CHAMBER ACTION

Senate House

Representative(s) Galvano offered the following:

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Amendment (with title amendment)

Between lines 392 and 393, insert:

Section 6. Paragraph (c) is added to subsection (1) of section 393.0661, Florida Statutes, to read:

393.0661 Home and community-based services delivery system; comprehensive redesign.—The Legislature finds that the home and community-based services delivery system for persons with developmental disabilities and the availability of appropriated funds are two of the critical elements in making services available. Therefore, it is the intent of the Legislature that the Agency for Persons with Disabilities shall develop and implement a comprehensive redesign of the system.

(1) The redesign of the home and community-based services system shall include, at a minimum, all actions necessary to 350751

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achieve an appropriate rate structure, client choice within a specified service package, appropriate assessment strategies, an efficient billing process that contains reconciliation and monitoring components, a redefined role for support coordinators that avoids potential conflicts of interest, and ensures that family/client budgets are linked to levels of need.

(c) By December 1, 2007, the Agency for Persons with Disabilities, in consultation with the Agency for Health Care Administration, shall create a model service delivery system pilot project for persons with developmental disabilities who receive services under the developmental disabilities waiver program administered by the Agency for Persons with Disabilities. Persons with developmental disabilities who receive services under the family and supported living waiver program or the consumer-directed care plus waiver program administered by the Agency for Persons with Disabilities may also be included in the system if the agency determines that such inclusion is feasible and will improve coordination of care and management of costs. The system must transfer and combine all services funded by Medicaid waiver programs and services funded only by the state, including room and board and supported living payments, for individuals who participate in the system. The pilot project shall document increased client outcomes that are known to be associated with a valid needs assessment of the level of need of the client, rate setting based on the level of need, and encouragement of the use of community-centered services and supports. The pilot project shall implement strong utilization control, such as capped rates, in order to ensure 350751

- predictable and controlled annual costs. Medicaid service delivery, including, but not limited to, service authorization, care management, and monitoring shall be managed locally through the area office of the Agency for Persons with Disabilities in order to encourage provider development. Support coordination services shall be available to individuals participating in the pilot program.
- 1. The Legislature intends that the service delivery system provide recipients in Medicaid waiver programs with a coordinated system of services, increased cost predictability, and a stabilized rate of increase in Medicaid expenditures while ensuring:
 - a. Consumer choice.
 - b. Opportunities for consumer-directed services.
 - c. Access to medically necessary services.
 - d. Coordination of community-based services.
 - e. Reductions in the unnecessary use of services.
- 2. The Agency for Persons with Disabilities shall implement the system on a pilot basis in Area 1 and may conduct a similar pilot in an urban area of the Agency for Persons with Disabilities, in consultation with the Agency for Health Care Administration. After completion of the development phase of the system, attainment of necessary federal approval, selection of qualified providers, and rate setting, the Agency for Persons with Disabilities shall delegate administration of the system to the administrator of the agency's local area office. The Agency for Persons with Disabilities shall set standards for qualified providers and provide quality assurance, monitoring oversight,

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- and other duties necessary for the system. The enrollment of Medicaid waiver recipients into the system in pilot areas shall be mandatory.
- 3. The local area office shall administer the pilot program and shall be responsible for ensuring that the costs of the program do not exceed the amount of funds allocated for the program. The agency area administrator shall also:
- a. Identify the needs of the recipients using a standardized assessment process approved by the agency.
- b. Allow a recipient to select any provider that has been qualified by the agency, provided that the service offered by the provider is appropriate to meet the needs of the recipient.
- c. Make a good faith effort to select qualified providers currently providing Medicaid waiver services for the agency in the pilot area.
- d. Develop and use a service provider qualification system approved by the agency that describes the quality of care standards that providers of service to persons with developmental disabilities must meet in order to provide services within the pilot area.
- e. Exclude, when feasible, chronically poor-performing providers and facilities as determined by the agency.
- f. Demonstrate a quality assurance system and a performance improvement system that are satisfactory to the agency.
- 4. The agency must ensure that the rate-setting methodology for the system reflects the intent to provide quality care in the least restrictive setting appropriate for 350751

the recipient and provide for choice by the recipient. The	
agency may choose to limit financial risk for the pilot area	
operating the system to cover high-cost recipients or to address	38
the catastrophic care needs of recipients enrolled in the	
system.	

- 5. Within 24 months after implementation, the agency shall contract for a comprehensive evaluation of the system. The evaluation must include assessments of cost savings, costeffectiveness, recipient outcomes, consumer choice, access to services, coordination of care, and quality of care. The evaluation shall include, but not be limited to, an assessment of the following aspects:
- a. A study of the funding patterns of the cost-prediction methodology before and after implementation of the pilot program;
- b. A study of the service utilization patterns of the cost-prediction methodology before and after implementation of the pilot program;
- c. The accuracy of the cost-prediction methodology in explaining and predicting funding levels for individuals receiving each of the three waivers in the pilot areas;
- d. The accuracy of the cost-prediction methodology and a plan for dealing with cases involving individuals with the highest and lowest support needs and funding levels;
- e. A survey of consumer satisfaction regarding consumer choice, scope of services, and proposed funding levels generated by the cost-prediction methodology in the pilot areas;

	<u>f.</u>	Th	e ar	pplicabi	lity	of	the	cost	-pre	edict	cion	methodo	ology
to	expla	in	and	predict	fun	ding	lev	rels	for	all	indi	viduals	
rec	ceivin	g t	he v	vaivers;									

- g. The robustness of the cost-prediction methodology to withstand appeals and grievances; and
- <u>h. A systematic comparison of the outcomes in both pilot</u> areas and the different models that are demonstrated.
- 6. Each pilot area shall form an advisory committee that includes representatives from the stakeholder community, including persons with disabilities, family members of persons with disabilities, members of disability advocacy groups, and representatives of program service providers to provide feedback and monitor the implementation of the pilot program on at least a quarterly basis.
- 7. The Agency for Persons with Disabilities shall form an advisory committee that includes representatives from the stakeholder community, including persons with disabilities, family members of persons with disabilities, members of disability advocacy groups, and representatives of program service providers to provide feedback and monitor the implementation of the pilot program from a statewide perspective.
- 8. The advisory committees shall submit reports evaluating the progress of the pilot programs to the President of the Senate and the Speaker of the House of Representatives on a quarterly basis.
- 9. The agency shall submit a report that describes the administrative or legal barriers to the implementation and 350751 4/6/2007 5:15:54 PM

operation of the system, including recommendations regarding statewide expansion of the system and a recommendation for the model service delivery system to be implemented statewide, to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than December 31, 2008.

10. The agency, in coordination with the Agency for Health Care Administration, may seek federal waivers or Medicaid state plan amendments and adopt rules as necessary to administer the system on a pilot basis. The agency must receive specific authorization from the Legislature prior to expanding beyond the pilot areas designated for the implementation of this system. Further expansion of this pilot project requires approval by the Legislature.

====== T I T L E A M E N D M E N T ======

Remove line(s) 16 and insert:

anesthesiologist assistant; amending s. 393.0661, F.S.;

requiring the Agency for Persons with Disabilities, in

consultation with the Agency for Health Care Administration, to

implement federal waivers to create a model service delivery

system pilot project for Medicaid recipients with developmental

disabilities; providing legislative intent; providing for

implementation of the system on a pilot basis in certain areas

of the state; providing for administration of the system by the

Agency for Persons with Disabilities; providing requirements for

selection of service providers to operate the system; providing

for mandatory enrollment in pilot areas; requiring an evaluation

of the system; providing for the formation of local and

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statewide advisory committees; requiring the committees to
submit quarterly reports to the Legislature; requiring the
agency to submit a report to the Governor and Legislature;
authorizing the agency to seek federal waivers or Medicaid state
plan amendments and adopt rules; requiring the agency to receive
specific authorization from the Legislature before expanding the
system; providing an effective date.