By Senator Baxley

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A bill to be entitled An act relating to the Program of All-Inclusive Care for the Elderly; creating s. 430.84, F.S.; defining terms; authorizing the Agency for Health Care Administration, in consultation with the Department of Elderly Affairs, to approve entities applying to deliver Program of All-Inclusive Care for the Elderly (PACE) services in the state; requiring the agency, in consultation with the department, to review and consider applications; requiring that notice of such applications be published in the Florida Administrative Register; specifying application requirements; requiring prospective PACE organizations that are granted initial state approval to submit a complete application to the agency and the Federal Government within a certain timeframe; specifying funding and enrollment requirements for PACE organizations; requiring the agency, in consultation with the department and the Social Services Estimating Conference, to submit a certain report to the Legislature; requiring the agency and department to provide certain notices to certain individuals; requiring PACE organizations to meet certain standards; requiring the agency to oversee and monitor the PACE program based on certain information; exempting PACE organizations from ch. 641, F.S.; amending s. 409.981, F.S.; conforming a provision to changes made by the act; providing that specified individuals may be enrolled in the PACE program under

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certain circumstances; requiring the Comprehensive
Assessment and Review for Long-Term Care Services
program to determine a PACE applicant's eligibility
within a certain timeframe; requiring the Department
of Children and Families to determine a PACE
applicant's financial eligibility; specifying
requirements for the agency in paying contractors
providing services to eligible applicants; authorizing
certain actions by a contractor with respect to
certain applicants; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 430.84, Florida Statutes, is created to read:

(1) DEFINITIONS.—As used in this section, the term:

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430.84 Program of All-Inclusive Care for the Elderly.-

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(a) "Agency" means the Agency for Health Care Administration.

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(b) "Applicant" means an entity that has filed an application with the agency for consideration as a Program of All-Inclusive Care for the Elderly (PACE) organization.

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(c) "CMS" means the Centers for Medicare and Medicaid
Services within the United States Department of Health and Human
Services.

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(d) "Department" means the Department of Elderly Affairs.

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(e) "PACE organization" means an entity under contract with the agency to deliver PACE services.

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(f) "Participant" means an individual receiving PACE

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services who the department has determined needs the level of care required under the state Medicaid plan for coverage of nursing facility services.

- (2) PROGRAM CREATION.—The agency, in consultation with the department, may approve entities that have submitted the application the CMS requires to the agency for review and consideration. An entity must submit the data and information required in subsection (3) to provide benefits pursuant to the PACE program as established in 42 U.S.C. s. 1395eee and in accordance with the requirements set forth in this section.
- (3) PACE ORGANIZATION SELECTION.—The agency, in consultation with the department, shall review and consider on a continuous basis applications the CMS requires for PACE which have been submitted to the agency by entities seeking initial state approval to become PACE organizations. Notice of such applications must be published in the Florida Administrative Register.
- (a) A prospective PACE organization shall submit application documents to the agency before requesting program funding. Application documents submitted to and reviewed by the agency, in consultation with the department, must include all of the following:
- 1. Evidence that the applicant is able to meet all of the applicable federal regulations and requirements established by the CMS for participation as a PACE organization by the proposed implementation date.
- 2. Market studies, including an estimate of the number of potential participants and the geographic service area the applicant proposes to serve.

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3. A business plan of operation, including pro forma financial statements and projections, based on the proposed implementation date.

- (b) Each applicant must propose to serve a unique and defined geographic service area without duplication of services or target populations. No more than one PACE organization may be authorized to provide services within any unique and defined geographic service area.
- (c) An existing PACE organization seeking authority to serve an additional geographic service area not previously authorized by the agency or Legislature must meet the requirements set forth in paragraphs (a) and (b).
- (d) A prospective PACE organization granted initial state approval by the agency, in consultation with the department, shall submit its complete federal PACE application, in accordance with the application process and guidelines established by the CMS, to the agency and the CMS within 12 months after the date of initial state approval, or such approval is void.
  - (4) FUNDING AND ENROLLMENT.-
- (a) PACE organizations shall enroll participants at such levels as funded by the General Appropriations Act, which must reflect a reasonable growth of capacity sufficient to meet community needs and which must be consistent with the pro forma or other projections submitted pursuant to paragraph (3)(a) or projections of PACE census and demand growth that are periodically submitted by PACE organizations. The agency, in consultation with the department and the Social Services
  Estimating Conference, shall submit a report to the Legislature

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requesting the amount of funding necessary for prospective PACE
participants to have access to PACE services as a program
service option in all authorized geographic service areas.

- (b) Funds may be used within any PACE organization's authorized geographic service area, regardless of county lines.
- (c) The department shall notify individuals who are determined to need the level of care required under the state

  Medicaid plan for coverage of nursing facility services that the PACE program is a service plan option and that enrollment in the PACE program is voluntary.
- (d) The agency shall notify individuals who are determined eligible for managed long-term care that the PACE program is available as a choice for a managed care plan pursuant to s.

  409.969 in statewide Medicaid managed care regions wherein a PACE organization operates.
- (5) ACCOUNTABILITY.—All PACE organizations must meet specific quality and performance standards established by the CMS for the PACE program. The agency shall oversee and monitor the PACE program and organizations based upon data and reports PACE organizations submit periodically to the agency and the CMS. A PACE organization is exempt from the requirements of chapter 641.

Section 2. Subsection (4) of section 409.981, Florida Statutes, is amended to read:

- 409.981 Eligible long-term care plans.-
- (4) PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.
- (a) Participation by the Program of All-inclusive Care for the Elderly (PACE) shall be pursuant to a contract with the agency and not subject to the procurement requirements or

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regional plan number limits of this section. PACE <u>organizations</u>

<u>shall plans may continue to provide services to participants</u>

<u>individuals</u> at such levels <del>and enrollment caps</del> as authorized by the General Appropriations Act pursuant to s. 430.84.

(b) A prospective participant who applies for the PACE program and has been determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program to be medically eligible but has not been determined financially eligible for Medicaid by the Department of Children and Families, or who has been determined financially eligible for Medicaid by the Department of Children and Families but has not been determined medically eligible by the CARES program, may be enrolled in the PACE program if contractors elect to provide services to PACE program applicants pending final determination of eligibility. The CARES program shall determine each applicant's medical eligibility within 21 days after receiving the complete application packet. The Department of Children and Families shall determine each applicant's financial eligibility according to federal and state requirements. If the applicant is determined eligible, the Agency for Health Care Administration shall pay the contractor that provided the services the applicable Medicaid rate, retroactive to the first day of the month following the CARES program eligibility determination. If the applicant is not eligible for the PACE program with Medicaid as the payor, the contractor may continue to provide services as a private-pay PACE participant or terminate services and seek reimbursement from the applicant.

Section 3. This act shall take effect July 1, 2019.