



Health Care Appropriations Subcommittee

**Wednesday, February 15, 2017
1:00 PM – 3:00 PM
Sumner Hall (404 HOB)**

Amended Action Packet

**Richard Corcoran
Speaker**

**Jason Brodeur
Chair**

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Summary: No Bills Considered

Committee meeting was reported out: Thursday, February 16, 2017 11:42:49AM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Jason Brodeur (Chair)	X		
Daisy Baez	X		
Daniel Burgess, Jr.	X		
Colleen Burton	X		
Nicholas Duran	X		
Erin Grall	X		
Gayle Harrell	X		
Shevrin Jones	X		
MaryLynn Magar	X		
Amy Mercado	X		
Cary Pigman	X		
David Richardson	X		
Bob Rommel	X		
Cyndi Stevenson	X		
Frank White	X		
Totals:	15	0	0

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Presentation/Workshop/Other Business Appearances:

Navigant Presentations

Thomas, Parker (General Public) - Information Only
Florida Health Care Association
Director of Reimbursement
307 W Park Ave
Tallahassee FL 32301
Phone: 850-224-3907

Navigant Presentations

Kidder, Beth (Lobbyist) (State Employee) - Information Only
Agency for Health Care Administration
Deputy Secretary of Medicaid
2727 Mahan
Tallahassee FL 32308
Phone: 850-412-4189

Navigant Presentations

Ferguson, Malcolm - Information Only
Navigant Consulting
Associate Navigant
3325 Paddocks Parkway, Suite 425
Suwanee FL 30024
Phone: 404-285-5596

Navigant Presentations

Patterson, Jim - Information Only
Navigant Consulting
Managing Director
1201 3rd Avenue
Seattle WA
Phone: 206-292-2385

Navigant Presentations

Bahmer, Steve (Lobbyist) - Opponent
Leading Age Florida
President/CEO
1812 Riggins Rd
Tallahassee FL 32308
Phone: 307-287-4594

Navigant Presentations

Bodo, Erwin (Lobbyist) - Waive In Opposition
Leading Age Florida
Reimbursement Specialist
1812 Riggins Rd
Tallahassee FL 32308
Phone: 850-671-3700

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Presentation/Workshop/Other Business Appearances: (continued)

Navigant Presentations

Goetz, Martin (General Public) - Information Only
River Garden
CEO
11401 Old St. Augustine Rd.
Jacksonville FL
Phone: 904-260-1818

Navigant Presentations

Aschenbeck, James (General Public) - Information Only
Signature Health Care
Director of Reimbursement
12201 Bluegrass Parkway
Louisville FL 40299

Navigant Presentations

Richardson, Jamey (General Public) - Information Only
Gulf Coast Villiage & Volunteers of America
President
1149 Tiger Trace Blvd.
Gulf Breeze FL 32563

Navigant Presentations

McQuone, Michael James (Lobbyist) - Waive In Opposition
Florida Conference of Catholic Bishops
Associate Director For Health
201 W Park Ave
Tallahassee FL 32301
Phone: 850-284-9130

Navigant Presentations

Ewart, Dale (General Public) - Information Only
1199 SEIU
Vice President
2881 Corporation Way
Miramar FL 33025

Navigant Presentations

Colley, Sophia (General Public) - Information Only
1199 SEIU
Certified Nursing Assistant
4330 Elliot Ave
Titusville FL 32780
Phone: `321-368-3959

Navigant Presentations

Weisman, Andrew (General Public) - Information Only
NuVision Management
President
5310 NW 33 Avenue, Ste 211
Ft. Lauderdale FL 33309

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Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Presentation/Workshop/Other Business Appearances: (continued)

Navigant Presentations

Wilson, Donald (General Public) - Information Only
Westminister Communities of FL
Executive Director
4449 Meandering Way
Tallahassee FL 32308
Phone: 850-878-1136

Navigant Presentations

Sauer, Cliff (Lobbyist) - Waive In Opposition
Miami Jewish Health
Vice President
5200 NE 2nd Ave
Miami FL 33137
Phone: 305-762-1380

Navigant Presentations

Goldstein, Rob (General Public) - Opponent
Menorah Manor
Chief Executive Officer
255 59th St. N
St. Petersburg FL 33710
Phone: 727-599-3877

Navigant Presentations

Reich, Karen (General Public) - Waive In Opposition
Bon Secours Maria Manor Nursing Care Center
Chief Executive Officer
10300 4th St. N
St. Petersburg FL 33716

Navigant Presentations

White, Kimberly (General Public) - Information Only
1199 SEIU
Certified Nursing Assistant
378 Coral Beach Circle
Casselberry FL 32707
Phone: 407-923-5634

Navigant Presentations

Kariher, Jules (Lobbyist) - Information Only
St. Catherine's
Chief Advocacy Officer
1750 Stockton St.
Jacksonville FL 32204
Phone: 206-9495

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Presentation/Workshop/Other Business Appearances: (continued)

Navigant Presentations

Ahmadi, Kevin (General Public) - Waive In Opposition
Gulf Coast Villiage & Volunteers of America
Executive Director
1333 Santa Barbara Blvd.
Cape Coral FL 33991
Phone: 239-772-1333

Navigant Presentations

Lyons, Lisa (General Public) - Waive In Opposition
John Knox Villiage of Tampa Bay
Executive Director
4100 E. Fletcher Ave.
Tampa FL 33613
Phone: 813-632-2391

Navigant Presentations

Urbanovic, Kathleen - Information Only
Clifton Larson Allen
Director Healthcare
420 S. Orange Ave, Ste. 500
Orlando FL 32801
Phone: 407-802-1275

Navigant Presentations

Capes, John (General Public) - Waive In Opposition
Moosehaven, Inc.
Executive Director
1701 Park Ave.
Orange Park FL 32073
Phone: 904-278-1211

Navigant Presentations

Cross, David - Waive In Opposition
Solaris Healthcare Bayonet Point
Administrator
7210 Beacon Woods Dr.
Hudson FL 34667
Phone: 727-863-1521

Navigant Presentations

Bell, Tom - Opponent
Solaris Healthcare Plant City
President/Administrator
301 Wilder Road
Plant City FL 33566

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Health Care Appropriations Subcommittee

2/15/2017 1:00:00PM

Location: Sumner Hall (404 HOB)

AMENDED

Presentation/Workshop/Other Business Appearances: (continued)

Navigant Presentations

Pate, Bob - Waive In Opposition

Solaris

Administrator

4201 Nolte Rd.

St. Cloud FL 34722

Phone: 407-957-3341

Navigant Presentations

Baird, Ross - Waive In Opposition

Signature Health Care Daytona Beach

Administrator

350 National Healthcare Dr.

Daytona Beach FL 32174

Phone: 386-257-6362

Navigant Presentations

Weyer, Stan - Waive In Opposition

Solaris Healthcare Charlotte Harbor

Administrator

4000 Kings Hwy.

Port Charlotte FL 33980

Phone: 941-255-5855

Committee meeting was reported out: Thursday, February 16, 2017 11:42:49AM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Beth Kidder

Representing: AHCA

Title: Deputy Secretary of Medicaid

Address: 2727 Mahan Dr.

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 412-4189 Meeting Date: 2/15/17

Committee/Subcommittee: House Health Care Appropriations Subcommittee

Presentation/Workshop Topic: Introducing Presenters of Navigant Presentation

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

Introducing Presenters

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Malcolm Ferguson

Representing: Navigant Consulting

Title: Associate Navigant

Address: 3325 Paddocke Pkwy Suite 425

City: Sawnee State/Zip: GA

Phone Number: 404-285-5596 Meeting Date: 2/15/17

Committee/Subcommittee: Healthcare Appropriations

Presentation/Workshop Topic: EAPC and Nursing Home

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: JIM PETERSSON

Representing: NAVIGANT CONSULTING

Title: MANAGING DIRECTOR

Address: 1201 3rd AVE

City: SEATTLE State/Zip: WA

Phone Number: 206-292-2385 Meeting Date: 2/15/17

Committee/Subcommittee: HEALTHCARE APPROPRIATIONS

Presentation/Workshop Topic: PAYMENT REFORM
EAPG AND NPPS

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whc

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: STEVE BAHMER

Representing: LEADING AGE FLORIDA

Title: PRESIDENT/CEO

Address: 1812 RIGGINS ROAD

Address (cont): _____

City: TALLAHASSEE

State: FLORIDA

Zip Code: 32308

Phone Number: 357.287.4594

Meeting Time: 1 pm

Committee/Subcommittee: HEALTH APPRECIATIONS

Presentation/Workshop Topic: NAVIGANT PPS PRESENTATION

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: ERWIN BODO

Representing: LEADING AGE FLORIDA

Title: REIMBURSEMENT SPECIALIST

Address: 1812 BIGGINS RD

Address (cont): _____

City: TALLAHASSEE

State: FL

Zip Code: 32308

Phone Number: 850-671-3700

Meeting Time: 1:00pm

Committee/Subcommittee: HEALTH CARE APPROPRIATION

Presentation/Workshop Topic: NURSING HOME FPS

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill Number (If Applicable): _____

PCB/PCS/Amendment #: _____

Name: MARTIN A. GOETZ

Representing: River Garden Hebrew Home

Title: CEO

Address: 11401 OLD ST. Augustine Rd.

Address (cont): _____

City: Jacksonville

State: FL

Zip Code: _____

Phone Number: 904 260-1818

Meeting Time: _____

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: NAVIGANT PLAN

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



88420140



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A PCB/PCS/Amendment #: N/A
--

Name: **Aschenbeck, James**

Representing: **Signature HealthCARE**

Title: **Director of Reimbursemet**

Address: **12201 Bluegrass Parkway**

City: **Louisville** State/Zip: **KY 40299**

Phone Number: Meeting Date: **Feb 15 2017 1:00PM**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Presentation/Workshop Topic: **Prospective Payment System**
Nursing Home

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

	<u>Bill</u>
N/A	
	<u>Amendment</u>
N/A	



88420140



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A PCB/PCS/Amendment #: N/A
--

Name: **Richardson, Jamey**

Representing: **Gulf Coast Health Care**

Title: **President**

Address: **1149 Tiger Trace Blvd**

City: **Gulf Breeze** State/Zip: **FL 32563**

Phone Number: Meeting Date: **Feb 15 2017 1:00PM**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Presentation/Workshop Topic: **Prospective Payment System**
Nursing Home

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
N/A
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Waive
in
opp

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: MICHAEL JAMES MCCOYNE

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

Title: ASSOCIATE DIRECTOR FOR HEALTH

Address: 201 W. PARK AVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-284-9130 Meeting Date: 15 FEB 17

Committee/Subcommittee: (H) HEALTH CARE APPROPRIATIONS SUB

Presentation/Workshop Topic: ANA/NAVIGANT REPORT/RECOMMENDATIONS

Registered Lobbyist: YES NO

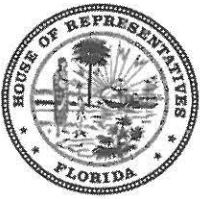
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online (NO BILL #/ BUT LISTED ISSUE)

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

By: Rebut Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: DALE EWART

Representing: 1199 SEIU

Title: VICE PRESIDENT

Address: 2881 CORPORATE WAY

City: MIRAMAR State/Zip: 33025

Phone Number: 305-785-1957 Meeting Date: 2/15/17

Committee/Subcommittee: HEALTH APPROP

Presentation/Workshop Topic: MEDICARE PROSPECTIVE PAYMENT (PPS)

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: SOPHIA Colley

Representing: 1199 SEIU

Title: Certified Nursing Assistant

Address: 4330 Elliot Ave

City: Titusville State/Zip: FLA 32780

Phone Number: 321-368-3959 Meeting Date: 2/15/17

Committee/Subcommittee: Health Approps

Presentation/Workshop Topic: PPS

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



88420140



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: N/A PCB/PCS/Amendment #: N/A
--

Name: **Weisman, Andrew**

Representing: **NuVision Management**

Title: **President**

Address: **5310 NW 33 Avenue, Ste 211**

City: **Ft. Lauderdale** State/Zip: **FL 33309**

Phone Number: Meeting Date: **Feb 15 2017 1:00PM**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Presentation/Workshop Topic: **Nursing Home Prospective Payment System**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
N/A
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill Number (If Applicable): _____

PCB/PCS/Amendment #: _____

Name: Donald Wilson

Representing: Westminster Communities of Florida

Title: Executive Director

Address: 4449 Meandering Way

Address (cont): _____

City: Tallahassee

State: Florida

Zip Code: 32308

Phone Number: 850-878-1136

Meeting Time: _____

Committee/Subcommittee: Health Care Appropriation

Presentation/Workshop Topic: Navigant PPS Plan

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Waive in opposition

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: CLIFF SAUER

Representing: MIAMI Jewish Health

Title: VP

Address: 5200 NE 2nd Ave

City: MIAMI State/Zip: FL 33137

Phone Number: 305-762-1380 Meeting Date: 2-15-17

Committee/Subcommittee: Health Appropri

Presentation/Workshop Topic: NH PPS

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

Written comments provided

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name:

Representing:

Title:

Address:

Address (cont):

City:

State:

Zip Code:

Phone Number:

Meeting Time:

Committee/Subcommittee:

Presentation/Workshop Topic:

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

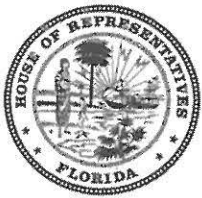
Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Kimberly White
Representing: 1199 SEIU
Title: Certified Nursing Assistant
Address: 378 Coral Beach Circle
City: Casselberry State/Zip: FL 32707
Phone Number: 407-923-5634 Meeting Date: 2/15/17
Committee/Subcommittee: Health Approps
Presentation/Workshop Topic: Medicaid PPS

Registered Lobbyist: YES NO [checked]
State Employee: YES NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only [checked]
Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable):	_____
PCB/PCS/Amendment #:	_____

Name:

Representing:

Title:

Address:

Address (cont):

City:

State:

Zip Code:

Phone Number:

Meeting Time:

Committee/Subcommittee:

Presentation/Workshop Topic:

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: Jules Karther

Representing: St. Catherine's

Title: Chief Advocacy Officer

Address: 1750 STOCKTON ST

Address (cont):

City: Jacksonville

State: FL

Zip Code: 32204

Phone Number: 206 9495

Meeting Time:

Committee/Subcommittee:

Presentation/Workshop Topic: Nantant Nursing Home reimbursement

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: KEVIN AHMADI
Representing: Gulf Coast Village & Volunteers of America
Title: Executive Director
Address: 1333 Santa Barbara Blvd
City: Cape Coral State/Zip: FL 33991
Phone Number: 239-772-1333 Meeting Date: 2/15/17
Committee/Subcommittee: Health Care Appropriations
Presentation/Workshop Topic: Prospective Payment Plan (Navigator)

Registered Lobbyist: YES NO
State Employee: YES NO

- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only
Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable):	_____
PCB/PCS/Amendment #:	_____

Name: LISA LYONS

Representing: JOHN KNOX VILLAGE OF TAMPA BAY

Title: EXECUTIVE DIRECTOR

Address: 4100 E. Fletcher Ave.

Address (cont): _____

City: TAMPA

State: FL

Zip Code: 33613

Phone Number: 813-632-2391

Meeting Time: _____

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Presentation/Workshop Topic: NAVIGANT PLAN

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A

OPPOSITION TO THE PLAN



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Kathleen Urbanovic

Representing: Clifton Larson Allen

Title: ~~Director~~ Director Health Care

Address: 420 S. Orange Ave Ste 500

City: Orlando State/Zip: FL 32801

Phone Number: 407 802 1278 Meeting Date: 2/15/17 1pm-3pm

Committee/Subcommittee: Health Care Appropriations Committee

Presentation/Workshop Topic: Prospective Payment System - Medicaid Navigator Plan

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: John Capes

Representing: Moosehaven, Inc

Title: Executive Director

Address: 1701 Park Av

Address (cont): _____

City: Orange Park

State: FL

Zip Code: 32073

Phone Number: 904-278-1211

Meeting Time: 1:00 PM

Committee/Subcommittee: Healthcare Subcommittee

Presentation/Workshop Topic: Navigant PPS Plan

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A

Standing in opposition



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: DAVID CROSS

Representing: Solaris Healthcare Bayonet Point

Title: Administrator

Address: 2210 Beacon Woods Dr

Address (cont): _____

City: Hudson

State: FL

Zip Code: 34667

Phone Number: 727-863-1521

Meeting Time: 1:00pm

Committee/Subcommittee: Healthcare Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: TOM BELL

Representing: SOLARIS HEALTHCARE PLANT CITY

Title: PRESIDENT / ADMINISTRATOR

Address: 301 N WILDER RD

Address (cont): _____

City: PLANT CITY

State: FL

Zip Code: 33566

Phone Number: _____

Meeting Time: 2-15-17

Committee/Subcommittee: HEALTHCARE APPROPRIATIONS

Presentation/Workshop Topic: MEDICAID - NAVIGANT PPS PLAN

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: BOB PATE

Representing: SOLARIS

Title: ADMINISTRATOR

Address: 4201 Nolte Rd.

Address (cont): _____

City: SALAMANCA St. Charles

State: FL

Zip Code: 34772

Phone Number: 407-957-3341

Meeting Time: 2-15-17 1 PM

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Presentation/Workshop Topic: MEDICAID - NAVIGANT PPS PLAN

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill Number (If Applicable): _____	
PCB/PCS/Amendment #: _____	

Name: ROSS BAIRD

Representing: SOLARIS HEALTHCARE DAYTONA BEACH

Title: ADMINISTRATOR

Address: 350 NATIONAL HEALTHCARE DR.

Address (cont): _____

City: DAYTONA BEACH

State: FL

Zip Code: 32179

Phone Number: 386-257-6362

Meeting Time: 2-15-17 1pm

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Presentation/Workshop Topic: MEDICAID NAVIGANT PPS PLAN

Registered Lobbyist: Yes No

State Employee: Yes No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

I Wish To Speak

Appearing in response to an inquiry for information made by member, committee or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted Online

Bill: Proponent Opponent Info Only N/A

Amendment: Proponent Opponent Info Only N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: STAN WEYER

Representing: SOLARIS HEALTHCARE CHARLOTTE HARBOR

Title: ADMINISTRATOR

Address: 4000 KINGS HWY

City: PORT CHARLOTTE State/Zip: FL 33980

Phone Number: 941 255-5855 Meeting Date: 2-15-17

Committee/Subcommittee: HEALTHCARE APPROPRIATIONS

Presentation/Workshop Topic: MEDICAID - NAVIGANT PPS PLAN

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



February 11, 2017

Prepared for submission to the House Health Care Appropriations Committee

Honorable Representatives of the State of Florida,

It is with regret that I am unable to personally present the concerns of the staff at Solaris HealthCare Merritt Island. Please accept this written communication in lieu of our personal appearance.

Solaris HealthCare Merritt Island employs 240 dedicated healthcare workers serving patients in its 180 bed center. Despite three ownership changes in 27 years, the leadership team has an average length of service of 17 years. As the administrator of this building, I have had the privilege of serving this community since the original opening date of 1990. The Director of Nursing has served this center since 1999. It is important to note these facts to establish that the leadership team and those who faithfully serve on the frontline, have been consistent for many years.

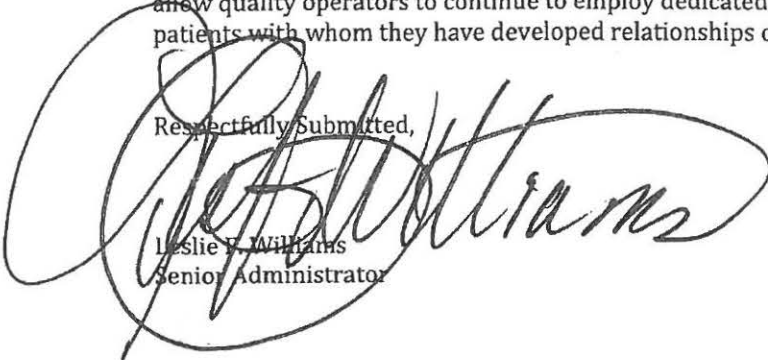
As a whole, this center has provided quality services to the residents of Brevard County for almost 30 years. This is evidenced by the many measurements of quality that have been in place throughout the years. Conversely, we have also seen the effects of a single event/incident which despite the overall delivery of quality, can devastate a facility for several years both from a morale and a financial perspective.

True measurement of quality is difficult to quantify despite the profession's and the quality care advocates' best efforts. There will always be the outliers and exceptions who will either benefit, or be penalized unintentionally whenever a formula is applied to quality.

To speak to our center's specific situation, recent survey results have ranged from 4 "D level" citations, to zero citations, to one event resulting in 3 "J level" citations. As a result, this facility has fallen from a 4-5 star quality rating for 10+ years to a 2 star rating in a period of one month. The components of this rating have remained consistent except for the health inspection which has caused the overall rating to fall to the 2 star level. While the event resulting in the citations required correction and review of center systems, it did not reflect the quality of care delivered day in and day out throughout the facility. The result of the citations, however, based on the current proposal before you, will reduce funding to this quality facility by over \$2 million in the next three years.

We are willing to be accountable for the responsibility of providing quality care and fulfilling the regulations under which we operate. We simply ask that a more balanced formula be applied to allow quality operators to continue to employ dedicated staff who are committed to quality for their patients with whom they have developed relationships over many years.

Respectfully Submitted,


Leslie F. Williams
Senior Administrator



Solaris HealthCare Imperial is a 113 bed not-for profit nursing and rehabilitation center who strives daily to improve our quality of care. I am reaching out to you regarding a proposed Medicaid cut and share with legislators how this would negatively impact our center. This proposed model would be detrimental to the patients, families, staff and community providers in the following ways:

- *Threatens the quality care of 4-5 STAR centers and shifts funding to 1-2 STAR centers**
- *Quality SNF's that provide Medicaid services will be limited and may result in patients and loved ones having to relocate and commute long distances to find placement and visit family members**
- *This has potential to impact 60% of our residents and their elderly loved ones, 160 plus staff members and their families, and the hundreds of providers in our community that count on us to provide Medicaid services to those unable to live at home alone**
- * We are the only 4 STAR provider in a 10-mile radius that accepts Medicaid. There are four other skilled nursing centers (also 4-5 STAR providers) that do not accept Medicaid patients**
- *This decrease will result in over \$390,000 in lost revenue annually**

I am confident that you can recognize how this new Medicaid reimbursement model would negatively impact the quality of care and the lives of our geriatric population on many different levels. I am requesting your assistance in ensuring this new model is not implemented. Our center is always striving to provide the highest quality of care to the Naples community and have for the last 28 years. Our wish is to continue to service the Medicaid population for many years to come. I would like to thank you on behalf of our patients, families, staff and providers for your time and consideration to this important shift in funding for our elderly community.

Respectfully submitted by:

Jamie Weis-Jones, NHA

Administrator



My name is Lisa Lyons and I am the executive director for St. Joseph's John Knox Village in Tampa. We are active members of LeadingAge Florida and support all of their comments and recommendations.

John Knox Village ("JKV") is a Continuing Care Retirement Community ("CCRC") that is part of the BayCare Health System. We are located in Tampa near the University of South Florida. JKV is one of three CCRCs in Tampa and offers independent living, assisted living, skilled nursing, and memory care housing options. There are approximately 472 residents at JVK – 190 residents in independent living, 132 residents in assisted living, and 152 residents in the skilled nursing facility. JKV employs over 420 team members. Our doors are open to the entire community in the Tampa area. We are not a high-end luxury community, but rather offer quality care to everyone, many who cannot pay at all.

Our Medical Center or skilled nursing facility has 163 beds that are dually certified – Medicare and Medicaid. Under the legacy system, we lose approximately \$55 a day per Medicaid patient. We typically run at over 90% occupancy, with a third of our daily patients being Medicaid residents. The end result is a Medicaid shortfall of over \$1 million annually. Our costs are higher because we have invested in quality. That means investing in our staff with more RNs and CNAs, who take great care of our residents and have helped us deliver on our quality promise, as recently affirmed with a five star rating.

If the new system is implemented, we would lose over \$200,000 in year one and almost \$600,000 in year two and going forward. The full cut would be a 92% reduction in our net operating income, which will have real consequences for our patients and team members. We will have to reduce staffing, replace higher-skilled nurses with lesser-skilled ones, and try to shift more case mix from Medicaid to more Medicare and commercial patients. Quality will suffer.

I respectfully ask that Navigant and AHCA closely examine how this reimbursement system could be revised to be more equitable and reward high performing facilities like John Knox Village and not give windfall profits to those centers who invest less in quality care. The state of Florida and its residents have benefitted from mission driven, not for profit providers like John Knox. We must continue to be part of the long term care system going forward, but the current proposal will make that very challenging. Please consider your recommendations carefully in the interest of providers like us.

Sincerely,

A handwritten signature in black ink that reads 'Lisa Lyons'. The signature is fluid and cursive, with the first name 'Lisa' being more prominent than the last name 'Lyons'.

Lisa Lyons

Executive Director, John Knox Village Tampa

4100 East Fletcher Avenue • Tampa, FL 33613
813.977.6361 • 1.800.272.KNOX • Fax 813.632.2329
www.stjosephsjohnknox.org • ALF #0004110 • HH #299991926





My name is Rob Goldstein and I am the Chief Executive Officer at Menorah Manor in St. Petersburg, Florida. Our nursing center is named the Marion and Bernard L. Samson Nursing Center. I have been employed by Menorah Manor for almost 20 years, in fact next week I will celebrate my 20th anniversary.

Menorah Manor was founded in 1985 by the Jewish Community of Florida's Gulf Coast. We are a mission driven, charitable, nonprofit, faith based organization that strives to provide the highest standards of care. Our doors are open to people of all faiths, and we provide care regardless of ability to pay.

The Marion and Bernard L Samson Nursing Center has 180 beds. We are one of the largest homes in Pinellas County. In fiscal year ended June 2016, our nursing center provided approximately 39,000 Medicaid days of care. On a daily basis, sixty five percent of our census is Medicaid.

The Navigant plan punishes nursing homes, like Menorah Manor, who spend on quality, and it rewards those who do not. The providers receiving the windfall will not be required to use one cent on improving care.

Allow me to bring home what the Navigant Plan will do to my community. Under their proposal, we will lose approximately one million dollars in Medicaid funding. As a result I will have no alternative than to reduce our Medicaid census. A reduction of 40 beds, 60 beds or 80 beds is not inconceivable. For our community, residents who have sought out our nursing center for its programs, services and high quality of care, access will now be limited. We're talking about closing our doors to a community who have held us in the highest regard.

Let me tell you about Mr. and Mrs. C who lived out of State, and needed nursing home care. Their children live in Pinellas County and they wanted to bring their parents close to them. Menorah Manor was their first choice. They have now lived with us for 10 years and thrived. Mr. C having become a Bar Mitzvah in our community at the age of 92.

Mrs. G, a holocaust survivor is blind. When it became clear she could no longer live by herself her daughter brought her to Menorah Manor. She participates in a variety of activities, loves the socialization, and is a regular attendee at Saturday morning Shabbat services.

Mrs. A lived in our City, had a husband who was a caregiver but physically abusive to her. She knew she had to get out of that environment to save her life. Menorah Manor was her safety net.

An excerpt from a letter I received just Monday from a concerned family member:

My father is ninety four years old and suffers from a multiplicity of physical ailments. Before he was moved to the Samson Nursing Center he was unable to walk or function independently, and he was greatly limited in the degree of social interactions he could enjoy. He was making limited progress in the facility he was living in. My brother, a resident of Bradenton, Florida, searched exhaustively for a facility which would provide high quality programs and services that would enable my father to regain a degree of independence and facilitate his engagement in his surroundings and an interest in the world, as well as provide high quality medical care for his physical needs. The move to the Samson Nursing Center has been enormously successful. My father is now capable of walking with only the assistance of his walker, and he is able to move about the Nursing Center freely, socializing, attending functions, and engaging in programs that stimulate him. My family attributes this great improvement to the Samson Nursing Center's superior rehabilitation services, staff that is deeply interested in and attentive to the residents, and its wide range of programs and socializing opportunities in a safe environment, and its high quality nursing and medical staff. My father lives on a fixed income of \$1,358 dollars a month, social security. He relies on Medicaid in order to receive care at the Samson Nursing Center.

These are all real life examples that we deal with on a daily basis. The frail elderly in our community who have relied on Menorah Manor for over 31 years would no longer have the same access to our programs and services.

The Navigant plan will result in having to eliminate positions, as a result of the curtailment of services. I don't look forward to the tough decisions of having to tell nurses, certified nursing assistants, social workers, activity staff, housekeepers, laundry personnel, dietary staff, even paid medical staff that their hours have to be reduced or perhaps their jobs eliminated; staff that have had a career at Menorah Manor with significant longevity.

This ill-conceived plan cannot be adopted in its current form. I'm asking this committee to think hard on what will happen to high quality nursing centers like ours, who have strived to provide the highest standards of care within the current laws, rules and regulations.

There is a quote, "A society is judged by how it treats its weakest members." This proposed plan will mean hundreds of thousands, and in some cases, millions of dollars in losses to high quality homes. Access to Medicaid services for vulnerable seniors will be limited, and quality providers themselves will be threatened. Our frail elderly, and our community, deserve better.

255 59th Street North. St. Petersburg, FL 33710

(727) 302-3701

www.menorahmanor.org

FLORIDA CONFERENCE OF CATHOLIC BISHOPS

201 WEST PARK AVENUE
TALLAHASSEE, FL 32301-7715

PHONE (850) 205-6820
FAX (850) 205-6849
WWW.FLACCB.ORG

MICHAEL B. SHEEDY
EXECUTIVE DIRECTOR



February 14, 2017

The Hon. Jason Brodeur
Chairman, House Healthcare Appropriations Subcommittee
221 The Capitol
402 S. Monroe Street
Tallahassee, Florida 32309-1300

Re: Serious Concern with Proposed Navigant LTC Funding Mechanism

Dear Chairman Brodeur:

We applaud the interest in exploring Florida's Medicaid long-term care reimbursement mechanism in a budget neutral manner. It is our concern that the reimbursement mechanism proposed by the Agency for Health Care Administration (AHCA)/Navigant will harm the quality of care throughout the system. Higher quality care often entails greater costs, specifically for direct patient care, qualified personnel and facilities operation.

Higher Quality Providers Harmed/Lower Quality Rewarded

The AHCA/Navigant proposal would penalize the 143 nursing homes that have achieved 4-5 Star Ratings by CMS (some with the Gold Seal Award for Excellence) and reward 86 nursing homes that have 1-2 Star Rating by CMS. The AHCA/Navigant proposal fails to require that the lower rated homes use the "new money" to improve direct care services, update their facilities, and the like.

Avoid Race-to-Bottom: Reject AHCA/Navigant Mechanism

To protect the overall quality of the nursing home industry and to avoid a "race to the bottom", the legislature should reject any Medicaid reimbursement plan that rewards poor performers at the expense of higher quality care.

Sincerely,

Michael J. McQuone
Associate Director for Health

cc: Most Rev. Thomas Wenski, President & Archbishop of Miami
Kerry Eaton, Chair, FCCB Catholic Health Executives Committee &
COO, Sacred Health Health System
Michael B. Sheedy



Marsha Pollock
President
Martin A. Goetz, MS, MPA
Chief Executive Officer
Betty S. Sorna, CPA, MAcc
Chief Financial Officer
Jim Richman, LCSW, LNHA
Chief Operating Officer
Elliott Palevsky, MA
Chief Executive Officer Emeritus

February 13, 2017

Dear Board Members, Volunteers, Families and Colleagues,

Please help. Florida's frail elderly are under attack!

The enclosed statement by River Garden Hebrew Home reflects our deep concerns around pending changes to the "Florida Medicaid Reimbursement Plan." The proposed changes will result in the immediate destabilization of some providers – most of them high quality nursing facilities – and the enrichment (through windfall profits of \$109 million) of others. And those providers receiving the windfall profits will be under no requirement to use the additional public dollars for care.

Please take the time to read the attached. At the end of our position statement, we provide contact information for leaders in the Florida Legislature who are in a position to STOP the Navigant proposal from becoming the "new" Florida Medicaid Reimbursement Plan.

River Garden will hold a press conference on Tuesday, February 28, at 2:30pm in its Cohen Auditorium. Our Northeast Florida facility is one of ten Florida locations holding simultaneous press conferences on that date. We hope you can join us in support of good, decent and fair public policy.

Please help. Together we can make a difference.

Sincerely,

A handwritten signature in black ink that reads "Martin A. Goetz".

Martin A. Goetz

February 13, 2017

Florida's Frail Elderly are Under Attack

The new Medicaid Reimbursement Plan hidden in Florida's proposed budget would decrease funding by \$109 million for nursing home providers who actually spend on care, most rated 4 and 5 stars to give as windfall profits to providers who don't spend on care, most having 1 to 2 stars*. The Plan punishes providers who spend money on care, while rewarding the worst performing providers. How did we wind up with this upside down world that will destabilize and degrade nursing home care for all our fragile elders?

For over 30 years, Florida's Medicaid nursing home program has told providers that if they were willing to spend money on resident care, then Florida's Medicaid program will reimburse the nursing facility for care costs up to reasonable limits and caps. The program has served our state well, and the overwhelming majority of Florida's 690 nursing homes are adequately staffed and provide care that is compliant with state/federal laws, rules and regulations. Over the years the state of Florida has actively encouraged, and reimbursed, nursing homes to continually add staff so that frail residents are adequately cared for.

Now the Agency for Health Care Administration (AHCA) has come up with a plan to revise the nursing home Medicaid plan. AHCA would like to move Medicaid from a *retrospective* to a *prospective* payment system (PPS) which would end the need for retroactive Medicaid rate adjustments. An outside contractor, Navigant, was hired to work with AHCA and the provider community to develop the new plan.

On December 29, 2016, Navigant delivered its report to AHCA and the Legislature. Instead of recasting Medicaid reimbursements into prospective payments, it moves all nursing home payments toward the middle / median. This punishes those who spend on care and rewards those who do not. The result is that \$109 million in current Medicaid reimbursement will immediately shift from mostly higher quality/higher cost nursing homes to mostly lower cost/lower quality nursing homes. The effect of this plan is that nursing home care in Florida will be degraded, care providers destabilized, jobs lost and families in an uproar. Somewhere along the way the AHCA mandate to Navigant was hijacked and turned into a Corporate Welfare Program that puts profits over people.

The board of directors of LeadingAge Florida, the statewide association representing mostly not-for-profit senior communities (and of which River Garden is a founding member) is in solid opposition to this new reimbursement scheme. So how does this plan impact our Northeast Florida community?

- St. Catherine Laboure Manor, a not for profit 4-star loses \$1,178,908
- Taylor Care Center, a not for profit 4-star loses \$74,776
- Moosehaven a not for profit 5-star loses \$114,864
- Brooks Bartram Crossing, a not for profit 5-star loses \$84,118
- Palm Garden Jacksonville, a for-profit 4-star loses \$653,835

These are all well-known, high quality, Northeast Florida providers that will see a collective reduction of over \$2.1 million in their Medicaid reimbursements.

Around Florida, other Jewish Homes will be negatively impacted.

- Menorah Manor in Saint Petersburg, a 4-star nursing home will lose \$999,155
- Joseph Morse Jewish Geriatric (*A Gold Seal Facility*) in West Palm Beach, a 5-star nursing home will lose \$288,428
- Menorah House in Boca Raton, a 3-star nursing home will lose \$114,010

While River Garden Hebrew Home benefits slightly under the plan, our board is opposed to the Navigant scheme because it represents **absolutely atrocious public policy that will harm frail elders**. As a care community, it is simply impossible for us to support any plan that defunds care and hurts so many fine quality providers. Thanks to its Gold Seal and high Quality Measures, River Garden will have a small gain. With high ratings alone our rates would also go down.

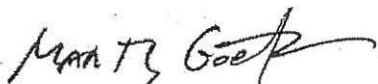
So who benefits? In Northeast Florida there are at least 9 for-profit nursing homes that will collectively gain windfall profits of over \$3.8 million, and none of them rate higher than 2 stars.

- San Jose Health & Rehabilitation Center, 1-star profits by \$381,653
- Avante at Jacksonville Beach, 2-star profits by \$123,028
- Regent Park nursing home, 2-star profits by \$413,735
- Signature Health in Orange Park, 2-star profits by \$517,964
- First Coast Health & Rehabilitation, 2-star profits by \$399,781
- Lanier Terrace, 2-star profits by \$375,458
- Harts Harbor, 2-star profits by \$822,064
- Consulate Nursing Home in Jacksonville, 1-star profits by \$345,411
- Consulate Nursing Home in Orange Park, 2-star profits by \$555,970

Consulate's chain of 79 Florida nursing homes will benefit through windfall profits of over \$16 million statewide – all without having to spend an additional dollar on resident care. What we are looking at is nothing short of baseless corporate welfare.

This is what we need you to do. The Florida Legislative session will convene on March 6 and the Navigant reimbursement scheme will appear within the Appropriations budget. We are asking that the Florida Legislature pull the Navigant plan from the budget, continue with the existing Medicaid reimbursement plan, and direct AHCA to consider alternative models that achieve its stated goal of a prospective payment system without destabilizing the entire long term care community along the way. LeadingAge Florida, which represents 51 Medicaid participating nursing homes has proposed just such a plan, SB712 which has been formally introduced for us by concerned legislators.

We need your help by voicing your protest to the leadership of the Florida Legislature. It is important that Floridians realize that if they don't take the time and make the effort to reach their elected representative, then this flawed Navigant proposal will become the new Medicaid reimbursement plan and everyone except rapacious owners and stockholders will suffer for it.



Martin A. Goetz
Chief Executive Officer
River Garden Hebrew Home for the Aged



Marsha Pollock
Board President
River Garden Hebrew Home for the Aged

*Note: CMS rates nursing homes from a low of 1 star to a high of 5 stars.

River Garden's Comments Regarding:
Nursing Home Prospective Payment System
Agency for Health Care Administration / Navigant

Tallahassee, Florida

November 17, 2016

My name is Martin Goetz and I'm the administrator and CEO at River Garden Hebrew Home in Jacksonville, Florida. I've been at River Garden for the last 38 years. My River Garden tenure precedes the current reimbursement plan. Over these many years, I've had ample opportunity to observe how the current plan, generally referred to as The Gainesville Plan, has positively impacted the approximately 650 nursing homes in Florida.

The purpose of the Navigant study was not to alter existing public policy, but rather to make it possible for a prospective payment system to relieve AHCA from having to make retroactive audit adjustments. The models being presented by Navigant accomplish that goal, but in the process have clearly been designed to substitute "profits over people." Floridians and the state legislature will not tolerate a return to the old days; the oldest and frailest among our people deserve better.

The current work performed by Navigant is unacceptable in its present form. While achieving AHCA's goal of eliminating retroactive rate adjustments, the Navigant models subvert long-standing public policy, which is designed to encourage providers to provide care.

Navigant's prospective reimbursement plan will shift approximately \$100 million from some providers to others. The overwhelming majority of this money is being moved from providers who use the money to fund patient care to those who have no obligation to earmark the funds for patient care, effectively creating profits over people.

The current reimbursement plan says to any willing nursing home provider, "if you spend funds in furtherance of patient care, then the state Medicaid program will reimburse for those care related costs up to reasonable limits and caps." Public policy has been well served and Florida's nursing homes have been appropriately conditioned to understand that our legislature encouraged the proper and adequate funding of costs associated with direct patient care.

In our own case, River Garden Hebrew Home is now in its 70th year and has a history that precedes Medicare and Medicaid, and "the business" of elder care. Our agency is sponsored by the organized Jacksonville Jewish Community and serves the entire community on a non-sectarian basis. With 180 beds, our nursing home annually admits approximately 500 individuals into one of its residential care programs. Last year we provided 62,057 days of care, of which over 50 percent was funded through Medicaid. The nursing home also operates an

active adult day program and licensed home health agency, and has an enviable record of helping the elderly forestall premature admission to the nursing home. Our annual Medicaid shortfall is currently more than \$1 million annually, which is covered through community philanthropy and charity. We are able to gain that level of charitable support because at River Garden “everybody is somebody,” and we are well identified as an outstanding care community. But the community simply doesn’t have the ability to subsidize an additional \$500,000 annually in new shortfall that results from Navigant’s proposal. No one has said that we’ve spent funds unwisely and no one has said we are providing luxury care. Our care community remains focused on its mission, vision and values. Over the years, many have pointed to River Garden as a model of what a good nursing home should be. And many point to our eight “Gold Seal Awards for Excellence in Long Term Care” as validation that this work can be done well.

And so what public policy purpose is served by pulling the rug out from under us and other providers like us? Navigant can do better. Navigant is capable of devising a system that allows AHCA to achieve its goal of eliminating retroactive rate adjustments. It is possible to achieve that goal without compromising the overwhelming public policy imperative of focusing on the constant improvement of care and service to our most vulnerable and frail.

This is simply one of the most ill-considered attempts at policy “reform.” There are some who are clearly looking forward to unanticipated and unearned windfall profits at the cost of those who have actually been spending on care, and achieving exemplary results. The cost is also a subversion of longstanding public policy that has helped create a long term care system of quality.

Martin A. Goetz, Administrator and CEO

River Garden Hebrew Home for the Aged