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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/27/2017	.	
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The Committee on Health Policy (Stargel) recommended the following:

1 **Senate Amendment (with title amendment)**
2
3 Delete everything after the enacting clause
4 and insert:
5 Section 1. Effective October 1, 2018, paragraph (v) is
6 added to subsection (1) of section 400.141, Florida Statutes, to
7 read:
8 400.141 Administration and management of nursing home
9 facilities.—
10 (1) Every licensed facility shall comply with all

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11 applicable standards and rules of the agency and shall:
12 (v) Be prepared to confirm for the agency whether a nursing
13 home facility resident who is a Medicaid recipient, or whose
14 Medicaid eligibility is pending, is a candidate for home and
15 community-based services under s. 409.965(3)(c), no later than
16 the resident's 50th consecutive day of residency in the nursing
17 home facility.
18 Section 2. Section 409.964, Florida Statutes, is amended to
19 read:
20 409.964 Managed care program; state plan; waivers.—The
21 Medicaid program is established as a statewide, integrated
22 managed care program for all covered services, including long-
23 term care services as specified under this part. The agency
24 shall apply for and implement state plan amendments or waivers
25 of applicable federal laws and regulations necessary to
26 implement the program. Before seeking a waiver, the agency shall
27 provide public notice and the opportunity for public comment and
28 include public feedback in the waiver application. The agency
29 shall hold one public meeting in each of the regions described
30 in s. 409.966(2), and the time period for public comment for
31 each region shall end no sooner than 30 days after the
32 completion of the public meeting in that region. ~~The agency~~
33 ~~shall submit any state plan amendments, new waiver requests, or~~
34 ~~requests for extensions or expansions for existing waivers,~~
35 ~~needed to implement the managed care program by August 1, 2011.~~
36 Section 3. Effective October 1, 2018, section 409.965,
37 Florida Statutes, is amended to read:
38 409.965 Mandatory enrollment.—All Medicaid recipients shall
39 receive covered services through the statewide managed care

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40 program, except as provided by this part pursuant to an approved
41 federal waiver.
42 (1) The following Medicaid recipients are exempt from
43 participation in the statewide managed care program:
44 (a) ~~(1)~~ Women who are eligible only for family planning
45 services.
46 (b) ~~(2)~~ Women who are eligible only for breast and cervical
47 cancer services.
48 (c) ~~(3)~~ Persons who are eligible for emergency Medicaid for
49 aliens.
50 (2)(a) Persons who are assigned into level of care 1 under
51 s. 409.983(4) and have resided in a nursing facility for 60 or
52 more consecutive days are exempt from participation in the long-
53 term care managed care program. For a person who becomes exempt
54 under this paragraph while enrolled in the long-term care
55 managed care program, the exemption shall take effect on the
56 first day of the first month after the person meets the criteria
57 for the exemption. This paragraph does not affect a person's
58 eligibility for the Medicaid managed medical assistance program.
59 (b) Persons receiving hospice care while residing in a
60 nursing facility are exempt from participation in the long-term
61 care managed care program. For a person who becomes exempt under
62 this paragraph while enrolled in the long-term care managed care
63 program, the exemption takes effect on the first day of the
64 first month after the person meets the criteria for the
65 exemption. This paragraph does not affect a person's eligibility
66 for the Medicaid managed medical assistance program.
67 (3) Notwithstanding subsection (2):
68 (a) A Medicaid recipient who is otherwise eligible for the

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69 long-term care managed care program, who is 18 years of age or
70 older, and who is eligible for Medicaid by reason of a
71 disability is not exempt from the long-term care managed care
72 program under subsection (2).
73 (b) A person who is afforded priority enrollment for home
74 and community-based services under s. 409.979(3)(f) is not
75 exempt from the long-term care managed care program under
76 subsection (2).
77 (c) A nursing facility resident is not exempt from the
78 long-term care managed care program under paragraph (2)(a) if
79 the resident has been identified as a candidate for home and
80 community-based services by the nursing facility administrator
81 and any long-term care plan case manager assigned to the
82 resident. Such identification must be made in consultation with
83 the following persons:
84 1. The resident or the resident's legal representative or
85 designee;
86 2. The resident's personal physician or, if the resident
87 does not have a personal physician, the facility's medical
88 director; and
89 3. A registered nurse who has participated in developing,
90 maintaining, or reviewing the individual's resident care plan as
91 defined in s. 400.021.
92 (d) Before determining that a person is exempt from the
93 long-term care managed care program under paragraph (2)(a), the
94 agency shall confirm whether the person has been identified as a
95 candidate for home and community-based services under paragraph
96 (c). If a nursing facility resident who has been determined
97 exempt is later identified as a candidate for home and

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98 community-based services, the nursing facility administrator
99 shall promptly notify the agency.
100 Section 4. Paragraph (j) of subsection (2) of section
101 409.967, Florida Statutes, is amended to read:
102 409.967 Managed care plan accountability.—
103 (2) The agency shall establish such contract requirements
104 as are necessary for the operation of the statewide managed care
105 program. In addition to any other provisions the agency may deem
106 necessary, the contract must require:
107 (j) *Prompt payment.*—Managed care plans shall comply with
108 ss. 641.315, 641.3155, and 641.513, and the agency shall impose
109 fines, and may impose other sanctions, on a plan that willfully
110 fails to comply with those sections or s. 409.982(5).
111 Section 5. Subsection (1) of section 409.979, Florida
112 Statutes, is amended to read:
113 409.979 Eligibility.—
114 (1) PREREQUISITE CRITERIA FOR ELIGIBILITY.—Medicaid
115 recipients who meet all of the following criteria are eligible
116 to receive long-term care services and, unless exempt under s.
117 409.965, must receive long-term care services by participating
118 in the long-term care managed care program. The recipient must
119 be:
120 (a) Sixty-five years of age or older, or age 18 or older
121 and eligible for Medicaid by reason of a disability.
122 (b) Determined by the Comprehensive Assessment Review and
123 Evaluation for Long-Term Care Services (CARES) preadmission
124 screening program to require nursing facility care as defined in
125 s. 409.985(3).
126 Section 6. Subsections (1) and (2) of section 409.982,

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127 Florida Statutes, are amended to read:
128 409.982 Long-term care managed care plan accountability.—In
129 addition to the requirements of s. 409.967, plans and providers
130 participating in the long-term care managed care program must
131 comply with the requirements of this section.
132 (1) PROVIDER NETWORKS.—Managed care plans may limit the
133 providers in their networks based on credentials, quality
134 indicators, and price. For the first 12 months of any contract
135 period following a procurement for the long-term care managed
136 care program under s. 409.981 ~~between October 1, 2013, and~~
137 ~~September 30, 2014~~, each selected plan must offer a network
138 contract to all nursing homes that meet the recredentialing
139 requirements and hospices that meet the credentialing
140 requirements specified in the plan's contract with the agency
141 ~~the following providers~~ in the region or regions for which the
142 plan is awarded a contract.~~:~~
143 ~~(a) Nursing homes.~~
144 ~~(b) Hospices.~~
145 ~~(c) Aging network service providers that have previously~~
146 ~~participated in home and community-based waivers serving elders~~
147 ~~or community-service programs administered by the Department of~~
148 ~~Elderly Affairs.~~ During the remainder of the contract period, a
149 ~~After 12 months of active participation in a managed care plan's~~
150 ~~network, the~~ plan may exclude any of the providers named in this
151 subsection from the plan's network for failure to meet quality
152 or performance criteria. If a ~~the~~ plan excludes a provider from
153 its network under this subsection ~~the plan~~, the plan must
154 provide written notice to all recipients who have chosen that
155 provider for care. The notice must be provided at least 30 days

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156 before the effective date of the exclusion. The agency shall
157 establish contract provisions governing the transfer of
158 recipients from excluded residential providers. The agency shall
159 require a plan that excludes a provider from its network or that
160 fails to renew the plan's contract with a provider under this
161 subsection to report to the agency the quality or performance
162 criteria the plan used in deciding to exclude the provider and
163 to demonstrate how the provider failed to meet those criteria.
164 (2) SELECT PROVIDER PARTICIPATION.—Except as provided in
165 this subsection, providers may limit the managed care plans they
166 join. Nursing homes and hospices that are enrolled Medicaid
167 providers must participate in all eligible plans selected by the
168 agency in the region in which the provider is located, with the
169 exception of plans from which the provider has been excluded
170 under subsection (1).
171 Section 7. Except as otherwise provided in this act and
172 except for this section, which shall take effect upon this act
173 becoming a law, this act shall take effect July 1, 2017.
174
175 ================= T I T L E A M E N D M E N T ================
176 And the title is amended as follows:
177 Delete everything before the enacting clause
178 and insert:
179 A bill to be entitled
180 An act relating to Medicaid managed care; amending s.
181 400.141, F.S.; requiring that nursing home facilities
182 be prepared to provide confirmation within a specified
183 timeframe to the Agency for Health Care Administration
184 as to whether certain nursing home facility residents

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185 are candidates for certain services; amending s.
186 409.964, F.S.; providing that covered services for
187 long-term care under the Medicaid managed care program
188 are those specified in part IV of ch. 409, F.S.;
189 deleting an obsolete provision; amending s. 409.965,
190 F.S.; providing that certain residents of nursing
191 facilities are exempt from participation in the long-
192 term care managed care program; providing for
193 application of the exemption; providing that
194 eligibility for the Medicaid managed medical
195 assistance program is not affected by such provisions;
196 providing conditions under which the exemption does
197 not apply; requiring the agency to confirm whether
198 certain persons have been identified as candidates for
199 home and community-based services; requiring a certain
200 notice to the agency by nursing facility
201 administrators; amending s. 409.967, F.S.; requiring
202 the agency to impose fines and authorizing other
203 sanctions for willful failure to comply with specified
204 payment provisions; amending s. 409.979, F.S.;
205 providing that certain exempt Medicaid recipients are
206 not required to receive long-term care services
207 through the long-term care managed care program;
208 amending s. 409.982, F.S.; revising parameters under
209 which a long-term care managed care plan must contract
210 with nursing homes and hospices; specifying that the
211 agency must require certain plans to report
212 information on the quality or performance criteria
213 used in making a certain determination; providing

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214 effective dates.