

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Duggan offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

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

409.9855 Pilot program for individuals with developmental disabilities.-

(1) PILOT PROGRAM IMPLEMENTATION.-

(a) Using a managed care model, the agency shall implement a pilot program for individuals with developmental disabilities in Statewide Medicaid Managed Care Regions D and I to provide coverage of comprehensive services.

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14 (b) The agency may seek federal approval through a state
15 plan amendment or Medicaid waiver as necessary to implement the
16 pilot program. The agency shall submit a request for any federal
17 approval needed to implement the pilot program by September 1,
18 2023.

19 (c) Pursuant to s. 409.963, the agency shall administer
20 the pilot program in consultation with the Agency for Persons
21 with Disabilities.

22 (d) The agency shall make capitated payments to managed
23 care organizations for comprehensive coverage, including
24 community-based services described in s. 393.066(3) and approved
25 through the state's home and community-based services Medicaid
26 waiver program for individuals with developmental disabilities.
27 Unless otherwise specified, ss. 409.961-409.969 apply to the
28 pilot program.

29 (e) The agency shall evaluate the feasibility of statewide
30 implementation of the capitated managed care model used by the
31 pilot program to serve individuals with developmental
32 disabilities.

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

34 (a) Participation in the pilot program is voluntary and
35 limited to the maximum number of enrollees specified in the
36 General Appropriations Act.

37 (b) The Agency for Persons with Disabilities shall approve
38 a needs assessment methodology to determine functional,

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39 behavioral, and physical needs of prospective enrollees. The
40 assessment methodology may be administered by persons who have
41 completed such training as may be offered by the agency.

42 Eligibility to participate in the pilot program is determined
43 based on all of the following criteria:

44 1. Whether the individual is eligible for Medicaid.

45 2. Whether the individual is 18 years of age or older and
46 is on the waiting list for individual budget waiver services
47 under chapter 393 and assigned to one of categories 1 through 6
48 as specified in s. 393.065(5).

49 3. Whether the individual resides in a pilot program
50 region.

51 (c) The agency shall enroll individuals in the pilot
52 program based on verification that the individual has met the
53 criteria in paragraph (b).

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

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

62 2. The agency determines the enrollee has a good cause
63 reason to disenroll.

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64 3. The pilot program ceases to operate.

65
66 Such enrollees must receive an individualized transition plan to
67 assist him or her in accessing sufficient services and supports
68 for the enrollee's safety, well-being, and continuity of care.

69 (3) PILOT PROGRAM BENEFITS.—

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

72 1. All benefits included in s. 409.973.

73 2. All benefits included in s. 409.98.

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

76 a. Adult day training.

77 b. Behavior analysis services.

78 c. Behavior assistant services.

79 d. Companion services.

80 e. Consumable medical supplies.

81 f. Dietitian services.

82 g. Durable medical equipment and supplies.

83 h. Environmental accessibility adaptations.

84 i. Occupational therapy.

85 j. Personal emergency response systems.

86 k. Personal supports.

87 l. Physical therapy.

88 m. Prevocational services.

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89 n. Private duty nursing.

90 o. Residential habilitation, including the following

91 levels:

92 (I) Standard level.

93 (II) Behavior-focused level.

94 (III) Intensive-behavior level.

95 (IV) Enhanced intensive-behavior level.

96 p. Residential nursing services.

97 q. Respiratory therapy.

98 r. Respite care.

99 s. Skilled nursing.

100 t. Specialized medical home care.

101 u. Specialized mental health counseling.

102 v. Speech therapy.

103 w. Support coordination.

104 x. Supported employment.

105 y. Supported living coaching.

106 z. Transportation.

107 (b) All providers of the services listed under paragraph

108 (a) must meet the provider qualifications outlined in the
109 Florida Medicaid Developmental Disabilities Individual Budgeting
110 Waiver Services Coverage and Limitations Handbook as adopted by
111 reference in rule 59G-13.070, Florida Administrative Code.

112 (c) Support coordination services must maximize the use of
113 natural supports and community partnerships.

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

117 (e) Services must be provided to enrollees in accordance
118 with an individualized care plan in consultation with the Agency
119 for Persons with Disabilities which is evaluated and updated at
120 least quarterly and as warranted by changes in an enrollee's
121 circumstances.

122 (4) ELIGIBLE PLANS; PLAN SELECTION.-

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

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

132 1. The invitation to negotiate must specify the criteria
133 and the relative weight assigned to each criterion that will be
134 used for determining the acceptability of submitted responses
135 and guiding the selection of the plans with which the agency and
136 the Agency for Persons with Disabilities negotiate. In addition
137 to any other criteria established by the agency, in consultation
138 with the Agency for Persons with Disabilities, the agency shall

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139 consider the following factors in the selection of eligible
140 plans:

141 a. Experience serving similar populations, including the
142 plan's record in achieving specific quality standards with
143 similar populations.

144 b. Establishment of community partnerships with providers
145 which create opportunities for reinvestment in community-based
146 services.

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

150 d. Provision of and capacity to provide mental health
151 therapies and analysis designed to meet the needs of individuals
152 with developmental disabilities.

153 e. Evidence that an eligible plan has written agreements
154 or signed contracts or has made substantial progress in
155 establishing relationships with providers before submitting its
156 response.

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

159 g. Experience in robust provider development programs that
160 result in increased availability of Medicaid providers to serve
161 the developmental disabilities community.

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

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164 and provide the best value to the state. Preference must be
165 given to plans that:

166 a. Have signed contracts in sufficient numbers to meet the
167 specific standards established under s. 409.967(2)(c), including
168 contracts for personal supports, skilled nursing, residential
169 habilitation, adult day training, mental health services,
170 respite care, companion services, and supported employment, as
171 those services are defined in the Florida Medicaid Developmental
172 Disabilities Individual Budgeting Waiver Services Coverage and
173 Limitations Handbook as adopted by reference in rule 59G-13.070,
174 Florida Administrative Code.

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

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

180 d. Have robust and innovative programs for provider
181 development and collaboration with the Agency for Persons with
182 Disabilities.

183 (5) PAYMENT.—

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

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

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189 (c) The revenues and expenditures of the selected plan
190 which are associated with the implementation of the pilot
191 program must be included in the reporting and regulatory
192 requirements established in s. 409.967(3).

193 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

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

196 (b) Upon implementation of the program, the agency, in
197 consultation with the Agency for Persons with Disabilities,
198 shall conduct audits of the selected plans' implementation of
199 person-centered planning.

200 (c) The agency, in consultation with the Agency for
201 Persons with Disabilities, shall submit progress reports to the
202 Governor, the President of the Senate, and the Speaker of the
203 House of Representatives upon the federal approval,
204 implementation, and operation of the pilot program, as follows:

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

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

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

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213 a. Program enrollment, including the number and
214 demographics of enrollees.

215 b. Any complaints received.

216 c. Access to approved services.

217 (d) The agency, in consultation with the Agency for
218 Persons with Disabilities, shall establish specific measures of
219 access, quality, and costs of the pilot program. The agency may
220 contract with an independent evaluator to conduct such
221 evaluation. The evaluation must include assessments of cost
222 savings; consumer education, choice, and access to services;
223 plans for future capacity and the enrollment of new Medicaid
224 providers; coordination of care; person-centered planning and
225 person-centered well-being outcomes; health and quality-of-life
226 outcomes; and quality of care by each eligibility category and
227 managed care plan in each pilot program site. The evaluation
228 must describe any administrative or legal barriers to the
229 implementation and operation of the pilot program in each
230 region.

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

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236 2. The agency shall submit the results of the evaluation
237 to the Governor, the President of the Senate, and the Speaker of
238 the House of Representatives by October 1, 2029.

239 Section 2. This act shall take effect upon becoming a law.
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242 **T I T L E A M E N D M E N T**

243 Remove everything before the enacting clause and insert:

244 A bill to be entitled
245 An act relating to the pilot program for individuals with
246 developmental disabilities; creating s. 409.9855, F.S.;
247 requiring the Agency for Health Care Administration to implement
248 a pilot program for individuals with developmental disabilities
249 in specified Statewide Medicaid Managed Care regions to provide
250 coverage of comprehensive services; authorizing the agency to
251 seek federal approval as needed to implement the program;
252 requiring the agency to submit a request for federal approval by
253 a specified date; requiring the agency to administer the pilot
254 program in consultation with the Agency for Persons with
255 Disabilities; requiring the Agency for Health Care
256 Administration to make specified payments to certain
257 organizations for comprehensive services for individuals with
258 developmental disabilities; providing applicability; requiring
259 the agency to evaluate the feasibility of implementing a
260 statewide capitated managed care model used by the pilot program

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261 for certain individuals; providing that participation in the
262 pilot program is voluntary and subject to specific
263 appropriation; requiring the Agency for Persons with
264 Disabilities to approve a needs assessment methodology to
265 determine certain needs for prospective enrollees; providing
266 program enrollment eligibility requirements; requiring that
267 enrollees be afforded an opportunity to enroll in any
268 appropriate existing Medicaid waiver program under certain
269 circumstances; requiring participating plans to cover specified
270 benefits; providing requirements for providers of services;
271 providing eligibility requirements for plans; providing a
272 selection process; requiring the Agency for Health Care
273 Administration to give preference to certain plans; requiring
274 that plan payments be based on rates specifically developed for
275 a certain population; requiring the agency to ensure that the
276 rate be actuarially sound; requiring that the revenues and
277 expenditures of the selected plan be included in specified
278 reporting and regulatory requirements; requiring the agency to
279 select participating plans and begin enrollment by a specified
280 date; requiring the agency, in consultation with the Agency for
281 Persons with Disabilities, to conduct certain audits of the
282 selected plans' implementation of person-centered planning and
283 to submit specified progress reports to the Governor and the
284 Legislature by specified dates throughout the program approval
285 and implementation process; providing requirements for the

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286 | respective reports; requiring the Agency for Health Care
287 | Administration, in consultation with the Agency for Persons with
288 | Disabilities, to conduct an evaluation of the pilot program;
289 | authorizing the Agency for Health Care Administration to
290 | contract with an independent evaluator to conduct such
291 | evaluation; providing requirements for the evaluation; requiring
292 | the Agency for Health Care Administration, in consultation with
293 | the Agency for Persons with Disabilities, to conduct quality
294 | assurance monitoring of the pilot program; requiring the Agency
295 | for Health Care Administration to submit the results of the
296 | evaluation to the Governor and the Legislature by a specified
297 | date; providing an effective date.

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