

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: SB 282

INTRODUCER: Senators Wise and Storms

SUBJECT: Health Care Transition Programs

DATE: February 2, 2012 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Pre-meeting
2.			CF	
3.			BC	
4.				
5.				
6.				

I. Summary:

The bill creates a program called the Florida Health And Transition Services (FloridaHATS) in the Department of Health (DOH) Division of Children’s Medical Services (CMS) Network. The program will be responsible for the implementation of strategic, comprehensive, coordinated programs and systems of care to assure that adolescents and young adults (individuals who are 12 through 26 years of age) with special health care needs are able to transition effectively from pediatric to adult health care without critical disruptions in health services.

The bill directs the DOH to work in partnership with the Agency for Health Care Administration to identify potential Medicaid waiver or state plan options that address health care provider compensation strategies to improve access to adult and specialty health care for adolescents and young adults with special health care needs. The bill also directs the DOH to work with the Office of Insurance Regulation to explore and recommend effective policies that address medical management and health care transition services for adolescents and young adults who have special health care needs.

The DOH is directed to work with community-based pediatric and adult health care providers to explore and recommend the development of local health and transition services programs in each of the CMS Network regions. The bill establishes requirements for the local transition programs.

This bill creates one undesignated section of law.

II. Present Situation:

Health Care Transition

It is only recently that children and youth with disabilities and complex health conditions have survived to adulthood in relatively large numbers. There has been growing recognition that health care transition is a critical aspect of successful entry of these youth to adulthood. Taking responsibility for one's own health care is part of growing up and becoming independent. Health care transition is the purposeful planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health care systems.¹ Successful health care transition supports economic self-sufficiency, independence, and prevents school dropout and delinquency.² Proactive transition to the adult health care system encourages young people to be successfully integrated into a comprehensive care system to meet their complex needs.

The 2006 Legislature provided a non-recurring appropriation of \$300,000³ to support a pilot program to develop transition services for adolescents and young adults with disabilities residing in Duval (Jacksonville), Baker, Clay, Nassau and St. Johns Counties. The Jacksonville Health And Transition Services (JaxHATS) program serves teens and young adults, ages 16-26 with chronic medical or developmental problems.⁴ In FY 2010-2011, JaxHATS recorded a total of 1,014 visits by 909 patients. The patients ranged in age from 14 through 25 years, although 67 percent were in the age group 20-25 years old.⁵

Services provided by JaxHATS include primary care and care coordination up to age 26, as well as, referrals to adult medical homes, specialty physicians, and other transition-related services (e.g., education, employment, and independent living).⁶ JaxHATS data indicate that patients who are well established within their program have significant decreases in reported emergency room visits and inpatient hospitalizations. The CMS continues to contract with the University of Florida for a total of \$100,000 per year to pay for a portion of the JaxHATS staffing and clinic expenses.

Florida Health Care Transition Services Task Force for Youth and Young Adults with Disabilities

The 2008 Legislature passed CS/SB 988 (ch. 2008-211, L.O.F.) requiring the DOH to create a statewide Health Care Transition Services Task Force for Youth and Young Adults with Disabilities. The charge to the task force was to "assess the need for health care transition

¹ Blum, RW; Garell, D; Hodgman, CH; Jorissen, TW; Okinow, NA; Orr, DP; and Slap, GB. *Transition from Child-Centered to Adult Health-Care Systems for Adolescents with Chronic Conditions, A Position Paper of the Society for Adolescent Medicine*. Journal of Adolescent Health, 1993, Vol. 14, No. 7, p. 570-576.

² Florida Health Care Transition Services Task Force for Youth and Young Adults with Disabilities, *Report and Recommendations, Ensuring Successful Transition from Pediatric to Adult Health Care*, January 1, 2009. Found at: <http://www.floridahats.org/?page_id=587> (Last visited on February 2, 2012).

³ See proviso language in line item 623 of the General Appropriations Act for FY 2006-2007, Chapter 2006-25, L.O.F.

⁴ JaxHATS, *Welcome to JaxHATS*. Found at: <<http://jaxhats.ufl.edu/index.php>> (Last visited on February 2, 2012).

⁵ See Department of Health Bill Analysis, Economic Statement and Fiscal Note for SB 282 – on file with the Senate Health Regulation Committee.

⁶ *Id.*

services for youth with disabilities, develop strategies to ensure successful transition from the pediatric to the adult health care system, and identify existing and potential funding sources.” The task force submitted its final report on December 30, 2008.⁷ The report contained 16 recommendations, including a recommendation to “leverage CMS’s infrastructure and federally mandated responsibility for health care transition planning to establish a state Office of Health Care Transition within CMS that guides, monitors, and supports local public/private transition coalitions . . .”

While the legislatively mandated task force dissolved on December 30, 2008, workgroup members continued with strategic plan development⁸ based on findings and recommendations in the legislative report. In 2009, the program was officially named Florida Health And Transition Services, or FloridaHATS. Implementation activities outlined in the strategic plan have included the development of an insurance guide for young adults in Florida, an online training program for professionals, and regional health care transition coalitions (HillsboroughHATS and PanhandleHATS, in addition to JaxHATS). A strategic planning guide for regional coalitions was created to help communities in building local systems of care. All of these products are available on the FloridaHATS website.⁹

Children’s Medical Services

The CMS program in the DOH provides children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric care. Children with special health care needs are those children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children.

The program provides services through two divisions, the Division of CMS Network and Related Programs and the Division of CMS Prevention and Intervention. The Division of CMS Network and Related Programs provides a continuum of early identification, screening, medical, developmental, and supporting services for eligible children with special health care needs. The CMS Division of Prevention and Intervention promotes the safety and well being of Florida’s children by providing specialized services to children with special health care needs associated with child abuse and neglect.

Services are provided through 22 CMS area offices, 15 Early Steps offices, and contracted programs located throughout the state. A team of trained nursing and social work professionals and support staff at each CMS area office coordinate primary and specialty care services with the family through their local medical community.

⁷ *Supra* footnote 2

⁸ Florida Strategic Plan for Health Care Transition, 11/1/2010. Found at: <http://www.floridahats.org/wp-content/uploads/2010/03/OnePageVisual_11-1-10.pdf> (Last visited on February 2, 2012).

⁹ FloridaHATS, *About FloridaHATS, Background*. Found at: <http://www.floridahats.org/?page_id=587> (Last visited on February 2, 2012).

The CMS currently provides transition education and assistance through its existing care coordination and provider systems. However, once a young adult reaches age 21, these services are no longer available.

Title V of the Social Security Act

Since its inception in 1935, the Maternal and Child Health Services Block Grant (Title V of the Social Security Act) has provided a foundation for ensuring the health of America's mothers and children. Title V provides funding to state maternal and child health programs, which serve 35 million women and children in the United States. Every state and the District of Columbia has a Title V Program for Children with Special Health Care Needs that is funded, in part, through the Maternal and Child Health block grants. The CMS administers Florida's Title V Program for Children with Special Health Care Needs.

Title V block grants are provided to states to enable them, among other things, to provide and to promote family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs and to facilitate the development of community-based systems of services for these children and their families. Care coordination means services to promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families.¹⁰

III. Effect of Proposed Changes:

The bill creates an undesignated section of law relating to health care transition programs and services for adolescents and young adults who have special health care needs.

Subsection (1) states that it is the intent of the Legislature to provide a strategic and comprehensive approach to the development and implementation of effective health care transition programs and services for adolescents and young adults who have special health care needs. The bill gives recognition to the plan developed by the Health Care Transition Services Task Force for Youth and Young Adults with Disabilities pursuant to chapter 2008-211, Laws of Florida.

Subsection (2) establishes a program called the Florida Health And Transition Services (FloridaHATS) in the Division of CMS Network of the DOH. This program will be responsible for:

- Overseeing and implementing national maternal and child health goals, using existing state plans, to implement effective transition programs for adolescents and young adults who have special health care needs.
- Developing a planning and implementation process and the necessary guides for use by community providers and organizations in developing coordinated systems of services for adolescents and young adults who have special health care needs. The bill specifies certain elements that must be included in a coordinated system of services.

¹⁰ See 42 U.S.C. §701

- Developing and disseminating resource guides that outline the various public and private health care financing options, including commercial insurance, and the respective health care benefits.
- Coordinating the program with educational institutions, including medical centers, to identify and make available for health care providers existing training programs regarding the principles, objectives, and methods for the successful transition of adolescents and young adults who have special health care needs to adult health care providers.
- Maintaining and updating the FloridaHATS's website with web-based materials related to health care transition services.
- Collecting and disseminating information in specific clinical areas concerning evidence-based practices and best practices for providing health care transition services.
- Providing technical assistance to entities that are involved in the development and implementation of systems of services for adolescents and young adults who have special health care needs.
- Developing and disseminating quality improvement and evaluation components for health care transition programs, which components must include a common or comparable set of performance measures for all entities that provide health care transition services.
- Establishing a network of experts in the fields of pediatric and adolescent medicine, adult medicine, and allied health to provide technical assistance and recommendations regarding best practices and policy guidance in health care transition.

The bill defines the term “adolescents and young adults who have special health care needs” as individuals who are 12 through 26 years of age; who have chronic physical, developmental, behavioral, or emotional conditions; and who require health care or related services of a type or amount beyond that which is generally required by adolescents or young adults. The effect of this provision is that the CMS would be authorized to extend care coordination support for young adults who have special health care needs from the age of 21 through 26 years of age.

Subsection (3) requires the DOH to work in partnership with the Agency for Health Care Administration to identify potential (Medicaid) waiver or state plan options that address health care provider compensation strategies. The bill provides examples of potential strategies.

Subsection (4) requires the DOH to work with the Office of Insurance Regulation to explore and recommend effective policies that address medical management and health care transition services based on a patient-centered medical home model.

Subsection (5) requires the DOH to work with community-based pediatric and adult health care providers to explore and recommend the development of local health and transition services programs in each of the eight regions of the CMS Network. The bill establishes certain elements that must be in place in the local health and transition services programs, specifies the services that must be offered by the local health and transition services programs to their clients, and requires an evaluation of the local programs.

The effective date of the bill is July 1, 2012.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Several of the activities assigned to the DOH and the FloridaHATS program in the bill would appear to require funding, however, some of these activities have already been completed or are partially completed. The Department of Health proposes to use existing funds to establish the oversight of FloridaHATS and does not expect any impact on state revenue. The bill authorizes oversight of transition services only, not the provision of medical services to young adults from age 21 through age 26.

The portion of the bill requiring the Agency for Health Care Administration to identify potential waiver or state plan options to address health care provider compensation strategies may produce future fiscal impacts on the Medicaid program.

VI. Technical Deficiencies:

On line 97, the word “evidenced-based” should be “evidence-based.”

On lines 99 and 100, the bill refers to “youth and young adults who have chronic special health care needs or disabilities.” The term defined, and used elsewhere, in the bill is “adolescents and young adults who have special health care needs.”

On line 125, it is not clear whether the word “policies” refers to health insurance policies.

VII. Related Issues:

It is not clear how addressing health care provider compensation arrangements through Medicaid would fit with the comprehensive Medicaid reforms already under way in Florida.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
