



Appropriations Conference Chairs

Bump Issues

Health and Human Services / Health Care Appropriations

SENATE OFFER 1
Conforming Bill
SB 2510

May 1, 2023
412 Knott Building

**SB 2510 Health Care
Conforming Bills Side by Side Fiscal Year 2023-2024 Senate BUMP Offer #1**

Senate Conforming				Senate Offer One	House Offer One	BUMP House Offer #1	BUMP Senate Offer #1	House Conforming				Modified or New BUMP	
Row	Bill Number	Section	Line Number	Description					Bill Number	Section	Line Number	Description	
4	2510	4	219 - 246	Slots for Doctors Program. Amends s. 409.909, F.S., to establish the Slots for Doctors Program to address the physician workforce shortage. Directs AHCA to allocate \$100,000 to hospitals and qualified institutions for each newly created qualified resident position.	Senate Modified See Attachment Two	Accept Senate Offer	BUMP Modified - See Attachment 2A	Accept BUMP House Offer #1	5003 (IB)	17, 18	612 - 649	Slots for Doctors Program. Amends s. 409.909, F.S., to establish the Slots for Doctors Program to address the physician workforce shortage. Directs AHCA to allocate \$100,000 to hospitals and qualified institutions for each newly created qualified resident position.	See Attachment 2A
6	2510	6	272 - 293	Area Agency on Aging Contract Carryforward. The Area Agencies on Aging are asking for language to allow carryforward of unexpended state funds not to exceed 10% of their allocation of CCE funds	Senate	House - No Language	House - No Language	Accept BUMP House Offer #1					
13a	2510	New		Medical Marijuana Licenses. Requires the Department of Health, notwithstanding s. 381.986(8)(a)2.b., F.S., to license all applicants that applied for licensure during the application period which, regardless of the applicant's final score, received: (1) a notice of intent for approval or denial from the department regarding the applicant's application for licensure; or (2) a final determination from the department as a result of a challenge to the application process determining that the applicant met all the requirements for licensure.	Senate New See Attachment One	House - No Language	House - No Language	Accept BUMP House Offer #1					
				Home Health Agency - The Agency for Health Care Administration shall distinguish private duty nursing services and attendant nursing care services from skilled home health services in its Medicaid provider enrollment process. As of October 1, 2021, the agency may not require a home health agency that does not provide Medicaid skilled home health services and provides only attendant nursing care services, private duty nursing services or both, to meet the requirements of Medicare certification or its accreditation equivalents for participation in the Medicaid program.			New BUMP Language - See Attachment 3	Accept BUMP House Offer #1					See Attachment 3
				Developmental Disabilities Pilot. Establishment of a pilot program for managed care model of service delivery for persons with disabilities.			New BUMP Language - See Attachment 4a	Modified Language					See Attachment 5

26 prospective enrollees; providing program enrollment
27 eligibility requirements; requiring that enrollees be
28 afforded an opportunity to enroll in any appropriate
29 existing Medicaid waiver program under certain
30 circumstances; requiring participating plans to cover
31 specified benefits; providing requirements for
32 providers of services; providing eligibility
33 requirements for plans; providing a selection process;
34 requiring the Agency for Health Care Administration to
35 give preference to certain plans; requiring that plan
36 payments be based on rates specifically developed for
37 a certain population; requiring the agency to ensure
38 that the rate be actuarially sound; requiring that the
39 revenues and expenditures of the selected plan be
40 included in specified reporting and regulatory
41 requirements; requiring the agency to select
42 participating plans and begin enrollment by a
43 specified date; requiring the agency, in consultation
44 with the Agency for Persons with Disabilities, to
45 conduct certain audits of the selected plans'
46 implementation of person-centered planning and to
47 submit specified progress reports to the Governor and
48 the Legislature by specified dates throughout the
49 program approval and implementation process; providing
50 requirements for the respective reports; requiring the

51 Agency for Health Care Administration, in consultation
 52 with the Agency for Persons with Disabilities, to
 53 conduct an evaluation of the pilot program;
 54 authorizing the Agency for Health Care Administration
 55 to contract with an independent evaluator to conduct
 56 such evaluation; providing requirements for the
 57 evaluation; requiring the Agency for Health Care
 58 Administration, in consultation with the Agency for
 59 Persons with Disabilities, to conduct quality
 60 assurance monitoring of the pilot program; requiring
 61 the Agency for Health Care Administration to submit
 62 the results of the evaluation to the Governor and the
 63 Legislature by a specified date; providing an
 64 effective date.

65

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

67

68 Section 1. Section 409.9855, Florida Statutes, is created
 69 to read:

70 409.9855 Pilot program for individuals with developmental
 71 disabilities.—

72 (1) PILOT PROGRAM IMPLEMENTATION.—

73 (a) Using a managed care model, the agency shall implement
 74 a pilot program for individuals with developmental disabilities
 75 in Statewide Medicaid Managed Care Regions D and I to provide

76 coverage of comprehensive services.

77 (b) The agency may seek federal approval through a state
78 plan amendment or Medicaid waiver as necessary to implement the
79 pilot program. The agency shall submit a request for any federal
80 approval needed to implement the pilot program by September 1,
81 2023.

82 (c) Pursuant to s. 409.963, the agency shall administer
83 the pilot program in consultation with the Agency for Persons
84 with Disabilities.

85 (d) The agency shall make capitated payments to managed
86 care organizations for comprehensive coverage, including
87 community-based services described in s. 393.066(3) and approved
88 through the state's home and community-based services Medicaid
89 waiver program for individuals with developmental disabilities.
90 Unless otherwise specified, ss. 409.961-409.969 apply to the
91 pilot program.

92 (e) The agency shall evaluate the feasibility of statewide
93 implementation of the capitated managed care model used by the
94 pilot program to serve individuals with developmental
95 disabilities.

96 (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.—

97 (a) Participation in the pilot program is voluntary and
98 limited to the maximum number of enrollees specified in the
99 General Appropriations Act.

100 (b) The Agency for Persons with Disabilities shall approve

101 a needs assessment methodology to determine functional,
102 behavioral, and physical needs of prospective enrollees. The
103 assessment methodology may be administered by persons who have
104 completed such training as may be offered by the agency.
105 Eligibility to participate in the pilot program is determined
106 based on all of the following criteria:

107 1. Whether the individual is eligible for Medicaid.
108 2. Whether the individual is 18 years of age or older and
109 is on the waiting list for individual budget waiver services
110 under chapter 393 and assigned to one of categories 1 through 6
111 as specified in s. 393.065(5).

112 3. Whether the individual resides in a pilot program
113 region.

114 (c) The agency shall enroll individuals in the pilot
115 program based on verification that the individual has met the
116 criteria in paragraph (b).

117 (d) Notwithstanding any provisions of s. 393.065 to the
118 contrary, an enrollee must be afforded an opportunity to enroll
119 in any appropriate existing Medicaid waiver program if any of
120 the following conditions occur:

121 1. At any point during the operation of the pilot program,
122 an enrollee declares an intent to voluntarily disenroll,
123 provided that he or she has been covered for the entire previous
124 plan year by the pilot program.

125 2. The agency determines the enrollee has a good cause

126 reason to disenroll.

127 3. The pilot program ceases to operate.

128
 129 Such enrollees must receive an individualized transition plan to
 130 assist him or her in accessing sufficient services and supports
 131 for the enrollee's safety, well-being, and continuity of care.

132 (3) PILOT PROGRAM BENEFITS.—

133 (a) Plans participating in the pilot program must, at a
 134 minimum, cover the following:

135 1. All benefits included in s. 409.973.

136 2. All benefits included in s. 409.98.

137 3. All benefits included in s. 393.066(3), and all of the
 138 following:

139 a. Adult day training.

140 b. Behavior analysis services.

141 c. Behavior assistant services.

142 d. Companion services.

143 e. Consumable medical supplies.

144 f. Dietitian services.

145 g. Durable medical equipment and supplies.

146 h. Environmental accessibility adaptations.

147 i. Occupational therapy.

148 j. Personal emergency response systems.

149 k. Personal supports.

150 l. Physical therapy.

- 151 m. Prevocational services.
- 152 n. Private duty nursing.
- 153 o. Residential habilitation, including the following
- 154 levels:
- 155 (I) Standard level.
- 156 (II) Behavior-focused level.
- 157 (III) Intensive-behavior level.
- 158 (IV) Enhanced intensive-behavior level.
- 159 p. Residential nursing services.
- 160 q. Respiratory therapy.
- 161 r. Respite care.
- 162 s. Skilled nursing.
- 163 t. Specialized medical home care.
- 164 u. Specialized mental health counseling.
- 165 v. Speech therapy.
- 166 w. Support coordination.
- 167 x. Supported employment.
- 168 y. Supported living coaching.
- 169 z. Transportation.
- 170 (b) All providers of the services listed under paragraph
- 171 (a) must meet the provider qualifications outlined in the
- 172 Florida Medicaid Developmental Disabilities Individual Budgeting
- 173 Waiver Services Coverage and Limitations Handbook as adopted by
- 174 reference in rule 59G-13.070, Florida Administrative Code.
- 175 (c) Support coordination services must maximize the use of

176 natural supports and community partnerships.

177 (d) The plans participating in the pilot program must
 178 provide all categories of benefits through a single, integrated
 179 model of care.

180 (e) Services must be provided to enrollees in accordance
 181 with an individualized care plan which is evaluated and updated
 182 at least quarterly and as warranted by changes in an enrollee's
 183 circumstances.

184 (4) ELIGIBLE PLANS; PLAN SELECTION.—

185 (a) To be eligible to participate in the pilot program, a
 186 plan must have been awarded a contract to provide long-term care
 187 services pursuant to s. 409.981 as a result of an invitation to
 188 negotiate.

189 (b) The agency shall select, as provided in s. 287.057(1),
 190 one plan to participate in the pilot program for each of the two
 191 regions. The director of the Agency for Persons with
 192 Disabilities or his or her designee must be a member of the
 193 negotiating team.

194 1. The invitation to negotiate must specify the criteria
 195 and the relative weight assigned to each criterion that will be
 196 used for determining the acceptability of submitted responses
 197 and guiding the selection of the plans with which the agency and
 198 the Agency for Persons with Disabilities negotiate. In addition
 199 to any other criteria established by the agency, in consultation
 200 with the Agency for Persons with Disabilities, the agency shall

201 consider the following factors in the selection of eligible
202 plans:

203 a. Experience serving similar populations, including the
204 plan's record in achieving specific quality standards with
205 similar populations.

206 b. Establishment of community partnerships with providers
207 which create opportunities for reinvestment in community-based
208 services.

209 c. Provision of additional benefits, particularly
210 behavioral health services, the coordination of dental care, and
211 other initiatives that improve overall well-being.

212 d. Provision of and capacity to provide mental health
213 therapies and analysis designed to meet the needs of individuals
214 with developmental disabilities.

215 e. Evidence that an eligible plan has written agreements
216 or signed contracts or has made substantial progress in
217 establishing relationships with providers before submitting its
218 response.

219 f. Experience in the provision of person-centered planning
220 as described in 42 C.F.R. s. 441.301(c)(1).

221 g. Experience in robust provider development programs that
222 result in increased availability of Medicaid providers to serve
223 the developmental disabilities community.

224 2. After negotiations are conducted, the agency shall
225 select the eligible plans that are determined to be responsive

226 and provide the best value to the state. Preference must be
 227 given to plans that:

228 a. Have signed contracts in sufficient numbers to meet the
 229 specific standards established under s. 409.967(2)(c), including
 230 contracts for personal supports, skilled nursing, residential
 231 habilitation, adult day training, mental health services,
 232 respite care, companion services, and supported employment, as
 233 those services are defined in the Florida Medicaid Developmental
 234 Disabilities Individual Budgeting Waiver Services Coverage and
 235 Limitations Handbook as adopted by reference in rule 59G-13.070,
 236 Florida Administrative Code.

237 b. Have well-defined programs for recognizing patient-
 238 centered medical homes and providing increased compensation to
 239 recognized medical homes, as defined by the plan.

240 c. Have well-defined programs related to person-centered
 241 planning as described in 42 C.F.R. s. 441.301(c)(1).

242 d. Have robust and innovative programs for provider
 243 development and collaboration with the Agency for Persons with
 244 Disabilities.

245 (5) PAYMENT.—

246 (a) The selected plans must receive a per-member, per-
 247 month payment based on a rate developed specifically for the
 248 unique needs of the developmentally disabled population.

249 (b) The agency must ensure that the rate for the
 250 integrated system is actuarially sound.

251 (c) The revenues and expenditures of the selected plan
252 which are associated with the implementation of the pilot
253 program must be included in the reporting and regulatory
254 requirements established in s. 409.967(3).

255 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

256 (a) The agency shall select participating plans and begin
257 enrollment no later than January, 2024.

258 (b) Upon implementation of the program, the agency, in
259 consultation with the Agency for Persons with Disabilities,
260 shall conduct audits of the selected plans' implementation of
261 person-centered planning.

262 (c) The agency, in consultation with the Agency for
263 Persons with Disabilities, shall submit progress reports to the
264 Governor, the President of the Senate, and the Speaker of the
265 House of Representatives upon the federal approval,
266 implementation, and operation of the pilot program, as follows:

267 1. By December 31, 2023, a status report on progress made
268 toward federal approval of the waiver or waiver amendment needed
269 to implement the pilot program.

270 2. By December 31, 2024, a status report on implementation
271 of the pilot program.

272 3. By December 31, 2025, and annually thereafter, a status
273 report on the operation of the pilot program, including, but not
274 limited to, all of the following:

275 a. Program enrollment, including the number and

276 demographics of enrollees.

277 b. Any complaints received.

278 c. Access to approved services.

279 (d) The agency, in consultation with the Agency for
280 Persons with Disabilities, shall establish specific measures of
281 access, quality, and costs of the pilot program. The agency may
282 contract with an independent evaluator to conduct such
283 evaluation. The evaluation must include assessments of cost
284 savings; consumer education, choice, and access to services;
285 plans for future capacity and the enrollment of new Medicaid
286 providers; coordination of care; person-centered planning and
287 person-centered well-being outcomes; health and quality-of-life
288 outcomes; and quality of care by each eligibility category and
289 managed care plan in each pilot program site. The evaluation
290 must describe any administrative or legal barriers to the
291 implementation and operation of the pilot program in each
292 region.

293 1. The agency, in consultation with the Agency for Persons
294 with Disabilities, shall conduct quality assurance monitoring of
295 the pilot program to include client satisfaction with services,
296 client health and safety outcomes, client well-being outcomes,
297 and service delivery in accordance with the client's care plan.

298 2. The agency shall submit the results of the evaluation
299 to the Governor, the President of the Senate, and the Speaker of
300 the House of Representatives by October 1, 2029.

301 | Section 2. This act shall take effect upon becoming a law. |

Incorporate the following into HB 831, Engrossed 1

Delete line 257 and insert:

enrollment no later than January 31, 2024, with coverage for enrollees becoming effective upon authorization and availability of sufficient state and federal resources.

Insert between lines 300 and 301 the following:

Managed Care Plan Accountability

Plans participating in the pilot program must consult with the Agency for Persons with Disabilities for the express purpose of ensuring adequate provider capacity before placing an enrollee of the pilot program in a group home licensed by the Agency for Persons with Disabilities.