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A bill to be entitled

2 An act relating to long-term care coverage; amending s. 409.905, F.S.; revising conditions for eligibility for 3 4 nursing and rehabilitative services; repealing s. 409.905(8), F.S., as amended, to delete a conflicting 5 provision relating to eligibility for nursing and 6 rehabilitative services that was contingent upon amendment 7 to the Social Security Act; reenacting and amending s. 8 9 409.9102, F.S.; directing the Agency for Health Care 10 Administration to amend the Medicaid state plan that established the Florida Long-term Care Partnership Program 11 for purposes of compliance with provisions of the Social 12 Security Act; revising conditions for qualification for 13 coverage; requiring consultation with the Department of 14 Children and Family Services; amending s. 4, ch. 2005-252, 15 Laws of Florida, to delete a contingency in an effective 16 17 date; providing an effective date. 18 19 Be It Enacted by the Legislature of the State of Florida: 20 Section 1. Subsection (8) of section 409.905, Florida 21 22 Statutes, is amended to read: Mandatory Medicaid services. -- The agency may make 23 409.905

payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically

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29 necessary and in accordance with state and federal law. 30 Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in 31 32 this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, 33 number of visits, number of services, or any other adjustments 34 35 necessary to comply with the availability of moneys and any limitations or directions provided for in the General 36 37 Appropriations Act or chapter 216.

38 (8) NURSING FACILITY SERVICES. -- The agency shall pay for 39 24-hour-a-day nursing and rehabilitative services for a recipient in a nursing facility licensed under part II of 40 chapter 400 or in a rural hospital, as defined in s. 395.602, or 41 in a Medicare certified skilled nursing facility operated by a 42 hospital, as defined by s. 395.002(11), that is licensed under 43 part I of chapter 395, and in accordance with provisions set 44 45 forth in s. 409.908(2)(a), which services are ordered by and 46 provided under the direction of a licensed physician. However, 47 if a nursing facility has been destroyed or otherwise made uninhabitable by natural disaster or other emergency and another 48 nursing facility is not available, the agency must pay for 49 similar services temporarily in a hospital licensed under part I 50 of chapter 395 provided federal funding is approved and 51 52 available. The agency shall pay only for bed-hold days if the 53 facility has an occupancy rate of 95 percent or greater. The agency is authorized to seek any federal waivers to implement 54 55 this policy. When determining eligibility for nursing and rehabilitative services, if the individual is a beneficiary of a 56

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57 Florida long-term care partnership program policy and has 58 exhausted the benefits of the policy, the total countable assets 59 of the individual shall be reduced by an amount equal to the 60 insurance benefit payments that are made to or on behalf of the 61 individual.

Section 2. Subsection (8) of section 409.905, Florida
Statutes, as amended by chapter 2005-252, Laws of Florida, is
repealed:

65 409.905 Mandatory Medicaid services.--The agency may make 66 payments for the following services, which are required of the 67 state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be 68 eligible on the dates on which the services were provided. Any 69 70 service under this section shall be provided only when medically 71 necessary and in accordance with state and federal law. 72 Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in 73 74 this section shall be construed to prevent or limit the agency 75 from adjusting fees, reimbursement rates, lengths of stay, 76 number of visits, number of services, or any other adjustments 77 necessary to comply with the availability of moneys and any limitations or directions provided for in the General 78 79 Appropriations Act or chapter 216.

80 (8) NURSING FACILITY SERVICES. The agency shall pay for
 81 24 hour a day nursing and rehabilitative services for a
 82 recipient in a nursing facility licensed under part II of

83 chapter 400 or in a rural hospital, as defined in s. 395.602, or

84 in a Medicare certified skilled nursing facility operated by a

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hospital, as defined by s. 395.002(11), that is licensed under part I of chapter 395, and in accordance with provisions set forth in s. 409.908(2)(a), which services are ordered by and provided under the direction of a licensed physician. However, if a nursing facility has been destroyed or otherwise made uninhabitable by natural disaster or other emergency and another nursing facility is not available, the agency must pay for similar services temporarily in a hospital licensed under part I of chapter 395 provided federal funding is approved and available. The agency shall pay only for bed-hold days if the facility has an occupancy rate of 95 percent or greater. When determining eligibility for nursing and rehabilitative services, if the individual is a beneficiary of an approved long-term care partnership program policy and has exhausted the benefits of the policy, the total countable assets of the individual shall be reduced by \$1 for each \$1 of benefits paid out under the individual's approved long term care partnership program policy. The agency is authorized to seek any federal waivers to implement this policy. Section 3. Section 409.9102, Florida Statutes, as created

Section 3. Section 409.9102, Florida Statutes, as created by chapter 2005-252, Laws of Florida, is reenacted and amended to read:

409.9102 Florida Long-term Care Partnership Program.--The
 Agency for Health Care Administration is directed to <u>amend the</u>
 Medicaid state plan establishing establish the Florida Long-term
 Care Partnership Program, <u>in compliance with the requirements of</u>
 <u>s. 1921(b) of the Social Security Act, as amended,</u> which shall:

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(1) Provide incentives for an individual to obtaininsurance to cover the costs of long-term care.

(2) Establish standards for long-term care insurance policies for designation as approved long-term care partnership program policies in consultation with the Office of Insurance Regulation.

Provide a mechanism to qualify for coverage of the 118 (3) costs of long-term care needs under Medicaid without first being 119 120 required to substantially exhaust his or her resources, 121 including a provision for the disregard of any assets or 122 resources in an amount equal to the insurance benefit payments that are made to or on behalf of an individual who is a 123 124 beneficiary under a Florida long-term care partnership program 125 policy reduction of the individual's asset valuation by \$1 for 126 each \$1 of benefits paid out under the individual's approved 127 long term care partnership program policy as a determination of 128 Medicaid eligibility, in consultation with the Department of 129 Children and Family Services.

(4) Provide and approve long-term care partnership plan
information distributed to individuals through insurance
companies offering approved partnership policies.

(5) Alleviate the financial burden on the state's medical
assistance program by encouraging the pursuit of private
initiatives.

136 Section 4. Section 4 of chapter 2005-252, Laws of Florida,137 is amended to read:

Section 4. This act shall take effect upon becoming a law,
 except that the amendments to section 409.905, Florida Statutes,

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- 141 provided in this act shall take effect contingent upon amendment
- 142 to section 1917(b)(1)(c) of the Social Security Act by the
- 143 United States Congress to delete the "May 14, 1993," deadline
- 144 for approval by states of long-term care partnership plans.
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Section 5. This act shall take effect July 1, 2006.

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