Bill No. <u>CS for SB 1124</u>

	CHAMBER ACTION <u>Senate</u> <u>House</u>							
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11	The Conference Committee on CS for SB 1124 recommended the							
12	following amendment:							
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14	Conference Committee Amendment (with title amendment)							
15	Delete everything after the enacting clause							
16								
17	and insert:							
18	Section 1. Section 393.0661, Florida Statutes, is							
19	amended to read:							
20	393.0661 Home and community-based services delivery							
21	system; comprehensive redesignThe Legislature finds that							
22	the home and community-based services delivery system for							
23	persons with developmental disabilities and the availability							
24	of appropriated funds are two of the critical elements in							
25	making services available. Therefore, it is the intent of the							
26	Legislature that the Agency for Persons with Disabilities							
27	shall develop and implement a comprehensive redesign of the							
28	system.							
29	(1) The redesign of the home and community-based							
30	services system shall include, at a minimum, all actions							
31	necessary to achieve an appropriate rate structure, client							
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1 choice within a specified service package, appropriate
2 assessment strategies, an efficient billing process that
3 contains reconciliation and monitoring components, a redefined
4 role for support coordinators that avoids potential conflicts
5 of interest, and ensures that family/client budgets are linked
6 to levels of need.

7 (a) The agency shall use an assessment instrument that
8 is reliable and valid. The agency may contract with an
9 external vendor or may use support coordinators to complete
10 client assessments if it develops sufficient safeguards and
11 training to ensure ongoing inter-rater reliability.

(b) The agency, with the concurrence of the Agency for
Health Care Administration, may contract for the determination
of medical necessity and establishment of individual budgets.

15 (2) A provider of services rendered to persons with developmental disabilities pursuant to a federally approved 16 waiver shall be reimbursed according to a rate methodology 17 based upon an analysis of the expenditure history and 18 19 prospective costs of providers participating in the waiver 20 program, or under any other methodology developed by the 21 Agency for Health Care Administration, in consultation with 22 the Agency for Persons with Disabilities, and approved by the Federal Government in accordance with the waiver. 23

2.4 (3) The Agency for Health Care Administration, in consultation with the agency, shall seek federal approval and 25 implement a four-tiered waiver system to serve clients with 26 developmental disabilities in the developmental disabilities 27 and family and supported living waivers. The agency shall 28 29 assign all clients receiving services through the 30 developmental disabilities waiver to a tier based on a valid 31 assessment instrument, client characteristics, and other 2

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1	appropriate assessment methods. All services covered under the					
2	current developmental disabilities waiver shall be available					
3	to all clients in all tiers where appropriate, except as					
4	otherwise provided in this subsection or in the General					
5	Appropriations Act.					
б	(a) Tier one shall be limited to clients who have					
7	service needs that cannot be met in Tier two, three, or four					
8	for intensive medical or adaptive needs and that are essential					
9	for avoiding institutionalization, or who possess behavioral					
10	problems that are exceptional in intensity, duration, or					
11	frequency and present a substantial risk of harm to themselves					
12	or others.					
13	(b) Tier two shall be limited to clients whose service					
14	needs include a licensed residential facility and greater than					
15	5 hours per day in residential habilitation services or					
16	clients in supported living who receive greater than 6 hours a					
17	day of in-home support services. Total annual expenditures					
18	under tier two may not exceed \$55,000 per client each year.					
19	(c) Tier three shall include, but is not limited to,					
20	clients requiring residential placements, clients in					
21	independent or supported living situations, and clients who					
22	live in their family home. Total annual expenditures under					
23	tier three may not exceed \$35,000 per client each year.					
24	(d) Tier four is the family and supported living					
25	waiver. Tier four shall include, but is not limited to,					
26	clients in independent or supported living situations and					
27	clients who live in their family home. An increase to the					
28	number of services available to clients in this tier shall not					
29	take effect prior to July 1, 2008. Total annual expenditures					
30	under tier four may not exceed \$14,792 per client each year.					
31	(e) The Agency for Health Care Administration shall					
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1	also soch fodowal annuanal to muchida a sonsumen divertad						
1	also seek federal approval to provide a consumer-directed						
2	option for persons with developmental disabilities which						
3	corresponds to the funding levels in each of the waiver tiers.						
4	The agency shall implement the four-tiered waiver system						
5	beginning with tiers one, three, and four and followed by tier						
б	two. The agency and the Agency for Health Care Administration						
7	may adopt any rules necessary to administer this subsection.						
8	(f) The agency shall seek federal waivers and amend						
9	contracts as necessary to make changes to services defined in						
10	federal waiver programs administered by the agency as follows:						
11	1. Supported living coaching services shall not exceed						
12	20 hours per month for persons who also receive in-home						
13	support services.						
14	2. Limited support coordination services shall be the						
15	only type of support coordination service provided to persons						
16	under the age of 18 who live in the family home.						
17	3. Personal care assistance services shall be limited						
18	to no more than 180 hours per calendar month and shall not						
19	include rate modifiers. Additional hours may be authorized						
20	only if a substantial change in circumstances occurs for the						
21	individual.						
22	4. Residential habilitation services shall be limited						
23	to 8 hours per day. Additional hours may be authorized for						
24	persons who have intensive medical or adaptive needs and if						
25	such hours are essential for avoiding institutionalization, or						
26	for persons who possess behavioral problems that are						
27	exceptional in intensity, duration, or frequency and present a						
28	substantial risk of harming themselves or others. This						
29	restriction shall be in effect until the four-tiered waiver						
30	system is fully implemented.						
31	5. Chore, nonresidential support services and						
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1 homemaker services shall be eliminated. The agency shall expand the definition of in-home support services to enable 2 the provider of the service to include activities previously 3 4 provided in these eliminated services. 6. Massage therapy and psychological assessment 5 б services shall be eliminated. 7 7. The agency shall conduct supplemental cost plan reviews to verify the medical necessity of authorized services 8 for plans that have increased by more than 8 percent during 9 10 either of the two preceding fiscal years. 11 8. The agency shall implement a consolidated residential habilitation rate structure to increase savings to 12 13 the state through a more cost-effective payment method and establish uniform rates for intensive behavioral residential 14 habilitation services. 15 9. Pending federal approval, the agency is authorized 16 to extend current support plans for clients receiving services 17 under Medicaid waivers for 1 year beginning July 1, 2007, or 18 from the date approved, whichever is later. Clients who have a 19 20 substantial change in circumstances which threatens their 21 health and safety may be reassessed during this year in order 22 to determine the necessity for a change in their support plan. 23 (3) Pending the adoption of rate methodologies 2.4 pursuant to nonemergency rulemaking under s. 120.54, the Agency for Health Care Administration may, at any time, adopt 25 emergency rules under s. 120.54(4) in order to comply with 2.6 subsection (4). In adopting such emergency rules, the agency 27 28 need not make the findings required by s. 120.54(4)(a), and 29 such rules shall be exempt from time limitations provided in s. 120.54(4)(c) and shall remain in effect until replaced by 30 31 another emergency rule or the nonemergency adoption of the 5 10:20 PM 04/29/07 c1124c1d-05

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1 rate methodology.

(4) Nothing in this section or in any administrative 2 rule shall be construed to prevent or limit the Agency for 3 4 Health Care Administration, in consultation with the Agency for Persons with Disabilities, from adjusting fees, 5 reimbursement rates, lengths of stay, number of visits, or 6 7 number of services, or from limiting enrollment, or making any other adjustment necessary to comply with the availability of 8 moneys and any limitations or directions provided for in the 9 10 General Appropriations Act.

11 (5) The Agency for Persons with Disabilities shall submit quarterly status reports to the Executive Office of the 12 13 Governor, the chair of the Senate Ways and Means Committee or its successor, and the chair of the House Fiscal Council or 14 15 its successor regarding the financial status of home and 16 community-based services, including the number of enrolled individuals who are receiving services through one or more 17 programs; the number of individuals who have requested 18 19 services who are not enrolled but who are receiving services through one or more programs, with a description indicating 20 21 the programs from which the individual is receiving services; 22 the number of individuals who have refused an offer of services but who choose to remain on the list of individuals 23 24 waiting for services; the number of individuals who have requested services but who are receiving no services; a 25 frequency distribution indicating the length of time 26 individuals have been waiting for services; and information 27 concerning the actual and projected costs compared to the 28 29 amount of the appropriation available to the program and any projected surpluses or deficits. If at any time an analysis by 30 the agency, in consultation with the Agency for Health Care 31 10:20 PM 04/29/07 c1124c1d-05

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1	Administration, indicates that the cost of services is					
2	expected to exceed the amount appropriated, the agency shall					
3	submit a plan in accordance with subsection (4) to the					
4	Executive Office of the Governor, the chair of Senate Ways and					
5	Means Committee or its successor, and the chair of the House					
6	Fiscal Council or its successor to remain within the amount					
7	appropriated. The agency shall work with the Agency for Health					
8	Care Administration to implement the plan so as to remain					
9	within the appropriation.					
10	Section 2. This act shall take effect July 1, 2007.					
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12						
13	======== TITLE AMENDMENT =========					
14	And the title is amended as follows:					
15	Delete everything before the enacting clause					
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17	and insert:					
18	A bill to be entitled					
19	An act relating to home and community-based					
20	services for persons with developmental					
21	disabilities; amending s. 393.0661, F.S.;					
22	requiring the Agency for Health Care					
23	Administration, in consultation with the Agency					
24	for Persons with Disabilities, to seek federal					
25	approval and implement a four-tiered waiver					
26	system for the purpose of serving clients with					
27	developmental disabilities; providing					
28	requirements and limitations with respect to					
29	each tier; authorizing the Agency for Health					
30	Care Administration and the Agency for Persons					
31	with Disabilities to adopt rules; requiring the					
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1	1	Agency for Persons with	h Disabilities to see	k
2	:	federal waivers and ame	end contracts in orde	r to
3		implement the waiver sy	ystem; providing	
4	:	requirements for change	es to various service	s;
5		deleting authorization	for the Agency for	
6	1	Health Care Administrat	tion to adopt certain	
7		emergency rules; provid	ding an effective dat	e.
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