContent/Session/2015A/Appropriations/Documents/Medicaid_Conference_Report.pdf
spending limit of $608 million for the combined federal and state shares of expenditures. For DY 11, LIP funding will not be distributed in the same manner as in DY 10, but will instead be distributed based on the volume of provider uncompensated care and the principles set out in CMS’s May 21, 2015 letter, in accordance with a CMS-approved 2016 LIP Reimbursement and Funding Methodology Document (RFMD). Prior to October 31, 2015, Florida will submit a 2016 LIP RFMD to CMS for approval, and CMS will work with Florida towards approval by December 31, 2015. Florida may not claim federal financial participation for LIP payments in DY 11 until after a revised RFMD is approved by CMS.

In our May 21 letter we noted that Florida has options under state plan authority to increase payment rates and obtain additional federal matching dollars, which could increase access to care and promote provider participation. We understand that the state budget, passed by the Legislature on June 19, includes a plan to increase hospital payment rates by approximately $200 million (federal and state) which would be effectuated through a state plan amendment outside of the 1115 demonstration. It is our further understanding that the Appropriations Committee conference document referenced above provides approximately $400 million in general revenue for the state share of this rate increase (and to support other customary adjustments to hospital payment rates), and that the increased rates are expected to affect both fee for service and managed care payments.

Subject to comments CMS receives during the federal comment period (which will conclude on June 27, 2015), CMS looks forward to drafting special terms and conditions that reflect the elements described above and to reaching final agreement. We believe a temporary extension of the LIP to allow time to finalize the special terms and conditions may be necessary, and you may request such an extension. Any amounts made available to Florida under a temporary extension of the previous LIP demonstration after July 1, 2015, will be deducted from the $1 billion spending limit for Demonstration Year 10.

We look forward to working with you further on these topics as part of our effort to reach a final agreement on the demonstration amendment to extend LIP.

Sincerely,

/s/

Vikki Wachino
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
October 1, 2015

The Honorable Rene Garcia, Chair
Senate Committee Health & Human Services Appropriations
Room 201, The Capitol
404 S. Monroe Street
Tallahassee, Florida 32399-1100

Dear Chair Garcia:

I respectfully request permission to be excused from our committee meeting on October 7, 2015. I have a previous commitment in my district to attend.

Sincerely,

Denise Grimsley
Senator, District 21

cc: Scarlet Pigott, Staff Director

DG/mm
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date: 10/07/15

Bill Number (if applicable)

Topic: CHILDREN'S MEDICAL SERVICES

Name: JENNIFER TSCHE TTER

Job Title: CHIEF OPERATING OFFICER, DOH

Address: 1052 TECOAN AVENUE

Phone: 215-3343

Street

Email: JENNIFER.TSCHEETER

City: TCH

State: FL

Zip: 123499

Representing: DEPARTMENT OF HEALTH

Speaking: [ ] For [ ] Against [✓] Information

Waive Speaking: [ ] In Support [ ] Against
(The Chair will read this information into the record.)

Appearing at request of Chair: [✓] Yes [ ] No

Lobbyist registered with Legislature: [✓] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date 10/17/15

Bill Number (if applicable)

Topic LIP Update

Name Justin Senior

Job Title Medicaid Director

Address 2727 Macon Drive
          Tallahassee, FL 32303

Phone 850-412-3636

Email

Address 2727 Macon Drive

City Tallahassee

State FL

Zip 32303

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Administration

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date: 10/12/18

Bill Number (if applicable): 

Amendment Barcode (if applicable): 

Topic: Grant Program

Name: Molly Melinstry

Job Title: Deputy Secretary of Health Quality Assurance

Address: 3227 Mahan Drive

Phone: 850-412-3626

City: Tallahassee

State: FL

Zip: 32303

Email: 

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against

(The Chair will read this information into the record.)

Representing: Agency for Health Care Administration

Appearing at request of Chair: [ ] Yes [ ] No

Lobbyist registered with Legislature: [ ] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)
THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date 01/7/15

Bill Number (if applicable)

Topic CMS

Name LOUIS ST. PETERY

Job Title PENACOIN

Address 1152 LEE AVENUE

Phone 850-294-4309

Email LSPETERY@GMAIL.COM

Street TALLAHASSEE

City State FL

Zip 32302

Speaking: [ ] For [ ] Against [X] Information

Waive Speaking: [ ] In Support [ ] Against

(The Chair will read this information into the record.)

Representing [X] Self

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [ ] Yes [X] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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CourtSmart Tag Report

Room: SB 401                     Case:                           Type:
Caption: Appropriations Subcommittee on Health and Human Services  Judge:

Started: 10/7/2015 10:03:10 AM   Ends: 10/7/2015 11:15:41 AM   Length: 01:12:32

10:03:09 AM Meeting called to order
10:04:57 AM Roll Call
10:05:18 AM Opening Remarks - Chair Garcia
10:06:04 AM Tab 1 - Status Report on Children's Medical Services and the Early Steps Program
10:06:24 AM Jennifer Tschetter, Chief Operating Officer, Department of Health
10:49:47 AM Tab 2 - Update on Low-Income Pool
10:50:05 AM Justin Senior, Deputy Secretary for Medicaid, Agency for Health Care Administration
11:06:50 AM Molly McKinstry, Deputy Secretary for Health Quality Assurance, Agency for Health Care Administration
11:11:14 AM Public Testimony
11:11:26 AM Louis St. Petery, Pediatrician
11:13:15 AM Closing Remarks - Chair Garcia
11:14:31 AM Adjourned