



Conference Committee on
House Health Care Appropriations/
Senate Health and Human Services
Appropriations

House Offer #1
Implementing Bill

Tuesday, June 9, 2015
4:30 PM
Webster Hall

**House Health Care Appropriations HB 3-A / Senate Health and Human Services Appropriations SB 2502-A
FY 2015-16 Implementing Bill**

Line #	House Section	Senate Section	Conference	History	Description	House Offer # 1
1	8	12	Similar	2014-53(7), 2013-41(6), 2012-119(6) 2011-47(9)	LOW INCOME POOL. Incorporates by reference document entitled "Medicaid Supplemental Hospital Funding Programs" for the purpose of displaying the calculations used by the legislature in making appropriations for the Low-Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs.	Senate Modified attached
2	N/A	13	Different	New	AHCA HOSPITAL REIMBURSEMENT ADJUSTMENTS. If AHCA determines that hospital's IGT payments for fiscal year 2014-2015 is different from the appropriation, the agency is authorized to retroactively adjust hospital payment rates to align payments with IGTs.	House
3	9	N/A	Different	2014-53(8) 2013-41(8) 2012-119(5) 2011-47(7) 2010-153(13) 2009-82(37)	DOH / ONSITE SEWAGE NITROGEN REDUCTIONS STRATEGIES STUDY. Provides requirements to govern the completion of the Department of Health's Florida Onsite Sewage Nitrogen Strategies Study.	House
4	12	N/A	Different	2014-53(12)	NURSING HOME TRANSITION TO LONG TERM CARE WAIVER. Requires the Agency for Health Care Administration to ensure that nursing facility residents eligible for funds to transition to home and community based services waivers must first have resided in a skilled nursing facility for at least 60 consecutive days.	House
5	13	N/A	Different	2014-53(13)	LONG-TERM CARE WAIVER ENROLLMENT. Requires the Agency for Health Care Administration and the Department of Elder Affairs to prioritize individuals for enrollment in the Long Term Care waiver using a frailty based screening instrument resulting in a prioritization score and shall enroll individuals in the Long Term Care waiver in accordance with the assigned priority score as funds are available. The Agency may adopt rules, pursuant to s. 409.919, F.S. and enter into interagency agreements necessary to administer s. 409.979(3), F.S. Any rules or interagency agreements adopted by the Agency relating to the Scoring Process may delegate to the Department of Elder Affairs, pursuant to 409.978, F.S., responsibility for implementing and administering the Scoring Process, providing notice of Medicaid fair hearing rights, and responsibility for defending, as needed, the scores assigned to persons on the Long Term Care waiver waitlist in any resulting Medicaid fair hearings. The Department of Elder Affairs may delegate the provision of notice of Medicaid fair hearing rights to its contractors.	House
6	15	N/A	Different	New	PRESCRIPTION DRUG MONITORING PROGRAM. Authorizes DOH to use state funds appropriated in the FY 15-16 GAA to administer the Prescription Drug Monitoring Program (PDMP). Prohibits DOH and the Attorney General from using funds received as part of a settlement agreement to administer the PDMP.	Bump
7	16	14	Similar	New	DOH TRUST FUNDS - Allows funds in the Medical Quality Assurance Trust Fund to be used for providing HC services to DOH clients. This will allow the BoB to provide nonoperating authority to transfer MQA dollars to the Donations Trust Fund for early intervention services and children's medical services to cover current-year deficits in those programs.	House
8	10	15	Different	2014-53(9) 2013-41(9)	APD HOME AND COMMUNITY-BASED WAIVER. Sets prioritization guidelines for the Agency for Persons with Disabilities (APD) in moving clients from the wait list and into receiving waiver services. Requires the APD to allow an individual who meets eligibility requirements to receive home and community based services in this state if the individual's parent or legal guardian is an active-duty military service member and, at the time of the service member's transfer to Florida, the individual was receiving home and community-based services in another state.	House Modified attached
9	11	16	Identical	2014-53(11)	DVA PERSONAL NEEDS ALLOWANCE INCREASE. Provides that the provisions of s. 296.37(1), F.S., be waived for the 2015-2016 fiscal year to increase the income disregard for the contribution of care from \$35 to \$105 per month for residents of State Veterans' Nursing Homes. This will maintain parity in the amount of income that all residents are allowed to keep for incidental expenses not covered by room and board.	
10	14	17	Identical	2014-53(16)	STATEWIDE MEDICAID MANAGED CARE REALIGNMENT FOR CMS NETWORK. Authorizes AHCA to submit a budget amendment to realign funding between AHCA and DOH for the CMS Network for the implementation of Statewide Medicaid Managed Care, to reflect actual enrollment changes due to the transition from fee-for-service into the capitated CMS Network.	
11	N/A	18	Different	New	TITLE IV-E TRAINING DOLLARS FOR COMMUNITY-BASED CARE LEAD AGENCIES. Provides that, notwithstanding s. 409.991, F.S. funds appropriated for training purposes will be allocated to CBCs based on a DCF assessment of each CBC's need for training dollars.	Senate
12	N/A	N/A	New	New	APD MEDICAID WAIVER ALGORITHM ALLOCATION AND SERVICES FOR TO EXTENDED FOSTER CARE CLIENTS. Provides Waiver services to youth ages 18 - 22 who elect to remain in the foster care system. Also, provides that clients' iBudget amounts remain unchanged until a new allocation algorithm is prescribed by Rule. Permits an allocation increase in cases of significant transportation needs. See attached.	House New Language attached

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Line # 1

Senate Modified

In order to implement Specific Appropriations 194, 201, 202, 203, and 206 of the 2015-2016 General Appropriations Act, ~~and contingent on SB 7044 or similar legislation becoming law,~~ the calculations for the Medicaid Low- Income Pool, and Disproportionate Share Hospital, and Hospital Reimbursement programs for the 2015-2016 fiscal year contained in the document entitled "Medicaid Hospital Funding Programs," dated _____, 2015, and filed with the Secretary of the Senate, are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Medicaid Low-Income Pool, and Disproportionate Share Hospital, and Hospital Reimbursement programs. This section expires July 1, 2016.

Section 9. (1) In order to implement Specific Appropriation XX of the 2015-2016 General Appropriations Act, and notwithstanding s. 393.065(5), Florida Statutes, individuals on the Medicaid home and community-based waiver programs wait list shall be offered a slot in the waiver as follows:

(a) Individuals in category 1, which includes clients deemed to be in crisis as described in rule, shall be given first priority in moving from the wait list to the waiver.

(b) Category 2 shall include:

1. Individuals on the wait list who are from the child welfare system with an open case in the Department of Children and Families' statewide automated child welfare information system who are either:

a. Individuals transitioning out of the child welfare system at the finalization of an adoption, a reunification with family members, a permanent placement with a relative, or a guardianship with a nonrelative, or

b. Individuals who are at least 18 years old but not yet 22 years old and who need both waiver services and extended foster care services.

2. Individuals on the waitlist who are at least 18 years old but not yet 22 years old and who withdrew consent pursuant to section 39.6251(5)(c), Florida Statutes, to remain in the extended foster care system.

For individuals who are at least 18 years old but not yet 22 years old and who are eligible pursuant to subparagraph (b), the Agency for Persons with Disabilities shall provide waiver services, including residential habilitation, and the community-based care lead agency shall fund room and board at the rate established in section 409.145(4)(a), Florida Statutes, and

provide case management and related services as defined in section 409.986(3)(e), Florida Statutes. Individuals may receive both waiver services and services under section 39.6251, Florida Statutes. Services shall not duplicate services available through the Medicaid State Plan.

(c) In selecting individuals in category 3, category 4, or category 5, the Agency for Persons with Disabilities shall use the Agency for Persons with Disabilities Wait List Prioritization Tool, dated March 15, 2013. Those individuals whose needs score highest on the Wait List Prioritization Tool shall be moved to the waiver during the 2015-2016 fiscal year, to the extent funds are available.

(2) The agency shall allow an individual who meets the eligibility requirements of s. 393.065(1), Florida Statutes, to receive home and community-based services in this state if the individual's parent or legal guardian is an active-duty military servicemember and, at the time of the servicemember's transfer to Florida, the individual was receiving home and community-based services in another state.

(3) Upon the placement of individuals on the waiver pursuant to subsection (1), individuals remaining on the wait list are deemed not to have been substantially affected by agency action and are, therefore, not entitled to a hearing under s. 393.125, Florida Statutes, or administrative proceeding under chapter 120, Florida Statutes. This section expires July 1, 2016.

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APD Medicaid Waiver – iBudget Algorithm Allocations and Transportation Increases

Line 12 New:

Section ##. In order to implement specific appropriation xxx of the 2015-2016 General Appropriations Act:

- (1) Until the Agency for Persons with Disabilities adopts a new allocation algorithm and methodology by final rule pursuant to s. 393.0662:
 - (a) Each client's iBudget in effect as of July 1, 2015, shall remain at its funding level of July 1, 2015.
 - (b) The agency shall determine the iBudget for a client newly enrolled on the Home and Community-Based Services waiver on or after July 1, 2015, using the same allocation algorithm and methodology used for the iBudgets in effect as of July 1, 2015.
- (2) After a new algorithm and methodology is adopted by final rule, a client's new iBudget will be determined based on the new allocation algorithm and methodology and shall take effect as of the client's next support plan update.
- (3) Funding allocated under subsections (1) and (2) may be increased pursuant to s. 393.0662(1)(b). A client's funding allocation may also be increased if the client has a significant need for transportation services to a waiver-funded adult day training program or to a waiver-funded supported employment where such need cannot be accommodated within the funding authorized by the client's iBudget amount without affecting the health and safety of the client, where public transportation is not an option due to the unique needs of the client, and where no other transportation resources are reasonably available. However, such increases may not result in the total of all clients' projected annual iBudget expenditures exceeding the agency's appropriation for waiver services.